

GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of Rwanda

Reporting on year: 2012

Requesting for support year: 2014

Date of submission: 6/7/2013 8:10:46 AM

Deadline for submission: 9/24/2013

Please submit the APR 2012 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: 2012

.. _ . . _

Requesting for support year: 2014

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 | Rotavirus, 3 -dose schedule | Rotavirus, 3 -dose schedule | 2015 |
| Routine New Vaccines Support | Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 2015 |
| INS | | | |

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

| Type of Support | Reporting fund utilisation in 2012 | Request for Approval of | Eligible For 2012 ISS reward |
|-----------------|------------------------------------|--|------------------------------|
| VIG | Yes | N/A | N/A |
| cos | No | No | N/A |
| ISS | Yes | next tranche: N/A | Yes |
| HSS | No | next tranche of HSS Grant No | N/A |
| CSO Type A | No | Not applicable N/A | N/A |
| CSO Type B | | CSO Type B extension per GAVI Board Decision in July 2012: N/A | N/A |
| HSFP | No | N/A | N/A |

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 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.

| Mini | ster of Health (or delegated authority) | Minister of Finance (or delegated authority) | | |
|-----------|---|--|--|--|
| Name | | Name | | |
| 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 |
|-----------|----------|-----------|-------|
| | | | |

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 |
|------------|---------------------|-----------|------|
| | | | |

| 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

Rwanda is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Rwanda is not reporting on CSO (Type A & B) fund utilisation in 2013

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|-----------------------------------|

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4. Baseline & annual targets

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

| | Achieveme JF | | Targets (preferred presentation) | | | | | |
|--|---|----------|---|--------------------|----------------------------------|--------------------|----------------------------------|--------------------|
| Number | 20 | 12 | 20 | 13 | 20 | 14 | 20 | 15 |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation |
| Total births | 420,288 | 331,167 | 431,215 | 339,777 | 442,427 | 348,611 | 453,930 | 357,675 |
| Total infants' deaths | 21,014 | 16,558 | 21,560 | 16,989 | 19,909 | 17,431 | 20,427 | 17,884 |
| Total surviving infants | 399274 | 314,609 | 409,655 | 322,788 | 422,518 | 331,180 | 433,503 | 339,791 |
| Total pregnant women | 420,288 | 331,167 | 431,215 | 339,777 | 442,427 | 348,611 | 453,930 | 357,675 |
| Number of infants vaccinated (to be vaccinated) with BCG | 399,273 | 327,855 | 422,591 | 336,379 | 433,578 | 345,125 | 444,851 | 354,098 |
| BCG coverage | 95 % | 99 % | 98 % | 99 % | 98 % | 99 % | 98 % | 99 % |
| Number of infants vaccinated (to be vaccinated) with OPV3 | 375,317 | 319,237 | 393,268 | 327,537 | 414,067 | 336,053 | 424,833 | 344,791 |
| OPV3 coverage | 94 % | 101 % | 96 % | 101 % | 98 % | 101 % | 98 % | 101 % |
| Number of infants vaccinated (to be vaccinated) with DTP1 | 382,823 | 320,879 | 401,133 | 329,222 | 422,348 | 337,782 | 433,330 | 346,564 |
| Number of infants vaccinated (to be vaccinated) with DTP3 | 375,317 | 319,237 | 393,268 | 327,537 | 414,067 | 336,053 | 424,833 | 344,791 |
| DTP3 coverage | 94 % | 101 % | 96 % | 101 % | 98 % | 101 % | 98 % | 101 % |
| Wastage[1] rate in base-year and planned thereafter (%) for DTP | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 |
| Wastage[1] factor in base- year and planned thereafter for DTP | 1.00 | 1.05 | 1.00 | 1.05 | 1.00 | 1.05 | 1.00 | 1.05 |
| Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib | 330,267 | 320,879 | 360,909 | 329,222 | 422,348 | 337,782 | 433,330 | 346,564 |
| Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib | 330,267 | 319,237 | 360,909 | 327,537 | 414,067 | 336,053 | 424,833 | 344,791 |
| DTP-HepB-Hib coverage | 82 % | 101 % | 96 % | 101 % | 98 % | 101 % | 98 % | 101 % |
| Wastage[1] rate in base-year and planned thereafter (%) | 0 | 5 | 0 | 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 |
| Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13) | 330,267 | 320,879 | 360,909 | 329,222 | 422,348 | 337,782 | 433,330 | 346,564 |
| Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13) | 330,267 | 319,237 | 360,909 | 327,537 | 414,067 | 336,053 | 424,833 | 344,791 |

| | Achievements as per JRF | | Targets (preferred presentation) | | | | | |
|---|--|----------|--|-----------------------|----------------------------------|--------------------|----------------------------------|--------------------|
| Number | 20 | 12 | 20 | 13 | 20 | 14 | 20 | 15 |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation |
| Pneumococcal (PCV13) coverage | 82 % | 101 % | 96 % | 101 % | 98 % | 101 % | 98 % | 101 % |
| Wastage[1] rate in base-year and planned thereafter (%) | 0 | 5 | 0 | 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 |
| Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus | 339,382 | 220,631 | 393,269 | 329,222 | 414,068 | 337,782 | 424,833 | 346,564 |
| Number of infants vaccinated (to be vaccinated) with 3 dose of Rotavirus | 339,382 | 156,101 | 393,269 | 327,537 | 414,068 | 336,053 | 424,833 | 344,791 |
| Rotavirus coverage | 80 % | 50 % | 96 % | 101 % | 98 % | 101 % | 98 % | 101 % |
| Wastage[1] rate in base-year and planned thereafter (%) | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 |
| Wastage[1] factor in base- year and planned thereafter (%) | 1.05 | 1.05 | 1.05 | 1.05 | 1 | 1.05 | 1 | 1.05 |
| Maximum wastage rate value for Rotavirus, 3-dose schedule | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1st dose of Measles | 379,310 | 322,183 | 401,461 | 330,560 | 414,067 | 339,154 | 424,833 | 347,972 |
| Measles coverage | 95 % | 102 % | 98 % | 102 % | 98 % | 102 % | 98 % | 102 % |
| Pregnant women vaccinated with TT+ | 336,230 | 251,241 | 388,094 | 257,773 | 420,306 | 264,475 | 431,234 | 271,352 |
| TT+ coverage | 80 % | 76 % | 90 % | 76 % | 95 % | 76 % | 95 % | 76 % |
| Vit A supplement to mothers within 6 weeks from delivery | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vit A supplement to infants after 6 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100 | 2 % | 1 % | 2 % | 1 % | 2 % | 1 % | 2 % | 1 % |

^{**} Number of infants vaccinated out of total surviving infants

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

^{****} Number of pregnant women vaccinated with TT+ out of total pregnant women

¹ The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] 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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in <u>Table 4 Baseline and Annual Targets</u> 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 are changes in surviving infants; infant mortality rate decreased from 62/1000 in (DHS 2008) to 50/1000 in (DHS2010) therefore there is an increase in surviving infants which will be confirmed by census conducted 2012

 Justification for any changes in targets by vaccine. Please note that targets in excess of 10% of previous years' achievements will need to be justified.

No changes in targets by vaccine

Justification for any changes in wastage by vaccine
 None

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

| The milestones achievements in Immunization program as per 2012, 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 and launching took place on 25thMay 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) |
| •□□□□□□□Rwanda maintained provision of human papilloma virus vaccine (HPV), for the adolescent girls aged between 9to 14 years of age. |
| •□□□□□□□□□Post Introduction Evaluation for HPV was conducted countrywide but final report is not yet out |
| •□□□□□□□□Conducted nationwide immunization integrated activities (vitamin A, mebendazole/ Albendazole, Ferrous/FericPraziquantel in high risk districts as well as LLINs distribution. |
| Key major activities |
| •□□□□□□□EVM assessment conducted |
| •□□□□□□□Stock Management Tool training conducted |
| •□□□□□□□□□□□□□\/, vessine compaign conducted |
| •□□□□□□□HPV vaccine campaign conducted |
| vaccine campaign conducted Mother and Child Health week campaigns conducted |
| |
| •□□□□□□□Mother and Child Health week campaigns conducted |
| O O |
| O O |
| Mother and Child Health week campaigns conducted Polio campaign conducted in districts bordering Democratic Republic of Congo Rotavirus vaccine introduced Challenges The denominator for children under one currently used was derived from 2002 census, which is |
| Mother and Child Health week campaigns conducted Polio campaign conducted in districts bordering Democratic Republic of Congo Rotavirus vaccine introduced Challenges The denominator for children under one currently used was derived from 2002 census, which is |

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;

- Carry Company Compan

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

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

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

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

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

The data for sex-disaggregated on 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 and therefore there is no discrepancies in reaching boys versus girls.

- 5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**
- 5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

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

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)

Decline in the immunization coverage was discovered in the routine data validation, the immediate survey was conducted in the Northern Province (4districts) 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%. However, the general census conducted 2012 currently is showing general population but not proportional which can be officially used to calculate the real denominator.

- * Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.
- 5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No** If Yes, please describe the assessment(s) and when they took place.

N/A

- 5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.
- CONTROL OF THE REGISTRE OF T

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.
- \(\subset \) \(\subset \)

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** 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\$ = 650 | 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 2012 | Source of funding | | | | | | |
|------------------------------|-----------------------|-------------------|----------------|--------|-----|-------|-------|---|
| | | Country | GAVI | UNICEF | WHO | MERCK | USAID | 0 |
| Traditional Vaccines* | 516,985 | 516,985 | 0 | 0 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 17,548,745 | 861,000 | 16,687,7 45 | 0 | 0 | 0 | 0 | 0 |

| Injection supplies (both AD syringes and syringes other than ADs) | 478,045 | 174,790 | 303,255 | 0 | 0 | 0 | 0 | 0 |
|---|------------|---------------|----------------|---------|---------|---------------|---|---|
| Cold Chain equipment | 177,103 | 129,230 | 0 | 47,873 | 0 | 0 | 0 | 0 |
| Personnel | 372,286 | 106,667 | 247,619 | 18,000 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 765,611 | 76,204 | 126,500 | 351,107 | 211,800 | 0 | 0 | 0 |
| Other Capital Costs | 200,000 | 200,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 9,887,460 | 905,011 | 0 | 0 | 0 | 8,982,44 9 | 0 | 0 |
| N/A | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures for Immunisation | 29,946,235 | | | | | | | |
| Total Government Health | | 2,969,88 7 | 17,365,1 19 | 416,980 | 211,800 | 8,982,44 9 | 0 | 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

N/A

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, partially implemented**

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

The GAVI Financial Management Assessment (FMA) was conducted in September 2012, only report is available but still aides de memoire between the Government of Rwanda and Gavi is not yet available.

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

N/A

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? 3

Please attach the minutes (**Document nº 4**) from the ICC meeting in 2013 endorsing this report.

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

On the baseline and annual targets, there are many changes due the decision which was made to use BCG as proxy denominator to different target population. The general census was conducted last year and only population estimation was announced. We are still waiting to proportion by groups of interest to be announced so that we can have genuine denominator.

Are any Civil Society Organisations members of the ICC? Yes

If Yes, which ones?

| List CSO member organisations: |
|-----------------------------------|
| URUNANA Development Communication |

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

- Improve service delivery for higher coverage objectives for all current vaccines ;BCG 97%, Penta3: 97%, Measles :94%
- Maintain new vaccine provision (Rotavirus vaccine, Measles -Rubella vaccine and to continue to vaccinate adolescents girls with HPV vaccine)
- Improvement of strategies that have maintained polio eradication status (polio vaccination campaign in high risk areas)
- -Training of district staff on DVDMT
- Improvement of TT doses recording system for 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 performing vaccine management system(District Monitoring Tool)
- -Strengthen ICC team members and recruit additional EPI staff

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 2012

| Vaccine | Types of syringe used in 2012 routine EPI | Funding sources of 2012 |
|------------------------|---|----------------------------|
| BCG | A-D syringes | Government, regular budget |
| Measles | A-D syringes | Government, regular budget |
| TT | A-D syringes | Government, regular budget |
| DTP-containing vaccine | A-D syringes | Government, regular budget |
| | | 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 are no obstacles encountered during the implementation of the injection safety policy, except in few health centers with not well set incineration facilities

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

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

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2012 (A) | 0 | 0 |
| Remaining funds (carry over) from 2011 (B) | 0 | 0 |
| Total funds available in 2012 (C=A+B) | 0 | 0 |
| Total Expenditures in 2012 (D) | 0 | 0 |
| Balance carried over to 2013 (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 2012

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 2012 calendar year

- 6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.
- 6.2.2. Has an external audit been conducted? No
- 6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your 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 8).

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

| | [A] | [B] | | |
|----------------------|---|--|---|---|
| Vaccine type | Total doses for 2012 in Decision Letter | Total doses received by 31 December 2012 | Total doses of postponed deliveries in 2012 | Did the country experience any stockouts at any level in 2012? |
| DTP-HepB-Hib | 1,040,340 | 961,200 | 79,140 | No |
| Rotavirus | 1,336,318 | 1,070,232 | 266,086 | No |
| Pneumococcal (PCV13) | 1,099,810 | 961,200 | 138,601 | No |

^{*}Please also include any deliveries from the previous year received against this Decision Letter

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

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

The estimation of number of doses are calculated based on projection population referred from comprehensive multi year plan. The lower utilization of the vaccine therefore could be due to the following reasons; Since the country had a difference between the administrative and official denominator, the population targeted must have been estimated at high level which resulted in accumulation of extra doses for some years. There was a remarkable improvement in family planning which in turn decreases the number of children born per year

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

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

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

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

N/A

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | | | | |
|--|----|-----|--|--|
| Phased introduction | No | | | |
| Nationwide introduction | No | | | |
| The time and scale of introduction was as planned in the proposal? If No, Why? | No | N/A | | |

| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | | | |
|--|----|-----|--|--|
| Phased introduction | No | | | |
| Nationwide introduction | No | | | |
| The time and scale of introduction was as planned in the proposal? If No, Why? | | N/A | | |

| Rotavirus, 1 dose(s) per vial, ORAL | | | |
|--|-----|------------|--|
| Phased introduction | No | | |
| Nationwide introduction | Yes | 25/05/2012 | |
| The time and scale of introduction was as planned in the proposal? If No, Why? | Yes | | |

7.2.2. When is the Post Introduction Evaluation (PIE) planned? June 2013

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

- a. rotavirus diarrhea? Yes
- b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? Yes

Does your country conduct special studies around:

- a. rotavirus diarrhea? Yes
- b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? No

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

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

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

Rwanda through Ministry of Health with collaboration with CDC Atlanta and WHO is conducting the rotavirus vaccine impact and effectiveness study countrywide. The study has just started in the early August 2012 in eight sentinel hospitals and the results are not yet out to be shared. In shortly it is in the data collection stage mostly focusing on the data quality standard procedures.

cbr

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2012 (A) | 126,500 | 82,225,000 |
| Remaining funds (carry over) from 2011 (B) | 0 | 0 |
| Total funds available in 2012 (C=A+B) | 126,500 | 82,225,000 |
| Total Expenditures in 2012 (D) | 126,500 | 82,225,000 |
| Balance carried over to 2013 (E=C-D) | 0 | 0 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11). Terms of reference for this financial statement are available in **Annexe** 1 Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

- Launching ceremony
- Development of Social mobilization tools and transportation to the districts
- Meeting of feed back (Invited : Monitoring &Evaluation, Supervisors from EPI, Director of Hospitals + Director of Health in Districts)
- Conducting Supervision by Central level to the District (Mission allowances and Hiring vehicle)
- Conducting Supervision by District level to the community

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

No problem encountered during implementation

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards N/A

7.4. Report on country co-financing in 2012

Table 7.4: Five questions on country co-financing

| | Q.1: What were the actual co-financed amounts and doses in 2012? | | | |
|--|--|-----------------------|--|--|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses | | |
| Awarded Vaccine #1: DTP-HepB- Hib, 1 dose(s) per vial, LIQUID | 208,500 | 79,300 | | |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 385,000 | 102,800 | | |

| Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL | 267,500 | 50,000 | | | |
|--|---|--|--|--|--|
| | | | | | |
| | Q.2: Which were the amounts of funding reporting year 2012 from the following | | | | |
| Government | 100% | | | | |
| Donor | 0% | | | | |
| Other | 0% | | | | |
| | | | | | |
| | Q.3: Did you procure related injections vaccines? What were the amounts in the second | | | | |
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses | | | |
| Awarded Vaccine #1: DTP-HepB- Hib, 1 dose(s) per vial, LIQUID | 0 | 0 | | | |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 | | | |
| Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL | 0 | 0 | | | |
| | | | | | |
| | Q.4: When do you intend to transfer full is the expected source of this funding | ınds for co-financing in 2014 and what | | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2014 | Source of funding | | | |
| Awarded Vaccine #1: DTP-HepB- Hib, 1 dose(s) per vial, LIQUID | October | Government | | | |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | October | Government | | | |
| Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL | October | Government | | | |
| | | | | | |
| | Q.5: Please state any Technical Assist sustainability strategies, mobilising fu co-financing | | | | |
| | The Country EPI program expanded to include ten antigens in its routine immunization program. Therefore, for maintaining and improving the vaccin service delivery to the target populations, Rwanda will need technical assistate to enhance durable financial sustainability strategies for both running day to immunization related activities and co financing for new and underused vaccinates. | | | | |

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

Government of Rwanda had committed itself to maintain its objectives of increasing diseases protection through immunization using the little resources it has. With financial mobilization strategies in place, Rwanda has not experienced defaulted on its co-financing obligations.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

Are there any changes in the Improvement plan, with reasons? **Yes** If yes, provide details

| At central level | |
|--|--|
| •□□□□□□□□Proper partition and shelving in the cold rooms | |
| • □ □ □ □ □ □ Installation of a device for ventilation | |
| • □ □ □ □ □ □ Installation of electronic temperature monitoring system | |
| At district level | |
| Distribution of cold chain equipments according to the gap revealed | |
| | |

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

Renewal of multi-year vaccines support for Rwanda is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per <u>7.11 Calculation of requirements</u> **Yes**

If you don't confirm, please explain

N/A

7.11. Calculation of requirements

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

| ID | | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|--|--------------------|----|----------|----------|----------|----------|-----------|
| | Number of surviving infants | Table 4 | # | 314,609 | 322,788 | 331,180 | 339,791 | 1,308,368 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 320,879 | 329,222 | 337,782 | 346,564 | 1,334,447 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 319,237 | 327,537 | 336,053 | 344,791 | 1,327,618 |
| | Immunisation coverage with the third dose | Table 4 | % | 101.47 % | 101.47 % | 101.47 % | 101.47 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 635,350 | | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 635,350 | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.04 | 2.04 | 1.99 | |
| СС | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.40 % | 6.40 % | 6.40 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

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

N/A

Co-financing group

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

| | 2012 | 2013 | 2014 | 2015 |
|----------------------|------|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.20 | |

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

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

Low

| | | 2013 | 2014 | 2015 |
|------------------------------------|---|-----------|-----------|-----------|
| Number of vaccine doses | # | 947,400 | 972,000 | 994,700 |
| Number of AD syringes | # | 1,103,700 | 1,132,300 | 1,161,800 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |

^{**} Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

| Number of safety boxes | # | 12,275 | 12,575 | 12,900 |
|---------------------------------------|----|-----------|-----------|-----------|
| Total value to be co-financed by GAVI | \$ | 2,111,000 | 2,165,500 | 2,163,500 |

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

| | | 2013 | 2014 | 2015 |
|--|----|---------|---------|---------|
| Number of vaccine doses | # | 96,400 | 98,900 | 104,000 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country ^[1] | \$ | 209,000 | 214,500 | 220,000 |

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

| | | Formula | 2012 | 2013 | | |
|---|---|---|-----------|-----------|------------|-----------|
| | | | Total | Total | Government | GAVI |
| Α | Country co-finance | V | 0.00 % | 9.23 % | | |
| В | Number of children to be vaccinated with the first dose | Table 5.2.1 | 320,879 | 329,222 | 30,395 | 298,827 |
| С | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | BXC | 962,637 | 987,666 | 91,185 | 896,481 |
| Е | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | DXE | 1,010,769 | 1,037,050 | 95,745 | 941,305 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | | 6,571 | 607 | 5,964 |
| н | Stock on 1 January 2013 | Table 7.11.1 | 635,350 | | | |
| ı | Total vaccine doses needed | F + G – H | | 1,043,671 | 96,356 | 947,315 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | | 1,103,604 | 0 | 1,103,604 |
| L | Reconstitution syringes (+ 10% wastage) needed | I/J * 1.11 | | 0 | 0 | 0 |
| М | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 | | 12,251 | 0 | 12,251 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 2,124,915 | 196,180 | 1,928,735 |
| 0 | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 51,318 | 0 | 51,318 |
| Р | 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) | | 7,106 | 0 | 7,106 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | | 135,995 | 12,556 | 123,439 |
| s | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 0 | 0 | 0 |
| Т | Total fund needed | (N+O+P+Q+R+S) | | 2,319,334 | 208,735 | 2,110,599 |
| U | Total country co-financing | I x country co- financing per dose (cc) | | 208,735 | | |
| V | Country co-financing % of GAVI supported proportion | U / (N + R) | | 9.23 % | | |

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

| | | Formula | | 2014 | | | 2015 | |
|---|---|---|-----------|-----------------|-----------|-----------|------------|-----------|
| | | | Total | Government GAVI | | Total | Government | GAVI |
| Α | Country co-finance | V | 9.23 % | | | 9.46 % | | |
| В | Number of children to be vaccinated with the first dose | Table 5.2.1 | 337,782 | 31,186 | 306,596 | 346,564 | 32,802 | 313,762 |
| С | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | BXC | 1,013,346 | 93,556 | 919,790 | 1,039,692 | 98,405 | 941,287 |
| Е | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | DXE | 1,064,014 | 98,234 | 965,780 | 1,091,677 | 103,325 | 988,352 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | 6,741 | 623 | 6,118 | 6,916 | 655 | 6,261 |
| Н | Stock on 1 January 2013 | Table 7.11.1 | | | | | | |
| 1 | Total vaccine doses needed | F + G – H | 1,070,805 | 98,861 | 971,944 | 1,098,643 | 103,984 | 994,659 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | 1,132,297 | 0 | 1,132,297 | 1,161,735 | 0 | 1,161,735 |
| L | Reconstitution syringes (+ 10% wastage) needed | I/J*1.11 | 0 | 0 | 0 | 0 | 0 | 0 |
| М | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 | 12,569 | 0 | 12,569 | 12,896 | 0 | 12,896 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | 2,180,159 | 201,280 | 1,978,879 | 2,181,905 | 206,513 | 1,975,392 |
| 0 | Cost of AD syringes needed | K x AD syringe price per unit (ca) | 2,180,159 | 0 | 52,652 | 2,181,905 | 0 | 54,021 |
| Р | 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) | 7,291 | 0 | 7,291 | 7,480 | 0 | 7,480 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | 139,531 | 12,882 | 126,649 | 139,642 | 13,217 | 126,425 |
| s | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | 0 | 0 | 0 | 0 | 0 | 0 |
| Т | Total fund needed | (N+O+P+Q+R+S) | 2,379,633 | 214,161 | 2,165,472 | 2,383,048 | 219,729 | 2,163,319 |
| U | Total country co-financing | I x country co- financing per dose (cc) | 214,161 | | | 219,729 | | |
| ٧ | Country co-financing % of GAVI supported proportion | U / (N + R) | 9.23 % | | | 9.46 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

| 3) | | |
|----|---|---|
| | | Formula |
| | | |
| Α | Country co-finance | V |
| В | Number of children to be vaccinated with the first dose | Table 5.2.1 |
| С | Number of doses per child | Vaccine parameter (schedule) |
| D | Number of doses needed | BXC |
| E | Estimated vaccine wastage factor | Table 4 |
| F | Number of doses needed including wastage | DXE |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 |
| Н | Stock on 1 January 2013 | Table 7.11.1 |
| ı | Total vaccine doses needed | F + G – H |
| J | Number of doses per vial | Vaccine Parameter |
| κ | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 |
| L | Reconstitution syringes (+ 10% wastage) needed | I/J * 1.11 |
| М | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) |
| o | Cost of AD syringes needed | K x AD syringe price per unit (ca) |
| Р | Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) |
| Q | Cost of safety boxes needed | M x safety box price per unit (cs) |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) |
| s | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) |
| Т | Total fund needed | (N+O+P+Q+R+S) |
| U | Total country co-financing | I x country co- financing per dose (cc) |
| ٧ | Country co-financing % of GAVI supported proportion | U / (N + R) |

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

| ID | | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|--|--------------------|----|----------|----------|----------|----------|-----------|
| | Number of surviving infants | Table 4 | # | 314,609 | 322,788 | 331,180 | 339,791 | 1,308,368 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 320,879 | 329,222 | 337,782 | 346,564 | 1,334,447 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 319,237 | 327,537 | 336,053 | 344,791 | 1,327,618 |
| | Immunisation coverage with the third dose | Table 4 | % | 101.47 % | 101.47 % | 101.47 % | 101.47 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 544,000 | | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 544,000 | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 3.50 | 3.50 | 3.50 | |
| СС | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.00 % | 6.00 % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

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

N/A

Co-financing group

Your co-financing

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

Low

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

0.35

0.20

0.20

0.20

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

| | | 2013 | 2014 | 2015 |
|---------------------------------------|----|-----------|-----------|-----------|
| Number of vaccine doses | # | 989,100 | 1,014,800 | 1,041,100 |
| Number of AD syringes | # | 1,103,700 | 1,132,300 | 1,161,800 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 12,275 | 12,575 | 12,900 |
| Total value to be co-financed by GAVI | \$ | 3,728,000 | 3,825,000 | 3,924,000 |

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

^{**} Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

| | | 2013 | 2014 | 2015 |
|--|----|---------|---------|---------|
| Number of vaccine doses | # | 56,400 | 57,900 | 59,400 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country ^[1] | \$ | 209,500 | 215,000 | 220,500 |

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

| | | Formula | 2012 | 2013 | | |
|---|---|---|-----------|-----------|------------|-----------|
| | | | Total | Total | Government | GAVI |
| Α | Country co-finance | V | 0.00 % | 5.39 % | | |
| В | Number of children to be vaccinated with the first dose | Table 5.2.1 | 320,879 | 329,222 | 17,748 | 311,474 |
| С | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | BXC | 962,637 | 987,666 | 53,244 | 934,422 |
| Ε | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | DXE | 1,010,769 | 1,037,050 | 55,906 | 981,144 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | | 6,571 | 355 | 6,216 |
| Н | Stock on 1 January 2013 | Table 7.11.1 | 544,000 | | | |
| ı | Total vaccine doses needed | F + G – H | | 1,045,421 | 56,358 | 989,063 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| κ | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | | 1,103,604 | 0 | 1,103,604 |
| L | Reconstitution syringes (+ 10% wastage) needed | I/J * 1.11 | | 0 | 0 | 0 |
| М | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 | | 12,251 | 0 | 12,251 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 3,658,974 | 197,250 | 3,461,724 |
| 0 | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 51,318 | 0 | 51,318 |
| Р | 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) | | 7,106 | 0 | 7,106 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | | 219,539 | 11,836 | 207,703 |
| s | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 0 | 0 | 0 |
| Т | Total fund needed | (N+O+P+Q+R+S) | | 3,936,937 | 209,085 | 3,727,852 |
| U | Total country co-financing | I x country co- financing per dose (cc) | | 209,085 | | |
| v | Country co-financing % of GAVI supported proportion | U / (N + R) | | 5.39 % | | |

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

| | | Formula | 2014 | | | | 2015 | |
|---|---|---|-----------|------------|-----------|-----------|------------|-----------|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| Α | Country co-finance | V | 5.39 % | | | 5.39 % | | |
| В | Number of children to be vaccinated with the first dose | Table 5.2.1 | 337,782 | 18,210 | 319,572 | 346,564 | 18,683 | 327,881 |
| С | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | BXC | 1,013,346 | 54,628 | 958,718 | 1,039,692 | 56,049 | 983,643 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | DXE | 1,064,014 | 57,360 | 1,006,654 | 1,091,677 | 58,851 | 1,032,826 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | 6,741 | 364 | 6,377 | 6,916 | 373 | 6,543 |
| Н | Stock on 1 January 2013 | Table 7.11.1 | | | | | | |
| 1 | Total vaccine doses needed | F + G – H | 1,072,555 | 57,820 | 1,014,735 | 1,100,393 | 59,321 | 1,041,072 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | 1,132,297 | 0 | 1,132,297 | 1,161,735 | 0 | 1,161,735 |
| L | Reconstitution syringes (+ 10% wastage) needed | I/J * 1.11 | 0 | 0 | 0 | 0 | 0 | 0 |
| М | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 | 12,569 | 0 | 12,569 | 12,896 | 0 | 12,896 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | 3,753,943 | 202,369 | 3,551,574 | 3,851,376 | 207,622 | 3,643,754 |
| 0 | Cost of AD syringes needed | K x AD syringe price per unit (ca) | 3,753,943 | 0 | 52,652 | 3,851,376 | 0 | 54,021 |
| Р | 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) | 7,291 | 0 | 7,291 | 7,480 | 0 | 7,480 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | 225,237 | 12,143 | 213,094 | 231,083 | 12,458 | 218,625 |
| s | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | 0 | 0 | 0 | 0 | 0 | 0 |
| Т | Total fund needed | (N+O+P+Q+R+S) | 4,039,123 | 214,511 | 3,824,612 | 4,143,960 | 220,080 | 3,923,880 |
| U | Total country co-financing | I x country co- financing per dose (cc) | 214,511 | | | 220,079 | | |
| V | Country co-financing % of GAVI supported proportion | U / (N + R) | 5.39 % | | | 5.39 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

| 3) | | |
|----|---|---|
| | | Formula |
| | | |
| Α | Country co-finance | V |
| В | Number of children to be vaccinated with the first dose | Table 5.2.1 |
| С | Number of doses per child | Vaccine parameter (schedule) |
| D | Number of doses needed | BXC |
| E | Estimated vaccine wastage factor | Table 4 |
| F | Number of doses needed including wastage | DXE |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 |
| Н | Stock on 1 January 2013 | Table 7.11.1 |
| ı | Total vaccine doses needed | F + G – H |
| J | Number of doses per vial | Vaccine Parameter |
| κ | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 |
| L | Reconstitution syringes (+ 10% wastage) needed | I/J * 1.11 |
| М | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) |
| o | Cost of AD syringes needed | K x AD syringe price per unit (ca) |
| Р | Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) |
| Q | Cost of safety boxes needed | M x safety box price per unit (cs) |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) |
| s | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) |
| Т | Total fund needed | (N+O+P+Q+R+S) |
| U | Total country co-financing | I x country co- financing per dose (cc) |
| ٧ | Country co-financing % of GAVI supported proportion | U / (N + R) |

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

| ID | | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|--|--------------------|----|---------|----------|----------|----------|-----------|
| | Number of surviving infants | Table 4 | # | 314,609 | 322,788 | 331,180 | 339,791 | 1,308,368 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 220,631 | 329,222 | 337,782 | 346,564 | 1,234,199 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 156,101 | 327,537 | 336,053 | 344,791 | 1,164,482 |
| | Immunisation coverage with the third dose | Table 4 | % | 49.62 % | 101.47 % | 101.47 % | 101.47 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 385,950 | | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 385,950 | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | No | No | No | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | |
| | Safety boxes required | Parameter | # | | No | No | No | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 5.00 | 5.00 | 5.00 | |
| СС | Country co-financing per dose | Co-financing table | \$ | | 0.13 | 0.13 | 0.13 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 5.00 % | 5.00 % | 5.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

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

N/A

Co-financing group

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

| | 2012 | 2013 | 2014 | 2015 |
|----------------------|------|------|------|------|
| Minimum co-financing | 0.13 | 0.13 | 0.13 | |

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

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

Low

| | | 2013 | 2014 | 2015 |
|---------------------------------------|----|-----------|-----------|-----------|
| Number of vaccine doses | # | 1,094,800 | 1,044,300 | 1,071,500 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Total value to be co-financed by GAVI | \$ | 5,748,000 | 5,482,500 | 5,625,000 |

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

^{**} Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

| | | 2013 | 2014 | 2015 |
|--|----|---------|---------|---------|
| Number of vaccine doses | # | 28,300 | 27,000 | 27,700 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country ^[1] | \$ | 148,500 | 141,500 | 145,500 |

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

| | | Formula | 2012 | 2013 | | |
|---|---|---|---------|-----------|------------|-----------|
| | | | Total | Total | Government | GAVI |
| Α | Country co-finance | V | 0.00 % | 2.51 % | | |
| В | Number of children to be vaccinated with the first dose | Table 5.2.1 | 220,631 | 329,222 | 8,278 | 320,944 |
| С | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | BXC | 661,893 | 987,666 | 24,833 | 962,833 |
| Е | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | DXE | 694,988 | 1,037,050 | 26,075 | 1,010,975 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | | 85,516 | 2,151 | 83,365 |
| Н | Stock on 1 January 2013 | Table 7.11.1 | 385,950 | | | |
| ı | Total vaccine doses needed | F+G-H | | 1,123,016 | 28,236 | 1,094,780 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| κ | 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 |
| М | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 | | | | |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 5,615,080 | 141,180 | 5,473,900 |
| 0 | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 0 | 0 | 0 |
| Р | 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) | | 280,754 | 7,059 | 273,695 |
| s | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 0 | 0 | 0 |
| Т | Total fund needed | (N+O+P+Q+R+S) | | 5,895,834 | 148,239 | 5,747,595 |
| U | Total country co-financing | I x country co- financing per dose (cc) | | 148,239 | | |
| ٧ | Country co-financing % of GAVI supported proportion | U / (N + R) | | 2.51 % | | |

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

| | | Formula | 2014 | | | 2015 | | |
|---|---|---|-----------|------------|-----------|-----------|------------|-----------|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| Α | Country co-finance | V | 2.51 % | | | 2.51 % | | |
| В | Number of children to be vaccinated with the first dose | Table 5.2.1 | 337,782 | 8,493 | 329,289 | 346,564 | 8,714 | 337,850 |
| С | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | BXC | 1,013,346 | 25,479 | 987,867 | 1,039,692 | 26,141 | 1,013,551 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | DXE | 1,064,014 | 26,753 | 1,037,261 | 1,091,677 | 27,448 | 1,064,229 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | 6,741 | 170 | 6,571 | 6,916 | 174 | 6,742 |
| Н | Stock on 1 January 2013 | Table 7.11.1 | | | | | | |
| 1 | Total vaccine doses needed | F + G – H | 1,071,205 | 26,934 | 1,044,271 | 1,099,043 | 27,634 | 1,071,409 |
| 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 |
| М | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 | | | | | | |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | 5,356,025 | 134,667 | 5,221,358 | 5,495,215 | 138,166 | 5,357,049 |
| 0 | Cost of AD syringes needed | K x AD syringe price per unit (ca) | 5,356,025 | 0 | 0 | 5,495,215 | 0 | 0 |
| Р | 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) | 267,802 | 6,734 | 261,068 | 274,761 | 6,909 | 267,852 |
| s | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | 0 | 0 | 0 | 0 | 0 | 0 |
| Т | Total fund needed | (N+O+P+Q+R+S) | 5,623,827 | 141,400 | 5,482,427 | 5,769,976 | 145,074 | 5,624,902 |
| U | Total country co-financing | I x country co- financing per dose (cc) | 141,400 | | | 145,074 | | |
| V | Country co-financing % of GAVI supported proportion | U / (N + R) | 2.51 % | | | 2.51 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

| ŕ | | Formula |
|---|---|---|
| | | |
| Α | Country co-finance | V |
| В | Number of children to be vaccinated with the first dose | Table 5.2.1 |
| С | Number of doses per child | Vaccine parameter (schedule) |
| D | Number of doses needed | BXC |
| Е | Estimated vaccine wastage factor | Table 4 |
| F | Number of doses needed including wastage | DXE |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 |
| Н | Stock on 1 January 2013 | Table 7.11.1 |
| ı | Total vaccine doses needed | F+G-H |
| J | Number of doses per vial | Vaccine Parameter |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 |
| L | Reconstitution syringes (+ 10% wastage) needed | I/J * 1.11 |
| M | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) |
| 0 | Cost of AD syringes needed | K x AD syringe price per unit (ca) |
| Р | Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) |
| Q | Cost of safety boxes needed | M x safety box price per unit (cs) |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) |
| s | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) |
| Т | Total fund needed | (N+O+P+Q+R+S) |
| U | Total country co-financing | I x country co- financing per dose (cc) |
| ٧ | Country co-financing % of GAVI supported proportion | U / (N + R) |

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Rwanda is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

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

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

Rwanda has NOT received GAVI TYPE A CSO support

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

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

Rwanda has NOT received GAVI TYPE B CSO support

Rwanda is not reporting on GAVI TYPE B CSO support for 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, HPV vaccine and of recently Rotavirus vaccine.
- Comparison of the contraction of the contraction
- CONTROL CONT
- 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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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

$\frac{\text{MINIMUM REQUIREMENTS FOR } \textbf{ISS}}{1} \text{ AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS}}{1}$

An example statement of income & expenditure

| Summary of income and expenditure – GAVI ISS | | | | | |
|---|-------------------------|----------------|--|--|--|
| | Local currency (CFA) | Value in USD * | | | |
| Balance brought forward from 2011 (balance as of 31Decembre 2011) | 25,392,830 | 53,000 | | | |
| Summary of income received during 2012 | | | | | |
| 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 2012 | 30,592,132 | 63,852 | | | |
| Balance as of 31 December 2012 (balance carried forward to 2013) | 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 | 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 2012 | 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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of 31Decembre 2011) | 25,392,830 | 53,000 | | | |
| Summary of income received during 2012 | | | | | |
| 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 2012 | 30,592,132 | 63,852 | | | |
| Balance as of 31 December 2012 (balance carried forward to 2013) | 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 | 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 2012 | 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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of 31Decembre 2011) | 25,392,830 | 53,000 | | | |
| Summary of income received during 2012 | | | | | |
| 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 2012 | 30,592,132 | 63,852 | | | |
| Balance as of 31 December 2012 (balance carried forward to 2013) | 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 | 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 2012 | 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 |
|--------------------|--|---------|-----------|------------------------------------|
| | | | | Ministries signatures 001.pdf |
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | File desc: |
| | delegated authority) | | | Date/time: 6/7/2013 7:49:08 AM |
| | | | | Size: 276468 |
| | | | | Ministries signatures 001.pdf |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | File desc: |
| | aciogatea authority) | | | Date/time: 6/7/2013 7:49:51 AM |
| | | | | Size: 276468 |
| | | | | ICC members signatures 001.pdf |
| 3 | Signatures of members of ICC | 2.2 | ✓ | File desc: |
| | | | | Date/time: 5/16/2013 4:59:27 AM |
| | | | | Size: 285718 |
| | Minutes of ICC meeting in 2013 | | | ICC Meeting's report 17-5-2013.pdf |
| 4 | endorsing the APR 2012 | 5.7 | * | File desc: |
| | | | | Date/time: 6/2/2013 12:20:36 AM |
| | | | | Size: 2248488 |
| | | | , | ICC Meeting's report 17-5-2013.pdf |
| 6 | Minutes of HSCC meeting in 2013 endorsing the APR 2012 | 9.9.3 | ~ | File desc: |
| | | | | Date/time: 6/3/2013 3:55:18 AM |
| | | | | Size: 2248488 |
| | | | | ISS Funds.doc |
| | Financial statement for ISS grant (Fiscal year 2012) signed by the Chief | | × | |
| 7 | Accountant or Permanent Secretary in | 6.2.1 | | File desc: |
| | the Ministry of Health | | | Date/time: 6/7/2013 4:29:03 AM |
| | | | | Size: 26112 |
| | | | | ISS Funds.doc |
| 8 | External audit report for ISS grant | 6.2.3 | × | File desc: |
| | (Fiscal Year 2012) | 0.2.3 | | |
| | | | | Date/time: 6/7/2013 4:30:02 AM |
| | | | | Size: 26112 PIE HPV.doc |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | File desc: |
| | . Set illiadassion Evaluation (Coport | , | • | Date/time: 5/16/2013 5:09:23 AM |
| | | | | Size: 26112 |
| | | | | Financial statmmment GAVI.pdf |
| | Financial statement for NVS introduction | | ✓ | |
| 10 | grant (Fiscal year 2012) signed by the Chief Accountant or Permanent | 7.3.1 | | File desc: |
| | Secretary in the Ministry of Health | | | |
| | | | | Date/time: 6/7/2013 4:36:13 AM |

| | | | | Size: 293059 |
|----|---|-------|----------|--|
| 11 | External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000 | 7.3.1 | ✓ | Audit.docx File desc: Date/time: 6/3/2013 10:58:03 AM Size: 10042 |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | √ | EVM_report-Rwanda_v7.doc File desc: Date/time: 6/3/2013 3:37:45 AM Size: 6199296 |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | √ | EVM recommendation implementation status.doc File desc: Date/time: 6/3/2013 5:50:15 AM Size: 51712 |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 | ✓ | EVM recommendation implementation status.doc File desc: Date/time: 6/3/2013 5:51:07 AM Size: 51712 |
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012 | 0 | ~ | BANK STATMENT GAVI.pdf File desc: Date/time: 6/7/2013 4:34:33 AM Size: 8845695 |