



GAVI Alliance

# Annual Progress Report **2013**

Submitted by

The Government of  
**Rwanda**

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **22/05/2014**

**Deadline for submission: 22/05/2014**

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance 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/country/>*

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 the Independent Review Committee (IRC) and its processes and the availability of funds.

**AMENDMENT TO THE APPLICATION**

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, 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 languages of the arbitration will be English or French.

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: 2013

Requesting for support year: 2015

## 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 3 -dose schedule	Rotavirus, 2 -dose schedule	2015

**DTP-HepB-Hib (Pentavalent)** vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSFP	Yes	Next tranche of HSFP Grant N/A	N/A
VIG	Yes	Not applicable	N/A
COS	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available [here](#).

## 2. Signatures

### 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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Uzziel NDAGIJIMANA	Name	Mrs SAYINZOGA KAMPETA
Date		Date	
Signature		Signature	

*This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):*

Full name	Position	Telephone	Email
GATERA Maurice	Head of Vaccine Preventable Diseases Division	+250 785 152 534	gamaurice2003@gmail.com

### 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*

**In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures**

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.

Name/Title	Agency/Organization	Signature	Date
Dr DELANYO Dovlo	WHO		
Ms Noala SKINNER	UNICEF		

Mr PETER Malnak	USAID		
Dr MUYOMBANO Antoine	Rotary International		
Dr NGABO Fidele	Coordinator of MCH departement/ MoH		
RWAGASANA Erneste	Director General of BUFMAR		
Mr George GAHENDA	URUNANA Development Communication		
Dr Daniel NGAMIJE	Single Project Implementation Unit (SPIU)		

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

### 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), WHO, UNICEF, USAID, Rotary International, Coordinator of MCH departement/ MoH, Director General of BUFMAR, URUNANA Development Communication and Single Project Implementation Unit (SPIU) , 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.

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.

Name/Title	Agency/Organization	Signature	Date
Dr DELANYO Dovlo	WHO		
Mr PETER Malnak	USAID		

Dr MUYOMBANO Antoine	Rotary International		
Ms Noala SKINNER	UNICEF		
Dr NGABO Fidele	Coordinator of MCH departement/ MoH		
RWAGASANA Ernest	Director General of BUFMAR		
Mr George GAHENDA	URUNANA Development Communication		
Dr Daniel NGAMIJE	Single Project Implementation Unit (SPIU)		

HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto: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)

Rwanda is not reporting on CSO (Type A & B) fund utilisation in 2014



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## 4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	339,777	338,183	348,611	348,611	357,675	357,675
Total infants' deaths	16,989	16,104	17,431	17,431	17,884	17,884
Total surviving infants	322788	322,079	331,180	331,180	339,791	339,791
Total pregnant women	339,777	338,183	348,611	348,611	357,675	357,675
Number of infants vaccinated (to be vaccinated) with BCG	336,379	333,837	345,125	345,125	354,098	354,098
BCG coverage	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	327,537	323,218	336,053	336,053	344,791	344,791
OPV3 coverage	101 %	100 %	101 %	101 %	101 %	101 %
Number of infants vaccinated (to be vaccinated) with DTP1	329,222	327,728	337,782	337,782	346,564	346,564
Number of infants vaccinated (to be vaccinated) with DTP3	327,537	323,218	336,053	336,053	344,791	344,791
DTP3 coverage	101 %	100 %	101 %	101 %	101 %	101 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	2	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.02	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	360,909	327,728	337,782	337,782	346,564	346,564
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	360,909	323,218	337,782	337,782	344,791	344,791
DTP-HepB-Hib coverage	112 %	100 %	102 %	102 %	101 %	101 %
Wastage[1] rate in base-year and planned thereafter (%)	5	2	5	2	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.02	1.05	1.02	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	5 %	0 %	5 %	25 %	5 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	360,909	327,728	337,782	337,782	346,564	346,564
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	360,909	323,218	337,782	337,782	344,791	344,791

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
<b>Pneumococcal (PCV13) coverage</b>	112 %	100 %	102 %	102 %	101 %	101 %
<b>Wastage[1] rate in base-year and planned thereafter (%)</b>	5	2	5	2	5	5
<b>Wastage[1] factor in base-year and planned thereafter (%)</b>	1.05	1.02	1.05	1.02	1.05	1.05
<b>Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID</b>	5 %	5 %	5 %	5 %	5 %	5 %
<b>Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus</b>	393,269	328,645	337,782	337,782	346,564	346,564
<b>Number of infants vaccinated (to be vaccinated) with the last dose of Rotavirus</b>	393,269	323,218	337,782	337,782	344,791	344,791
<b>Rotavirus coverage</b>	122 %	100 %	102 %	102 %	101 %	101 %
<b>Wastage[1] rate in base-year and planned thereafter (%)</b>	5	2	5	2	5	5
<b>Wastage[1] factor in base-year and planned thereafter (%)</b>	1.05	1.02	1.05	1.02	1.05	1.05
<b>Maximum wastage rate value for Rotavirus, 2-dose schedule</b>	5 %	5 %	5 %	5 %	5 %	5 %
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of Measles</b>	330,560	316,229	339,154	339,154	347,972	347,972
<b>Measles coverage</b>	102 %	98 %	102 %	102 %	102 %	102 %
<b>Pregnant women vaccinated with TT+</b>	257,773	332,415	264,475	264,475	271,352	271,352
<b>TT+ coverage</b>	76 %	98 %	76 %	76 %	76 %	76 %
<b>Vit A supplement to mothers within 6 weeks from delivery</b>	0	0	0	0	0	0
<b>Vit A supplement to infants after 6 months</b>	0	0	0	0	0	0
<b>Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100</b>	1 %	1 %	1 %	1 %	1 %	1 %

\*\* 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.



5.2.1. 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 2013 and how these were addressed:

The achievements in Immunization program as per 2013, stands as follow:

- The country was approved by the GAVI to introduce MR vaccine in routine immunization in 2014 after the catch up campaign conducted in March 2013.
- The MR campaign targeting children aged from 9 months to 15 years was integrated with HPV vaccination to young girls in schools and other health interventions.
- Rwanda Maintained major surveillance performance indicators of immunization preventable diseases (Polio and measles) and the surveillance of Rotavirus was strengthened in sentinel sites
- Rwanda maintained provision of human papilloma virus vaccine (HPV) in schools and three round of vaccination were carried out in March, May and September 2013.
- Post Introduction Evaluation for Rotavirus vaccine was conducted countrywide.
- Cold chain equipment inventory was conducted countrywide

#### Key major activities:

- Measles and Rubella vaccination campaign
- MR Post campaign evaluation and Immunization coverage survey
- Cold chain equipment inventory was conducted countrywide
- EPI headquarter was allocated to the new site.

#### Challenges

- No major challenge met in immunization program

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

In 2013, the targets were reached, the MR vaccination campaign was very well implemented and the coverage reached 98% and immunization coverage for administrative coverage remained higher.

### 5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
N/A	N/A	N/A	N/A

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

The data for sex-disaggregated on immunizationservices access in Rwanda is not available simply because apart from HPV vaccines which targets adolescent girls, all Rwandan children eligible to any immunization services would get it without considering whether she/he is female or male and therefore there is no discrepancies in reaching boys versus girls.

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5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)



Immunization services delivery in Rwanda are provided by either male or female. The social mobilization activities led by community health workers team in the community is composed both male and female who play a big role in the immunization program in the community. Both parents bear the same responsibility on their children as far as vaccination is concerned, but frequently mothers are the ones accompanying the children at the time of immunization session.

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## 5.4. Data assessments

5.4.1. 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)

The immunization coverage data from the Routine Immunization survey done in 2013 is slightly different from administrative coverage simply because of denominator problem. But both Immunization coverage from Survey and Routine administrative data is > 90% for all antigens ( Find attached Routine Immunization and campaign Survey report)

\* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

The assessment for Routine Immunization data took place in 2013 ( Routine Immunization data coverage survey) National wide as attached in the report

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

- In 2012 , the Ministry of Health and its partners under UNICEF fund organized series of training on Reaching Every District strategy (RED). These training were organized in two stages. The first step for training of trainers (TOT), with the support of an international consultant, trainers from central level (MOH, ARBC/ VPDD, WHOand UNICEF) have trained trainers from district hospitals level. Two people in hospital namely EPI supervisor and the person responsible for monitoring and evaluation were trained Training of trainers was held at Musanze District in North province from 27-31, August and from 3-7 September2012. The TOT lasted five days.The second step for Health Care providers; these trainers of district hospitals level with the support of supervisors from the central level have organized training providers from health centers. three people per health center were expected in particular, the person in charge of immunization activities, the person in charge of community health andthe person responsible for data management. The training provider was held at each district hospital during the period03 June to 9 July.Provider training lasted two days

- Monthly meeting at central level including partners to analyze administrative data (Routine immunization data andsurveillance data) and give orientation for improvement

- Reinforce the supportive supervision to the poorly performing districts and conduct quarterly DQA

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

To improve administrative data systems, Health facilities will continue to report to central level on monthly basis using Health Management Information System (HMIS). The District Vaccination Data Management Tool will be introduced in District and this tool will help District Health officialS to improve the analysis of vaccination data. RED will be reinforced and the vaccination activities supportive supervisions will be strengthened.

## 5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

<b>Exchange rate used</b>	1 US\$ = 674.954469	Enter the rate only; Please do not enter local currency name
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**Table 5.5a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	MERCK	USAID	0
Traditional Vaccines*	745,496	745,496	0	0	0	0	0	0
New and underused Vaccines**	16,442,208	594,000	14,045,808	0	0	1,802,400	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,304,902	141,189	1,163,713	0	0	0	0	0
Cold Chain equipment	418,169	306,000	0	112,169	0	0	0	0
Personnel	542,010	256,781	285,229	0	0	0	0	0
Other routine recurrent costs	1,304,241	727,547	0	0	576,694	0	0	0
Other Capital Costs	818,922	459,128	299,500	60,294	0	0	0	0





The SPIU shall consolidate and submit the AoP and budget to the ICC for review and approval. The approved AoP and budget shall be communicated thereafter to the GAVI Secretariat. A copy of the minutes of the meeting approving the budgets and work plans shall be submitted to GAVI before implementation of the relevant HSS, VIG or cash grant.	Yes
As stipulated in the Manual of procedures for SPIU, before disbursement of funds, SPIU to draft and sign Memorandum of Understanding (MoU) with the SRs: VPDD, MCH, districts hospitals, civil society/non-government organisations and share copies of signed MoUs with GAVI. The MoUs should clarify roles and responsibilities of MoH, VPDD and SPIU staff. The MoU will include reporting requirements and dates for submission.	Yes
The funds flow mechanism of the GoR (Public Financial Management System- PFMS) will be used for the purpose of GAVI HSS and other cash grants including ISS and VIG	Yes
Before disbursement of the new HSS grant, a new US\$ bank account in the name of MoH/SPIU will be opened with BNR to receive HSS and funds other cash grants.	Yes
18) Upon receipt, MoH/SPIU will disburse to operational accounts. The current existing GAVI US\$ bank account with (BNR) now assigned to SPIU will be used for this purpose. MoH to provide signatories to all bank accounts (US\$ and Rwanda Francs) to which GAVI funds will be disbursed.	Yes
20) All goods, works and services procured for the HSS programme and other cash programmes and to be financed out of GAVI funds and managed by the SPIU and the SRs will be carried out in line with guidelines issued by the Rwanda Public Procurement Authority (RPPA) as established by the Public Procurement Law, 2007	Yes
25) The MoH/SPIU shall assign an accountant to be responsible for GAVI grants	Yes

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

Condition of disbursement of HSS Funds have been fully implemented as it was initially defined in Aide memoire; planning, budgeting and coordination as defined in aide memoire have been also implemented. Accounting, financial reporting, procurement are being implemented according to the internal rules and procedures.

If none has been implemented, briefly state below why those requirements and conditions were not met.

Some points not implemented in aide memoire are related to the internal and external audit. The remaining points to be fully implemented will be done after the completion of this fiscal year. the unimplemented points in aid memoire are the followings:

- 31) The Internal Audit Unit ( in IAU) of SPIU shall be responsible for ensuring that the fiduciary and operational procedures and regulations of the GAVI HSS programme and any future cash support are adhered to by the MoH/HQ and any entity of the MoH managing the programme funds.
- 32) The IAU shall undertake audits of disbursements to the entities at central and decentralized levels as part of its audit plan starting 2013, on a risk based approach being implemented. This audit plan shall be prepared in advance of the start of the financial year and shall be shared with the ICC prior to the commencement of the audit work.
- 33) The scope of work of the IAU shall include the review of procurement files and physical inspections of goods, services and works acquired at central and decentralized levels. The reports of the IAU shall be shared with the ICC and discussed during the ICC meetings. The MoH should consider making available HSS funds to meet some of the costs of decentralized entities to be audited by the IAU.
- 34) The SPIU and ICC shall be responsible for ensuring that recommendations contained in internal audit reports are addressed and implemented in a timely manner.
- 35) The MoH shall have the Financial Statements of the HSS and other GAVI cash grants in Rwanda audited in accordance with the provisions of Section "Audits and Records" of the GAVI Alliance's Grant Terms and Conditions. Each audit of the Financial Statements shall cover the period of one fiscal year of the GoR, commencing with the fiscal year in which the first payment was made under the GAVI cash programmes.
- 36) The office of the Auditor General (OAG) will carry out the audits of the HSS and other cash grants and as such should be included in the OAG work plan for 2013 and subsequent years.
- 37) At the end of the year, GAVI will issue ToR for the audit of GAVI grants. The external audit shall cover all aspects of cash programme activities implemented in Rwanda at central and decentralized levels. The audit shall include verification of expenditures' eligibility, procurement files, programme performance and physical inspection of goods, works and services acquired at central and decentralized levels by all implementing agencies. MoH will include in the HSS budget, an allocation to support the operating costs required for the audits of the grants annual accounts.
- 38) The Audit report and the management letter for each audited period shall be submitted to the ICC, Health Sector Cluster Group (HSCG) and GAVI Secretariat not later than six months after the end of the GoR fiscal year.
- 39) The ICC and SPIU/MoH shall be responsible for ensuring that recommendations contained in external audit reports are addressed and implemented in a timely manner.

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 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 [5.5 Overall Expenditures and Financing for Immunisation](#).

Are any Civil Society Organisations members of the ICC? **Yes**

If **Yes**, which ones?

List CSO member organisations:
--------------------------------

## 5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

- Improve and sustain higher coverage objectives for all current vaccines ; BCG 97%, Penta3: 97%, MR:95%
- To introduce Inactivated Polio Vaccine (IPV) as one of the strategy of polio endgame and to participate actively in GVAP
- Maintain new vaccine provision (Measles -Rubella vaccine and to continue to vaccinate adolescents girls with HPV vaccine)
- Improvement of strategies that have maintained polio eradication status
- Continue supportive supervisions at all levels; Central level to District Hospitals and District Hospitals to Health centers
- Strengthening REC strategies in all districts
- Introduce performing vaccine management system(District Monitoring Tool)
- Strengthen ICC team members and recruit additional EPI staff
- To conduct EVM countrywide
- To increase cold chain storage capacity at central level
- Suiting from kerosine refrigerated equipments to solar system

## 5.9. 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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD 0.05 syringes	Government, regular budget
Measles	AD 0.5 syringes	Government, regular budget
TT	AD 0.5 syringes	Government, regular budget
DTP-containing vaccine	AD 0.5 syringes	Government and GAVI
PCV 13	AD 0.5 Syringes	Government and GAVI
HPV	AD 0.5 Syringes	Government, regular budget

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?

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

Currently there are no obstacles encountered during the implementation of the injection safety policy except in some health centers which are using burners.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

All sharps are collected in safety boxes and final disposal is incineration.

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## 6. Immunisation Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2013

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

6.1.1. 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.

Rwanda is no longer a recipient of these funds as there is no increase in number of children being vaccinated compared to the previous years. Rwanda preferred to go for PBF funding mechanism. According to the DHS 2010 immunization coverage is higher for all antigens BCG 99%, Pentavalent 3 97%, Measles 95% and all other antigens are 90%, while utilization of family planning increased from 27% in 2008 to 45% in 2010. and according to routine immunization survey conducted in 2013; Immunization card retention rate was 80%. The routine immunization coverage for BCG was 99% and all the antigens achieved more than 95% coverage. The fully immunized child from card and recall was 94%.

TT2+ coverage among pregnant women was 92%. Protection at birth (PAB) was 76%.

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6.1.2. 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

N/A

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6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

N/A

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

### 6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. 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 8).

### 6.3. Request for ISS reward

Request for ISS reward achievement in Rwanda is not applicable for 2013



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

### 7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2013 vaccinations against approvals for 2013

	[ A ]	[ B ]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	930,350	930,350	0	No
Pneumococcal (PCV13)	594,000	922,600	0	No
Rotavirus	1,281,600	957,870	329,730	No

*\*Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

PCV-13: More vaccines received because some remained doses in 2012.

Rotavirus: The remaining vaccines are planned to be received in 2014.

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- 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)

**GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.**

Through effective partnership with UNICEF, particularly its supply division, vaccines procurement and shipment were done in time.

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If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

N/A

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## 7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Rwanda introduced DTP-HepB-Hib in 2002. src="https://z.chango.com/static/c.js" async="" type="text/javascript"> src="https://z.chango.com/static/c.js" async="" type="text/javascript"> src="https://z.chango.com/static/c.js" async="" type="text/javascript"> src="https://z.chango.com/c/1400412428850/c.js?&t=&p=https%3A%2F%2Fappsportal.gavialliance.org%2FDPDextranet_APR_2013_1%2FAPREditorGPM%2FChangeSection&r=&aid=11079&chaid=www_objectify_ca" async="" type="text/javascript"> src="https://z.chango.com/c/1400412676536/c.js?&t=&p=https%3A%2F%2Fappsportal.gavialliance.org%2FDPDextranet_APR_2013_1%2FAPREditorNVS%2FChangeSection&r=&aid=11079&chaid=www_objectify_ca" async="" type="text/javascript"> src="https://z.chango.com/c/1400412876156/c.js?&t=&p=https%3A%2F%2Fappsportal.gavialliance.org%2FDPDextranet_APR_2013_1%2FAPREditorNVS%2FChangeSection&r=&aid=11079&chaid=www_objectify_ca" async="" type="text/javascript">

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Rwanda introduced Pneumococcal (PCV13) in 2009. src="https://z.chango.com/static/c.js" async="" type="text/javascript"> src="https://z.chango.com/static/c.js" async="" type="text/javascript"> src="https://z.chango.com/static/c.js" async="" type="text/javascript"> src="https://z.chango.com/c/1400412428800/c.js?&t=&p=https%3A%2F%2Fappsportal.gavialliance.org%2FDPDextranet_APR_2013_1%2FAPREditorGPM%2FChangeSection&r=&aid=11079&chaid=www_objectify_ca" async="" type="text/javascript"> src="https://z.chango.com/c/1400412676847/c.js?&t=&p=https%3A%2F%2Fappsportal.gavialliance.org%2FDPDextranet_APR_2013_1%2FAPREditorNVS%2FChangeSection&r=&aid=11079&chaid=www_objectify_ca" async="" type="text/javascript"> src="https://z.chango.com/c/1400412876589/c.js?&t=&p=https%3A%2F%2Fappsportal.gavialliance.org%2FDPDextranet_APR_2013_1%2FAPREditorNVS%2FChangeSection&r=&aid=11079&chaid=www_objectify_ca" async="" type="text/javascript">  Powered by SelectionLinks

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	

<p><b>The time and scale of introduction was as planned in the proposal? If No, Why ?</b></p>	<p>No</p>	<p>Rwanda introduced Rotavirus, 3-dose schedule in 2012  src="https://z.chango.com/static/c.js" async="" type="text/javascript"&gt;  src="https://z.chango.com/static/c.js" async="" type="text/javascript"&gt;  src="https://z.chango.com/static/c.js" async="" type="text/javascript"&gt;  src="https://z.chango.com/c/1400412429561/c.js?&amp;t=&amp;p=https%3A%2F%2Fappsportal.gavi.allyance.org%2Fpdeextranet_apr_2013_1%2Fapreeditorgpm%2FchangeSection&amp;r=&amp;aid=11079&amp;chaid=www_objectify_ca" async="" type="text/javascript"&gt;  src="https://z.chango.com/c/1400412677113/c.js?&amp;t=&amp;p=https%3A%2F%2Fappsportal.gavi.allyance.org%2Fpdeextranet_apr_2013_1%2Fapreeditornvs%2FchangeSection&amp;r=&amp;aid=11079&amp;chaid=www_objectify_ca" async="" type="text/javascript"&gt;  src="https://z.chango.com/c/1400412876751/c.js?&amp;t=&amp;p=https%3A%2F%2Fappsportal.gavi.allyance.org%2Fpdeextranet_apr_2013_1%2Fapreeditornvs%2FchangeSection&amp;r=&amp;aid=11079&amp;chaid=www_objectify_ca" async="" type="text/javascript"&gt;</p>
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7.2.2. When is the Post Introduction Evaluation (PIE) planned? **June 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

Rwanda has a strong immunization program and enjoys great political will, financial commitment and support from the government and development partners. Overall, rotavirus vaccine introduction was found to have gone smoothly. Quantitatively, the proportion of HCs visited that met 14 criteria assessed during the PIE ranged from 83%-100%. Pre-introduction planning, training of health staff, knowledge of health staff and mothers about the vaccine, and vaccine acceptance were good. Vaccine and cold chain management was generally strong. It is notable that no stock-outs of any antigens occurred in the last 6 months. Safe vaccination practices and waste disposal were observed. There is a solid infrastructure for delivery of vaccine services, including a robust electronic immunization database for reporting of vaccinations. However, the use of data for program planning at the health center and district levels was rare, and skills for monitoring coverage and drop-out rates at the operational level could be strengthened. In the fourth quarter of 2012, 27% of HCs visited in the PIE had rotavirus vaccine dose 1-dose 3 dropout >10%. Monitoring administrative data and drop out is important at all levels to assure that children are completing vaccinations. Although staff knew about AEFI, a surveillance system with line-listing and zero-reporting would benefit the program. The collaboration with other child survival programs during introduction planning underscores the importance of a comprehensive approach to prevention and treatment of diarrhea and pneumonia; ongoing efforts will be needed to ensure access to complementary therapies for diarrhea and knowledge about diarrhea prevention.

The major findings and recommendations are discussed in detail in the report attached.

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7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

#### 7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Rwanda through Ministry of Health with collaboration with CDC Atlanta and WHO is conducting the rotavirus vaccine impact and effectiveness study countrywide. The study has just started in the early August 2012 in eight sentinel hospitals and the results are not yet out to be shared. The step of data collection continues. There is another study of PCV impact on pediatric pneumonia and meningitis hospitalisation in collaboration with UNICEF.

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### 7.3. New Vaccine Introduction Grant lump sums 2013

#### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	299,500	202,162,500
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	299,500	202,162,500
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	299,500	202,162,500

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year ( Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

### 7.3.2. Programmatic Reporting

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

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

Planned activities were not done because of delay of funds. As funds are now available, planned activities will be implemented during the year 2014.

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Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

- Social mobilization, IEC and Advocacy
- Cold chain equipment and maintenance
- Programme Management
- Surveillance and Monitoring
- Waste Management

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### 7.4. Report on country co-financing in 2013

**Table 7.4** : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	274,330	87,050
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	123,361	32,400
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	185,725	32,850
Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		
Government	100%	
Donor	0	
Other	0	





Government of Rwanda had committed itself to maintain its objectives of increasing diseases protection through immunization using the little resources it has. With financial mobilization strategies in place, Rwanda has not experienced defaulted on its co-financing obligations even there have been some short delay in co-financing but Government of Rwanda is committed to maintain its co-financing level.

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Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

## 7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (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/immunization\\_delivery/systems\\_policy/logistics/en/index6.html](http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html)

*It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.*

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **August 2011**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

At central level

- Proper partition and shelving in the cold rooms
- Installation of a device for ventilation
- Installation of electronic temperature monitoring system

At district level

- Distribution of cold chain equipments according to the gap revealed

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When is the next Effective Vaccine Management (EVM) assessment planned? **May 2014**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Rwanda does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2013, 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. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

\* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

\* **Rotavirus, 1 dose(s) per vial, ORAL**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° 27) that has endorsed the requested change.

## 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Rwanda is not available in 2014

## 7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain



## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1: Commodities Cost**

Estimated prices of supply are not disclosed

**Table 7.10.2: Freight Cost**

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

## 7.11. Calculation of requirements

**Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	322,788	331,180	339,791	993,759
	Number of children to be vaccinated with the first dose	Table 4	#	360,909	337,782	346,564	1,045,255
	Number of children to be vaccinated with the third dose	Table 4	#	360,909	337,782	344,791	1,043,482
	Immunisation coverage with the third dose	Table 4	%	111.81 %	101.99 %	101.47 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	588,400			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	588,400			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

\* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

\*\* Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

### Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

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

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per APR 2012			0.20
Your co-financing	0.20	0.20	0.35

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2014	2015
Number of vaccine doses	#	936,700	899,000
Number of AD syringes	#	1,086,100	1,132,600

<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	11,950	12,475
<b>Total value to be co-financed by GAVI</b>	\$	1,967,500	1,915,500

**Table 7.11.3:** Estimated GAVI support and country co-financing (**Country support**)

		<b>2014</b>	<b>2015</b>
<b>Number of vaccine doses</b>	#	101,400	182,600
<b>Number of AD syringes</b>	#	0	0
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	0	0
<b>Total value to be co-financed by the Country</b>	\$	208,000	379,000

**Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)**

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	Table 4	360,909	337,782	32,984	304,798
B1	Number of children to be vaccinated with the third dose	Table 4	360,909	337,782	32,984	304,798
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,082,727	1,013,346	98,950	914,396
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		1,064,014	103,898	960,116
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		- 26,017	- 2,540	- 23,477
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Reported stock on January 1st	Table 7.11.1	0	588,400		
H3	Shipment plan	UNICEF shipment report		849,800		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,038,000	101,358	936,642
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		1,086,062	0	1,086,062
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		11,947	0	11,947
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,998,150	195,113	1,803,037
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		48,873	0	48,873
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		60	0	60
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		127,882	12,488	115,394
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		2,174,965	207,600	1,967,365
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		207,600		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.76 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

**Table 7.11.4:** Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	16.88 %		
B	Number of children to be vaccinated with the first dose	Table 4	346,564	58,493	288,071
B1	Number of children to be vaccinated with the third dose	Table 4	344,791	58,193	286,598
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,037,193	175,055	862,138
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,089,053	183,808	905,245
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	9,390	1,585	7,805
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	16,983	2,867	14,116
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	404,587	68,286	336,301
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,081,500	182,533	898,967
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,132,559	0	1,132,559
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	12,459	0	12,459
N	Cost of vaccines needed	$I \times \text{vaccine price per dose } (g)$	2,107,844	355,757	1,752,087
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit } (ca)$	50,966	0	50,966
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit } (cr)$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit } (cs)$	63	0	63
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value } (fv)$	134,903	22,769	112,134
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value } (fd)$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,293,776	378,525	1,915,251
U	Total country co-financing	$I \times \text{country co-financing per dose } (cc)$	378,525		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	16.88 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of

**Table 7.11.1:** Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	322,788	331,180	339,791	993,759
	Number of children to be vaccinated with the first dose	Table 4	#	360,909	337,782	346,564	1,045,255
	Number of children to be vaccinated with the third dose	Table 4	#	360,909	337,782	344,791	1,043,482
	Immunisation coverage with the third dose	Table 4	%	111.81 %	101.99 %	101.47 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	541,900			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	541,900			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

\* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

\*\* Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

```
src="https://z.chango.com/static/c.js" async="" type="text/javascript"> src="https://z.chango.com/static/c.js"
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```

### Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

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

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per <b>APR 2012</b>			0.20
Your co-financing	0.20	0.20	0.35

**Table 7.11.2:** Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015
Number of vaccine doses	#	477,700	743,700

<b>Number of AD syringes</b>	#	499,600	847,800
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	5,500	9,350
<b>Total value to be co-financed by GAVI</b>	\$	1,739,500	2,695,000

**Table 7.11.3:** Estimated GAVI support and country co-financing (**Country support**)

		<b>2014</b>	<b>2015</b>
<b>Number of vaccine doses</b>	#	28,200	80,800
<b>Number of AD syringes</b>	#	0	0
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	0	0
<b>Total value to be co-financed by the Country</b>	\$	101,500	289,000



**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)**

	Formula	2013	2014		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %	5.56 %	
B	Number of children to be vaccinated with the first dose	Table 4	360,909	337,782	18,795
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	1,082,727	1,013,346	56,384
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		1,064,014	59,203
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		- 17,345	- 965
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1	0		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		505,800	28,144
J	Number of doses per vial	Vaccine Parameter		1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		499,512	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		5,495	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,715,168	95,434
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		22,479	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		28	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		102,911	5,727
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		1,840,586	101,160
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		101,160	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.56 %	

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)**

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	9.80 %		
B	Number of children to be vaccinated with the first dose	Table 4	346,564	33,956	312,608
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	1,039,692	101,868	937,824
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,091,677	106,962	984,715
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	6,916	678	6,238
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	275,897	27,033	248,864
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	824,400	80,774	743,626
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	847,783	0	847,783
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	9,326	0	9,326
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,778,228	272,208	2,506,020
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	38,151	0	38,151
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	47	0	47
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	166,694	16,333	150,361
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,983,120	288,540	2,694,580
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	288,540		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.80 %		

**Table 7.11.1:** Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	322,788	331,180	339,791	993,759
	Number of children to be vaccinated with the first dose	Table 4	#	393,269	337,782	346,564	1,077,615
	Number of children to be vaccinated with the second dose	Table 4	#	393,269	337,782	344,791	1,075,842
	Number of children to be vaccinated with the third dose	Table 4	#	393,269	337,782		731,051
	Immunisation coverage with the third dose	Table 4	%	101.47 %	101.99 %	101.47 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	552,250			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	552,250			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.13	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

\* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

\*\* Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

### Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

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

	2013	2014	2015
Minimum co-financing	0.13	0.13	0.20
Recommended co-financing as per APR 2012			0.20
Your co-financing	0.13	0.13	0.35

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2014	2015
Number of vaccine doses	#	124,100	311,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	\$	334,000	836,000

**Table 7.11.3: Estimated GAVI support and country co-financing (Country support)**

		2014	2015
Number of vaccine doses	#	6,500	46,900
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country	\$	17,500	125,500

**Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)**

	Formula	2013	2014		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %	4.91 %	
B	Number of children to be vaccinated with the first dose	Table 4	393,269	337,782	16,581
C	Number of doses per child	Vaccine parameter (schedule)	2	2	
D	Number of doses needed	$B \times C$	786,538	675,564	33,162
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		709,343	34,821
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		- 27,743	- 1,361
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1	0		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		130,500	6,406
J	Number of doses per vial	Vaccine Parameter		1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$		0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		334,211	16,406
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		16,711	821
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		350,922	17,226
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		17,226	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		4.91 %	

**Table 7.11.4:** Calculation of requirements for **Rotavirus, 1 dose(s) per vial, ORAL** (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	13.06 %		
B	Number of children to be vaccinated with the first dose	Table 4	346,564	45,250	301,314
C	Number of doses per child	Vaccine parameter (schedule)	2		
D	Number of doses needed	$B \times C$	693,128	90,499	602,629
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	727,785	95,024	632,761
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	4,611	603	4,008
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	374,914	48,951	325,963
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	358,500	46,808	311,692
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	915,251	119,500	795,751
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	45,763	5,976	39,787
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	961,014	125,475	835,539
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	125,475		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	13.06 %		





## 8. Injection Safety Support (INS)

This window of support is no longer available

## 9. Health Systems Strengthening Support (HSS)

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

## 10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

### 10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Rwanda **has NOT received GAVI TYPE A CSO support**

Rwanda is not reporting on GAVI TYPE A CSO support for 2013

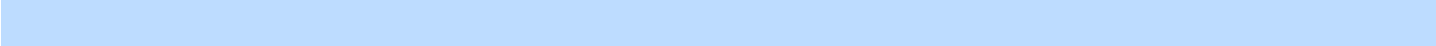
## 10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Rwanda **has NOT** received GAVI TYPE B CSO support

Rwanda is not reporting on GAVI TYPE B CSO support for 2013

## 11. 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



## 12. Annexes

### 12.1. Annex 1 – Terms of reference ISS

#### 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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.2. Annex 2 – Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013</b> (balance carried forward to 2014)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.



## 12.3. Annex 3 – Terms of reference HSS

### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.4. Annex 4 – Example income & expenditure HSS

### 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

## 12.5. Annex 5 – Terms of reference CSO

### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.6. Annex 6 – Example income & expenditure CSO

### 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>












\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.












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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		<a href="#">MoH and MoF signatures.PDF</a> File desc: Date/time : 22/05/2014 04:50:36 Size: 225 KB
2	Signature of Minister of Finance (or delegated authority)	2.1		<a href="#">MoH and MoF signatures.PDF</a> File desc: Date/time : 22/05/2014 04:51:11 Size: 225 KB

3	Signatures of members of ICC	2.2		<a href="#">ICC member's signatures.PDF</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 05:56:41 <b>Size:</b> 682 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7		<a href="#">ICC minute of May 13,2014 &amp; attendance list.pdf</a> <b>File desc:</b> <b>Date/time :</b> 18/05/2014 03:24:38 <b>Size:</b> 1 MB
5	Signatures of members of HSCC	2.3		<a href="#">HSCC member's signatures.PDF</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 06:02:54 <b>Size:</b> 682 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3		<a href="#">ICC minute of May 13,2014 &amp; attendance list.pdf</a> <b>File desc:</b> <b>Date/time :</b> 18/05/2014 03:26:32 <b>Size:</b> 1 MB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		<a href="#">Financial statement for ISS grant.doc</a> <b>File desc:</b> <b>Date/time :</b> 14/05/2014 05:48:18 <b>Size:</b> 27 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3		<a href="#">External audit report for ISS grant.doc</a> <b>File desc:</b> <b>Date/time :</b> 14/05/2014 05:58:00 <b>Size:</b> 28 KB
9	Post Introduction Evaluation Report	7.2.2		<a href="#">Rwanda Rota June 2013 PIE report Final.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2014 05:32:25 <b>Size:</b> 874 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		<a href="#">Consolidated financial statement.PDF</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 10:54:04 <b>Size:</b> 5 MB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1		<a href="#">Audit letter.pdf</a> <b>File desc:</b> <b>Date/time :</b> 14/05/2014 05:31:51 <b>Size:</b> 327 KB
12	Latest EVSM/VMA/EVM report	7.5		<a href="#">EVM report-Rwanda v7.doc</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2014 03:35:16 <b>Size:</b> 6 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		<a href="#">EVM recommendations implementation status.doc</a> <b>File desc:</b> <b>Date/time :</b> 12/05/2014 07:10:30 <b>Size:</b> 72 KB

14	EVSM/VMA/EVM improvement plan implementation status	7.5		<a href="#">EVM recommendations implementation status.doc</a> <b>File desc:</b> <b>Date/time :</b> 12/05/2014 07:08:44 <b>Size:</b> 72 KB
16	Valid cMYP if requesting extension of support	7.8		No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8		No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		<a href="#">HSS GAVI Monthly report period ended 30April2014.pdf</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 05:35:59 <b>Size:</b> 7 MB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		<a href="#">HSS GAVI Monthly report period ended 30April2014.pdf</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 05:14:10 <b>Size:</b> 7 MB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3		<a href="#">Audit letter.pdf</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 10:15:09 <b>Size:</b> 327 KB
22	HSS Health Sector review report	9.9.3		<a href="#">HSS health sector review report.doc</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 10:24:53 <b>Size:</b> 27 KB
23	Report for Mapping Exercise CSO Type A	10.1.1		No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4		No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4		No file loaded

26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	<a href="#">Consolidated financial statement.PDF</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 10:49:14 <b>Size:</b> 5 MB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	✗	<a href="#">ICC minute of May 13,2014 &amp; attendance list.pdf</a> <b>File desc:</b> <b>Date/time :</b> 21/05/2014 03:02:15 <b>Size:</b> 1 MB
	Other		✗	<a href="#">Annex Rwanda Routine immunization and Campaign Evaluation Report.pdf</a> <b>File desc:</b> <b>Date/time :</b> 10/05/2014 09:07:38 <b>Size:</b> 3 MB  <a href="#">ICC Meeting's report 17-5-2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 04:49:54 <b>Size:</b> 2 MB  <a href="#">ICC minute&amp;attendance list 10Sept2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 12/05/2014 07:14:01 <b>Size:</b> 2 MB  <a href="#">Memo on HSS 2013 reporting.PDF</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 10:00:39 <b>Size:</b> 235 KB  <a href="#">MoU VPDD &amp; SPIU GAVI.PDF</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 10:07:40 <b>Size:</b> 936 KB  <a href="#">Report of ICC meeting of 30th-1-2013.pdf</a> <b>File desc:</b> <b>Date/time :</b> 12/05/2014 11:06:52 <b>Size:</b> 1 MB  <a href="#">RWANDA CONCEPT ON TT 2.doc</a> <b>File desc:</b> <b>Date/time :</b> 22/05/2014 10:04:13 <b>Size:</b> 41 KB



