



Annual Progress Report 2008

Submitted by

The Government of

[REPUBLIC OF RWANDA]

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: _____

Deadline for submission: 15 May 2009

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

and any hard copy could be sent to :

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

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

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

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

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [RWANDA](#)

Minister of Health:

Title:

Signature:

Date:

Minister of Finance:

Title:

Signature:

Date:

This report has been compiled by:

Full name: [Fidele NGABO, MD, MSc](#)

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ICC Signatures Page

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

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

Comments from partners:

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

All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: y/n

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HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, [HSCG Health Sector Cluster Group](#) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

Comments from partners:

You may wish to send informal comment to: apr@gavialliance.org

All comments will be treated confidentially

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

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

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

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

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	379 278	381 371	391 286	401 460	411 898	422 607	433 595	444 868
Infants' deaths	32 618	23 645	24 259	24 891	25 538	26 202	26 883	27 582
Surviving infants	346 660	357 726	367 027	376 569	386 360	396 405	406 712	417 286
Pregnant women	379 278	381 371	391 286	401 460	411 898	422 607	433 595	444 868
Target population vaccinated with BCG	353 877	373 744	383 460	397 445	407 779	418 381	429 259	440 419
BCG coverage*	93%	98%	98%	99%	99%	99%	99%	99%
Target population vaccinated with OPV3	335 146	343 417	356 016	369 038	378 633	392 441	402 645	413 113
OPV3 coverage**	97	96%	97%	98%	98%	99%	99%	99%
Target population vaccinated with DTP (DTP3)***	334 998	343 417	356 016	369 038	378 633	392 441	402 645	413 113
DTP3 coverage**	97%	96%	97%	98%	98%	99%	99%	99%
Target population vaccinated with DTP (DTP1)***	354 214	346 994	356 016	372 803	382 496	392 441	402 645	413 113
Wastage ¹ rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of								
..... Coverage**								
Target population vaccinated with 1 st dose of								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with 1 st dose of Measles	320 272	329 108	348 676	357 741	367 042	376 585	386 376	396 422
Target population vaccinated with 2 nd dose of Measles								
Measles coverage**	92%	92%	95%	95%	95%	95%	95%	95%
Pregnant women vaccinated with TT+	252 906	305 097	352 157	381 387	391 303	401 477	411 915	422 624
TT+ coverage****	67%	80%	90%	95%	95%	95%	95%	95%
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	5%	5%						
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of 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. For new vaccines check table α after Table 7.1.

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	379 278	381 371	391 286	401 460	411 898	422 607	433 595	444 868
Infants' deaths	32 618	23 645	24 259	24 891	25 538	26 202	26 883	27 582
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TT+ coverage****	67%	80%	90%	95%	95%	95%	95%	95%
Vit A supplement								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	5%	5%						
Annual Measles Drop out rate (for countries applying for YF)	N/A							

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of 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

² 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. For new vaccines check table α after Table 7.1.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): **No**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Rwanda did not receive GAVI Immunization Services Support for the year 2008 because the number of children vaccinated in 2007 was less than those vaccinated in 2006. In February 2008 Rwanda submitted her application for ISS funding which was accepted.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

There is a special GAVI account (in USD and FRW) at the Banque Nationale du Rwanda (BNR). Withdrawal of these funds is authorized by two designated Ministry of Health officials.

At the district level, funds are deposited to a account recognized by the Ministry of Health and withdrawals are made by two district officials on the basis of activity plans approved by the central level. The funds are used for activities approved by the ICC.

At the district level, there is a framework of supporting documentation regarding the use of GAVI funds. Each district establishes and sends a report to the central level regarding the use of funds that were received, which includes the activities completed along with the corresponding bank account statements and duly-authorized mission summaries.

There are no problems related to the use of funds

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 0

Remaining funds (carry over) from 2007 **412 918**

Balance to be carried over to 2009 _____

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	5 331 000*				
Injection supplies					
Personnel	184 315	184 315			
Transportation	16 453	16 453			
Maintenance and overheads	35 650	35 650			
Training	22 450			22 450	
IEC / social mobilization	22 750			22 750	
Outreach	23 890			23 890	
Supervision	33 908	33 908			
Monitoring and evaluation	17 650			17 650	
Epidemiological surveillance	8 507	8 507			
Vehicles	12 760	12 760			
Cold chain equipment	22 350	22 350			
Other (specify)					
Total:	400 683				
Remaining funds for next year:	12 235				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? _____

Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

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

Within the Mini-Santé, there is a technical group which works for children health; it consists of all the partners participating in children's health. It meets once every three months and entails the ICC mission. Find its terms of reference in the annex.

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

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

- *Strengthening of implementation of the five RED's strategies with emphasis on community participation (e.g.–by ensuring the presence of community health officers in each village in the country).*
- *Activities linked to pneumococcal vaccine introduction (introduction plan, review of supporting tools, ordering cold chain equipment, training manuals, etc).*
- *Mother and Child Health Week integrating vaccination activities.*
- *Re-training Community Health Officers on the management of vaccination activities at the peripheral level.*
- *Training cold chain maintenance technicians at the district level.*
- *Monthly meetings with the central level surveillance focal points to analyze and take action on the vaccination and diseases surveillance data.*
- *Organizing the SNID as a preventive measure in the nine districts bordering the DRC.*

There had not been any major problem that hindered the implementation of the planned activities. However, incidental activities like the November and December 2008 SNID infringed on the planned district supervision activities. Major activities like the Mother and Child Health Week and preparatory activities for the anti-pneumococcal vaccine introduction took up much of the already inadequate staff time and interrupted other previously planned [sic].

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

*If a DQA was implemented in 2007 or 2008 please list the recommendations below:
The last DQA was done in 2002.*

The 2002 DQA recommendations were as follows :

- *Adhere to transmission reporting deadlines.*
- *The report recipient must indicate date received on the report in order to measure the timeliness of reporting.*
- *Use a register to record the date on which a report is sent.*
- *All data must correspond at all levels*
- *Implement an Adverse Events Following Immunization (AEFI) reporting system in health centers.*
- *Record and relay all information pertaining to vaccine wastage management.*
- *Performance display in order to allow for better vaccination coverage follow-up and a quicker decision-making mechanism.*
- *Regular written feedback to the lower levels.*
- *Send all report updates to the higher levels.*
- *Keep the score sheets for at least three years.*

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

YES

☒

NO

☐

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

The action plan for the recommendations implementation was finalized and implemented in all the districts in 2004.

In 2006 the central level trained the districts in Data Quality Self-Assessment (DQS). The districts in turn trained health officers in the health centers. Follow-up on DQA implementation was done during supervisory visits. The implementation plan was sent in along with the GAVI progress report of 2006.

Strengths identified after the introduction of DQA:

Reporting completeness of 100%

Improved data accuracy ratio

Introduction of vaccines wastage monitoring tool at all districts levels

Weakness

Turnover of trained personnel on to other employment opportunities, thereby rendering data follow-up difficult

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC.

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

Mini DHS conducted in 2008.

List challenges in collecting and reporting administrative data:

- Reduced infant mortality of 86/1000 in 2005 to 62/1000 in 2008*
- Reduced child mortality from 152/1000 in 2005 to 103/1000 in 2008*

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008] **N/A**

[List any change in doses per vial and change in presentation in 2008] **N/A**

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
N/A				
N/A				
N/A				

Please report on any problems encountered.

[List problems encountered] **N/A**

1.2.2. Major activities

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

Rwanda introduced pentavalent (DTP-HebB-Hib) in 2002. In 2007, the country prepared documentation on the introduction of the pneumococcal vaccine, which was submitted in February 2008.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: **2002**

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
	----	-----	-----	-----	

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

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

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

Recommendations:

1. At the national level

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

2. At the intermediate level

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

3. At the peripheral level

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

Was an action plan prepared following the EVSM/VMA? **Yes**/No

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

The recommendations done in this evaluation were forwarded by the central level to the districts during the annual planning meeting. During their 2008 micro-planning meetings, districts created vaccine management activities such as:

- *Training the health officers in health centers on the use of vaccine wastage management tools and correct completion of the vaccine stock registry.*
- *Training health center health officers on correct vaccine management by emphasizing the estimated needs for vaccines and vaccine material according to the vaccine used vis-à-vis the number of children vaccinated.*

When will the next EVSM/VMA* be conducted? *Theoretically 2010*

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

Table 1.2

Vaccine 1: Pentavalent	
Anticipated stock on 1 January 2010	123 300.....
Vaccine 2: Pneumococcal vaccine	
Anticipated stock on 1 January 2010	189 500
Vaccine 3:	
Anticipated stock on 1 January 2010	

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? *Supplies*

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
AD syringe	584 000	09-JAN-2008
Reconstitution syringe 2 ml	177 500	09-JAN-2008
Safety box	9115	09-JAN-2008
AD syringe	784 000	29-AUG-2008
Reconstitution syringe 2 ml	520 000	29-AUG-2008
Safety box	12 075	29-AUG-2008

Please report on any problems encountered.

[No problem]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[sources of funding for injection safety supplies in 2008: government budget]

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

Fifteen **De Monfort incinerators** built in 15 rural district hospitals, 5 urban hospitals have electrical incinerators; the remaining 20 hospitals there are using low-temperature burners.

All health centres have small burners and deep pits for the residues. There are 147 needle pits in the health centres supported by JSI.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

The problem of waste management is still obvious to the hospitals, which do not yet have incinerators with the required efficiency.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

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

[Injection safety support was through a government budget line]

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	366 278	379 392	396 671
New Vaccines	432 000	421 000	421 000
Injection supplies	197 873	294 339	311 149
Cold Chain equipment	613 765	26 009	26 009
Operational costs	856 437	1 595 848	595 848
Other (please specify)			
Total EPI	2 466 353	2 716 588	1 750 677
Total Government Health	36 749 155	40 424 070	44 466 477

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

Immunization activities were funded in accordance with the anticipated plan. There was no gap in the execution with respect to the provisions.

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine: Pentavalent</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#	251 328	318 851	347 739	501 244	562 465	615 032
Number of AD syringes	#	265 773	337 259	367 726	530 053	594 793	650 381
Number of re-constitution syringes	#	278 974	353 924	385 991	556 380	624 337	682 686
Number of safety boxes	#	6 047	7 672	8 366	12 059	13 532	14 797
Total value to be co-financed by country	\$	\$846 416	1 009 417	1 030 621	1 181 820	1 212 549	1 244 072

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine: Pneumococcus vaccine</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.15	0.25	0.25	0.25	0.35	0.35
Number of vaccine doses	#	33 521	58 790	60 025	61 585	88 461	89 871
Number of AD syringes	#	-	-	-	-	-	-
Number of re-constitution syringes	#	-	-	-	-	-	-
Number of safety boxes	#						
Total value to be co-financed by country	\$	169 283	296 887	303 124	311 005	446 729	458 342

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)	February 2002		
2nd Awarded Vaccine (specify)	2009	15 July	15 july
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)	0.75/Dose	
2nd Awarded Vaccine (specify)	0.15/Dose	204 000 USD
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
<i>Rwanda has never experienced a late or delayed mobilization of new vaccine funds. However, factors that have facilitated the collection of funds are as follows:</i>
<i>1. Funds previously allocated for debt servicing (more than US dollar 30 million per annum) are granted for social services, particularly health and education services.</i>
<i>2. These positive come back [sic], together with the economic growth observed over the past five years (an average of 6% per annum), are likely to permit the country to cover at least its population's priority needs, like primary health care.</i>
<i>3. Government engagement in the implementation of the New Economic Partnership for African Development (NEPAD), one of whose six strategic pillars is to strengthen the role of the government in mobilizing its efforts and resources for health development, with the aim of allocating at least 12% of its national annual budget to the health sector by 2015. In 2008 this allocation was 10%.</i>
<i>4. The country's health development strategy was endorsed and supported by several development partners in Rwanda (World Bank, UN agencies and various bilateral aid partners), which are likely to bring in additional support for the government's efforts where required.</i>

If the country is in default please describe and explain the steps the country is planning to come out of default.

<i>No default</i>

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

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

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

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

NO CHANGE

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

NO CHANGE

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

NO CHANGE

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

NO CHANGE

Vaccine 1: Pentavalent

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	356 016	369 038	378 633	392 441	402 645	413 113
Target immunisation coverage with the third dose	<i>Table B</i>	#	97%	98%	98%	99%	99%	99%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	356 016	372 803	382 496	392 441	402 645	413 113
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.75	0.85	0.85	0.95	0.95	0.95

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	830 195	818 122	818 393	702 953	675 626	657 281
Number of AD syringes	#	927 646	918 849	914 459	785 469	754 934	734 435
Number of re-constitution syringes	#	973 722	964 255	959 880	556 380	792 431	770 914
Number of safety boxes	#	21 105	20 902	20 805	17 870	17 176	16 709
Total value to be co-financed by GAVI	\$	2 954 304	2 750 122	2 562 944	1 751 302	1 539 013	1 404 853

Vaccine 2: **Pneumococcal**

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	356 016	369 038	378 633	392 441	402 645	413 113
Target immunisation coverage with the third dose	<i>Table B</i>	#	97%	98%	98%	99%	99%	99%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	356 016	372 803	382 496	392 441	402 645	413 113
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.15	0.25	0.25	0.35	0.35	0.35

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	1 088 140	1 116 194	1 145 216	1 174 992	1 180 428	1 212 001
Number of AD syringes	#	-	-	-	-	-	-
Number of re-constitution syringes	#	-	-	-	-	-	-
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$	5 529 921	5 700 236	5 819 979	5 971 300	5 998 927	6 220 360

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR– process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

- a) Fiscal year runs from **JULY** (month) to **JUNE** (month).
- b) This HSS report covers the period from **11/2007** (month/year) to **10/2008** (month year)
- c) Duration of current National Health Plan is from **January 2008** to **December 2008**.
- d) Duration of the immunisation cMYP: **5 YEARS**
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

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

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Fidele NGABO, MD, MSc	MoH	Preparation	Fidele.ngabo@moh.gov.rw ngabog@yahoo.fr
Other partners and contacts who took part in putting this report together			
Celse RUGAMBWA, MD, MPH	WHO	Preparation	

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

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

Mains sources of information used in the HSS:

1. Ministry of Health annual report 2008
2. GAVI ISS annual report 2008
3. JRF annual report 2008
4. Health Sector evaluation report 2005-2008
5. Joint health sector report 2008

Information will be verified in the 2008 annual audit, which will be done this year.

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

Starting July 2009, the fiscal year in Rwanda will be July – June. It would be better to harmonize the HSS report with the new fiscal year.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved	2 174 000	1 715 320	1 715 320						
Date the funds arrived	30/10/2007	--							
Amount spent	200 840	1 896 640							
Balance	1 973 160								
Amount requested	1 715 320	1 715 320	1 664 220						

Amount spent in 2008: 1 896 640

Remaining balance from total: 76 520

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

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

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:	To increase the mobilization and motivation of personnel/health workers toward quality primary health care.					
Activity 1.1:	Continuing education for health personnel among the 30 districts of the country on the management of health services.	100	2 100	2 100	0	
Activity 1.2:	Establishing performance-based contracts for 30 physicians in charge of epidemiological surveillance in the districts (as part of decentralization, the other workers involved have been accounted for in the contract-based programme approach that enjoys the support of the World Bank) in order to improve their motivation.	88.88	36 000	32 000	4 000	

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

Activity 1.3:	Strengthening the community-mobilization capacities of community health facilitators to improve the monitoring of maternal and child health.	100	780000	780 000	0	
Activity 1.4:	Specific continuing education for those teams identified from the 3 national reference laboratories: LNR, CHUK and CHUB (15 persons per year).	100	1600	1600	0	
	Initial training of 2 health professionals at the central level in epidemiological surveillance (Master of Epidemiology at the School of Public Health of the National University of Rwanda; length of training: 2 years).	0	20000	0	20 000	
	Facilitating the participation of 2 EPI officers in national and international scientific conferences regarding immunization (in order to there give presentations such as on the results/lessons learned from Rwanda's EPI programme).	0	9000	0	9 000	
Objective 2:	To improve the organisation and management of health services at the district level.					
Activity 2.1:	Improving the demand for basic health services and the acceptability of IMCI services (recently initiated in the country) through information and community mobilization by the NGOs.	95.5	22000	21000	1000	
Activity 2.2:	Providing IMCI services in the 30 districts of the country using the outreach strategy (1 session per month for each of the 30 districts in order to serve the most-underserved areas through the integration of immunization, vitamin A distribution, and distribution of insecticide-treated mosquito nets).	100	66240	66240	0	
Activity 2.3:	Providing active and integrated epidemiological surveillance in the 30 districts of the country and establishing a national database.	100	144000	140000	0	
Activity 2.4:	Ensuring planning and regular integrated supervision of	100	24600	24600	0	

	health activities in the 30 districts.					
Activity 2.5:	Organizing monthly meetings to coordinate health activities and disseminate health data from the epidemiological surveillance in each of the 30 districts.	100	19200	19200	0	
Activity 2.6:	Producing regular monitoring and evaluation reports on health services in each of the 30 districts through the integration of community-based activities (distribution of vitamin A, insecticide-treated mosquito nets, etc.).	100	25200	25200	0	
Activity 2.7:	Conducting operational research studies regarding primary health care.	0	15000	0	15000	
Activity 2.8:	Perform an annual external audit of the project.	0	10000	0	10000	
Objective 3:	To strengthen the distribution and maintenance systems for the medications, medical supplies, equipment and infrastructure within district health facilities.					
Activity 3.1:	Providing cold chains for 20 new health centers.		0	0	0	
Activity 3.2:	Replacing aging cold chains in 10 health centers each year.	100	20 000	20000	0	
Activity 3.3:	Providing fuel for the cold chain (kerosine and gasoline) in the districts and health centers.	100	156700	156700	0	
Activity 3.4:	Providing needed equipment for the laboratory of the CHUB (reference hospital located in the Huye district) to meet the specific needs of its support for epidemiological surveillance.		0	0	0	
Activity 3.5:	Providing needed computer and office equipment for the national reference laboratories of the CHUK and CHUB.		0	0	0	
Activity 3.6:	Providing the needed reagents for the 3 reference laboratories (LNR, CHUK and CHUB) for their specific needs in the context of epidemiological surveillance.		0	0	0	
Activity 3.7:	Build an incinerator in each of the 36 health centers that do not have one already.	0	108000	0	108000	LOOKING FOR STANDARD

Activity 3.8:	Providing solar panels to ensure the availability of energy in 34 health centers (without electricity).	142	350000	500000		
Activity 3.9:	Providing maintenance for cold chains, refrigerators, CHU laboratory equipment, computer and office equipment as well as the solar panels provided as part of the project.	100	198000	108000	90 000	
Support Functions		99.4	1 997 640	1 896 640		
Management			1 1928 240			
M&E			69400			
Technical Support			0			

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:	To increase the mobilization and motivation of personnel/health workers toward quality primary health care.	6 300	0	6300	
Activity 1.1:	Continuing education for health personnel among the 30 districts of the country on the management of health services.	26 400	0	26400	
Activity 1.2:	Establishing performance-based contracts for 30 physicians in charge of epidemiological surveillance in the districts (as part of decentralization, the other workers involved have been accounted for in the contract-based programme approach that enjoys the support of the World Bank) in order to improve their motivation.	36 000	4000	32000	
	Strengthening the community-mobilization capacities of community health facilitators to improve the monitoring of maternal and child health.	780 000	0	780000	
	Specific continuing education for those teams identified from the 3 national reference laboratories: LNR, CHUK and CHUB (15 persons per year).	1 600	0	1600	

	Initial training of 2 health professionals at the central level in epidemiological surveillance (Master of Epidemiology at the School of Public Health of the National University of Rwanda; length of training: 2 years).	20 000	0	20 000	
	Facilitating the participation of 2 EPI officers in national and international scientific conferences regarding immunization (in order to there give presentations such as on the results/lessons learned from Rwanda's EPI programme).	9 000	0	20 000	
Objective 2:	To improve the organisation and management of health services at the district level.				
Activity 2.1:	Improving the demand for basic health services and the acceptability of IMCI services (recently initiated in the country) through information and community mobilization by the NGOs.	22000	0	22 000	
Activity 2.2:	Providing IMCI services in the 30 districts of the country using the outreach strategy (1 session per month for each of the 30 districts in order to serve the most-underserved areas through the integration of immunization, vitamin A distribution, and distribution of insecticide-treated mosquito nets).	66 240	0	66240	
	Providing active and integrated epidemiological surveillance in the 30 districts of the country and establishing a national database.	61 680	0	61 680	
	Ensuring planning and regular integrated supervision of health activities in the 30 districts.	24 600	0	24 600	
	Organizing monthly meetings to coordinate health activities and disseminate health data from the epidemiological surveillance in each of the 30 districts.	19 200	0	19 200	
	Producing regular monitoring and evaluation reports on health services in each of the 30 districts through the integration of community-based activities (distribution of	25 200	0	25 200	

	vitamin A, insecticide-treated mosquito nets, etc.).				
	Conducting operational research studies regarding primary health care.	10 000	10 000	0	
	Perform an annual external audit of the project.	10 000	10 000	0	
Objective 3:	To strengthen the distribution and maintenance systems for the medications, medical supplies, equipment and infrastructure within district health facilities.				
Activity 3.1:	Replacing aging cold chains in 10 health centers each year.	20 000	0	20 000	
Activity 3.2:	Providing fuel for the cold chain (kerosine and gasoline) in the districts and health centers.	73 000	0	73 000	
	Providing the needed reagents for the 3 reference laboratories (LNR, CHUK and CHUB) for their specific needs in the context of epidemiological surveillance.	8 000	0	8 000	
	Providing maintenance for cold chains, refrigerators, CHU laboratory equipment, computer and office equipment as well as the solar panels provided as part of the project.	198 000	90000	108 000	
	Providing solar panels to ensure the availability of energy in 34 health centers.	350 000	0	350 000	
Support costs		1 767 220		1 664 220	
Management costs					
M&E support costs		69 400			
Technical support					
TOTAL COSTS				(This figure should correspond to the figure	

				shown for 2009 in table 4.2)	
--	--	--	--	---------------------------------	--

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

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

Support for performance-based contracts for community health workers searching for immunization dropouts, providing community-level treatment of childhood illnesses, and raising awareness of family planning.

Organisation of outreach strategies through Mother and Child Health Weeks along with high-impact activities such as immunization.

Continuing education of health personnel in the 30 districts of the country on the management of health services along with specific topics on routine immunization, surveillance of target diseases, and integration of child survival activities.

Training seminars for active community health workers: focused on the community aspects of reproductive health services and IMCI.

Acquisition of computer equipment for the 30 sites (computer + inverter + printer);

Broadcasting radio spots (1 time per month); radio drama (4 times a week), and community debates of selected topics. These activities will be conducted by the "Urunana" (hand in hand) development communication NGO, whose popular radio-based health communication campaigns are now known to many in Rwanda.

Strengthening data analysis at a decentralized level including the capacity to identify immunization bottlenecks at the community level.

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

URUNANA Development Communication : this NGO has made a significant contribution using advocacy to promote activities related to community mobilization for health promotion in general and immunization in particular.

This contribution consist of improving the demand for basic health services and the acceptability of IMCI services (recently initiated in the country) through information and NGO community mobilization.

Broadcasting radio spots (1 time per month); radio drama (4 times a week), and community debates of selected topics. These activities are conducted by the “Urunana” (hand in hand) development communication NGO, whose popular radio-based health communication campaigns are now known to many in Rwanda.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget? Please provide details.

Yes, the HSS is reflected in the Ministry of Health budget.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

Audit of the fiscal year 2008 will be done this year. Not yet done.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets
Community Performance based finance	Outreach activities	Dropt out	Third dose, first dose	Third dose	MOH report	5%	MOH report	2007	Under 1	2008	3%	
Increase immunisation coverage	Identify bottleneck through decentralised M E	Meeting	--	--	Districts report	95%	District report	2007	Health professional	2008	96%	
Community activities with high impact	Decrease infant mortality	Infant mortality	Death	Birth	DHS	86%0	DHS	2006	Under 1	2008	62%0	

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name: [Dr Agnes BINAGWAHO](#)

Title / Post: [Permanent Secretary in the Ministry of Health](#)

Signature:

Date:

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

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.

~ End ~