



Partnering with The Vaccine Fund

June 2003

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

RWANDA

Date of submission: September 2003

Reporting period: 2002 (*Information provided in this report **MUST** refer to the previous calendar year*)

(*Tick only one*) :

- | | | |
|-------------------------------|--------------------------|-------------------------------------|
| Inception report | ☐ | |
| First annual progress report | ☐ | Financial feasibility plan attached |
| Second annual progress report | X | |
| Third annual progress report | ☐ | |
| Fourth annual progress report | ☐ | |
| Fifth annual progress report | ☐ | |

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

**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use if GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

3. Request for new and under-used vaccine for year... (indicate forthcoming year)

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

5. Checklist

6. Comments

7. Signatures

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

—► Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

- A special GAVI account has been opened at the Rwanda National Bank (in USD and RWF).
- Withdrawals of funds require the signature of 3 people appointed by the Minister of Health.
- In the health districts, funds are placed on accounts agreed by the Ministry of Health, and withdrawals require the authorisation of two signatories.
- The funds are used for activities endorsed exclusively by the ICC.
- A record regarding the use of GAVI funds is kept at health district level.
- Every health district draws up and sends a report on the use of funds received to the central level describing the activities carried out, the corresponding vouchers, and mission orders duly signed by the hierarchical authority.
- The ICC supervises the use of funds at all levels.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year 6,231,813,6 (remaining funds of the previous year)

Remaining funds (carry over) from the previous year 203,942

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	6,056,306,7			6,056,306,7	
Injection supplies	163,781,3			163,781,3	
Training	36,335,4	735,40		35,600	
Supervision	49,449,85	14,231,35	4,639	30,579,5	
IEC / social mobilization	16,876,54	1220,54	3,935	11,721	
Follow-up, supervision, & evaluation	18,954	5,821	4,718	8,055	
Advanced strategy & purchase of bill books	5,988			5,988	
Maintenance & overheads	498,55	498,55			
Cold chain equipment	82,683,79	82,683,79			
Other : EPI progress evaluation workshops	5,241	5,241			
Total:	6,435,755,6	110,431,63	13,292	6,312,032	
Remaining funds for next year:	203,942				

**Amount expressed in terms of vaccines and supplies purchased directly by GAVI.*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

- Supervision of EPI activities at district level.
- Organisation of quarterly workshops to assess EPI activities intended for district supervisors and doctors in charge at districts.
- Enhancement of skills of health workers involved in EPI management at health centres.
- Strengthening of advanced strategy immunisation activities.
- Improving awareness of the community by using health animators from the community.

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

→ Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES ☐

NO ☐ X

→ If yes, please attach the plan and report on the degree of its implementation.

The review of EPI management tools has just been carried out this year (2003) and will be applied as a standard throughout the country at all levels

-

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

→ Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

- Review of the EPI in June 2002
- Assessment of the cold chain

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

→ Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

Date received	Vaccine	Packaging	Quantity		Batch number	Expiry date	producer	LTA number	Cost	
			Vials	Doses					Total	Transport
01/01/2002	Hiberix	2 dose Vi.	266600	533200	Hib367A87 Hib373A87 Hib375A87	30/04/2004 31/05/2004 31/05/2004	GSK	129-35125053	\$ 1866200	\$ 7057,10
01/01/2002	Tritanrix	2 doses Vi	266600	533200	15948A4 15968A4	31/05/2004	GSK	129-35125053		
05/03/2002	Hiberix	2 doses Vi	334400	668800	Hib712A87 Hib708A82 Hib383A87	Mar 2004 Jun 2004	GSK	129-35125193	\$ 2349205,84	8405,84
05/03/2002	Tritanrix	2 doses Vi	334400	668800	15981A4 15982A4 15980A4	Sep 2004	GSK	129-35125193		
04/12/2002	Hiberix	2 doses Vi	261800	523600	Hib773B87 Hib783B84 Hib786A87	31/03/2005 28/02/2005	GSK	082-10116411	\$ 1840900,99	\$ 8300,99
04/12/2002	Tritanrix	2 doses Vi	261800	523600	151064A4	31/03/2005	GSK	082-10116411		

1.2.2 Major activities

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

- Training oriented supervision of managerial teams at health districts.
- Training of health centre owners and immunisation technicians.
- Training of staff at health centres on methods of monitoring immunisation activities.
- Updating of technical details regarding vaccine management in general, particularly new vaccines, management of vaccine supplies, and management of the cold chain.
- Informing the community about new vaccines through the media.
- Adapting and revising supervision tools.
- National Immunisation Days (POLIO) to strengthening routine EPI activities.
- There are problems mainly with regard to the storage of vaccine supplies (insufficient room), activities that are not carried out to 100% due to additional activities (organisation of NID's/POLIO, and campaigns against measles and meningitis) that require a significant amount of time.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

→ Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

This share will be used to refurbish the old cold chamber and the installation of two new ones, one of which will be variable (+& -), and will finance the installation of fire fighting equipment currently taking place.

--

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Date received	Type of supplies	Quantity	Batch number	Expiry date	Producer	Cost	
						Total	Transport
31/01 & 04/02/2002	Syringes A-D, 0.5 ml	16875 boxes x 100	0011179 0103004 0111719 0008013	10/05 02/06 07/05	B-D	\$ 124,925.62	\$ 28,164.33
31/01 & 04/02/2002	Safety box for used syringes 5lt/Box	1120 boxes x 25				\$ 15,757.28	
31/01 & 04/02/2002	2 ml syringes	209 boxes x 2000	01 155/0612 01 081/0313 01 152/0611 01 082/0314	Mar 06	TERUMO	EUR 7,064.20	EUR 3,429.11
31/01 & 04/02/2002	2 ml syringes	168 boxes x 2500	01108A	Sep 06	TERUMO	EUR 10826.20	EUR 4,326
31/01 & 04/02/2002	Needles 21 G	140 boxes x 3000	107052	Jun 06	TERUMO	EUR 5,208	EUR 1,017.89

A problem regarding injection safety is the lack of space for the storage of injection supplies, making it necessary for us to rent additional storage space in the city until the project to build another storage facility for the EPI is implemented.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
Availability of AD syringes at every immunisation centre.	100% of health centres are to have AD syringes.	100% of immunising centres have AD syringes.	Not all health care workers are familiar with using AD syringes and safety boxes.	100% of centres need to have AD syringes.
Efficient incineration system at every centre.	Introduction of AD syringes to the public and private sectors for preventive injections.		A lack of funds to build efficient incinerators at every centre.	Gradual introduction to the use of AD syringes in both the public and private sectors for curative and preventive injections.
A sufficient number of safety boxes at every centre.	Implement an effective distribution system for injection supplies and (spare parts ?) for incinerators.	An adequate number of safety boxes is available at every level.		Implementing an efficient distribution system for injection supplies and (spare parts ?) for incinerators.
Number of health workers trained on injection safety.	Use of safety boxes and a gradual introduction of suitable incinerators.	Almost 80% of immunising staff have been trained on injection safety.	A lack of time to train all health care workers in view of additional activities (NID's, campaigns against measles) that require a large amount of time.	Use of safety boxes and the gradual introduction of suitable incinerators.
- Supervision reports drafted on a quarterly basis. - Number of reports on APIR.	Training of staff providing health care and of those in charge of the districts regarding injection safety.			Training of staff providing health care and of those in charge of the districts regarding injection safety.

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

Funds from GAVI / Global Alliance for Vaccines and Immunisation for purpose of injection safety were granted in mid-2003, and have therefore not yet been used.

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability <u>Submit</u> completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

The financial feasibility plan was drawn up by a team of senior government staff assisted by two foreign consultants. This plan was endorsed by the Minister of Health, the Minister of Finance, Planning, and the Economy, and the ICC, and was submitted in November 2002.

3. Request for new and under-used vaccines for year (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.

3.1. Up-dated immunization targets

The request for support regarding injection safety was updated and resubmitted to GAVI in mid-2002.

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	353460	363357	373531	350997*	355209	359471	363785	368
Infants' deaths	37820	38879	39968	37567	38007	38463	38925	39392
Surviving infants	315640	324478	333563	313430	317202	321008	324860	328758
Infants vaccinated with DTP3 *								

Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	215498	252370	285484					
NEW VACCINES								
Infants vaccinated with DTP-Hep/Hib1 * (use one row per new vaccine)			316633					
Infants vaccinated with *BCG	200175	243482	337911					
Measles	157013	227667	214021					
Wastage rate of ** (new vaccine)			6%	5%	5%	5%	5%	5%
INJECTION SAFETY								
Pregnant women vaccinated with TT			195441					
Infants vaccinated with BCG								
Infants vaccinated with Measles								

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

* Population number updated after the general survey of population and habitat of August 2002

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

- The reference population number used from 2003 onwards is 8,162,715 as ascertained from the preliminary results of the General Population and Habitat Survey carried out in August 2002.
 - The growth rate stands at 1,2 % according to this survey.
- The proportion of infants aged between 0 and 11 months and pregnant women remains at 4.3% (updated numbers are not yet available).

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2003 (indicate forthcoming year)

→ Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

Table 3: Estimated number of doses of DTP-HepB/Hib vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For yr 2003	For yr 2004
A	Number of children to receive new vaccine		350997	355209
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%	100%
C	Number of doses per child		3	3
D	Number of doses	$A \times B/100 \times C$	1052991	1065627
E	Estimated wastage factor	(see list in table 3)	1.05	1.05
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	1106694	1118908
G	Vaccines buffer stock	$F \times 0.25$	276674	279727
H	Anticipated vaccines in stock at start of year		533200	
I	Total vaccine doses requested	$F + G - H$	850168	1398635
J	Number of doses per vial		2	2
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	884076	1493343
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$		
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	15050	25192

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 1.*

3.3 Confirmed/revised request for injection safety support for the year *(indicate forthcoming year)*

Table 4.1: Estimated supplies for safety of vaccination for the next two years with TT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2003	For year 2004
A	Target of children for TT vaccination (for TT : target of pregnant women)¹	#	350997	355209
B	Number of doses per child (for TT woman)	#	2	2
C	Number of TT doses	A x B	701994	710418
D	AD syringes (+10% wastage)	C x 1.11	779213	788564
E	AD syringes buffer stock ²	D x 0.25	194803	197141
F	Total AD syringes	D + E	974016	985705
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.3	1.3
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	10812	10941

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2003	For the year 2004	Justification of changes from originally approved supply:
Total AD syringes	for BCG	487009	492853	- The reference population number used from 2003 onwards is 8,162,715 as ascertained from the preliminary results of the General Population and Habitat Survey carried out in August 2002.
	for other vaccines	2345101	2971901	
Total of reconstitution syringes		2ml:510804	815670	

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

	5ml:50649	50794	
Total of safety boxes	37668	48075	

→ If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

--

Table 4.2: Estimated supplies for safety of vaccination for the next two years with BCG (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2003	For year 2004
A	Target of children for BCG vaccination (for TT : target of pregnant women)⁴	#	3550997	355209
B	Number of doses per child (for TT woman)	#	1	1
C	Number of BCG doses	A x B	350997	355209
D	AD syringes (+10% wastage)	C x 1.11	389607	394282
E	AD syringes buffer stock ⁵	D x 0.25	97402	98571
F	Total AD syringes	D + E	487009	492853
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ⁶ syringes (+10% wastage)	C x H x 1.11 / G	38961	39428
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	5838	5908

⁴ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁵ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁶ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 4.3: Estimated supplies for safety of vaccination for the next two years with MEAS (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2003	For year 2004
A	Target of children for MEAS vaccination (for TT : target of pregnant women)⁷	#	3550997	355209
B	Number of doses per child (for TT woman)	#	1	1
C	Number of MEAS doses	A x B	350997	355209
D	AD syringes (+10% wastage)	C x 1.11	389607	394282
E	AD syringes buffer stock⁸	D x 0.25	97402	98571
F	Total AD syringes	D + E	487009	492853
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor⁴	Either 2 or 1.6	1.3	1.3
I	Number of reconstitution⁹ syringes (+10% wastage)	C x H x 1.11 / G	50649	50794
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	5968	6034

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
% of infants immunised against DTP-Hep/Hib3.	85%	88%		90%

⁷ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁸ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Availability of AD syringes and safety boxes at all centres that provide immunisation.	100%	100%	Not all health staff are familiar with the use of the new immunisation supplies (lack of training)	Competent use of AD syringes and safety boxes at all centres.
Number of centres that have appropriate and operational incinerators.	100%	0%	Lack of funds and time due to additional activities that are very time consuming.	Building of appropriate incinerators at all centres that require these.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	OK	
Reporting Period (consistent with previous calendar year)	OK	
Table 1 filled-in	OK	
DQA reported on	NO	The plan regarding measures to improve the drafting of reports according to recommendations from the CQD has not yet been elaborated.
Reported on use of 100,000 US\$	OK	
Injection Safety Reported on	OK	
FSP Reported on (progress against country FSP indicators)	OK	
Table 2 filled-in	OK	
New Vaccine Request completed	OK	
Revised request for injection safety completed (where applicable)	OK	
ICC minutes attached to the report		To be found
Government signatures		Waiting for comments and ICC endorsement

ICC endorsed		
--------------	--	--

6. Comments

→ *ICC comments:*

The ICC congratulates the fact that the Ministry of Health has increased the capacity of the cold chain throughout the country and in the districts, and suggests that the Ministry takes all necessary steps to ensure that an appropriate storage area for injection supplies becomes available.

7. Signatures

For the Government of RWANDA

Signature:

Title: Ministry of Health

Date: 8 September 2003

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Ministry of Health	Dr. Désiré NDUSHABANDI Secretary General			Ministry of Health	Dr. Veronique MUGISHA, Director of Epidemiology and public hygiene		
WHO	Dr. Malifa Baldé, acting WHO Representative			Belgian Technical Cooperation	Dr. Bernard Storm technical consultant for the Ministry of Health		
UNICEF	Dr. Augustin Kabano Administrator of the health project			Ministry of Health	M. marc NDAYAMBAJE, Chief of the LME division		
Rotary Polio plus	Dr. Antoine MUYOMBANO President						
BUFMAR	Dr. Camille KALIMWABO						

~ End ~