GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Mozambique

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 8:00:10 PM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2013
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016
INS			

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

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2014	2015

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Mozambique hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Mozambique

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon. Dr Alexandre L. Jaime Manguele	**Name**	Hon Dr Manuel Chang
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr. Maria Benigna Pedro Matsinhe	EPI Manager	+258 823 024 940	bmaia69@yahoo.com.br
Dr. Daniel Simone Nhachengo	Head of planning and health economy department	+258 828 894 800	d.s.nhachengo@gmail.com
Dr. Manuel Novela	WHO EPI Specialist	+258 828 007 610	novelam@mz.afro.who.int
Dr. Onei uetela	UNICEF EPI specialist	+258 843 865 242	outela@unicef.org
Balbina Khanlawia	EPI Logistician	+258 820 348 780	bkhanlawia@gmail.com
Silvia Bignamini	Technical assistant of directorate of planning and international cooperation	+258 829 873 262	silviabignamini@yahoo.it
Ercílio Paulino	Administrative assistant of EPI	+258 825 157 285	epaulino278@gmail.com
José Chivale	WHO Logistician	+258 844 652 580	chivalej@mz.afro.who.int
Elisa Mavili	EPI comunication and trainning officer	+258 828 846 340	mavilielisa@gmail.com

2.2. ICC signatures page

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Mouzinho Saíde	National Directorate Of Public Health. (MOH)		
Dr. Daniel A. Kertesz	WHO Country Representative		
Dr. Jesper Morch	UNICEF Country Representative		
Dr. Narciso Matos	Community Fund Development (FDC)		
Leah Hasselback	Village Reach Country Resident coordinator		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

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

3. Table of Contents

This APR reports on Mozambique's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	1,019,104	1,019,104	1,047,715	1,047,715	1,076,775	1,076,775	1,106,272	1,106,272	1,136,186	1,136,186
Total infants' deaths	94,777	94,777	97,437	97,437	100,140	100,140	102,883	102,883	105,665	105,665
Total surviving infants	924327	924,327	950,278	950,278	976,635	976,635	1,003,389	1,003,389	1,030,521	1,030,521
Total pregnant women	1,185,036	1,185,036	1,218,306	1,218,306	1,252,096	1,252,096	1,286,396	1,286,396	1,321,181	1,321,181
Number of infants vaccinated (to be vaccinated) with BCG	872,186	1,010,839	906,419	1,047,761	941,576	1,076,775	977,661	1,106,272	1,004,098	1,136,186
BCG coverage	86 %	99 %	87 %	100 %	87 %	100 %	88 %	100 %	88 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	739,462	867,410	788,731	893,262	839,906	922,803	882,982	963,253	927,469	999,606
OPV3 coverage	80 %	94 %	83 %	94 %	86 %	94 %	88 %	96 %	90 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	840,298	950,716	876,368	940,275	922,974	966,462	949,443	993,044	976,283	1,020,006
Number of infants vaccinated (to be vaccinated) with DTP3	739,462	858,543	788,731	893,262	839,906	927,803	882,982	963,353	927,469	999,606
DTP3 coverage	80 %	93 %	83 %	94 %	86 %	95 %	88 %	96 %	90 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	10	16	10	10	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.11	1.19	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	840,298	950,716	876,368	940,275		966,462		993,044		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	840,298	858,543	876,368	893,262		927,803		963,353		
DTP-HepB-Hib coverage	80 %	93 %	83 %	94 %	0 %	95 %	0 %	96 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	16	0	10		10		10		
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.19	1.11	1.11	1	1.11	1	1.11	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		0	876,368	700,205	922,974	966,462	949,443	993,044	976,283	1,020,006
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		0	876,368	666,195	839,906	927,803	882,982	963,353	927,469	999,606

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	0 %	0 %	83 %	70 %	86 %	95 %	88 %	96 %	90 %	97 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)		1	1.11	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	767,192	837,884	807,737	883,759	849,672	918,037	893,016	953,219	927,469	989,300
Measles coverage	83 %	91 %	85 %	93 %	87 %	94 %	89 %	95 %	90 %	96 %
Pregnant women vaccinated with TT+	841,375	923,152	877,180	974,644	914,031	1,026,719	951,933	1,080,567	990,886	1,123,004
TT+ coverage	71 %	78 %	72 %	80 %	73 %	82 %	74 %	84 %	75 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	570,698	0	639,106	639,106	699,904	699,904	752,265	752,265	795,331	795,331
Vit A supplement to infants after 6 months	2,409,889	2,379,007	2,557,467	2,557,467	2,710,538	2,710,538	2,869,177	2,869,177	3,033,432	3,033,432
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	12 %	10 %	10 %	5 %	9 %	4 %	7 %	3 %	5 %	2 %

** Number of infants vaccinated out of total surviving infants

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

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2013 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  No changes made to surviving infants. The source of data used is the National Institute of Statistics (INE), population projections for 2012, from the 2007 population census data.

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

  No changes made to surviving infants. The source of data used is the National Institute of Statistics (INE), population projections for 2012, from the 2007 population census data.

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

  Vaccine targets have changed as the achievement in 2012 surpassed the objectives previously set. However, there is no change in excess of 10% of previous years' achievements in any vaccine

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

  No changes made in the expected wastage by vaccine

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

Achievements in 2012

Desspite the considerable achievements in the reduction of the number of unimunized children in 2011 (from 310,458 in 2010 to 154,923 in 2011, correponding to a reduction of 50%), Mozambique still remained amongst the top 10 countries in the ESA sub-region with the highest number of un/under immunized children in 2011. Therefore, during the year 2012, the country continued to use the same strategies used in 2011, to continue reducing the un / under immunized children to a minimum possible.

In 2012, overall un/under immunized children at country level have been reduced to 65,784 by December 2012, representing a 58% reduction as compared to previous year, 2011 (154,923).

Between 2011 and 2012 The DPT3 coverage increased from 85.3% in 2011 to 92,9% in 2012, while DPT1-3 dropout rate was reduced from 14% in 2011 to 9,7% in 2012.

Lastely, in 2012, 8% (12 /148) of districts had DPT3 coverage below 80% as compared to 30% (43/144) in 2011.

In general, it can be concluded trhat administrative data indicate that the targerts set for 2012, which was to reduce the number of un/under immunized children by at least 10 % the number observed in 2011, was achieved and surpassed.

Key activities:

- ✓· Allocated funds to provinces to support the outreach activities at district level and local supportive supervision
- ✓· Conducted supportive supervisions from central level to 18 districts with poor performance
- ✓· Trained 22 provinvial level staff (11 EPI Managers and 11 logisticians) on Vaccine Management, including Vaccine Management Tools (SMT and DVDMT)
- ✓· Introduced SMT(Stock Management Tool) in all 11 provinces
- ✓· Trained all 148 District EPI Managers on Vaccine Management
- ✓· Trained all 11 Provincial Maintenance technicians on Cold Chain Maintenance
- ✓· Training of 30 health professional in DQS/RED
- ✓· Conducted a pos introduction evaluation (PIE) for Hib
- ✓· Conducted an EVMA (Efective Vaccine Management Assessment) countrywide
- ✓· Conducted a National Cold Chain Inventory
- ✓· Conducted the National Health Week (it was integrated OPV vaccination to under 5 years children nationwide)

Constraints

- Very limited human and financial resources to support program implementation.

Action Points & Way Forward

- ✓· Build capacity at all levels as appropriate on RED strategy and other strategies to increase coverage (micro plan development and incorporate it in the district routine planning process)
- ✓· Closely monitor district performance – assess for identifying gaps and constraints and provide support as necessary
- ✓· Advocate for and mobilize additional resources to support RED implementation (financial & materials)
- ✓· Look for synergies with other preventive programs for more efficient use of resources and as a means to reduce financial constraints
- ✓· Build capacity at all levels for proper data management and its use for local decision taking
- ✓· *Provide regular feedback to lower levels – improve data quality and information flow*

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

During 2012 the targets set were achieved and surpassed as demonstrated above.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Mozambique DHS 2003_National Institute of Statisti	2003	72,6	70,5
MICS 2008_ National Institute of Statistics	2008	74,4	73,8
Mozambique DHS 2011_National Institute of Statisti	2011	76,2	76,1

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

Available data, as shown in the table above, indicates that there is no significant difference in access to immunization services between boys and girls.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

As demonstrated in the table abov, surveys previously done in which health interventions were assessed have consistently shown no significant difference in access to immunization services for males and females. For instance, the last DHS conducted in 2011 indicates that DPT3 coverage was 76,2% for males and 76,1 for females, while children fully immunized coverage was 63.5 for males and 64.6 for females. Therefore, in Mozambique males and females have equal access to immunization services.

Howver, because we are aware that gender aspects must be addressed, the EPI program will work with already known CSO and NGO's that work for equal opportunities between boys and girls in access to health, education and job, such as the Foundation for Community Development (FDC), Geração BIZZ, amongst others, to develop appropriate communication strategies and messages to achieve this objective.

Gender issues will be important aspects of the communication and mobilization strategy. The benefit of vaccination in improving survival and health outcomes of children in the communities and society in general will be explained to parents, guardians, teachers, students (of both sexes), community leaders and political leaders in order to guarantee that all layers of society are convinced that it is important and cost-effective to also target girls with vaccination.

In the community, influential groups such as the elderly will be explained on the advantages of having boys and girls accessing vaccination services. The message will be delivered so that the idea that vaccination is good also for girls, does not interfere with their reproductive capacity and improves the survival and health outcomes for girls that will be future spouses and mothers in the community is emphasized. This explanation will reduce the risk of resistance from parents to allow girls to specifically benefit from vaccination. The program will conduct the message delivery based on successful examples from other countries such as India, Vietnam and Latin America

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

The last two surveys performed Nationwide in 2008 (MICS 2008) and 2011 (DHS 2011), have shown that coverage levels in the surveys are 10% or more lower than those reported through administrative data reporting system for some of the vaccines/indicators. This has been linked basically to numerator issues, such as the inclusion of children > 1 year in the numerator and duplication of some data during the national child health week

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Little has been done to address data quality issues, due to serious financial constraints. All DQSs conducted by different provinces have identified issues related to inadequate filling of forms at health facility level, inclusion of children over 1 year in the denominator seen when checking fully immunized in the child health card, over reporting in summary sheets, weak or deficient or no tracing of defaulters, deficient use of data for local decision making process, amongst others. All these should be addressed through training of health workers at primary level, either through formal meetings or through in job training during supportive supervision. This did not happenas planned as financial constraints have been hindering both formal training workshops and in job supportive supervision at the most perpheral level, that is, not reaching the front line workers, who are the primary reponsible for producing data that is then transferred upwards along the system.

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

In 2012, the country piloted in some district of Nampula, Niassa and Sofala the district vaccine and data management tool. This tool allows checking for every district the number of immunized children against the quantity of vaccines supplied and wastage on a monthly basis. It is an important tool that will help to minimize over reporting and duplication, and tom improve the overall quality of data of the immunization program. The DVDMT tool will be introduced countrywide in 2013, and part of GAVI funds allocated to country for new vaccine introduction will be used for improving data quality. Further, we are looking for resources for provinces to address the identified data collection and data management issues identified in the previous assessments as explained above.

In addition, we shall sensitize vaccinators to carefully check the age of the child and record the given dose in the appropriate column with regards to the age.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 30	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	**Expenditure Year 2012**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**World Bank**	**Common Fund**	**FDC**
Traditional Vaccines*	2,593,960	2,050,360	0	543,600	0	0	0	0
New and underused Vaccines**	6,025,936	561,464	5,464,472	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	317,075	128,683	188,392	0	0	0	0	0
Cold Chain equipment	138,027	0	0	84,694	0	0	0	53,333
Personnel	2,188,710	1,408,739	0	0	0	0	721,311	58,660
Other routine recurrent costs	2,511,878	621,821	438,023	169,318	415,000	332,312	308,369	227,035
Other Capital Costs	95,263	0	0	95,263	0	0	0	0
Campaigns costs	539,420	0	0	539,420	0	0	0	0
African Vaccination Week		0	0	3,079,411	0	0	0	21,000
Total Expenditures for Immunisation	14,410,269							
Total Government Health		4,771,067	6,090,887	4,511,706	415,000	332,312	1,029,680	360,028

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

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

Note1: Please note that there is a difference of $539,420 in the total expedniture for immunization in the JRF 2012 ($13,870,849) as compared to APR2012 ($14,410,269), the reason being that in the latter, the $539,420 for vaccine for polio campaign was considered in the routine expenditures for immunization as it can be seen in the table 5.5a above , while in the former, it was not (it was separately considered as polio campaign – NIDs – expenditure).

The Government finances all traditional vaccines and their respective injection safety materials. In 2012, the government expenditure with traditional vaccines and injection safety supplies was of about $2,179,043 (2,050,360 for vaccines and 128,683 for injection supplies). The government will continue to fund traditional vaccines and co-finance new vaccines.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?

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

Not applicable

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

Not applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

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

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

Key concerns

•□□□□□□□□ Very limited funds for EPI program

•□□□□□□□□ High number of un / uner immuzed children

•□□□□□□□□ The quality of EPI data is still a matter of concern in many districts

•□□□□□□□□ Vaccine management is still below desired standard levels as dmonstrated in the PIE for Hib and EVMA, both conducted in 2012

•□□□□□□□□ CC capacity to meet Rotavirus vaccine introduction in 2014, still poses a lot of concerns, specially at national and provincial levels where capacity needs to be increased through purchsing of walk in cold rooms (WICR) and buildings for installing of those coold rooms.

Main Recommendations from ICC along 2012:

•□□□□□□□□ To increase government funds allocation to EPI program and mobilize additional resources in support of the rpogram, using GAVI available funding windows, with emphasis to HSS and new vaccine introduction plataforms, as well as all other funding opportunitires at counttry level.

•□□□□□□□□ Accelerate the implementation of measures towards the improvement of the quality of data

•□□□□□□□□ Implement innovative strategies tailored to different realities in order be more effective in reducing the number of un and under immunized children countrywide

•□□□□□□□□ Submit quality new vaccine introduction application, with emphasis to Rotavirus and HPV demo project

- Develop a long term cold chain plan and accelerate its implementation in what concerns meeting the needs for Rotavirus vaccine introduction possibly in 2014, and HPV in 2016.

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

If Yes, which ones?

List CSO member organisations:
FDC- Fundation of community Development
Village Reach

5.8. Priority actions in 2013 to 2014

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

Objective:

•□□□□□□□□ Reduce the Morbidity and mortality caused by vaccine preventable diseases

•□□□□□□□□ Increase the coverage rate of children under 12 months fully immunized, through reduction of un and under immunized children, with focus on district with high number of under / unimmunized children

•□□□□□□□□ Improve EPI data management

•□□□□□□□□ Improvement vaccine management at all levels and reduce vaccine wastage

•□□□□□□□□ Introduce PCV vaccine in 2013 and Rotavirus vaccine in 2014 countrywide

•□□□□□□□□ Improve surveillance of new vaccines (Hib, Pn and Rotavirus)

•□□□□□□□□ Maintain certification levels for AFP/Polio surveillance indicators and standard level indicators for Measles surveillance in 2013 and beyond.

Priority actions

•□□□□□□□□ Introduce the Pneumococcal vaccine in the National Health Service;

•□□□□□□□□ Conduct a HPV demonstration programme

•□□□□□□□□ Writing and submit the HSS proposal successfully

•□□□□□□□□ Monitor the RED strategy and DQS in formative supervision visits;

•□□□□□□□□ Hiring a company for maintenance of cold rooms in central warehouse;

•□□□□□□□□ Co-finance the payment of the pentavalent and PCV10 vaccine.

•□□□□□□□□ Conduct the Post-introduction evaluation of PCV10 vaccine

•□□□□□□□□ Develop Cold chain expansion plan to meet requirements for Rotavirus in 2014 and HPV in 2016

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	ADS_0.05ml and Sdilution_2ml	Ministry of Health
Measles	ADS_0.5ml and Sdilution_5ml	Ministry of Health
TT	ADS_0.5ml	Ministry of Health
DTP-containing vaccine	ADS_0.5ml	GAVI & Ministry of Healt co-financing

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

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

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

No. The country has an injection safety policy, which also includes the waste management policy. The policy imposes the use of AD syringes in all vaccination sessions, be them routine or campaigns, fixed or outreach, and their disposal in safety boxes. It also clearly defines the type of waste, its segregation and disposal mechanisms in health facilities. The main constraint as of now, has been limited financial resources to accelerate the expansion of incinerators to health facility as defined in the national waste management plan (noting that different levels of health facilities will require different types of incinerators, depending on the variety of services provided).

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

In case of EPI, in all vaccination sessions the country uses AD syringes, in both routine and campaigns, which are disposed in safety boxes. In most health facilities it is used the open burn and burial method, while incinerators are in use in few health facilities where they exist. Meanwhile, incinerators are being gradually expanded to more and more health facilities as funds become available.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	656,195	19,685,863
Remaining funds (carry over) from 2011 *(B)*	0	0
Total funds available in 2012 *(C=A+B)*	656,195	19,685,863
Total Expenditures in 2012 *(D)*	483,023	13,140,670
Balance carried over to 2013 *(E=C-D)*	173,172	6,545,193

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

Funds were received out of the planning period, it was therefore necessary to do an amendment to the plans at central, provincial and district levels to accommodate ISS funds. Once this was done, n difficulties were encountered releasing funds for activity implementation at various levels.

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

For the management of such funds, we used a single account of a commercial bank (BIM Millennium). The areas in which to invest ISS funds are defined by EPI central level and endorsed by ICC. This is then communicated to provinces / districts that can then request funds to implement activities in their work plan that meet the ones endorsed by ICC.

From this point, the operations of the GAVI ISS grant complies with the general government procedures at all levels; the implementer (programme/ province/ district) requiring funds to implement an activity included in the work plan fills in the MOH's standard disbursement request form, attach relevant documentation (e.g. pro forma invoice, approved work plan, etc.) and submit it to the EPI program at provincial or national level, depending on the level requesting.

The EPI program verifies the pertinence of the request on the programmatic level, if it is in the work plan and the availability of funds also at programmatic level, and then submits it to the financial department DAF for verification. DAF will verify the correctness of the request and verify that the balance of the budget is sufficient to cover the expenditure of the request. DAF endorses the request for approval by the Director of Public Health (if national level) or provincial director of health (if provincial level), or sends it back to the requesting entity for corrections, if needed.

Once approval is granted from the director of public health, funds are then released for utilization at national level or transferred to provincial level for use or for release to district level.

Accounting and reporting

When a request is approved, DAF will pay the supplier, collect the proof of payment and account for the expenditure. If it is an activity related to capacity building, supervision, etc., the implementing entity accounts for the expenditure within three months of the release of funds. The implementers of the activities in the work plan are required to elaborate financial reports on expenses broken down by objectives and activities. They will also are required to submit a summarized technical report (2-3 pages) for the implemented activity.

The districts accounts for the expenses to their respective provinces, which then consolidate the district reports into one provincial accounts report (Processo de Prestação de Contas - PPC) that is submitted to the provincial directorate of Finance for control and further consolidation at central level.

Copies of district and provincial financial reports and related technical report for the implemented activities are send to EPI Central level for consolidation and reporting to the ICC for endorsement, and then reported to GAVI through the annual progress report (APR).

Auditing procedures

Public expenditures are subject to yearly external audits by auditors appointed by the Ministry. They also audit the use of GAVI funds at no cost to GAVI. The external audit is done in December of each year. Internal audits are also performed within the MoH.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

In 2012, the program used ISS funds for the following activities:

- Training 11 provincial logisticians in vaccine management and stock management tool (SMT)

- Training of 30 district EPI managers on DQS
- Training of trainers for PCV 10 introduction
- Dsistribution of vaccines and supplies
- Purchase informatic materials
- Purchase batery and fuel for generator
- Provide financial support to provinces for implementing outreach activities in selected districts
- Conduct supportive supervision to provincial / district level
- NITAG meeting
- Provide financial support to provinces for implementation of vaccination coverage surveys

Activities	Amount spent in MZN	Amount spent in USD
Manutenção da Cadeia de Frio	878.501,13	**29.283,37**
Brigadas Móveis	7.995.403,03	**266.513,43**
Inquérito de Coberturas vacinais	1.330.120,40	**44.337,35**
Formação em DQS	830.979,00	**27.699,30**
Formação de Formadores para PCV10	1.234.459,40	**41.148,65**
Transporte de Vacinas via terrestre	232.550,00	**7.751,67**
Aquisição de Material informático	119.992,86	**3.999,76**
Aquisição de Baterias e Combústivel para o gerador	163.647,60	**5.454,92**
Reuniões de coordenação(Copi)	355.036,17	

11.834,54			
Total Gasto (Total Expenditure)			
			13.140.689,59
			438.022,99

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

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	3,627,074	3,627,074	0	No
Pneumococcal (PCV13)	3,308,674	0	0	No

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

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

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

  - No problems were encountered with regards to Pentavalent vaccine in 2012.

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

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

  In 2010, the country shifted from pentavalent 1 dose liquid vial to 10 doses liquid vials, and keeps it as its preferred pentavalent vaccine presentation.

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

Not applicable, as there was no stock out

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	01/04/2009
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<span lang="EN-US" style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif'; BACKGROUND: #bddcff; LAYOUT-GRID-MODE: line; mso-fareast-font-family: 'Times New Roman'; mso-ansi-language: EN-US; mso-fareast-language: EN-US; mso-bidi-language: AR-SA; mso-no-proof: yes">The vaccine was introduced in 2009 in a phased manner. Initially the country received pentavalent single dose, and from 2010, 10 dose vial presentation.

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	10/04/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<span lang="EN-US" style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif'; BACKGROUND: #bddcff; LAYOUT-GRID-MODE: line; mso-fareast-font-family: 'Times New Roman'; mso-ansi-language: EN-US; mso-fareast-language: EN-US; mso-bidi-language: AR-SA; mso-no-proof: yes">In its proposal, the country applied for PCV13 to be introduced in April 2012. Due to PCV13 vaccine availability (shortage) issues, the country got its second preference, PCV10 and its introduction was only possible one year later, that is, in April 2013

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

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

Implementation of recommendations

Status of implementation

Nr of recommendations

%

Completely addressed

17 (1, 2, 3, 4, 5, 7, 8, 10, 11, 12, 13, 15, 16, 17, 20, 21, 23)

74%

Partially addressed

4 (6, 9, 14, 22)

17%

Not addressed

2 (18, 19)

9%

Total recommendations

23

100%

The recommendation of PIE was as follow:

1. *The National EPI* should ensure the development operational plans with clear activities, timelines, responsibilities and resources for implementation at all level for all future new vaccine introduction;

2. *The National EPI* should ensure the use of a preparedness checklist for introduction preparation at all levels and status of preparedness should be monitored through monthly reports;

3. *The National EPI* should ensure that training for the introduction of new vaccines is conducted at all levels using standard technical guides including audio-visual materials;

4. *The National EPI* should make available training materials at all levels as reference materials during and after introduction

5. *Heads of health facilities* should be held responsible and accountable for calculating and using coverage data for action using their target populations;

6. *District EPI officers* should provide periodic on-the-job training for HCWs on coverage data quality including data harmonization;

7. Coverage data from outreach and mobile services supported through district logistics, should be handed over to the appropriate HFs;

8. *The National cold chain officer* should develop mechanisms for temperature monitoring during weekends and public holidays

9. *The National EPI* should train districts cold chain officers to conduct major repairs of equipment considering the likely increase in cold chain in preparation for introduction of new vaccines;

10. *The national level* should develop a long term cold chain refurbishment plan, which should include a depleted cold chain rehabilitation plan. The initial phase for this plan should be to conduct cold chain inventory

. Vaccine management, transport and logistics

11. *District EPI officers* should train HF workers on vaccine forecasting and on how to closely monitor wastage for action;

Monitoring and supervision

12. *National, provincial and district supervisory teams* should indicate in supervisory registers, key findings and action points to be taken, while final reports are awaited;

13. *National, provincial and district supervisory teams* should develop mechanisms for monitoring implementation of action points from supervision;

14. *The National EPI* should explore mechanisms for improving integrated supervision to ensure that key aspects of EPI receive required attention during such supervisions

Training and knowledge of health workers

15. *Heads of HFs* with support of district and provincial teams should use the opportunity of RED scale-up to conduct refresher training for all HCW on EPI;

Injection safety and waste management

16. *District and provincial supervisory teams* should continue to emphasize injection safety and waste management during supportive supervision to HFs;

17. *The National EPI* should provide simplified technical guides on injection safety and waste management for use in HFs where these do not exist;

Adverse Events Following Immunization

18. *The National EPI* should provide protocol, develop systems and tools for investigating and reporting AEFI to provincial, district and HF teams;

19. *National, provincial and district supervisory teams* should pay attention to the implementation of AEFI protocol including investigation and reporting.

Advocacy, communication and acceptance

20. *The National EPI* should ensure that planning for future new vaccine introduction involves the media, local political and community leaders

21. *The National EPI* should develop/update IEC materials to include messages about new vaccines their impacts on the health of the community;

22. *Heads of HFs* should ensure that health education/awareness sessions include EPI and new vaccines both in fixed facilities as well as in outreach and mobile facilities

Costs and Financing

23. *The National EPI* should advocate for and use local resources to expedite the implementation of introduction preparatory activities for all future new vaccine introduction while waiting for GAVI funds;

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

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

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

The surveillance has just been revitalized in 2013, so meaningful results will be available from 2014, and will later on be compared to data that available previous to introduction of Hib vaccine (assessment and available data from Manhiça Research Center – CISM – surveillance on Hib) In addtion, <span lang="EN-US" style="FONT-SIZE: 11pt; FONT-FAMILY: 'Arial','sans-serif'; mso-fareast-font-family: Arial; mso-ansi-language: EN-US; mso-fareast-language: EN-US; mso-bidi-language: AR-SA; mso-bidi-font-family: 'Times New Roman'; mso-bidi-font-size: 10.0pt">NITAG has just been created, but it is this plan to do so in the near future.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency

Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

Funds not received

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

Funds not revceived

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

Not applicabe, asin 2012 no funds were received with regards to New Vaccine Introduction

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	561,464	278,000
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	561464	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2,375	11,339
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	Government Budget

Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	October	Government Budget
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	The country needs technical assistance for developing financial sustainability strategies, its integration in the cMYP and on its implementation.	

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

The country has always paid its co-financing share.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **May 2012**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

There is no delay. The plan is on track.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Mozambique does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

If 2013 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2014 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2016

The country hereby request for an extension of GAVI support for

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

vaccines: for the years 2014 to 2016.At the same time it commits itself to co-finance the procurement of

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

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

The multi-year extension of

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

vaccine support is in line with the new cMYP for the years 2014 to 2016 which is attached to this APR (Document N°**16**). The new costing tool is also attached.(Document N°**17**)

The country ICC has endorsed this request for extended support of

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

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

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

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

If you don't confirm, please explain

The country confirms its request of extension of support for pentavalent DPT-HepB-Hib, 10 doses per vial, Liquid, from 2014 to 2016, as per the life span of the current EPI cMYP.

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	924,327	950,278	976,635	1,003,389	3,854,629
	Number of children to be vaccinated with the first dose	Table 4	#	950,716	940,275	966,462	993,044	3,850,497
	Number of children to be vaccinated with the third dose	Table 4	#	858,543	893,262	927,803	963,353	3,642,961
	Immunisation coverage with the third dose	Table 4	%	92.88 %	94.00 %	95.00 %	96.01 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.19	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	1,975,130				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	1,975,130				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

There is no difference in quantities at the end of 2012 and begining of 2013

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low

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

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

		2013	2014	2015
Number of vaccine doses	#	2,842,500	2,941,500	3,014,400
Number of AD syringes	#	3,131,200	3,242,600	3,331,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	34,775	36,000	37,000
Total value to be co-financed by GAVI	$	6,323,500	6,544,000	6,546,000

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

		2013	2014	2015
Number of vaccine doses	#	289,200	299,200	315,200
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	626,500	648,500	666,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	9.23 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	950,716	940,275	86,810	853,465
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	2,852,148	2,820,825	260,428	2,560,397
E	**Estimated vaccine wastage factor**	*Table 4*	1.19	1.11		
F	**Number of doses needed including wastage**	*D X E*	3,394,057	3,131,116	289,075	2,842,041
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2013**	*Table 7.11.1*	1,975,130			
I	**Total vaccine doses needed**	*F + G – H*		3,131,616	289,121	2,842,495
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		3,131,116	0	3,131,116
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		34,756	0	34,756
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		6,375,971	588,651	5,787,320
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		145,597	0	145,597
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		20,159	0	20,159
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		408,063	37,674	370,389
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		6,949,790	626,324	6,323,466
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		626,324		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		9.23 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	966,462	89,227	877,235	993,044	93,990	899,054
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,899,386	267,681	2,631,705	2,979,132	281,968	2,697,164
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	3,218,319	297,126	2,921,193	3,306,837	312,985	2,993,852
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	21,801	2,013	19,788	22,130	2,095	20,035
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	3,240,620	299,185	2,941,435	3,329,467	315,126	3,014,341
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	3,242,518	0	3,242,518	3,331,401	0	3,331,401
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	35,992	0	35,992	36,979	0	36,979
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	6,597,903	609,140	5,988,763	6,612,322	625,841	5,986,481
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	6,597,903	0	150,778	6,612,322	0	154,911
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	20,876	0	20,876	21,448	0	21,448
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	422,266	38,985	383,281	423,189	40,054	383,135
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	7,191,823	648,124	6,543,699	7,211,870	665,894	6,545,976
U	Total country co-financing	*I x country co-financing per dose (cc)*	648,124			665,894		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID		Source		2012	2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	924,327	950,278	976,635	1,003,389	1,030,521	4,885,150
	Number of children to be vaccinated with the first dose	Table 4	#	0	700,205	966,462	993,044	1,020,006	3,679,717
	Number of children to be vaccinated with the third dose	Table 4	#	0	666,195	927,803	963,353	999,606	3,556,957
	Immunisation coverage with the third dose	Table 4	%	0.00 %	70.11 %	95.00 %	96.01 %	97.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0					
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	0.00 %	

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

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

Mozambique has just introduced PCV10 in April 2013

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

Co-financing group	Low

	2012	2013	2014	2015	2016
Minimum co-financing		0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20	0.20
Your co-financing		0.20	0.20	0.20	0.20

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

		2013	2014	2015	2016
Number of vaccine doses	#	2,610,200	3,080,400	2,981,000	3,061,700
Number of AD syringes	#	2,943,800	3,451,100	3,330,100	3,420,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	32,700	38,325	36,975	37,975
Total value to be co-financed by GAVI	$	9,839,500	11,611,000	11,236,000	11,540,000

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

		2013	2014	2015	2016
Number of vaccine doses	#	148,800	175,600	169,900	174,500
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country ^[1]	$	552,000	651,500	630,500	647,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	700,205	37,747	662,458
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	2,100,615	113,241	1,987,374
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	2,205,646	118,903	2,086,743
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		551,412	29,726	521,686
H	**Stock on 1 January 2013**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		2,758,858	148,726	2,610,132
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,943,750	0	2,943,750
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		32,676	0	32,676
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		9,656,003	520,540	9,135,463
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		136,885	0	136,885
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		18,953	0	18,953
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		579,361	31,233	548,128
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		10,391,202	551,772	9,839,430
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		551,772		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.39 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	966,462	52,101	914,361	993,044	53,534	939,510
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,899,386	156,302	2,743,084	2,979,132	160,601	2,818,531
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	3,044,356	164,117	2,880,239	3,128,089	168,631	2,959,458
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	209,678	11,304	198,374	20,934	1,129	19,805
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	3,255,834	175,517	3,080,317	3,150,823	169,856	2,980,967
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	3,451,062	0	3,451,062	3,330,074	0	3,330,074
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	38,307	0	38,307	36,964	0	36,964
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	11,395,419	614,309	10,781,110	11,027,881	594,496	10,433,385
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	11,395,419	0	160,475	11,027,881	0	154,849
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	22,219	0	22,219	21,440	0	21,440
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	683,726	36,859	646,867	661,673	35,670	626,003
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	12,261,839	651,167	11,610,672	11,865,843	630,165	11,235,678
U	Total country co-financing	*I x country co-financing per dose (cc)*	651,167			630,165		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.39 %			5.39 %		

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	1,020,006	54,987	965,019
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	3,060,018	164,961	2,895,057
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	3,213,019	173,209	3,039,810
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	21,233	1,145	20,088
H	**Stock on 1 January 2013**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	3,236,052	174,451	3,061,601
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	3,420,189	0	3,420,189
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	37,965	0	37,965
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	11,326,182	610,577	10,715,605
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	159,039	0	159,039
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	22,020	0	22,020
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	679,571	36,635	642,936
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	12,186,812	647,211	11,539,601
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	647,211		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.39 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

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

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

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

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

Mozambique **has NOT received GAVI TYPE A CSO support**

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

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

Mozambique **has NOT received GAVI TYPE B CSO support**

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

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

No additional comments.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	assinaturas dos ministros APR.pdf File desc: Date/time: 5/15/2013 3:01:23 PM Size: 732937
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	assinaturas dos ministros APR.pdf File desc: Date/time: 5/15/2013 3:02:49 PM Size: 732937
3	Signatures of members of ICC	2.2	✓	assinaturas dos representantes APR.pdf File desc: Date/time: 5/15/2013 3:04:13 PM Size: 344021
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	ICC minutes nr 3_ 2013.doc File desc: Date/time: 5/15/2013 4:01:51 PM Size: 1069568
5	Signatures of members of HSCC	2.3	✗	ICC minutes nr 3_ 2013 HSCC,.doc File desc: Date/time: 5/15/2013 5:06:51 PM Size: 1070080
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	HSCC.doc File desc: Date/time: 5/15/2013 5:14:42 PM Size: 24064
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	orcamento GAVI.xls File desc: Date/time: 5/15/2013 5:35:13 PM Size: 30208
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	external audit for ISS.doc File desc: Date/time: 5/15/2013 5:56:46 PM Size: 36864
9	Post Introduction Evaluation Report	7.2.2	✓	POST INTRODUCTION EVALUATION OF PENTAVALENT VACCINE IN MOZAMBIQUE (2).doc File desc: Date/time: 5/15/2013 1:58:47 PM Size: 904192

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	NVS introduction grant.doc File desc: Date/time: 5/15/2013 6:06:44 PM Size: 24064
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	NVS introduction grant.doc File desc: Date/time: 5/15/2013 6:07:40 PM Size: 24064
12	Latest EVSM/VMA/EVM report	7.5	✓	Annex 9_ EVM Mozambique report May2012.docx File desc: Date/time: 5/15/2013 3:13:36 PM Size: 2319315
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Mozambique EVMA 2012-05 Improvement Plan Implementation 3.xls File desc: Date/time: 5/15/2013 2:02:43 PM Size: 92160
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Mozambique EVMA 2012 Plan Implementation Satatus.xls File desc: Date/time: 5/15/2013 2:05:45 PM Size: 92160
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	external audit for ISS.doc File desc: Date/time: 5/15/2013 5:38:42 PM Size: 24064
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	MOZ_cMYP 2013-2017_Costing_Tool_Vs.2.5_May 2013_Final.xls File desc: Date/time: 5/15/2013 2:09:33 PM Size: 3494400
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Bank account for GAVI ISS.doc File desc: Date/time: 5/15/2013 6:20:37 PM

				Size: 24064