**Rwanda MR follow up campaign – Feedback from GAVI**

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| **Subject** | **Question/Clarification request from GAVI** | **Response/Clarification from MoH** |
| **NITAG** | 1. Could you please provide a description on your plans to establish a NITAG?
 | NITAG will be established before the end of this year and it will combine both NITAG and AEFI committee which is also needed. The official commitment letter will be sent to GAVI soon. |
| **EPI planning documents** | 1. cMYP: Your 2015-2019 cMYP is still a draft document; when do you envisage to finalise it? Is it only the costing component which is missing or is the narrative document still draft also?
 | The draft cMYP will be reviewed by a TA we requested from WHO in March, and the process of approving the new cMYP will Immediately start and we will start the new fiscal year with approved one. This remain our priority because for 2018 Vaccine renewal request, we will definitely need to submit a new cMYP because the existing one is expiring with 2017. |
| 1. Measles elimination plan (2012-2020): This plan indicates that you intend to conduct MR campaigns in 2017 and 2019. Given the routine coverage in Rwanda, campaigns would only be envisaged on average every 4 years, indicating that the next one would be in 2021. The baseline data in this plan is also very outdated (2012). No action is needed to update this, but see action in next point.
 | Yes, this is true and we know that with a good coverage of at least 95% for three consecutive years for both MCV1 and MCV2 reduces the need of campaigns. When this Measles elimination plan was developed, there had not yet introduced MCV 2 in routine. We are trying our best to maintain high immunization coverage and we believe to arrive at a certain point where we will no longer implement Measles vaccination campaigns. So the measles campaign planned in 2019 will not be necessary implemented and if we conduct the campaign in 2017 and it is observed that there is a need of a new one it will be conducted in 2021 not in 2019.  |
| 1. Action:
* Given that neither the cMYP nor measles elimination plans contain detailed information on Rwanda’s 5-year plans for measles and rubella, we request you to develop a 5 year plan for measles/rubella in line with annex 2 in the guidelines. This should include the following:
1. Situation analysis – RI performance in last 5 years, M/MR campaigns, M/R case based surveillance, epidemiological pattern of M and R for at least 5 years, population susceptibility/measles outbreak risk profile;
2. Objectives with indicators;
3. Priority activities;
4. Budget with M and R activities with indicative figures - for both upcoming campaigns (2017 and 2021), and also the routine M and R doses.
* Please submit your micro-planning for EPI activities for the upcoming year. I imagine this is a document which exists anyway which doesn’t need creating from scratch?
 | The document is attached among others. |
| **Other campaign related documents** | 1. Your campaign plan of action needs to be completed. If you need further guidance for its finalisation, please refer to Annex 3 of the MR guidelines attached herewith:

  | The document is attached among others. |
| 1. Could you please submit the epidemiological and disease burden data supporting the target age group and timing?
 | Please refer the requested addendum to the cMYP |
| **Wastage** | 1. Regarding waste management during the campaign, please provide an answer to question 9.4 in your application form.
 | We are not able to access the Question 9.4 in the application, when you open the application the question is not displayed. During the development of the application this was also the same issue |
| **EVM** | 1. Could you please provide the date of issuance of the progress report related to the EVM improvement plan?
 | The EVM improvement plan was shared on 19th May 2016. |
| **Data Quality** | 1. Concerning Data Quality management, we received your Data Quality Assessments for EPI and the one measuring your health system as a whole; do you have any Data Quality improvement plan? If yes, could you please share it? If no, do you have any plan for its production?
 | The Data Quality improvement plan is attached. |
| **Budget** | 1. Could you please confirm whether the post campaign evaluation is the same as the post campaign coverage survey (as mentioned in the budget, act 34)? Do you have any envisaged date for the Post-campaign survey?
 | Yes, the post campaign evaluation and the post campaign coverage survey is the same. This exercise should be done within one week after the campaign. |
| 1. Could you please confirm that there is sufficient allocation for mop-up activities and for post campaign coverage survey? It was also noted that the budget does not include costs for annual audit. As these funds must receive a dedicated audit, a sufficient allocation for an external audit must be included in the budget.
 | The audit was not budgeted because of the experience we have on HSS funds, actually it was recommended that GAVI funds should be audited by the Office of Auditor General (OAG) and it does not require funds because they have got their own budget to carry out audit in different institutions. |
| 1. Could you please clarify the rationale on the numbers regarding the purchase plan for 100 cold boxes and 1372 Vaccine carriers as stated in the budget?
2. 2 items require further justification as follow:
* Activity 5 - Measles campaign implementation: HC Staff mission fees: Further cost breakdown required to understand how exactly the unit costs and quantities are derived. You are encouraged to either provide details in the comments box or provide workings in an additional tab/workbook.
* Activity 21 - Vaccination cards: the budget includes printing for an additional 10% of cards as compared to the target population. Could you please provide the justification for the additional 10% envisaged?
1. It is noted that the budget does not include costs for annual audit. A sufficient allocation for an external audit must be included.
 | 42 district Hospitals serve as intermediate stores, vaccine and vaccine devices are collected by DH from central level to District Hospitals using old boxes. For this campaign we are planning to buy new cold boxes because these will also serve during vaccine distribution in health clinics during the campaign, this is very important because we will be transporting a big quantity of vaccines. It was planned 2 cold boxes for each District Hospital and some district hospitals with a very large catchment area will be given three cold boxes. For vaccine carriers, now Rwanda has 498 health centers and each health center will be given additional 2 to 3 vaccine carriers to addition to existing ones. This is very important to plan a head of time because we have got a bad experience of last campaign when we were obliged to use boxes normally not designated for vaccine delivery. All these cold boxes and vaccines carriers will continue to be used in routine immunization.  |
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| **Coverage and equity** | 1. Could you please explain in section 5.1.3 of your application form how the MR campaign support will be used to improve coverage and equity of routine immunisation?
 | The MR campaign is an opportunity for us to improve the coverage and equity in routine immunization. Social mobilization and communication activities implemented during the campaign and preparatory activities preceding the campaign constitute the package of advocacy which strengthens not only the campaign but also the routine vaccination. When these messages are being aired using different channel of communication, it emphasizes on the importance not only of the campaign but also the importance of vaccination in general. The role of local leaders and parents are very well highlighted and it helps to tackle the issue of inequity in all its aspects. |
| **Supply Chain** | 1. Could you please confirm whether there is availability of adequate cold space and freezing capacity available in the country for the campaign including remote and forest areas?
 | We have enough cold chain storage capacity to conduct the mass vaccination campaign and we have got enough capacity for ice-packs freezing at all level. We do not have people living in forest and we can easily manage hard to reach areas with nearest health clinics. |
| **Grant Performance Framework** | 1. Could you please justify the reason why the target for the campaign is set at 12% (for children from 9 months to 4 years)?
 | The target for the campaign was set at 12% based on National Institute of Rwanda Census Projections. If you sum the projected number of children under 5 of course under one year children have not been taken into consideration totally we have removed those under 9 months because they are not eligible for MR vaccine, so to arrive at 12% it is the sum of those children under five out of the total population of 2017.The reference document of projection is attached please refer to page 76 and take high scenario for planning purpose.   |

Additional feedback received (03/03/2017) subsequently by e-mail:

**Grant Performance Framework:**

17. Could you please justify the reason why the target for the campaign is set at 12% (for children from 9 months to 4 years)? You have provided an answer but this is not correct as you filled 1,420,684 as the number of children to be vaccinated, however this is actually the target population (which corresponds to 12% of the total population of the country). This is not the campaign target.

What you should state in the Grant Performance Framework is the percentage of the target population you are aiming to vaccinate and the corresponding number of children (this percentage multiplied by the total target population).

* ***It is true the campaign target (Objective) should be >95%. I tried to update the GPF but it doesn’t allow editing.***

**Budget:**

11. (1st part)  Could you please confirm that there is sufficient allocation for mop-up activities and for post campaign coverage survey?

* ***The budget for post campaign is sufficient and mop up activity budget not included in the budget as we are expecting to reach all targeted population during the planned period of campaign implementation***

13.  2 budget items require further justification as follow (please insert your amendment in the budget and send it along with the responses):

•             Activity 5 - Measles campaign implementation: HC Staff mission fees: Further cost breakdown required to understand how exactly the unit costs and quantities are derived. You are encouraged to either provide details in the comments box or provide workings in an additional tab/workbook.

***Clarification:***

* ***Total number of sites to be used during the campaign= 3,000***
* ***Number of nurses by each site= 2***
* ***Number of day of campaign implementation= 4 days***
* ***Perdiem per day= FrW 5,000 per each nurse***
* ***Sub/total cost for nurses= 3,000\*2\*4\*5,000= Frw 120,000,000***
* ***Number of Head of HC who will supervise the site=498***
* ***Sub/total cost for head of HC= 498\*4\*5,000= Frw 9,960,000***
* ***Total for HC staff mission fees= 120,000,000+9,960,000=Frw 129,960,000***
* ***Exchange rate USD=820.197997***
* ***Total for HC staff mission fees in USD= 129,960,000*/**820.197997= USD 158,450.

•             Activity 21 - Vaccination cards: the budget includes printing for an additional 10% of cards as compared to the target population. Could you please provide the justification for the additional 10% envisaged?

* ***The justification of additional 10% of cards as compared to the target is that compared to the last measles campaign conducted in 2013, the number of children vaccinated was higher than expected. The coverage was above 100% and as vaccines and syringes this 10% was applied as wastage rate.***