GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Rwanda

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/23/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: 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: **2011**

Requesting for support year: **2013**

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, 1 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	2012
Routine New Vaccines Support	Rotavirus, 3 -dose schedule	Rotavirus, 3 -dose schedule	2015

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2013	2015

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 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**	Mr SAYINZOGA KAMPETA
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Maurice GATERA	EPI Manager	+250785152534	gamaurice2003@yahoo.fr

2.2. ICC signatures page

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

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 Dennis Weller	USAID		
Dr MUYOMBANO Antoine	ROTARY INTERNATIONAL		
Dr NGABO Fidele	Mother and Child Health Unit/MOH		
Mr George GAHENDA	URUNANA Development Communication		
Mr RWAGASANA Ernest	BUFMAR		
Dr Daniel NGAMIJE	Single Project Implementation Unit (SPIU)		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), insert name of the committee , 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		
Ms NOALA SKINNER	UNICEF		

Mr Dennis Weller	USAID		
Dr MUYOMBANO Antoine	ROTARY INTERNATIONAL		
Mr George GAHENDA	URUNANA Development Communication		
Dr Daniel NGAMIJE	Single Project Implementation Unit (SPIU)		
Mr RWAGASANA Ernest	BUFMAR		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Rwanda is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on Rwanda's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	401,460	401,460	420,288	420,288	431,215	431,215	442,427	442,427	453,930	453,930
Total infants' deaths	24,891	24,891	21,014	21,014	21,560	21,560	19,909	19,909	20,427	20,427
Total surviving infants	376569	376,569	399,274	399,274	409,655	409,655	422,518	422,518	433,503	433,503
Total pregnant women	401,460	401,460	420,288	420,288	431,215	431,215	442,427	442,427	453,930	453,930
Number of infants vaccinated (to be vaccinated) with BCG	397,445	338,552	399,273	399,273	422,591	422,591	433,578	433,578	444,851	444,851
BCG coverage	99 %	84 %	95 %	95 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	369,038	317,824	375,317	375,317	393,268	393,268	414,067	414,067	424,833	424,833
OPV3 coverage	98 %	84 %	94 %	94 %	96 %	96 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with DTP1	372,803	328,099	382,823	382,823	401,133	401,133	422,348	422,348	433,330	433,330
Number of infants vaccinated (to be vaccinated) with DTP3	369,038	317,824	375,317	375,317	393,268	393,268	414,067	414,067	424,833	424,833
DTP3 coverage	96 %	84 %	82 %	94 %	96 %	96 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	363,177	328,099	330,267	330,267	401,133	401,133	422,348	422,348	433,330	433,330
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	362,214	317,824	329,073	329,073	393,268	393,268	414,067	414,067	424,833	424,833
DTP-HepB-Hib coverage	96 %	84 %	82 %	82 %	96 %	96 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	254,749	328,099	330,267	330,267	401,133	401,133	422,348	422,348	433,330	433,330
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	252,176	317,824	329,073	329,073	393,268	393,268	414,067	414,067	424,833	424,833
Pneumococcal (PCV13) coverage	67 %	84 %	82 %	82 %	96 %	96 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	339,382	339,382	393,269	393,269	414,068	414,068	424,833	424,833
Number of infants vaccinated (to be vaccinated) with 3rd dose of Rotavirus		0	319,418	319,418	393,269	393,269	414,068	414,068	424,833	424,833
Rotavirus coverage		0 %	80 %	80 %	96 %	96 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1	1	1	1	1	1
Maximum wastage rate value for Rotavirus 3-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	357,741	296,108	379,310	379,310	401,461	401,461	414,067	414,067	424,833	424,833
Measles coverage	95 %	79 %	95 %	95 %	98 %	98 %	98 %	98 %	98 %	98 %
Pregnant women vaccinated with TT+	302,543	254,898	336,230	336,230	388,094	388,094	420,306	420,306	431,234	431,234
TT+ coverage	75 %	63 %	80 %	80 %	90 %	90 %	95 %	95 %	95 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	3 %	2 %	2 %	2 %	2 %	2 %	2 %	2 %	2 %

*

** 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] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  None, Growth rate remain the same (2.6%)

- Justification for any changes in **surviving infants**

  There is changes in surviving infants according to the DHS 2010 (infant mortality rate decreased from 62/1000, 2008 to 50/1000, 2011) therefore there is increase in surviving infants which will be confirmed by census planned in next fiscal year.

- Justification for any changes in **targets by vaccine**

  No changes in targets by vaccine

- Justification for any changes in **wastage by vaccine**

  None

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

The milestones achievements in Immunization program as per 2011, stands as follows:

- The country has shifted from Pneumococcal Conjugate vaccine 7 to pneumococcal conjugate vaccine 13 countrywide
- The country was approved by the GAVI to introduce rotavirus vaccine to be introduced in 2012
- Rwanda conducted two rounds of preventive polio SIAs to the districts bordering the neighbor countries
- Rwanda Maintained major surveillance performance indicators of immunization preventable diseases (Polio and measles)
- Introduction of human papilloma virus vaccine (HPV), for the adolescent girls aged between 9 to 14 years of age
- Conducted nationwide immunization integrated activities (vitamin A, mebendazole/ Albendazole, Ferrous/Feric Praziquantel in high risk districts as well as LLINs distribution.

Key major activities

- EVM assessment conducted
- Stock Management Tool training conducted
- HPV vaccine campaign conducted
- Mother and Child Health week campaigns conducted
- Polio campaign conducted in districts bordering Democratic Republic of Congo
- Rotavirus vaccine pre introduction preparation done

Challenges

- The denominator for children under one currently used was drived from 2002 census, which is an over estimation of the current target population

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

Due to the denominator established and being used now the immunization coverage has been declining over time for all antigens, Given this situation, in August 2010 a joint team from ministry of health and WHO conducted a house hold based survey in 4 districts located in Northern province where the immunization coverage was the lowest. The finding from survey were as follows;

- The proportional of under one year old children were 2.6% instead of 4.1% used by the Health Management Information System (HMIS)
- Therefore the number of children under one year old was found to be 31,588 (survey) instead of 53,336 (estimated by HMIS)
- Pentavalent 3 vaccination coverage was 100% (survey) compared by 66% reported by HMIS

The conclusion from this survey showed that the denominator used to calculate the administrative coverage was over estimated (4.1%) of total population obtained from projection from the 2002 census. The low proportional of the children under 1 years of age (2.6% of total population is probably as a results of the improvement of family planning indicators, specifically the coverage of contraceptive method use which increased from 5% in 2002 to 45% in 2010 according to DHS 2010..

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

N/A	N/A	N/A

How have you been using the above data to address gender-related barrier to immunisation access?

The data for sex-disaggregated on immunization services 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.

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

What action have you taken to achieve this goal?

N/A

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)

After revealing decline in the immunization coverage, the immediate survey was conducted in the Northern Province (4 districts) by Ministry of Health and WHO. The results for this survey showed a significant high coverage estimated to be > 90% for all antigens, while the estimated from administrative coverage showed 66%.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

As it was mentioned earlier, the mini survey to identify the reasons why administrative coverage becomes low was conducted in August 2010 in 4 districts.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

- The data quality self assessment (DQS) was implemented in 100% in all districts
- The regular monthly meeting is conducted at central level to EPI data from all districts and quarterly feedback is provided from central level to district.
- Training on RED approach
- Tracking defaulters using community health workers (CHW)

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.

- Monthly meeting at central level including parteners to analyse administrative data (Routine immunization data and surveillance data) and give orientation for improvement
- The discussion in the ICC meeting is still going on to identify the suitable denominator to be used for routine immunization
- Reinforce the supportive supervision to the poorly performing districts
- Regular refresher training to data managers at all levels including vaccinators and community health workers.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 600	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	MERCK	USAID	None
Traditional Vaccines*	649,794	649,794	0	0	0	0	0	0
New and underused Vaccines**	10,924,033	581,000	10,343,033	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	294,741	82,774	211,967	0	0	0	0	0
Cold Chain equipment	346,000	0	0	46,000	0	0	300,000	0
Personnel	487,300	180,002	250,951	0	56,347	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	546,000	200,000	0	250,000	96,000	0	0	0
Campaigns costs	25,225,841	632,884	0	0	133,982	24,458,975	0	0
EVM assessment and cold chain rehabilitation		0	0	110,600	0	0	0	0
Total Expenditures for Immunisation	38,473,709							
Total Government Health		2,326,454	10,805,951	406,600	286,329	24,458,975	300,000	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

For the fiscal year 2011, in the immunization program, the general expenditures exceeded the available funding due to implementation of HPV vaccine introduction.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

The EPI program have had enough funding in 2011 as planned even delayed 2010 funds from GAVI were received at the beginning of 2011. However in 2011, Rwanda received donation of HPV vaccine from MERCK then additional implementation funds was mobilized by government,

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Government of Rwanda always buy 100% traditional vaccine for routine immunization, it is planned in revised cMYP that government will continue to buy traditional vaccine and co-financing new and underused vaccines.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	572,264	657,592
New and underused Vaccines**	37,148,706	14,369,662
Injection supplies (both AD syringes and syringes other than ADs)	356,843	426,146
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	130,625	2,592,577
Personnel	237,165	250,753
Other routine recurrent costs	237,165	241,908

Supplemental Immunisation Activities	1,246,011	4,603,199
Total Expenditures for Immunisation	39,928,779	23,141,837

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Rwanda financial year starts in July, in this regard the funds from the government is secured in ordinary budget. However, the shortfall of funds can be related to the measles campaign planned in October 2012 as till now we have not received yet the committments from development partners (WHO, UNICEF and Measles partnership)

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

In 2013, Rwanda has a plan to introduce measles 2nd dose vaccine and rubella vaccine or combined Measles/rubella vaccine, and the gap is expected in cold chain at central as well as peripheral level. The government is doing advocacy and we will submit the proposal for the mentioned new vaccines introduction and expecting to receive the introduction grant from the GAVI and other partners.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
N/A	No

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

N/A

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

GAVI Financial Management Assessment (FMA) has not been conducted and is planned this year.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **3**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

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

If Yes, which ones?

List CSO member organisations:
URUNANA Development Communication
BUFMAR.

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

- Improve service delivery for higher coverage objectives for all current vaccines ;BCG 97%, Penta3: 97%, Measles : 94%

- Introduction of new vaccine (Three doses of Rotavirus Vaccine with 97%, Measles -Rubella vaccine and Continue to vaccinate adolescents girls with HPV vaccine)

- Improvement of strategies that have maintained measles control level (vaccination campaign to be conducted this comimg October) and polio eradication status (polio vaccination campaign in high risk areas)

- Effort for various actors to correct the denominator used for immunization coverage (General Census to be conducted next fiscal year)

- Improvement of TT doses recording system of pregnant women at least TT2+ and fully immunized.

- Continue supportive supervisions at all levels; Central level to District Hospitals and District Hospitals to Health centers

- Strengthening RED strategies in all districts

- Revise a communication plan of Vaccine preventable diseases

-Introduce perfoming vaccine management system(District Monitoring Tool)

-Strengthen ICC team members and recruit additionnal EPI staff

Are they linked with cMYP? **Yes**

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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	A-D syringes	Government
Measles	A-D syringes	Government
TT	A-D syringes	Government
DTP-containing vaccine	A-D syringes	Government and GAVI

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

Currently there is no obstacles encountered during the implementation of the injection safety policy.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

All sharps were collected in safety boxes and final disposal is incineration

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	0	0
Total Expenditures in 2011 *(D)*	0	0
Balance carried over to 2012 *(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. According to the DHS 2010 immunization coverage is higher for all antigens BCG 99%, Pentavlent3 97%, Measles 95% and all other antigens are 90%, while utilization of family planning increased from 27% in 2008 to 45% in 2010.

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

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

N/A

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 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (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 governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number).

6.3. Request for ISS reward

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			334998	317824
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-17174
3	Calculating	$20	per additional child vaccinated with DTP3		0
4	**Rounded-up estimate of expected reward**				0

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

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

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		1,072,200	0
Pneumococcal (PCV13)		911,100	0
Rotavirus		0	0

**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? ...)

  There was no difference between the number of doses indicated in decision letter and total doses received by 31 December 2011. All doses agreed to be supplied to the country were supplied accordingly and in time, so no any problem encountered in level of utilization coverage shipment and handling.

- 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)

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

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

N/A

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

N/A

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	N/A	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	No new vaccines have been approved by GAVI.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2012**

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° 20))

N/A

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**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . 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

N/A

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

N/A

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	147,876	
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	221,156	
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Government	

Donor	GAVI	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	81,623	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	October	Government
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	October	Government
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	October	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	The Country EPI program expanded to include ten antigens in its routine immunization program. Therefore, for maintaining and improving the vaccination service delivery to the target populations, Rwanda will need technical assistance to enhance durable financial sustainability strategies for both running day to day immunization related activities and co financing for new and underused vaccines.	

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

Due to strong government commitment, and available means of financial mobilization, Rwanda has not defaulted on its co-financing obligations.

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

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

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 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Lack of T° mapping and systematic T° recording	Use continuous monitoring device (Fridge Tag)	In progress
Lack of T° mapping and systematic T° recording	Temperature mapping on cold rooms and fredges	In progress
Lack of T° mapping and systematic T° recording	Carry out a Temperature monitoring study	In progress
Only one cold room (number 4) was fitted with dual	All cold and freezer rooms should have continuous	In progress
Only one cold room (number 4) was fitted with dual	All cold rooms and freezer rooms should be fitted	Tender process ongoing
Only one cold room (number 4) was fitted with dual	All cold rooms and freezer rooms should be connect	In progress
Diluents are not recorded at central level	Computerize stocks management	EPI has started using SMT in February 2012
Diluents are not recorded at central level	Central store should keep separate stock cards	Corrected
Diluents are not recorded at central level	Requisition issue/receipt vouchers should be imp	With SMT the problem has been resolved
Diluents are not recorded at central level	Stock management system should have appropriate	Receipt voucher has been revised and freeze tags
Diluents are not recorded at central level	Records of all discarded vaccines and supplies s	District Management Tool will be introduced for Ju
Diluents are not recorded at central level	Main national dry store and the holding store in	Corrected
Diluents are not recorded at central level	All commodities both in vaccines store and the d	Corrected
National Immunization Programme does not have elec	All freeze sensitive vaccine shipments should in	freeze tags are planned to be purchased
National Immunization Programme does not h	Posters, stickers and written instruction on goo	All these informations are available in guideline
National Immunization Programme does not h	Vaccine packaging for transportation should be	Corrected

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

At district level
- Distribution of cold chain equipments according to the gap revealed

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Rwanda does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Rwanda does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

If 2012 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2013 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2017

The country hereby request for an extension of GAVI support for

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

vaccines: for the years 2013 to 2015.At the same time it commits itself to co-finance the procurement of

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.11 Calculation of requirements.

The multi-year extension of

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

vaccine support is in line with the new cMYP for the years 2013 to 2015 which is attached to this APR (Document N°**21**). The new costing tool is also attached.(Document N°)

The country ICC has endorsed this request for extended support of

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°)

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 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 and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	376,569	399,274	409,655	422,518	433,503	2,041,519
	Number of children to be vaccinated with the first dose	Table 4	#	328,099	330,267	401,133	422,348	433,330	1,915,177
	Number of children to be vaccinated with the third dose	Table 4	#	317,824	329,073	393,268	414,067	424,833	1,879,065
	Immunisation coverage with the third dose	Table 4	%	84.40 %	82.42 %	96.00 %	98.00 %	98.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	490,780					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	503,700	1,196,000	1,219,200	1,239,600
Number of AD syringes	#	1,101,700	1,397,800	1,425,000	1,452,600
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	12,250	15,525	15,825	16,125
Total value to be co-financed by GAVI	$	1,221,500	2,629,000	2,639,500	2,614,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	47,700	123,500	128,000	134,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	110,500	264,000	269,500	275,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.65 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	328,099	330,267	28,559	301,708
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	984,297	990,801	85,676	905,125
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,033,512	1,040,342	89,960	950,382
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		1,708	148	1,560
H	**Stock on 1 January 2012**	*Table 7.11.1*	490,780			
I	**Total vaccine doses needed**	*F + G – H*		551,270	47,669	503,601
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,101,685	0	1,101,685
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		12,229	0	12,229
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,202,872	104,014	1,098,858
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		51,229	0	51,229
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		71	0	71
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		72,173	6,241	65,932
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		5,130	0	5,130
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,331,475	110,254	1,221,221
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		110,254		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		8.65 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	401,133	37,524	363,609	422,348	40,126	382,222
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,203,399	112,572	1,090,827	1,267,044	120,376	1,146,668
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	1,263,569	118,201	1,145,368	1,330,397	126,394	1,204,003
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	55,807	5,221	50,586	16,707	1,588	15,119
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,319,376	123,421	1,195,955	1,347,104	127,982	1,219,122
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,397,719	0	1,397,719	1,424,964	0	1,424,964
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	15,515	0	15,515	15,818	0	15,818
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,661,182	248,940	2,412,242	2,675,349	254,171	2,421,178
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	2,661,182	0	64,994	2,675,349	0	66,261
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	90	0	90	92	0	92
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	159,671	14,937	144,734	160,521	15,251	145,270
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	6,509	0	6,509	6,636	0	6,636
T	Total fund needed	*(N+O+P+Q+R+S)*	2,892,446	263,876	2,628,570	2,908,859	269,421	2,639,438
U	Total country co-financing	*I x country co-financing per dose (cc)*	263,876			269,421		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.35 %			9.50 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	433,330	42,298	391,032
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	1,299,990	126,892	1,173,098
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	1,364,990	133,237	1,231,753
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	8,649	845	7,804
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	1,373,639	134,081	1,239,558
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,452,590	0	1,452,590
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	16,124	0	16,124
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,655,245	259,178	2,396,067
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	67,546	0	67,546
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	94	0	94
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	159,315	15,551	143,764
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	6,764	0	6,764
T	Total fund needed	*(N+O+P+Q+R+S)*	2,888,964	274,728	2,614,236
U	Total country co-financing	*I x country co-financing per dose (cc)*	274,728		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.76 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	376,569	399,274	409,655	422,518	433,503	2,041,519
	Number of children to be vaccinated with the first dose	Table 4	#	328,099	330,267	401,133	422,348	433,330	1,915,177
	Number of children to be vaccinated with the third dose	Table 4	#	317,824	329,073	393,268	414,067	424,833	1,879,065
	Immunisation coverage with the third dose	Table 4	%	84.40 %	82.42 %	96.00 %	98.00 %	98.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	828,825					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.35	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.35	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010					
Your co-financing	0.35	0.35	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	193,200	1,248,300	1,274,500	1,299,600
Number of AD syringes	#	1,101,700	1,397,800	1,425,000	1,452,600
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	12,250	15,525	15,825	16,125
Total value to be co-financed by GAVI	$	773,000	4,703,000	4,801,500	4,896,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	20,200	71,200	72,700	74,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	75,000	264,000	269,500	275,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	9.43 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	328,099	330,267	31,158	299,109
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	984,297	990,801	93,472	897,329
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,033,512	1,040,342	98,146	942,196
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		1,708	162	1,546
H	**Stock on 1 January 2012**	*Table 7.11.1*	828,825			
I	**Total vaccine doses needed**	*F + G – H*		213,225	20,116	193,109
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,101,685	0	1,101,685
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		12,229	0	12,229
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		746,288	70,405	675,883
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		51,229	0	51,229
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		71	0	71
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		44,778	4,225	40,553
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		5,130	0	5,130
T	**Total fund needed**	*(N+O+P+Q+R+S)*		847,496	74,630	772,866
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		74,629		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		9.43 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	401,133	21,625	379,508	422,348	22,769	399,579
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,203,399	64,874	1,138,525	1,267,044	68,305	1,198,739
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	1,263,569	68,118	1,195,451	1,330,397	71,720	1,258,677
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	55,807	3,009	52,798	16,707	901	15,806
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,319,376	71,126	1,248,250	1,347,104	72,621	1,274,483
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,397,719	0	1,397,719	1,424,964	0	1,424,964
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	15,515	0	15,515	15,818	0	15,818
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,617,816	248,940	4,368,876	4,714,864	254,171	4,460,693
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	4,617,816	0	64,994	4,714,864	0	66,261
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	90	0	90	92	0	92
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	277,069	14,937	262,132	282,892	15,251	267,641
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	6,509	0	6,509	6,636	0	6,636
T	Total fund needed	*(N+O+P+Q+R+S)*	4,966,478	263,876	4,702,602	5,070,745	269,421	4,801,324
U	Total country co-financing	*I x country co-financing per dose (cc)*	263,876			269,421		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.39 %			5.39 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	433,330	23,361	409,969
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	1,299,990	70,081	1,229,909
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,364,990	73,585	1,291,405
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	8,649	467	8,182
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	1,373,639	74,051	1,299,588
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	1,452,590	0	1,452,590
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	16,124	0	16,124
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	4,807,737	259,178	4,548,559
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	67,546	0	67,546
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	94	0	94
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	288,465	15,551	272,914
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	6,764	0	6,764
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5,170,606	274,728	4,895,878
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	274,728		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.39 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	376,569	399,274	409,655	422,518	433,503	2,041,519
	Number of children to be vaccinated with the first dose	Table 4	#	0	339,382	393,269	414,068	424,833	1,571,552
	Number of children to be vaccinated with the third dose	Table 4	#	0	319,418	393,269	414,068	424,833	1,551,588
	Immunisation coverage with the third dose	Table 4	%	0.00 %	80.00 %	96.00 %	98.00 %	98.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.00	1.00	1.00	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		5.00	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.13	0.13	0.13	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing		0.13	0.13	0.13	0.13
Recommended co-financing as per Proposal 2011			0.20	0.20	0.20
Your co-financing		0.20	0.13	0.13	0.13

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,285,500	1,164,200	1,212,700	1,236,600
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	14,850	13,425	13,975	14,250
Total value to be co-financed by GAVI	$	6,748,500	4,278,500	4,456,500	4,544,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	51,000	43,400	45,200	46,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	267,500	159,500	166,500	169,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	3.81 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	339,382	12,929	326,453
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	1,018,146	38,787	979,359
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	1,069,054	40,726	1,028,328
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		267,264	10,182	257,082
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		1,336,318	50,908	1,285,410
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		14,834	0	14,834
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		6,681,590	254,538	6,427,052
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		334,080	12,727	321,353
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		7,015,670	267,264	6,748,406
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		267,264		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		3.81 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	3.59 %			3.59 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	393,269	14,126	379,143	414,068	14,873	399,195
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,179,807	42,377	1,137,430	1,242,204	44,619	1,197,585
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	1,179,807	42,377	1,137,430	1,242,204	44,619	1,197,585
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	27,689	995	26,694	15,600	561	15,039
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,207,496	43,372	1,164,124	1,257,804	45,179	1,212,625
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	13,404	0	13,404	13,962	0	13,962
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,226,236	151,800	4,074,436	4,402,314	158,125	4,244,189
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	4,226,236	0	0	4,402,314	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	211,312	7,591	203,721	220,116	7,907	212,209
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	4,437,548	159,390	4,278,158	4,622,430	166,031	4,456,399
U	Total country co-financing	*I x country co-financing per dose (cc)*	159,390			166,031		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	3.59 %			3.59 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	3.59 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	424,833	15,260	409,573
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	1,274,499	45,779	1,228,720
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D X E*	1,274,499	45,779	1,228,720
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	8,074	291	7,783
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	1,282,573	46,069	1,236,504
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	14,237	0	14,237
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,489,006	161,239	4,327,767
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	224,451	8,062	216,389
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	4,713,457	169,300	4,544,157
U	Total country co-financing	*I x country co-financing per dose (cc)*	169,300		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	3.59 %		

8. Injection Safety Support (INS)

Rwanda is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **4800000** US$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	2174000	1715320	1715320			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)	2174000	1715320	0	1715320		
Remaining funds (carry over) from previous year (*B*)	0	1973160	1791840	0	1715320	
Total Funds available during the calendar year (*C=A+B*)	2174000	3688480	1791840	1715320	1715320	
Total expenditure during the calendar year (*D*)	200840	1896640	1791840	0	1715320	
Balance carried forward to next calendar year (*E=C-D*)	1973160	1791840	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1715320	1715320	0	0	0	2137254

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	1190265000	964352904	985622872			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)	1190265000	964352904	0	1025761360		

Remaining funds (carry over) from previous year (*B*)	0	1080305100	1007372448	0	1025761360	
Total Funds available during the calendar year (*C=A+B*)	1190265000	2044658004	1007372448	1025761360	1025761360	
Total expenditure during the calendar year (*D*)	109959900	1066291008	1007372448	0	1025761360	
Balance carried forward to next calendar year (*E=C-D*)	1080305100	1007372448	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	939137700	964352904	0	0	0	1300946510

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	551.4	547.5	562.2	574.6	599.7	608.7
Closing on 31 December	547.5	562.2	574.6	598	608.9	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

The HSS funds have been included in the health sector budget and the activities have been implemented 100%. In general, the funds from GAVI have contributed to strengthening of health system by maintaining and improving immunization services (service delivery, advocacy and communication, cold chain, logistic management, improvement program management through capacity building)

The bank used is Rwanda Central Bank. The health sector budget was approved through Health Sector Cluster Group which comprised Ministry of Health, development partners, and civil society.
There is an immunization technical working group (ICC) which meet reguraly to decide on immunization program management at different levels (national and sub national level). The financial reporting system is always under the Ministry of Health at national level and all financial reports are checked and validated by National Auditor General Office.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number:)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Increase the mobilization and motivation of person	Training of health personnel at national level (30 districts) on management of health services.	100	Training reports
	Implementation of performance contracts for 30 physicians in charge of epidemiological surveillance in 30 districts	80	Performance Based Financing Desk at MOH
Improve the organization and management of health	Improve the application of basic health services and acceptability of IMCI services through information and community mobilisation.	100	Maternal and Child Health Unit
Strengthen distribution systems and maintenance fo	Replacement of cold chain in 10 health centers	100	EPI

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Training of health personnel in 30 districts	Training of health staff in 30 districts conducted on HPV vaccination and 17 districts on routine immunization
Implementation of performance contracts for 30 Drs	Performance contracts Implemented for 30 doctors in all 30 districts. GAVI's HSS funds contributes to the performance based financing basket.
Capacity building of health workers on CCM	Capacity of CHWs in 17 districts built on safe motherhood
Ensure continuing education for health workers	15 staff from 3 sentinel sites trained on rotavirus survellance
Initial training of two health professionals	Two health professionals from central level trained in epidemiological surveillance at the level of Masters degree at the School of Public Health for duration of 2 years).
Improve the application of basic health services	Knoledge on basic health services and IMCI improved in 30 districts.
Maintain IMCI outreach services in 30 districts	IMCI outreach services conducted in 30 districts.
Ensure active&integrated Epidemio surveillance	Active epidemiological surveillance done in 30 districts.
Ensure planning&supervision of EPI activities	Regular supervision EPI activities conducted in all 30 districts
Replacement of cold chain 10 health centers	Replacement of Cold equipments done
Supply of fuel for the cold chain	Fuel for the cold chain (fuel for generators of health facilities that have no permanent electricity and the generators done. Kerosene provided to 100% of health facilities
Provide reagents required for the 3 reference labs	Reagents required for the 3 reference laboratories of NRL, CHUK & BUH provided for the purpose of epidemiological surveillance.
Provide solar panels to health centers	Solar panels provided to 5 health centers
Ensure maintenance of cold chain at national level	Maintenance of cold chains, refrigerators, laboratory equipment the CHU, the office equipment and solar panels provided at the national level
Supply of cold chains for 20 new health centers	Cold chain supplied for new health centers
Provide new computer and office equipment	Not achieved
Build an incinerator in each of 36 health centers	Not achieved
Provide new computers and office equipment	One laptop computer provided to Kigali University Teaching Hospital and Butare University Teaching Hospital .
Perform the annual external audit of the project	Not achieved

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

The operation research on primary health care was not done due to lack of funds and it was noted that suspected results would be very close to the DHS conducted 2010 and officially published in 2011. Rwanda normally conduct internal audit from the national auditor office and, the annual external audit was not done for the year 2011, because Rwanda is waiting for for financial management assessment (FMA) team from GAVI but there is another financial management assessment conducted by UNICEF at the beginning of 2012.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

The GAVI's HSS grants has been used to provide staff's incentives which has significantly contributed to the implementation of National Human Resource policy by boosting general performance and motivation to the staff . .

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target					Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011	
DPT3Coverage	95%	Health Management Information System, 2005	95%	95%	97%	97%	90%	79.8%	82%	EPI Data base	Denominator used is from census 2002 therefor it affects the projection for population in future
% districts with DPT3 coverage > or = 80%	95%	Health Management Information System, 2005	100%	100%	100%	96.6%	83.3%	50%	60%	EPI Data base	Denominator used is from census 2002 therefor it affects the projection for population in future
Child mortality rate (U5)	152	Rwanda DHS 2005	100	80	152 (Data source : DHS 2005)	103	103 (Data source : DHS 2008)	76	76 (Data source : DHS 2010)	RWANDA DHS, 2007/2008 and 2010	
% of Districts with operational cold chain	95%	Ministry of Health annual report, 2005	100%	100%	95%	100%	100%	100%	100%	EVMA report, 2011	
Completeness and timeliness of monthly report	90%	EPI annual report, 2006	100%	100%	100%	100%	100%	100%	100%	EPI Routine Immunization database	

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

The Child health status continued to improvefrom2005, where the child mortality was reduced by 50%, from 152/1000 live births in 2005, to76/1000 live births in 2011. For the same period,

the infant mortality was reduced by 43%, from 86/1000 live births in 2005; to50/1000 live births in 2011. The national pharmacy policy is available, the Pharmacy law developed and submitted

to Parliament. 30 District Pharmacies were functional and 27 were managed by Pharmacists, 42 millions RWF have been provided to District Pharmacies to strengthen their financial

capacity. Drugs and Therapeutic Committees are operational in all District Hospitals.

Vaccination:Anew vaccine has been introduced: Human Papilloma Virus vaccine (HPV) for young girls to prevent the cervix cancer. All vaccines and vaccine materials planned for 2010-2011 ordered and received on time. Supportive preventive maintenance organized as usual, and new refrigerators have been distributed. During the fiscal year2009-2010, the percentage of Government budget allocated to Health was 10.2%. In 2010-2011, this allocation was 11.5.However, for the first time, it was possible to track the health budget allocated in all public institutions, and the total percentage was estimated at16.05%. The Health financing policy has been approved and published, as well as the new Community Based Health Insurance Policy, based on the stratified payment of premiums. The Ubudehe database was used to stratify the population and the categorization was validated during the period of July to September2011. The payment of premiums according to the new policy started with July2011. Meanwhile, the Government continued to pay arriers of Mutuelles de santé (at least 750 millions paid). The immunization coverage remain higher.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

Constraints:

- Insufficient qualified health workforce (medical doctors, nurses, laboratory assistants and pharmacists),particularly in rural areas where the majority of the population live and work;this also affects vaccination schedules where some health workers often need to conduct the outreach vaccination services
- Low level of education; this mainly manifests at the health center and community level where most CHW have not even completed primary level education
- Insufficient management capacities by Community Health Workers.
- Insufficient training of health staff at health facility level (District and HC) regarding some tasks: e.g. use of fridge tags, shake tests, etc..
- Data quality remains an issue inmost health facilities, and more particularly at the community level, where CHW aggregate data right from the household level up to the health centre level
- There are challenges related to documentary where reporting system of TT vaccination doses for pregnant women in place is not able to document TT3 or TT4, or TT5.
- Absence of communication plan at the national EPI level and no communication focal point within the EPI national team. Yet, about 13,000 community volunteers are working at the peripherallevel with health workers, tracking defaulters and promoting immunization activities

Proposed solution:

- Improvement of access to health services with clear targets defined; improve quality of health promotion activities; raise environmental health awareness, improve number of skilled CHW& financially sustainable CHW cooperatives
- Continue to strengthen the monitoring meetings being held, at the district level, between staff from EPI and those from health districts, district hospitals and health centers. Health districts also hold the same review meetings once every semester and reports to the community representatives. Once every quarter,national EPI sends a feedback to all districts
- Expand storage and distribution capacities; provide equipment and maintenance, increase the number of health facilities to universal coverage, develop maintenance systems;increase equipment of HF with electricity and water.
- Development of integrated plans of communication for routine and supplementation and surveillance activities, and reinforcement of communication / social mobilization activities (focus groups, BCC materials).
- Improvement of strategies that have maintained the measles control level (case-based surveillance, outreach activities) and the polio eradication status (campaign,surveillance, identification of high risk areas)

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

- Several monitoring meetings are being held, at the district level,between staff from EPI and those from districts, district hospitals and health centers. Districts also hold the same review meetings once every semester and reports to the community representatives. Once every quarter, national EPI sends a feedback to all districts
- Supervision visits are planned by the central level to districts quarterly. At the end of each supervision visit, a verbal feedback is provided to the visited district followed by a written feedback. District hospitals supervise the health facilities.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

- A monitoring and evaluation plan describing the indicators and reporting system specific for the EPI program has been developed in the Comprehensive Multi-Year Plan (cMYP2013-2017). This specific plan is an integral part of the general M&E Plan developed in the framework of the Health Sector Strategic Plan (HSSP3). The plan defines and lists key indicators to be followed on a regular basis.Periodic follow-up meetings are organized at all levels. Annual and mid-annual reviews are also planned and carried-out in order to assess progress made toward the planned objectives, identify the weaknesses and update the plan as needed. A feedback is provided to EPI focal points at all levels.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

The Ministry of Health will be the lead implementer of the HSS activities. MoH has previously succeeded implementing big grants including all GF funding rounds. The division of EPI in the Ministry of Health has previously succeeded in implementing similar activities, because it is primarily responsible for the day-to-day running of the immunization activities, and thus will be directly charged with implementing HSS activities. The EPI division in collaboration with other MoH department especially the Community Health Desk and Maternal and Child Health directorate also partner with EPI to implement the nation-wide immunization program from the central level.

Besides collaborating with divisions and directorates of the Ministry of Health, EPI works also closely with districts Hospitals. The EPI program maintains strong partnerships with different ministries, seeking their engagement in social mobilization,especially for national or local vaccination campaigns, and this contributed to achieving the current coverage. At the community level, the program receives considerable support by a network Community Health Workers, whose assistance is increasingly relied upon, particularly in community sensitization and reduction of immunization drop-out rates.

The Ministry of Health has overtime built an effective system that will be the framework for implementation of this proposals. The system is based on fact that services are provided at different levels of the health care system (community health, health posts (HP), health centers (HC),district hospitals (DH) and referral hospitals) and by different types of providers (public, confessional, private-for-profit and NGO). At all levels,the sector is composed of administrative structures (Boards / Committees) and implementing agencies.

At village level,where most implementation takes place, the Community Health Workers (CHW) are lead implementers and are supervised administratively by those in charge of social services and technically by those in charge of health centers. CHW receive a compensation for their work from the PBF through formally established local cooperatives

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

- Ministry of Health through its Expanded Program on Immunization takes lead in the implementation of all activities consolidated in the HSS proposal. However other partners including civil society organizations contributes remarkable technical supports (social mobilization, advocacy and communication)

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective

- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The financial management arrangements for the HSS grant is remaining the same as in the agreement between GoR and GAVI for the 2007 HSS Grant for Rwanda. GAVI is disburse HSS funds as to the Ministry of Health Account in the National Bank. Once funds are in the central bank, the Ministry of Health utilize them based on the needs as described in the annual operational plans. The Ministry of Health through the division of EPI prepare annual, narrative, and budget reports and submit to GAVI. The Government of Rwanda through Auditor General's office conducts annual audits to ascertain how GAVI funds is utilized and the report shared

Activities related to procurement are dealt with according to national procurement guidelines, that are clearly stipulated in the Ministerial instructions developed by the Ministry of Finance and Economic Planning. These instructions serve to guide all procurements done in public institutions and also Government parastatal institutions. Thus procurement of key items such as cold chain equipment, vehicles, motorcycles, bicycles, boats, backpacks, etc.is done at both central and decentralized levels by the Procurement Units of the Ministry of Health at central level and district hospitals at the decentralized levels. Normally, the decentralized and the EPI Unit submits to the National Procurement Unit the list of items that need to be purchased annually and the National Procurement Unit ensures that these items are included in their detailed national annual procurement plans.

All procurement is done in line with the procurement guideline issued by the Office of the Rwanda Public Procurement Authority (affiliated to the Ministry of Finance and Economic Planning). The MoH in collaboration with Ministries of local Government and Finance collectively manage capacity building related financial management at decentralized levels. However, the MoH is responsible for routinely updating GAVI on the program performance, and request for disbursement of funds. A district is the local administrative unit that oversees implementation of all activities (including those of immunization) in the district catchment zone. Implementation of immunization activities are captured in the district health system strengthening plans.Finally, the district administration manages implementation of all health activities, including immunization at community level. The decentralization of health activities goes hand-in-hand with funding used to implement these activities. Therefore as MoH build capacity at decentralized level to implement health activities, they also recruit and build capacity for the staff to handle the increasing level of funding from central to the decentralized levels.

Rwanda has succeeded in decentralizing most health activities. It has also decentralized part of the for immunization program though MoH maintain a “bird's eye view” role for over all implementation. The staff at central MoH particularly supports decentralized units with: preparation of guidelines,supervision and monitoring tools, and disbursing financial resources to the local staff. The District and Sectors level accountants collectively manage funds meant for implementation of immunization activities (campaigns and advocacy) at community level, support through district budgets.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)

Data Generation, Analysis & Use	identify, equip, and train a laboratory in charge of developing specific surveillance systems / or contribute to surveillance costs	40000				
	Organize regular community debates with support from CHWs, local leaders and local civil society	13350				
	Broadcast radio spots related to community health information	6000				
Advocacy, communication and social mobilization	Broadcast radio theatre plays once a week sensitizing on preventable diseases, vaccination and hygiene	5200				
	Sensitize local leaders and local civil society organization for supporting and facilitating CHW activities	17800				
	Provide incentive payment for CHW cooperatives during two outreach immunizations campaigns per year	22250				
	Provide furnitures needed for CHW activities	44500				
Community based activities and services - delivery	Strengthen CHWs capacities in social mobilization, management of CHW cooperatives, and other activites for a better follow-up of women and children	36000				
	Train all staff to vaccination guidelines related to new vaccines	149538				
Facility Management & Organization	Train newly-posted staff at all levels in all vaccination guidelines	20000				

	support the lab operational costs (salaries, reagents, transport, maintenance …) / or contribute to surveillance costs	20000				
	Support transport and per diem costs for surveillance officer in the 30 districts	9231				
	Continuous training of sentinel sites surveillance officers in national reference laboratories (LNR, CHUK, CHUB)	2238				
	Organize quartely surveillance meetings with independent committees on surveillance for polio and possiby other illnesses	2631				
	Organize field visits to check by independent committees on surveillance for polio and possiby other illnesses	7200				
Stewardship and governance	Organise inter-country meeting with neighbouring countries once a year in order to develop cross-border immunization campaigns	18908				
	Develop and provide Adverse Effects Following Immunization surveillance guidelines and training materials at all levels	12500				
Infrastructure	Upgrade the cold chain capacity at central level for coping with introduction of new vaccines (1/2 cost)	100000				

	Introduce an electronic temperature monitoring system for cold rooms at central level	100000				
	Provide cold chain maintenance & spare parts in all 450 health centres (1/2 cost)	22500				
	Train maintenance officers for cold chain maintenance in all 30 districts	6323				
	Replace 150 refrigerators by solar refrigerators over three years in selected health facilities (1/2 cost)	40000				
	Replace used cold chain in 20 HC every year (1/2 cost)	12500				
	Buy two additional vehicles for national EPI activities (1st year)	80000				
	Provide fuel & maintenance of the 7 EPI 4WD at central level	10000				
	Procure 100 motorbikes needed for outreach activities in part of the HC	450000				
Health workforce	Support staff salaries (12 + 1 com officer + 2 drivers)	27000				
	Create a communicatio n officer position	3600				
	Create two additional driver positions	1800				
	Provide furnitures for WHO EPI division at central level	2500				
	Support operational costs (water, electricity, internet connection) of the WHO EPI division	3000				

Data Generation, Analysis & Use	Organize quarterly evaluation meetings between central level and 30 health districts	25846				
	Organize monthly meetings in 30 districts with 20 participants from the district on coordination of health activities and dissemination of epidemiologic data	27692				
	Edit and disseminate a quarterly national bulletin on selected indicators in the 30 districts	10000				
		1350107	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Facility Management & Organization	Train newly-posted staff at all levels in all vaccination guidelines	40061			
	Contribution on operational costs for vaccination follow-up campaigns (measles & Polio) (1/2 cost)	25000			
	Provide regular refresher training to all staff on guidelines and vaccination management models	26769			
Community based activities and services delivery,	Provide furnitures needed for CHW activities	89000			

	Provide incentive payment for CHW cooperatives during two outreach immunizations campaigns per year	44500			
	Sensitize local leaders and local civil society organization for supporting and facilitating CHW activities	35600			
Advocacy, communication and social mobilization	Broadcast radio theatre plays once a week sensitizing on preventable diseases, vaccination and hygiene	10400			
	Broadcast radio spots related to community health information	12000			
	Organize regular community debates with support from CHWs, local leaders and local civil society	26700			
Data Generation, Analysis & Use	identify, equip, and train a laboratory in charge of developing specific surveillance systems / or contribute to surveillance costs	60000			
	support the lab operational costs (salaries, reagents, transport, maintenance …) / or contribute to surveillance costs	20000			
	Train staff at all levels (including EID) on new surveillance tools & materials	49846			
	Support transport and per diem costs for surveillance officer in the 30 districts	18462			

	Continuous training of sentinel sites surveillance officers in national reference laboratories (LNR, CHUK, CHUB)	4477			
	Organize quartely surveillance meetings with independent committees on surveillance for polio and possiby other illnesses	5262			
	Organize field visits to check by independent committees on surveillance for polio and possiby other illnesses	14400			
Stewardship and governance	Organise inter-country meeting with neighbouring countries once a year in order to develop cross-border immunization campaigns	18908			
	Design a common strategy for cross-border immunization campaigns and surveillance	25000			
	Raise capacities of health staff at all levels regarding AEFI surveillance procedures	149538			
Infrastructure	Provide cold chain maintenance & spare parts in all 450 health centres (1/2 cost)	45000			
	Replace 150 refrigerators by solar refrigerators over three years in selected health facilities (1/2 cost)	80000			
	Replace used cold chain in 20 HC every year (1/2 cost)	25000			

	Provide fuel & maintenance of the 7 EPI 4WD at central level	20000			
	Build incinerators in 50 health facilities where it is missing	160000			
Health workforce	Support staff salaries (12 + 1 com officer + 2 drivers)	54000			
	Create a communicatio n officer position	7200			
	Create two additional driver positions	3600			
	Support participation to EPI-related international conference for 2 EPI team members	4200			
	Support 3 staff for MPH in Rwanda	15000			
Infrastructure	Provide furnitures for WHO EPI division at central level	3600			
	Replace IT hardware, printers for WHO EPI division	5000			
	Support operational costs (water, electricity, internet connection) of the WHO EPI division	6000			
Data Generation, Analysis & Use	Organize quarterly evaluation meetings between central level and 30 health districts	51692			
	Support organization of yearly micro-planification meeting at central level with all 30 districts	12138			

	Organize monthly meetings in 30 districts with 20 participants from the district on coordination of health activities and dissemination of epidemiologic data	55385			
	Edit and disseminate a quarterly national bulletin on selected indicators in the 30 districts	20000			
	Conduct operational research on (1) program impact on vaccination coverage and (2) Data quality self assessment	20462			
Health Financing	Support external audit cost of the program	20462			
		1284662			

9.6.1. If you are reprogramming, please justify why you are doing so.

N/A

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

N/A

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **No**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
N/A							

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
BELGIUM	15600000	2010-2015	INSTITUTIONAL STRENGTHENING PHASE IV
DFID	4975124	2012-2914	ADOLESCENT PROGRAM
GLOBAL FUND-2	128558000	2009-2014	RWANDA TOWARDS MALARIA PRE ELIMINATION
GLOBAL FUND-3	45109000	2009-2014	SINGLE STREAM OF FUNDING FOR TB
GLOBAL FUND-4	379539000	2009-2014	SINGLE STREAM OF FUNDING HIV/AIDS
LUXEMBOUR	7800000	2010-2013	RWA/023 PROJECT:Projet d'aapui a la Decentralization et integrartion des activities SIDA-Sante
UNICEF	3838002	2001-20013	HEALTH AND NUTRITION SUPPORT
WHO	5970000	2012-2013	GENERAL HEALTH SYSTEM STRENGTHENING
WORLD BANK	15010000	2010-2016	EAST AFRICA PUBLIC HEALTH LABORATORY NETWORKING PROJECT

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
1. Ministry of Health annual report 2010-2011 3. JRF annual report 2011 4. Health Sector Strategic Plan 2008-2012 5. Joint health sector report 2011 6. Demographic Health Survey 2012 7. HSS proposal submitted to GAVI in April 2012	All information was validated through ICC meetings	No problem experienced

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

No problem experienced

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 3

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

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 is not reporting on GAVI TYPE A CSO support for 2012

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

Rwanda is not reporting on GAVI TYPE B CSO support for 2012

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

- Rwanda has gained experience in implementation of new vaccines introduction in the country, during introduction of Pentavalent, Pneumococcal Vaccines and recently HPV vaccine for adolescent girls.
- Political will and commitment of government of Rwanda to respect co financing policy on underused and new vaccines.
- Reliable infrastructures for example, health units, accessible roads, electricity supply to government health facilities, safe and clean water supply to the health facilities.
- Government of Rwanda has reinforced social politics in health and community involvement for example strong and sustainable medical community insurance (mutuelle de santé) covering more than 90% country wide.
- At the community level, trained community health workers systems had been reinforced to raise community social mobilization awareness and tracking immunization drop out.
- The success in the family planning has brought a remarkable change in health statistics especially on the calculations of target population for under one years of age which affects the projection for the coming years.

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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Ministry of Health and Ministry of Finance signatures.doc File desc: File description... Date/time: 5/22/2012 1:29:28 PM Size: 237568
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Ministry of Health and Ministry of Finance signatures.doc File desc: File description... Date/time: 5/22/2012 1:36:13 PM Size: 237568
3	Signatures of members of ICC	2.2	✓	ICC members signatures.doc File desc: File description... Date/time: 5/22/2012 1:44:49 PM Size: 279040
4	Signatures of members of HSCC	2.3	✗	HSCC members signatures.doc File desc: File description... Date/time: 5/22/2012 1:45:56 PM Size: 296448
5	Minutes of ICC meetings in 2011	2.2	✓	HSWG held on 9th March 2011.pdf File desc: File description... Date/time: 6/15/2012 5:04:16 AM Size: 1913309
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	ICC meeting report May 2012.docx File desc: File description... Date/time: 5/22/2012 2:00:47 PM Size: 627545
7	Minutes of HSCC meetings in 2011	2.3	✗	HSWG held on 23rd May 2011.pdf File desc: File description... Date/time: 6/15/2012 5:04:51 AM Size: 2584253
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	ICC meeting report May 2012.docx File desc: File description... Date/time: 5/22/2012 2:04:04 PM Size: 627545
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	Financial statement for HSS GAVI.doc File desc: File description... Date/time: 5/22/2012 2:11:05 PM Size: 69120
10	new cMYP APR 2011	7.7	✓	Rwanda Vaccine Preventable Disease Strategic plan (cMYP)2013 to 2017.doc File desc: File description...

				Date/time: 5/12/2012 9:02:32 AM Size: 1107968
11	new cMYP costing tool APR 2011	7.8	✓	Rwanda cMYP Costing Tool.xls File desc: File description... Date/time: 5/12/2012 8:58:58 AM Size: 3534848
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✗	Financial Statement for CSO Type B grant APR 2011.doc File desc: File description... Date/time: 5/22/2012 2:30:01 PM Size: 22016
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	ISS FUNDS.doc File desc: File description... Date/time: 5/22/2012 2:22:35 PM Size: 22528
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Financial Statement for NVS introduction grant in 2011 APR 2011.doc File desc: File description... Date/time: 5/22/2012 2:26:47 PM Size: 22016
15	EVSM/VMA/EVM report APR 2011	7.5	✓	EVM_report-Rwanda_v7.doc File desc: File description... Date/time: 6/15/2012 5:15:19 AM Size: 6195200
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	EVM implementation plan.doc File desc: File description... Date/time: 5/22/2012 3:21:52 PM Size: 72192
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	EVM implementation plan.doc File desc: File description... Date/time: 5/22/2012 3:22:45 PM Size: 72192
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	ISS FUNDS.doc File desc: File description... Date/time: 5/22/2012 2:51:42 PM Size: 22528
20	Post Introduction Evaluation Report	7.2.2	✓	2010_Final Report_Rwanda_PostIntroductionEvaluation_PCV7.pdf File desc: File description... Date/time: 5/22/2012 7:48:25 AM Size: 1476491
				ICC meeting report May 2012.docx

21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	File desc: File description... Date/time: 5/22/2012 2:34:56 PM Size: 627545
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	External Audit Report.doc File desc: File description... Date/time: 5/22/2012 2:39:41 PM Size: 22016
23	HSS Health Sector review report	9.9.3	✗	Annex 7 Rwanda Mid Term Review JANS.pdf File desc: File description... Date/time: 5/22/2012 2:50:16 PM Size: 1523671