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| **Application Form for Gavi NVS support** |

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| The Government of |

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| ***Rwanda*** |

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| Date of submission: **18 January 2017** |

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| **Deadline for submission:** |

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| **Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)** |

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| Start Year |

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| **Form revised in 2016** |

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| **(To be used with Guidelines of December 2016)** |

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| Note: Please ensure that the application has been received by Gavi on or before the day of the deadline. |

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| **GaviGRANT TERMS AND CONDITIONS** |
| **FUNDING USED SOLELY FOR APPROVED PROGRAMMES** |
| The applicant country ("Country") confirms that all funding provided by the Gavi 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. All funding decisions for the application are made at the discretion of the Gavi Board and are subject to IRC processes and the availability of funds.  |
| **AMENDMENT TO THE APPLICATION** |
| The Country will notify the Gavi in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application.The Gavi will document any change approved by the Gavi, and the Country's application will be amended. |
| **RETURN OF FUNDS** |
| The Country agrees to reimburse to the Gavi 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, within sixty (60) days after the Country receives the Gavi's request for a reimbursement and be paid to the account or accounts as directed by the Gavi. |
| **SUSPENSION/ TERMINATION** |
| The Gavi 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-approved amendment to the application. The Gavi retains the right to terminate its support to the Country for the programmes described in its application if a misuse of Gavi funds is confirmed. |
| **ANTICORRUPTION** |
| The Country confirms that funds provided by the Gavi 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, as requested. The Gavi 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 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 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 in connection with any audit. |
| **CONFIRMATION OF LEGAL VALIDITY** |
| The Country and the signatories for the Country confirm that its application, and Annual Progress Report, 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 TRANSPARENCY AND ACCOUNTABILITY POLICY** |
| The Country confirms that it is familiar with the Gavi 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 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 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. 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 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 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. |

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| **1. Type of Support requested** |
| Please specify for which type of Gavi support you would like to apply to. |

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| **Type of Support** | **Vaccine** | **Start Year** | **End Year** | **Preferred second presentation[1]** |
| NVS follow-up campaign | MR, 10 dose(s) per vial, LYOPHILISED | 2017 | 2017 |  |

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| ***[1]*** Gavi may not be in a position to accommodate all countries first product preferences, and in such cases, Gavi will contact the country and partners to explore alternative options. A country will not be obliged to accept its second or third preference, however Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine. |

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| **3. Executive Summary** |

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| [Please provide a summary of your country's proposal, including the following the information:](#ApplicationSpecification) |
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|  | [For each specific request, NVS routine support or NVS campaign :](#ApplicationSpecification)  |
|  |  | The duration of support |
|  |  | The total amount of funds requested |
|  |  | Details of the vaccine(s), if applicable, including the reason for the choice of presentation |
|  |  | Projected month and year of introduction of the vaccine (including for campaigns and routine) |
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|  | Relevant baseline data, including: |
|  |  | DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form) |
|  |  | Target population from Risk Assessments from Yellow Fever and Meningitis A |
|  |  | Birth cohort, targets and immunisation coverage by vaccines |
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|  | Country preparedness |
|  |  | Summary of planned activities to prepare for vaccine launch, including EVM assessments, progress on EVM improvement plans, communication plans, etc. |
|  |  | Summary of EVM assessment and progress on EVM improvement plan |
|  |
|  | The role of the Coordination Forum (ICC/HSCC or equivalent) and stakeholders’ participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal |
|  |
|  | Follow up campaign |
|  | Globally, measles mortality has decreased remarkably, but efforts for measles and rubella control have also shown challenges. While the routine measles first dose (MCV1) coverage has increased globally from 73% in 2000 to 83% in 2009, this coverage has stalled and remained at 77-78% since 2010 in Gavi 73 countries. Other challenges include financial and programmatic sustainability for countries, determination of the target age group and ensuring high quality of campaigns. There are also concerns around campaigns being costly, detracting resources away from routine immunisation activities and possibly creating perverse monetary incentives. Measles activities are also being planned in isolation from other immunisation interventions with inadequate planning, budgeting and implementation processes.A comprehensive approach is essential to bringing about lasting reductions in measles and rubella morbidity and mortality. Uniformly high and timely routine immunisation coverage in every country, every year is the cornerstone for achieving continuously high levels of population immunity.In this regard, Gavi’s Board in December 2015 endorsed Gavi’s new measles and rubella strategy, whose aim is to provide a single coherent approach to measles and rubella, primarily at increasing routine immunisation coverage, putting a strong focus on measles-rubella control. Routine immunisation will be complemented, as needed, by higher-quality, better-planned, more targeted and independently monitored campaigns.The strategy supports a more comprehensive approach to measles and rubella, over a longer time period. Rather than offering support to campaigns and routine immunisation as separately planned, budgeted and implemented activities, Gavi is supporting countries to plan and deliver a coherent, integrated set of measles and rubella disease control activities. Countries will now be required to self-finance the first dose of measles vaccine in their national immunisation programme, and have a long term budgeted plan for measles and rubella activities, to ensure financial and programmatic sustainability. Preventive vaccination campaigns and the introduction of new vaccines such as MR vaccine can be used as strategic opportunities to improve routine immunisation, for example by supporting microplanning to identify underserved populations. These opportunities need to be aligned with countries’ expressed needs and priorities for routine immunisation to ensure that they address recognised gaps or problems. It is therefore recommended that as countries develop their applications for measles and rubella support, they coordinate and align such requests with their applications for HSS support. Joint Appraisals and reviews of support should be used to ensure such linkages. This will help harmonise measles and rubella and HSS inputs, avoid possible redundancies and help maximise the effect of measles and rubella activities on strengthening the overall immunisation programme. Gavi will support periodic measles follow-up campaigns at national or subnational levels, for Gavi-eligible countries which have not yet introduced MR, with a focus on children up to 5 years of age; noting that the timing, target age range, and geographical scope should be based on epidemiological data, and modelling wherever possible.For Gavi-eligible countries which have introduced MR, support is available for periodic MR follow-up campaigns, again noting that the timing, target age range, and geographical scope should be based on epidemiological data, and modelling if available. |
|  |
| This documentation is a Rwanda’s application of support to conduct an MR Follow up campaign. The last campaign was conducted in 2013 prior to the introduction of MR in routine immunization.The Rwanda's Vaccination Programme operates under MCCH Divison in the RBC which is the implementing arm of the Ministry of Health. The goal of the programme is to contribute to the reduction of morbidity and mortality due to vaccine preventable diseases.Since 2002 to date, Rwanda achieved and maintained high measles coverage rates (>80%). In addition, every 2-3 years, EPI team conducted a high quality measles -SIAs and reached the very high coverage (>95%). The last initial wide age-range MR campaign (9 months to 14 years old), nationwide was conducted in 2013 and reached a coverage of 98%.The country has achieved high immunization coverage according to WHO/UNICEF Joint Reporting Form in 2015, with MCV1 coverage of 98% in 2013, 97% in 2014 and 101% in 2015. Corresponding coverage of MCV2 is 77% in 2014 which reached 87% in 2015,The high coverage goes alongside performance of equity. The DHS 2014-15 shows that MCV coverage in male reached 95.7% against 94.7% in female.The coverage of DPT 3 is 95.7% in the lowest wealth quintile against 98.9% in the highest wealth quintile marking a difference of only 3.2% between the lowest and highest wealth quintile. Further analysis of equity by geography using routine immunization data shows that all districts reached Penta 3 coverage above 80%. 5 districts with coverage ranging between 80-89%, 5 districts with coverage between 90-94% and the majority of districts (20) with coverage >= 95%. (JRF, 2015).    In 2014-2015, vaccination program with support from UNICEF conducted EVM and a number of recommendations were drawn from EVM to address the issue of vaccine management at all levels.The EVM recommendation implementation plan was done based on findings from the EVM. Most of highlighted issues in the EVM such as expansion of cold chain storage capacity was resolved.This vaccination campaign will be conducted from 18 to 22 September 2017 (a one week campaign) and 10 dose vials will be used as the country used the same presentation in routine immunization the rationale being that health providers are familiar with it.. The required budget for the campaign is 2,000,258 USD which include for vaccine 1,076,813USD and 923,445 USD for operational cost respectively.The role of the ICC and stakeholders from Ministry of health, UNICEF, WHO including CSOs have actively participated in developing this proposal. The technical ICC was involved in the development of the proposal which has finally been endorsed by the Inter-Agency Coordinating Committee meeting of 13 January 2017.  Particularly, the involvement of CSO as “URUNANA DC” has been in the development of the proposal and its subsequent endorsement. |

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| **4. Signatures** |

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| **4.1. Signatures of the Government and National Coordinating Bodies** |

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| **4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation** |

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| The Government of Rwanda would like to expand the existing partnership with the Gavi for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests Gavi support for: |

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| The Government of Rwanda commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan presented with this document. The Government requests that the Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application. |

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| Please note that this application will not be reviewed or recommended for approval by the Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Finance or their delegated authority. These signatures are attached as DOCUMENT NUMBER : 1 and 2 in Section 10. Attachments. |

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| **Minister of Health (or delegated authority)** | **Minister of Finance (or delegated authority)** |
| **Name** | Dr Diane GASHUMBA | **Name** | Ambassador Claver GATETE |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

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

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| --- | --- | --- | --- |
| **Full name** | **Position** | **Telephone** | **Email** |
| SIBOMANA Hassan | Ag Director of Vaccine Preventable Diseases Program | +250 788484811 | hassan.sibomana@rbc.gov.rw |

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| **4.1.2. National Coordination Forum (Interagency Coordinating Committees (ICCs), Health Sector Coordinating Committees (HSCCs), and other equivalent bodies)** |

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| To be eligible for support, Gavi asks countries to ensure a *basic* functionality of their Coordination Forum (ICC/HSCC or equivalent body). Countries can demonstrate this by adhering to the requirements listed in section 5.2 of the General Guidelines. The information in this section and a set of documents submitted along with this application will help the Independent Review Committee (IRC) to assess adherence. |

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| **Profile of the Coordination Forum** |

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| **Name of the Forum** | Interagency Coordinating Committee (ICC) |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Stand-alone  |

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| The Terms of Reference for the Coordination Forum is attached as DOCUMENT NUMBER : 4. The Terms of Reference should include all sections outlined in Section 5.2 of the General Guidelines.. |

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| Please describe the role of the Coordination Forum and stakeholders’ participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal: |

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| The need of MR follow up campaign was discussed by the 2015 joint appraisal based on an increase of measles cases in 2016 compared to previous years and the MR follow up campiagn was  presented among the priorities of 2017 to ICC meeting of 27th October 2016 which  endorsed the need and a subsquent  development of the application by UNICEF, WHO with the vaccination program technical team  was initiated, during the process of developing ths proposal different department from Rwanda Biomedical Center (RBC)/MoH such as Single Project Implementation Unit (SPIU) and Planning, Monitoring &Evaluation and Business Strategies Division  were consulted. On 12th January 2017, it was organized a conference call between Vaccination program, technical team from WHO and UNICEF country offices  and Dr Balcha, this conference call was aiming at  discussing on the progress of MR follow up campaign proposal and during this conference call  different issues were clarified.  Finally the proposal was discussed during ICC meeting held on 13th January 2017 in Ministry of Health chaired by Honorable Minister of Health and endorsed by  ICC members before its submission. |

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| **4.1.3. Signature Table for the Coordination Forum (ICC/HSCC or equivalent body)** |

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| We the members of the ICC, HSCC, or equivalent committee *[1]* met on the **13/01/2017** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached. The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached as Document number 5. The signatures endorsing the proposal are attached as Document number 7 (please use the list for signatures in the section below). |

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| **Function** | **Title / Organisation** | **Name** | **Please sign below to indicate the attendance at the meeting where the proposal was endorsed** | **Please sign below to indicate the endorsement of the minutes where the proposal was discussed** |
| **Chair** | Minister of Health  | Dr Diane GASHUMBA |  |  |
| **Secretary** | Ag Director of Vaccination Program/RBC-MoH | SIBOMANA Hassan |  |  |
| **Members** | Country Representative/UNICEF | TED MALY |  |  |
| Rotary international | Dr MUYOMBAO Antoine |  |  |
| WHO County office | Dr RUSANGANWA Andre |  |  |
| URUNANA DC | GAHENDA George |  |  |
| Rwanda Red cross | Dr ZIMULINDA Alain |  |  |
| BUFMAR | UWANTEGE Liliane |  |  |
| Pro-femmes Twese Hamwe | FURERE Wellars |  |  |
| USAID | LISA GODWIN |  |  |
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| By submitting the proposal we confirm that the quorum has been met. **Yes** |

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| The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached are attached as DOCUMENT NUMBER : 6. |

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| **4.2. National Immunization Technical Advisory Group (NITAG)** |

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| Has a NITAG been established in the country ? **No** |

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| In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is attached as **(Document Number: 8)** |

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| **5. Immunisation Programme Data** |

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| **5.1 Background information** |

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| Please complete the table below, using the most recent data from available sources. Please identify the source of the data, and the date and attach the source document, where possible. The following documents should be referred to and/or attached: |

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| ▪  | Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan). Please attach as DOCUMENT NUMBER 9. |
| ▪  | New Vaccine Introduction Plan(s) / Plan of Action. Please attach as DOCUMENT NUMBER 12.  |
| ▪  | New Vaccine Introduction Checklist, Activity List and Timeline. Please attach as DOCUMENT NUMBER 12. |
| ▪  | Effective Vaccine Management (EVM) assessment. Please attach as DOCUMENT NUMBER 20. |
| ▪  | Two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases. |
| ▪  | Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate. |
| ▪  | In the case of Yellow Fever and Meningitis A mass preventive campaigns, the relevant risk assessments. Please attach as DOCUMENT NUMBER 24 and DOCUMENT NUMBER 25. |

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| Please use the most recent data available and specify the source and date. |

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|  | **Figure** | **Year** | **Source** |
| Total population | 11,551,188.00 | 2016 | RPHC4, Population projection |
| Birth cohort | 354,733.00 | 2016 | RPHC4, Population projection |
| Infant mortality rate (per 1000) | 32.00 | 2015 | DHS 2014-2015 |
| Surviving infants*[1]* | 343,733.00 | 2017 | RPHC4, Population projection |
| GNI per capita (US$) | 700.00 | 2015 | World bank |
| Total Health Expenditure (THE) as a percentage of GDP | 11.00 | 2015 | MINECOFIN |
| General government expenditure on health (GGHE) as % of General government expenditure | 38.00 | 2015 | MINECOFIN |

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| *[1]* Surviving infants = Infants surviving the first 12 months of life |

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| **5.1.1 Lessons learned** |

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| **Routine New Vaccines Support** |

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| **5.1.2 Health planning and budgeting** |

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| Please provide information on the planning and budgeting cycle in your country |
| The budgeted annual action plan is prepared based on the health sector’s strategic plan.Planning process is conducted and starting every year by April. Developed plans are sent to the MOH for consolidation. MOH integrates different plans from different divisions and units to have one Health Sector annual action plan. EPI action plan is developed from  cMYP (where all the objectives and strategies were defined for specific year of the cycle of the cMYP), the updated cMYP includes MR follow up campaign. The Rwanda planning cycle is July to June. |
| Please indicate the name and date of the relevant planning document for health |
| Relevant planning documents and date:1. Health Sector Strategic Plan III (2012-2018)2. Comprehensive Multi-Year Plan (cMYP 2013-2017)3. Annual EPI Plan 2017-2018 |
| Is the cMYP (or updated Multi-Year Plan) aligned with the proposal document (timing, content, etc.) |
| Yes, the proposed MR follow up campaign is aligned with updated cMYP. |
| Please indicate the national planning budgeting cycle for health |
| Fiscal year :July - June of the Following Year |
| Please indicate the national planning cycle for immunisation |
| Fiscal Year: July - June of the following year |

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| **5.1.3 Coverage and equity** |

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| Please describe any health systems bottlenecks or barriers to access, utilisation and delivery of immunisation services at district level (or equivalent), for example geographic, socio-economic and/or gender-related barriers. Please indicated if there are specific populations of concern. If available, please provide subnational coverage and equity data highlighting geographic, socio-economic, gender-related, or other barriers and any other relevant categories of vulnerable or high-risk populations. |
| In general, Vaccination in Rwanda does not face gender issues and other geographic or socio-economic barriers to vaccination. The DHS 2014-15 shows that MCV coverage in male reached 95.7% against 94.7% in female. Equity analyses show no socioeconomic, geographic, gender or other barriers to access, utilization and delivery of vaccination services. Equity analyses  found that the country has a target of less than 5% for the difference between the highest and lowest wealth quintile as far as vaccination coverage is concerned. The DHS 2014-15 shows that the coverage of DPT 3 is 95.7% in the lowest wealth quintile against 98.9% in the highest wealth quintile marking a difference of only 3.2% between the lowest and highest wealth quintile. The coverage of DPT 3 in the rural and urban population is 98.7% and 98 respectively. The difference among provinces according to the DHS2014-15 are also small with Kigali City reaching coverage of 99.1%, Southern Province 98.6%, Western Province 96.3%, Northern Province 100% and the Eastern Province with 98.%.  Considering mother’s education, the coverage of DPT 3 among children whose mothers have no education is 95.4% against 99.1% among children whose mothers have a secondary education or highest.   Further analysis of equity by geography using routine immunization data shows that all districts reached Penta 3 coverage above 80%. 5 districts with coverage ranging between 80-89%, 5 districts with coverage between 90-94% and the majority of districts (20) with coverage >= 95%. (JRF, 2015).    Outreach sites are strategically distributed in the country to meet the demand of vaccination services and most of hard to reach areas are adequately covered for vaccination services. |
| Please explain how the proposed NVS support (activities and budget) will be used to improve coverage and equity of routine immunisation with reference to specifically identified health systems bottlenecks and/or specific populations of concern. For countries that will be receiving Gavi HSS and/or CCEOP funding concurrently with NVS funds, please also highlight how NVS funds will support/complement/leverage specific activities or investments included in those other grants. |
| NA, Rwanda is applying for MR follow up campaign not for NVS. |
| Please describe what national surveys take place routinely in country to assess gender and equity related barriers. Highlight whether this application includes any activities to assess gender and equity related barriers. |
| In Rwada, routine immunization and SIAs gender and equity dimensions are considered. Every 5 years DHS is conducted and give  insights to  vaccination program  and other areas of development,  equity is always considered in all its aspects.  |
| Please indicate if sex disaggregated data is collected and used in immunisation routine reporting systems. |
| In Rwanda, sex disaggreagated data are collected but not  used in routine immunization reporting system. |
| Is the country currently in a situation of fragility (e.g. insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If Yes, please describe how these issues may impact your immunisation programme, planning for introduction of routine vaccines or campaigns and financing of these activities. |
| Currently Rwanda hosts refugees from Burundi whose vaccines for routine immunization are financed by UNICEF. These refugees are not included in the denomitor presented in this proposal.  UNICEF committed to support MR vaccination campaign in Burundian refugees camp. |

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| **5.1.4 Data quality** |

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| To support country efforts to strengthen the availability, quality and use of vaccination coverage data for strengthened programme management, Gavi requires that countries applying for all types of Gavi support to undertake routine monitoring of vaccination coverage data through an annual desk review; conduct periodic (once every five years or more frequently where appropriate) in-depth assessments of routine administrative vaccination coverage data; conduct periodic (at least once every five years) nationally representative vaccination coverage surveys; and develop and monitor plans for improving vaccination coverage data quality as a part of their own core work plans. |

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| **5.2. Baseline and Annual Targets for Routine Vaccines** |

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| No NVS Routine Support is requested |

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| **5.3. Targets for Preventive Campaign(s)** |

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| No NVS Prevention Campaign Support this year |

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| **5.4. Targets for One time mini-catchup campaign(s)** |

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| No One time mini-catchup campaign this year |

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| **5.5 Targets for Follow up Campaign** |

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| **Table 5.5** Target figures for measles / MR campaign (Please ensure targets are consistent with Section 7 and the Plan of Action in Section 9) COMPLETE SECOND AND THIRD COLUMNS ONLY FOR PHASED CAMPAIGNS. |

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|  | **Target** | **Target (if applicable, for phased\* campaign)** |
| Insert Year | 2017 |  |
| Target age group | Start 9 months | Start 9 months |
| End 4 years | End 9 months |
| Total population in the target group (nationally) | 11,839,420 |  |
| % of population targeted for the campaign | 12.00 |  |
| Number to be vaccinated with measles / MR vaccine during the campaign | 1,420,684.00 |  |

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| \*Phased: If a portion of the country is planned (eg. 1/3 of the country each year for 3 years) |

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| **6. New and Under-Used Vaccines (NVS Routine vaccines)** |

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| No NVS Routine Support is requested |

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| **7. NVS Preventive Campaigns** |

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| No NVS Prevention Campaign Support this year |

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| **8. NVS Follow-up Campaigns** |

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| **8.1 Immunization coverage** |

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| Please provide in the table below the reported national annual coverage data for the first and second dose of measles-containing vaccine (MCV1 and MCV2) from the WHO/UNICEF Joint Reporting Form for the three most recent years. |

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| **Table 8.1**: Reported MCV coverage |

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| **WHO/UNICEF Joint Reporting Form** |  |  |  |  |  |  |
|  | **Trends of reported national MCV1 coverage** |  |  | **Trends of reported national MCV2 coverage (if applicable)** |  |  |
| **Year** | 2013 | 2014 | 2015 | 2013 | 2014 | 2015 |
| **Total population in the target age cohort** | 322079 | 329491 | 336669 | 308167 | 317309 | 324863 |
| **Number vaccinated** | 316229 | 321195 | 340090 | 0 | 122342 | 283099 |
| **MCV Coverage (%)** | 98 | 97 | 101 | 0 | 77 | 87 |

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| **Q8.1** If a survey assessing MCV1 coverage has been done during the last 3 years, please answer the following questions. If no survey has been done, please tick this box:**** |
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| Survey date: May 2013 |

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| Methodology (DHS/MICS, EPI 30-cluster, LQAS, other): EPI 30-cluster |

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| Sample size: 9000 |

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| Number of clusters: 900 |

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| Number of children: 8436 |

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| Coverage: 97 |

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| Please provide in the table below reported national (or sub-national if applicable) coverage estimates for the three most recent measles or MR campaigns. Also provide post-campaign survey coverage estimates, if available. |

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| **Table 8.2**: Measles / MR campaign coverage |

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|  | **Reported** |  |  |
| **Year** |  |  | 2013 |
| **Target age group** | Start 9 months | Start 9 months | Start 9 months |
| End 9 months | End 9 months | End 14 years |
| **Total population in the target age group** |  |  | 4278528 |
| **Geographic extent (national, subnational)** |  |  | National |
| **Number vaccinated** |  |  | 4391081 |
| **Campaign Coverage (%)** |  |  | 103 |
| **Wastage rate (%) for measles / MR campaign** |  |  | 2 |

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| **Q8.2** If a survey assessing coverage was done after each of the three last measles / MR campaigns, please answer the following questions (please repeat the following questions for each survey). If no survey has been done for the three previous campaigns, please tick this box:**** |
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| Survey date: May 2013 |

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| Methodology (DHS/MICS, EPI 30-cluster, LQAS, other): EPI 30-cluster |

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| Sample size: 9000 |

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| Number of clusters: 900 |

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| Number of children: 8436 |

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| Coverage: 98 |

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| Survey date:  |

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| Methodology (DHS/MICS, EPI 30-cluster, LQAS, other):  |

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| Sample size:  |

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| Number of clusters:  |

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| Number of children:  |

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| Coverage:  |

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| Survey date:  |

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| Methodology (DHS/MICS, EPI 30-cluster, LQAS, other):  |

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| Sample size:  |

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| Number of clusters:  |

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| Coverage:  |

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| **8.2 Financial support** |

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| **8.2.1 Government financial support for past Measles / MR campaigns** |

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| Country should provide information on the total founding, and amount per targeted person, provided by the government for vaccines and for operational costs for at least the last measles / MR campaign. This should be the actual expenses but if not available, the final budget should be referred to. Please also provide information on funding provided by partners. |

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| Share of financing for last measles / MR campaign |

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| **Item** | **Category** | **Government Funding (US$)** | **Partner Support (US$)** |
| Vaccines and injection supplies | Total amount | 0 | 3,119,581 |
| Amount (US$) per target person | 0 | 73 |
| Operational costs | Total amount | 59,070 | 3,279,392 |
| Amount (US$) per target person | 1 | 76 |

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| Year of campaign: 2013 |

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| Estimated target population: 4278528 |

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| Are the amounts provided based on final budget or actual expenses? Final Budget |

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| **8.2.2 Government financial support for past Measles / MR routine vaccines** |

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| To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent component of MCV1** which is already in their national immunization schedule, or have firm written commitments to do so. If the country has not yet started to finance MCV1 from government funds, the country will be given until 2018 at which time the country must self-fund MCV1 in order to continue to receive support from Gavi for measles and rubella activities. The country's commitment to fully finance the doses of MCV1 required for 2018 can be demonstrated by a decision recorded in the ICC minutes and a signed letter from the Minister of Health and the Minister of Finance. |

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| Please provide information on the budget provided by the government for routine measles / MR vaccines and injection supplies for the past 3 years, in total amount and amount per child immunized. Please also provide information on funding provided by partners. |

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| **Year** | **Category** | **Government Funding (US$)** | **Partner Support (US$)** |
| 2014 | Total amount | 231,900.00 | 0 |
| Amount per child immunized | 70.00 | 0 |
| 2015 | Total amount | 617,862.00 | 145,440 |
| Amount per child immunized | 99.00 | 23 |
| 2016 | Total amount | 382,763.00 | 250,459 |
| Amount per child immunized | 57.00 | 37 |

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| **8.2.3 Proposed support for upcoming Measles / MR** |

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| Country should provide information on the proposed total funding commitment, and amount per targeted person, that will be provided by the government for vaccines and supplies, and for operational costs, for the measles / MR campaign for which Gavi support is being requested. Gavi's support will not be enough to cover the full needs so please indicate in the table below how much and who will be complementing the government funds (refer to the Plan of Action and/or cMYP). Gavi will not replace government funding. Each country is required to contribute towards the costs of immunising its children against measles, using the past government contributions to measles / MR campaigns as the reference point. |

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| **Table 8.2.3a** Proposed financing for the upcoming measles / MR follow up campaign for which Gavi support is requested |

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| **Item** | **Category** | **Country co-financing (US$)** | **Other donors’ support (US$)** | **Gavi support requested (US$)** |
| Vaccines and injection supplies | Total amount | 21,536 | 0 | 1,055,277 |
| Amount (US$) per target person | 1 | 0 | 68 |

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| If you would like to co-finance a larger share than the minimum required, please provide information in Your co-financing row\*. |

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| If you would like to co-finance an amount higher than the minimum, please provide information in Your co-financing row. |

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| **Country group** | Initial self-financing phase |

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|  | **2017** |
| **minimum co-financing per dose** | 0.00 |
| **your co-financing per dose (please change if higher)** | 0.02 |

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| \* In order to strengthen country ownership, a cost sharing requirement will be introduced for periodic measles and MR follow-up campaigns planned for implementation in 2018 onwards, per Gavi’s updated Co-Financing Policy. This cost-sharing will not come into effect for follow-up campaigns planned for implementation in 2017. If the campaign is implemented in 2018 onwards, initial self-financing countries will be expected to co-finance 2%, and preparatory transition and accelerated transition countries will be expected to co-finance 5% of the costs of vaccines used in such campaigns. |

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| **Table 8.2.3b** Calculation of grant to support the operational costs of the campaigns \*\* |

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| **Year of MR support** | **Total target population (from Table 5.5)** | **Gavi contribution per target person in US$** | **Total in US$** |
| 2017 | 1,420,684 | 0.65 | 923,445 |

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| [1] Please add a line for each calendar year for SIAs being implemented over different years. |

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| Estimated target population: 1562752 |

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| \*\* For campaign applications submitted from January 2017 onwards and for all campaigns planned for implementation in 2018 onwards, the grant will be adjusted according to the transition stage of the country. Countries in preparatory transition phase will be provided up to $0.55 per targeted person, and countries which have entered accelerated transition phase up to $0.45 per targeted person. For initial self-financing countries, the amount will remain up to $0.65 per targeted person. |

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| Please describe how the grant will be used to facilitate the preparation and timely and effective delivery of the campaigns to the target population (refer to the cMYP and the Vaccine Introduction Plan). |

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| MR vaccination campaign grant will help to implement a number of activities related to preparation, implementation and monitoring and evaluation of MR follow-up campaign.Following activities will be implemented: Training and meetings, Social Mobilization, IEC and advocacy, Vehicles and Transportation, Programme Management, Surveillance and Monitoring, Human Resources, Waste Management, Planning, Volunteer incentives, Internal post campaign evaluation, Data management and report dissemination. |

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| Where Gavi support is not enough to cover the full needs, please describe other sources of funding and the expected amounts to be contributed, if available, to cover your full needs. |

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| The requested funds will be enough to conduct MR follow up campaign. Other resources like Human resource and infrastructure to be used during the campaign as well as other equipment like Cold chain equipment will be ensured by Ministry of Health. |

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| Please complete also the ‘Detailed budget for VIG / Operational costs’ template provided by Gavi and attach as a mandatory document in the Attachment section. |

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| Detailed budget attached as Document No. \* |

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| **9. Procurement and Management** |

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| **9.1 Procurement and Management of New and Under-Used Vaccines Routine** |

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| No NVS Routine Support is requested |

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| **9.2 Procurement and Management for NVS Preventive Campaign(s)** |

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| No NVS Prevention Campaign Support this year |

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| **9.3 Product Licensure** |

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| For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO prequalification and, if so, describe the procedure and its duration. In addition, state whether the country accepts the Expedited Procedure for national registration of WHO-prequalified vaccines. |

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| *Note that the necessary time for licensure should be factored into the introduction timeline and reflected in the Vaccine Introduction Plan or Plan of Action.* |

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| Manufacturer registration is not needed as currently Rwanda procures vaccines through UNICEF.  |

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| For each of the vaccine(s) requested, please provide the actual licensure status of the preferred presentation and of any alternative presentations, if required. |

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| Not required. |

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| Please describe local customs regulations, requirements for pre-delivery inspection, special documentation requirements that may potentially cause delays in receiving the vaccine. If such delays are anticipated, explain what steps are planned to handle these. |

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| In Rwanda, the clearing agency is obliged to take the vaccine from holding areas with 3 hours. Clearang agency will be communicated on the process and brought to table in planning. VPDP will give clear standards clearance and contigency arrangements with the  customs authorities to avoid potential delays. |

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| Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant. |

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| Not relevant (The NRA not yet operational and Procument of vaccines is done through UNICEF). |

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| **9.4 Waste management** |

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| **9.5 Procurement and Management for Follow up Campaign(s)** |

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| **9.5.1 Procurement for MR, 10 dose(s) per vial, LYOPHILISED** |

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| Measles / MR vaccines and supplies supported by Gavi shall be procured through UNICEF unless requested otherwise by the country. Using the estimated total for the target population, please describe the estimated supplies needed for the measles / MR campaign in the table below. Please ensure estimates need to be consistent to Tables 5.5 and 8.2.3 a. |

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| **Table 9.5** Procurement information by funding source |

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|  |  | **Proportion from goverment funds** | **Proportion from partner funds** | **Proportion from Gavi funds** |
| Required date for vaccines and supplies to arrive | 18/07/2017 |  |  |  |
| Estimated campaign date | 092017 |  |  |  |
| Number of target population | 1420684 |  |  |  |
| Wastage rate\* | 10 |  |  |  |
| Total number of vaccine doses | 1562752 | 31255 | 0 | 1531497 |
| Number of syringes | 1562752 | 31255 | 0 | 1531497 |
| Number of reconstitution syringes | 156276 | 3126 | 0 | 153150 |
| Number of safety boxes | 19101 | 382 | 0 | 18719 |

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| **9.5.2 Fiduciary Management Arrangement Data** |

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| **Q8.** Please indicate whether funds for operational costs in Section 8 should be transferred to the goverment or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the goverment. Please note that WHO and/or UNICEF may require administrative fees of approximately 7% wich would need to be covered by the operational funds. |

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| As from the past, Rwanda has a banking account for GAVI at National Bank. GAVI Alliance will, as in the past, transfer funds to this banking account.  |

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| 1. Name and contact information of the recipient organization(s) |

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| MOH/RBC |

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| 2. Experiences of the recipient organization with Gavi, World Bank, WHO, UNICEF, the Global Fund or other donors-financed operations (e.g. receipt of previous grants)  |

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| **Yes or No?****If YES**, please state the name of the grant, years and grant amount:and provide the following:**for completed Grants:** * What are the main conclusions with regard to use of funds?

**for on-going Grants:** * Most recent financial management (FM) and procurement performance rating?
* Financial management (FM) and procurement implementation issues?
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| I. For completed Grants there is: WORLD BANK; Grant name: East Africa Public Health Laboratory Networking Project (EAPHLNP). Start date: October 25, 2010. Closing date: 30 December 2016. Initial date: March 30, 2016. First extension date: 30 December 2016. Total cost: US$15.01 Million. The main conclusions with regard to use of funds? 1) The Bank team in mission in Rwanda noted the continuing high level of commitment and the excellent management of the project. The mission was pleased to note the strong performance on the ground with Rwanda putting in place solid laboratory and surveillance systems to identify and contain epidemics in an efficient and timely manner. The rapid safeguards review documented the excellent work done to date to put in place appropriate waste management and infection control measures at the participating laboratories. 2) The conclusions regarding the use of funds have been provided by Office of Auditor General (OAG) with Audit Clean opinion (unqualified) from the starting year (audit FY 2012-2013of the project up to the end year of the same project (Audit FY 2015-2016). For on-going Grants: I. Most recent financial management (FM) and procurement performance rating? 1)Health System Strengthening Global Alliance for Vaccines and Immunization (HSS-GAVI) 1. Donor and committed amount: a. Donor1: GAVI b. Amount: 10,339,970 USD 2. Timeframe a. Start date: 1st July 2013 b. Closing date: 30 June 2018 HSS-GAVI’ most recent financial management and procurement performance rating is clean opinion (Unqualified) on financial statement and except for opinion on compliance provided by Office of Auditor General for FY 2015-2016 Audit report. 2) HIV- National Strategic Funding Project- RBF Model 1. Timeframe a. Start date: 01 July 2015 b. Closing date: 31 December 2017 2. Donor and committed amount a. Donor: Global Fund to Fight against TB, AIDS and Malaria b. Amount: US$ 148,528,188 Program Performance 2015-2016: 102% 2)Malaria- National Strategic Funding Project- RBF Model 1. Donor and committed amount a. Donor: Global Fund b. Amount: USD 49,340,552 2. Timeframe a. Start date: 17/2/2015 b. Closing date: 31/12/2017 3)TB-National Strategic Funding Project-RBF Model 1. Timeframe a. Start date: 01/07/2015 b. Closing date: 31/12/2017 2. Donor and committed amount a. Donor: Global Fund b. Amount: USD 21,278,095 Program Performance 2015-2016: 97.21% All GF Grants have been obtained clean opinion on Financial statement and two (RBF TB and Malaria) obtained clean opinion on compliance and RBF HIV “Except for” opinion on compliance with some procedures. II. Financial management (FM) and procurement implementation issues? There are no big issues to mention but: 1) Sometimes the suppliers delay to execute the tenders awarded while they had proved the capacity when evaluating their bids. In that case, even if the penalties are applied but it has an impact on budget execution (low budget execution). |

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| 3. Amount of the proposed grant (US Dollars) |

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| 923,445 |

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| 4. Information about financial management (FM) arrangements for Measles / MR campaign: |  |
| Will the resources be managed through the government standard expenditure procedures channel? |

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| Yes, the resources will be managed through the government standard expenditure procedures by using IFMIS as Government PFM system. |

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| Does the recipient organization have an FM or Operating Manual that describes the internal control system and FM operational procedures?  |

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| Yes, the recipient organization refer to the Government Financial management procedures and the related SOPs have been developed. |

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| What is the budgeting process? |

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| See the table below (budgeting process) |

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| What accounting system is used or to be used, including whether it is a computerized accounting system or a manual accounting system? |

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| The computerized accounting system is used for all transactions. |

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| What is the staffing arrangement of the organization in accounting, auditing, and reporting? |

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| -The pool of experienced qualified Accountants is in place supervised by Financial Specialists in charge specifically of reporting. -Internal Audit Unit is on organizational structure and it is functional |

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| What is the bank arrangement? Provide details of the bank account opened at the Central Bank or in a commercial bank and the list of authorized signatories include titles  |

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| The bank account is opened at central bank/National bank (See banking form below) |

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| What are the basic flows of funds arrangements in place or to be used to ensure timely disbursement of funds to Implementing Entities and to beneficiaries? |

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| See the type of flows of funds in separate chart attached to this application. |

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| Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held? |

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| Yes, with the computerized accounting system the implementing entity keeps adequate records of financial transactions. |

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| How often does the implementing entity produce interim financial reports?  |

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| The implementing entity produces interim financial reports on quarterly basis. |

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| Are the annual financial statements audited by an external audit firm or Government audit institution (e.g. Auditor General Department…)? |

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| For Global Fund, World bank and Gavi Projects are audited by Office of Auditor General. Other Projects are audited by external audit firms. |

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| 5. Information about procurement management arrangements for vaccines and devices, other materials and services for the proposed measles / MR campaign: |  |
| What procurement system(s) is used or will be used for the campaign? |

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| Procurement system used is regulated by Rwanda Public procurement laws and regulations/ Currently e-procurement system is used in Rwanda. |

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| Does the recipient organization have a procurement plan or a procurement plan will be prepared for the campaign? |

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| Yes, MOH/RBC has a procurement plan. The procurement plan is generally prepared from the approved plan of action. |

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| Is there a functioning complaint mechanism? |

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| Complaint mechanism are provided by Rwanda public procurement law and regulations. Special authorities such as independent review panels have been functioning since the instauration of current public procurement regulation  |

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| What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff? |

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| A Procurement unity composed of several experienced procurement specialists qualified in various domains such as civil engineering, pharmacy, finance and administration operates within RBC. It has got a head of units who coordinates all procurement specialists’ activities and reports to the coordination of project management. |

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| Are there procedures to inspect for quality control of goods, works, or services delivered? |

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| Internal tender committee evaluates the quality before contract conclusion and a reception committee is always put in place for quality control of goods, services and works delivered before acceptance and approval. This is recommended by public procurement regulation. |

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| goods, works, or services delivered? |

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| Internal tender committee evaluates the quality before contract conclusion and a reception committee is always put in place for quality control of goods, services and works delivered before acceptance and approval. This is recommended by public procurement regulation. |

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| **10. List of documents attached to this proposal** |

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| **10.1. List of documents attached to this proposal** |

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| **Table 1**: Checklist of mandatory attachments |

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| **Document Number** | **Document** | **Section** | **File** |
| **Endorsements** |  |  |  |
| 1 | MoH Signature (or delegated authority) of Proposal | 4.1.1 | MoH signature.pdf**File desc:** **Date/time :** 16/01/2017 05:45:48**Size:** 225 KB |
| 2 | MoF Signature (or delegated authority) of Proposal | 4.1.1 | MoF signature.zip**File desc:** **Date/time :** 18/01/2017 09:29:58**Size:** 333 KB |
| 4 | Terms of Reference for the Coordination Forum (ICC/HSCC or equivalent) including all sections outlined in Section 5.2 of the General Application Guidelines (Note: countries applying before May 2017 can submit their existing Terms of Reference) | 4.1.2 | ICC minute of May 13,2014 & attendance list including ToRs of ICC.pdf**File desc:** **Date/time :** 16/01/2017 06:23:38**Size:** 1 MB |
| 5 | Minutes of Coordination Forum meeting endorsing Proposal | 4.1.3 | ICC meeting report endorsing the proposal.pdf**File desc:** **Date/time :** 17/01/2017 03:14:09**Size:** 1 MB |
| 6 | Signatures of Coordination Forum members in Proposal | 4.1.3 | Signatures of coordination Forun members in Proposal.pdf**File desc:** **Date/time :** 16/01/2017 06:02:53**Size:** 291 KB |
| 7 | Minutes of the Coordination Forum meetings from the past 12 months before the proposal | 4.1.3 | ICC Meeting reports.zip**File desc:** **Date/time :** 16/01/2017 05:47:02**Size:** 2 MB |
| 8 | Role and functioning of the advisory group, description of plans to establish a NITAG | 4.2.1 | NITAG establishment.docx**File desc:** **Date/time :** 17/01/2017 04:04:41**Size:** 12 KB |
| 28 | A description of partner participation in preparing the application | 4.1.3 | No file loaded    |
| **Planning, financing and vaccine management** |  |  |  |
| 9 | Comprehensive Multi Year Plan - cMYP | 5.1 | Old and Updated cMYP.zip**File desc:** **Date/time :** 18/01/2017 10:29:26**Size:** 6 MB |
| 10 | cMYP Costing tool for financial analysis | 5.1 | cMYP Costing tool.zip**File desc:** **Date/time :** 18/01/2017 10:30:04**Size:** 3 MB |
| 11 | M&E and surveillance plan within the country’s existing monitoring plan | 5.1.4 | Final\_M\_E\_plan\_for\_HSSP\_III\_\_A..pdf**File desc:** **Date/time :** 18/01/2017 03:42:50**Size:** 1 MB |
| 13 | Introduction Plan for the introduction of RCV / JE / Men A / YF into the national programme | 8.x.3 | Rubella\_plan\_intro\_RW\_08.12..pdf**File desc:** **Date/time :** 18/01/2017 10:43:24**Size:** 962 KB |
| 14 | Annual EPI Plan with 4 year forward view for measles and rubella |  | Rwanda Measles SP 2012-2020\_ 2012.pdf**File desc:** **Date/time :** 18/01/2017 02:09:45**Size:** 2 MB |
| 17 | Evidence of commitment to fund purchase of RCV (in place of the first dose of MCV) / JE for use in the routine system | 5.1.6, 6.1.7 | Evidence payment of MCV.zip**File desc:** **Date/time :** 18/01/2017 03:48:07**Size:** 2 MB |
| 18 | Campaign target population documentation | 8.x.1, 6.x.1 | RPHC4\_Population\_Projections-1.pdf**File desc:** **Date/time :** 18/01/2017 09:31:32**Size:** 8 MB |
| 22 | Detailed budget template for VIG / Operational Costs | 6.x,7.x.2, 6.x.2 | MR Follow up campaign Budgeting and Planning\_Final 12th January 2017.xlsm**File desc:** **Date/time :** 16/01/2017 06:05:01**Size:** 1 MB |
| 23 | Risk assessment and consensus meeting report for MenA. If the DPT was used instead, please include this. | 6.x,7.x.2, 6.x.2,8.x.3 | MEN A assessment.pdf**File desc:** **Date/time :** 17/01/2017 03:03:06**Size:** 396 KB |
| 24 | Risk assessment and consensus meeting report for Yellow Fever, including information required Section 5.3.2 in the General Guidelines on YF Risk Assessment process | 8.1,5.1 | No file loaded    |
| 32 | Data quality assessment (DQA) report | 5.1.4 | DQA.zip**File desc:** **Date/time :** 17/01/2017 03:37:16**Size:** 4 MB |
| 33 | DQA improvement plan | 5.1.4 | SoP data management\_HC\_Version\_2016.pdf**File desc:** **Date/time :** 18/01/2017 03:02:05**Size:** 589 KB |
| 34 | Plan of Action for campaigns | 8.1, 8.x.4 | Plan of action for MR follow up campaign.pdf**File desc:** **Date/time :** 18/01/2017 02:43:16**Size:** 801 KB |

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| **Table 2**: Checklist of optional attachments |

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| **Document Number** | **Document** | **Section** | **File** |
| 3 | MoE signature (or delegated authority) of HPV Proposal | 4.1.1 | No file loaded    |
| 12 | New vaccine introduction plan (NVIP), New Vaccine Introduction Checklist and Activity List & Timeline for routine vaccines or Plan of Action (PoA) for campaign vaccines | 5.1 | No file loaded    |
| 15 | HPV Region/ Province profile | 6.1.1 | No file loaded    |
| 16 | HPV Key Stakeholder Roles and Responsibilities | 6.1.1,6.1.2 | No file loaded    |
| 19 | EVM report | 9.3 | EVM reports.zip**File desc:** **Date/time :** 16/01/2017 05:49:26**Size:** 1 MB |
| 20 | Improvement plan based on EVM | 9.3 | EVM Improvement Plan at the Central Vaccine Store.docx**File desc:** **Date/time :** 16/01/2017 06:10:44**Size:** 29 KB |
| 21 | EVM improvement plan progress report | 9.3 | EVM improvement plan progress report.xlsx**File desc:** **Date/time :** 16/01/2017 06:11:58**Size:** 14 KB |
| 25 | Risk assessment and consensus meeting report for Yellow Fever, including information required in the NVS guidelines on YF Risk Assessment process | 5.1 | Rwanda is not applying for Yellow fever vaccine Support.docx**File desc:** **Date/time :** 18/01/2017 09:14:08**Size:** 12 KB |
| 26 | List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns |  | Men A risk assessment.zip**File desc:** **Date/time :** 18/01/2017 09:20:32**Size:** 384 KB |
| 27 | National Measles (& Rubella) elimination plan if available |  | No file loaded    |
| 29 | Annual EPI plan for measles and rubella support |  | MCCH PoA FY2017\_18.xlsx**File desc:** **Date/time :** 18/01/2017 02:53:20**Size:** 49 KB |
| 30 | For measles and rubella support, evidence that the country is currently financing the measles mono-valent vaccine component of MCV1, or that it can meet the requirement to be self-financing this from government funds from 2018 onwards |  | Evidence payment of MCV.zip**File desc:** **Date/time :** 18/01/2017 09:21:24**Size:** 2 MB |
| 31 | Minutes of NITAG meeting with specific recommendations on the NVS introduction or campaign | 4.2 | No file loaded    |
| 35 | Other |  | No file loaded    |
| 36 | Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control |  | No file loaded    |
| 37 | Evidence of self-financing MCV1 | 5.1.5 | Evidence payment of MCV.zip**File desc:** **Date/time :** 16/01/2017 12:02:35**Size:** 2 MB |

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| **11. Annexes** |

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| **Annex 1 - NVS Routine Support** |

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| No NVS Routine Support is requested |

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| **Annex 2 - NVS Routine – Preferred Second Presentation** |

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| No NVS Routine – Preferred Second Presentation requested this year |

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| **Annex 3 - NVS Preventive campaign(s)** |

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| No NVS Prevention Campaign Support this year |

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| **12. Banking Form** |

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| In accordance with the decision on financial support made by the Gavi, the Government of Rwanda hereby requests that a payment be made via electronic bank transfer as detailed below: |  |  |  |  |
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| **Name of Institution (Account Holder):** | RWANDA BIO-MEDICAL CENTER  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Address:** | KIGALI-RWANDA |  |  |  |
| **City Country:** | KIGALI |  |  |  |
| **Telephone no.:** |  | **Fax no.:** |  |  |
|  | **Currency of the bank account:** |  | USD |  |
| **For credit to:** |  |  |  |  |
| **Bank account's title:** | MINISTRY OF HEALTH SPIU HSS GAVI |  |  |  |
| **Bank account no.:** | 1000019549 |  |  |  |
| **Bank's name:** | NATIONAL BANK OF RWANDA |  |  |  |
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| Is the bank account exclusively to be used by this program? True |

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| By who is the account audited? Office of Auditor General |

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| Signature of Government's authorizing official |

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|  |  | **Seal** |
| **Name:** | Mr. James KAMANZI |  |
|  |  |  |
| **Title:** | Deputy Director General |  |
|  |  |  |
| **Signature:** |  |  |
|  |  |  |
| **Date:** | 10/01/2017 |  |

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| **FINANCIAL INSTITUTION** |  |
|  |  |
| **Bank Name:** | NATIONAL BANK OF RWANDA |
| **Branch Name:** | HEADQUARTERS |
| **Address:** | KIGALI-RWANDA |
| **City Country:** | KIGALI |
| **Swift Code:** |  |
| **Sort Code:** |  |
| **ABA No.:** |  |
| **Telephone No.:** |  |
| **FAX No.:** |  |

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| **CORRESPONDENT BANK** |  |
| **(In the United States)** |  |
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| I certify that the account No 1000019549 is held by RWANDA BIO-MEDICAL CENTER at this banking institution |  |  |
| The account is to be signed jointly by at least 2 (number of signatories) of the following authorized signatories: |  |  |
|  |  |  |
| **1** | **Name:** | Dr Jeanine U. CONDO, MD, PhD |
|  | **Title:** | Director General  |
|  |  |  |
| **2** | **Name:** | Mr. James KAMANZI  |
|  | **Title:** | Deputy Director General |
|  |  |  |
| **3** | **Name:** | Mrs. Nathalie MUTEGARABA |
|  | **Title:** | Corporate Services Division Manager |

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| **Name of bank's authorizing official** |  |
| Mr. James KAMANZI |  |
| **Signature:** |  |
|  |  |
|  |  |
| **Date:** | 1/10/2017 12:00:00 AM |
| **Seal:** |  |
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