

Country	Programmatic Area	Activity	Partner	Milestones			Expected Outcome	TOTAL
				Jun-19	Nov-19	Jun-20		
Mozambique	Supply Chain & Procurement	Optimizing supply chain: training and maintenance of CC generators and electrical systems	CHAI		Nationally meet CBM targets and maintain quality of CC system and vaccines		Proportion of Central/Provincial vaccine stores reporting adequate capacity achieved	198756.00
Mozambique	Supply Chain & Procurement	Optimizing supply chain: Supervision and management of TMD/alert system- cold chain system	CHAI		Nationally: major excursions attended to within 48 hours		Proportion of temperature excursions in the WICR/WIFR which have been appropriately responded to as per guidelines.	
Mozambique	Health Information Systems (Data)	Surveillance: outbreak alerts and response	CHAI		Surveillance and response for outbreaks in place in 2 provinces		Alert and response plan in place to mitigate outbreaks and provide evidence on vaccine efficacy.	
Mozambique	Programme Management - LMC	Support to improve leadership, management and coordination of the immunisation programme	Acasus	Quarterly report summarizing activities and results; Compendium of leadership and management strengthening materials from the first six months; Results from the pilot on data strengthening; Plan for improving coordination forums.	Quarterly report summarizing activities and results; Presentation and minutes from meetings with governments; Analysis of results of the first survey; Analysis of district level provincial surveys.			468736.00
Mozambique	Health Information Systems (Data)	strengthening of national health information system (HIS) and establishing of robust and sustainable integrated systems, focusing on implementation of tools and building capacity for better quality and use of immunisation data	University of Oslo					18850.00
Mozambique	Programme Implementation/Coverage & Equity	1. Support coordination, planning of strengthening of routine immunization strategies (REC approach, PIRI). 2. Provide supportive supervision to low performing districts in Tete province (15 districts).	WHO	1. Quarterly reports on coordination activities available; 1. 35% of districts trained with at least 80% of their health catchment areas with REC micro plans; Trained districts to develop & use standard HF microplan for immunization 2. At least 35% of districts achieving at least 90% of annualized coverage for all antigens	1. Quarterly reports on coordination activities available; 1. 70% of districts trained with at least 80% of their health catchment areas with REC micro plans; all of the districts have standard HF microplans in use to guide reaching eligible population 2. At least 70% of districts achieving at least 90% of annualized coverage for all antigens	1. 90% of districts trained with at least 80% of their health catchment areas with REC micro plans; All trained districts using the standard HF microplan updated to reach all eligible populations 2. At least 90 % of districts achieving at least 90% of annualized coverage for all antigens	all districts use standard HF microplans that is tracked to reach all eligible population for effective coverage improvement and reduced drop out rate to below 10% in all districts	
Mozambique	Supply Chain & Procurement	1. Support the implementation of recommendations from Effective Vaccine Management Assessments (EVMA), in 12 districts of Manica and Tete provinces (12x15 = 37 districts).	WHO	1. At least 35% of targeted districts trained and	1. At least 70% of targeted districts trained and	1. All targeted districts trained and supported to achieve at least 80% of operational EVM performance indicators;	Selected districts trained and quarterly feedback bulletin on Immunization and Surveillance data provided to district from national and provincial level, with clear action items for districts to improve performance	
Mozambique	Programme Implementation/Coverage & Equity	2. Support monitoring and evaluation of the ending EPI cMYP (2015-2019). 3. Support update of the EPI cMYP for (2020-2024).	WHO	2. Annual EPI plan available;	2. Updated cMYP 2020-2024 available	1. Annual EPI plan available (based on 2020-2024 cMYP); 2. Updated cMYP 2020-2024 available	update the cMYP in 2019 for 5 years (2019-2023); Monitor implementation of annual operational plan at least 2 x per year with provinces and stakeholders and document implementation	
Mozambique	Health Information Systems (Data)	Introduce use of Integrated Supportive supervision tool using Online Data Kit for electronic real-time findings to guide action (Routine Immunization and Surveillance) and conduct 2 review meetings: meeting 1 - 2 days review + 3 days Training on ISS) and meeting 2 - 2 days review + 3 days training GIS)	WHO	First meeting held and all 11 provinces trained on ISS and using the tool in supportive supervision	Second meeting concluded and all 11 provinces trained on GIS and mapping and using the tool for data visualization	100% of province trained using ISS and GIS tool	National EPI to share at least 10 monthly feedback on key surveillance performance indicator; Established use of Integrated Supportive supervision tool to guide quality of program improvement based on findings	
Mozambique	Health Information Systems (Data)	Implement integrated disease surveillance and response (IDSR) countrywide, but with focus on diseases targeted for eradication / elimination (AFP/Polio, measles/rubella and neonatal tetanus) and focus in the 72 districts of the 4 priority provinces (sensitization meetings, refresher trainings, active case search, specimen transport, quarterly risk assessment and regular data reporting).	WHO	At least 50% of targeted districts meeting the minimum surveillance performance indicators	At least 80% of targeted districts meeting the minimum surveillance performance indicators	At least 90% of targeted districts meeting the minimum surveillance performance indicators	Selected districts trained and improved surveillance performance indicators informing decision making	
Mozambique	Health Information Systems (Data)	Conduct supportive supervision on routine EPI, IDSR and AEFI to low surveillance performing districts with focus on diseases targeted for eradication / elimination (AFP/Polio, measles/rubella and neonatal tetanus), in the 4 priority provinces	WHO	At least 50% of targeted districts meeting the minimum surveillance performance indicators	At least 80% of targeted districts meeting the minimum surveillance performance indicators	At least 90% of targeted districts meeting the minimum surveillance performance indicators	AEFI surveillance reports received and monitored at least on monthly basis with line list of notified cases for prompt response	
Mozambique	Health Information Systems (Data)	Transport of IDRS specimens from district to provinces (AFP/Polio, measles/rubella, Hib, rotavirus) and focus in the 72 districts of the 4 priority provinces and from provinces to central level in all 11 provinces).	WHO	At least 90% of samples collected transported in adequate conditions and reaching the lab in good conditions	At least 90% of samples collected transported in adequate conditions and reaching the lab in good conditions	At least 90% of samples collected transported in adequate conditions and reaching the lab in good conditions	Samples collected reaching the lab in good conditions to be tested at	
Mozambique	Health Information Systems (Data)	1. Continue to support laboratory surveillance of diseases targeted by new vaccines (Rotavirus) in Maputo, Beira, Quelimane and Nampula. 3. Provide supportive supervision as necessary	WHO	1. At least 90% of staff involved in the Rotavirus, Hib and pneumococcal laboratory confirmation and data management trained;	1. All surveillance sites visited at least 1 time and respective reports available	1. All surveillance sites visited at least 1 time and respective reports available	Sites meeting performance indicators for both surveillance and data quality	
Mozambique	Health Information Systems (Data)	Surveillance of adverse effects following immunization (AEFI) countrywide, with focus on the 4 priority provinces of Nampula, Zambezia, Tete and Manica - 72 districts x 2 persons/district = 144 (train/refresh staff, support AEFI committee activities, and conduct supportive supervision)	WHO	1. At least 35% of targeted districts trained; 2. At least 35% of targeted districts meeting AEFI surveillance performance indicators.	1. At least 70% of targeted districts trained; 2. At least 70% of targeted districts meeting AEFI surveillance performance indicators.	1. 100% of targeted districts trained and meeting EVM performance indicators;	AEFI surveillance reports received and monitored at least on monthly	
Mozambique	Health Information Systems (Data)	1. Continue to provide epidemiologic and laboratory assistance to enhance surveillance for vaccine-preventable bacterial meningitis in three sentinel sites (Maputo, Nampula and Beira). 2. Build national capacity for molecular detection of vaccine-preventable bacterial pathogens at INS 3. Enhance surveillance and reporting of suspected meningitis cases	CDC Foundation	1. Develop SOPs for the use across sentinel sites for case finding, reporting, and specimen collection, storage and transport. 2. Modify and implement case report forms that allow linkage between laboratory and clinical data. 3. Develop SOPs for the use across sentinel sites for case finding, reporting, and specimen collection, storage and transport.	1. Workshop training on surveillance personnel SOP and modified CRF. 2. INS perform molecular detection of 100% of cerebral fluid specimens received up until October 2019. 3. Develop SOPs for the use across sentinel sites for case finding, reporting, and specimen collection, storage and transport.	1. Feedback report of results to sentinel sites and stakeholders 2. Consistent reporting of at least 80% of suspected meningitis cases (< 15 years of age) across all three sites.	Train laboratory for molecular detection and serotyping of vaccine-preventable bacterial pathogens. Summary report on the number of pediatric meningitis cases by suspect and confirmed. Report on the pathogen distribution of confirmed cases Describe declines in vaccine-type pneumococcal meningitis after introduction of PCV13 in the immunization schedule at national level	84000.00
Mozambique	Programme Implementation/Coverage & Equity	Use the Immunization inequity analysis, develop, implement and document the coverage and equity improvement plan accordingly to community mapping in rural area	UNICEF	Immunization inequity analysis results available (from 2018 TCA) REC planning aligned with the findings of the community mapping in Zambezia	REC plan developed, monitored and documented in 60% of districts targeted in Zambezia (considering the articulation of community mapping, micro-planning and reorganization of service provision (MB)	REC plan developed, monitored and documented in 80% of districts targeted in Zambezia (considering the articulation of community mapping, micro-planning and reorganization of service provision (MB)	All communities in the catchment areas identified and included in the micro plan, and offered essential health interventions / defaulter children identified and offered missing vaccination / essential health interventions	
Mozambique	Programme Implementation/Coverage & Equity	Based on the national REC/RED expansion plan finalized by June 2019, support the newly selected Provinces and Districts for expansion	UNICEF	Nationwide REC Expansion plan finalized	Selected Provinces and districts/Provinces (TBC; possibly Niassa and CD) are trained and start implementing RED/REC according to Nationwide Expansion plan	Selected Provinces and Districts (TBC; possibly Niassa and CD) implementing the REC according to Nationwide Expansion plan	Quality RED/REC micro plans and improved district performance	
Mozambique	Supply Chain & Procurement	To implement CCEOP ODP for 2019 and to monitor the local supplier agent implementation of CCEOP in the 6 Provinces for 2019 of Zambezia, Nampula, Tete, Sofala, Manica and Niassa. .	UNICEF	CCE through CCEOP are available in the targeted country health facilities.	45% of 2019 ODP is implemented by November, 2019 Year 2 CCE OP ODP developed and sent for approval	100% of 2019 ODP implemented. Start of 2020 ODP implementation in 2019	100% of all planned Health Facilities in CCEOP OPD have adequate and functional cold chain equipment for effective delivery of immunisation in Mozambique	
Mozambique	Supply Chain & Procurement	CMAM and MISAU are able to forecast and plan all immunisation supplies using Forecasting VIVA Tool and Supply Chain Planning Tools as per MISAU and GAVI Annual Supply Plans.	UNICEF	GAVI forecasts and allocation of vaccines to Mozambique verified and confirmed. GAVI EPI Annual Procurement plan updated and approved by MOH.	Country Annual forecasts for vaccines produced and delivery schedule developed. GAVI EPI annual procurement plan implemented and updated according to stock management	GAVI EPI annual procurement plan fulfilled. Vaccines Delivered per Vaccine stock actual need with Viva	To improve supply availability and adequacy at national level.	
Mozambique	Supply Chain & Procurement	CMAM and MISAU are able to manage the supply chain in an efficient and effective manner through 1) Monitoring - Webbased stock management at the National Vaccine Store. Monthly update of Stock Status by EPI Logisticians, Quarterly meeting and report of Stock Status analysis at National Level ; 2) Decision Making on Vaccine Stock Status Data at National Level (Reduce Overstock and Stock out)	UNICEF	Web-based vaccine stock management tool is operational at National Vaccine store	Monthly Stock Status updated and reported at National level Two Stock Status Analysis quarterly meeting held at National level (Q3, Q4 2019)	Monthly Stock Status updated and reported at National level Two Stock Status Analysis quarterly meeting held at National level (Q1, Q2 2020)	To reduced vaccine stock outs at central vaccine store for GAVI financed vaccines.	
Mozambique	Supply Chain & Procurement	Capacity Building for Human Resources for Immunisation Supply Chain. Training on Immunisation Supply Chain Management (Stock Management, Receipt, Distribution and Storage of Vaccines). Training to cover Logistics Officers, Cold Chain Maintenance, EPI Managers from National and Provincial Level.	UNICEF	30 Immunisation Logistics, Cold Chain Technicians and EPI Managers from National and Provincial Level are trained on ISCM	EPI Staff follow refresher course on on Immunisation Supply Chain and have more knowledge and capacity to handle vaccines and cold chain supplies.	Immunisation Supply Chain knowledge applied and results in reduction in stock outs and vaccine wastage at the National and Provincial level.	Optimum quantities of vaccine supplies are available at the national, provincial and health facility level. Reduced stock outs and wastage of vaccine supplies.	
Mozambique	Programme Management - LMC	Support Gavi HSS planning, coordination, M&E and reporting	UNICEF	GAVI global annual workplan submitted and approved by Q1 2019 GPF timely submitted and Gavi Country portal documentation submitted 4 weeks before JA The different TWG are functional and report to the EPI program coordination committee	JA 2019 report developed and submitted by september 2019 2020 One TA plan submitted on November 2019	GAVI global annual workplan submitted and approved by Q1 2020 Next HSS country proposal developed and submitted by May 2020	Improved effective management of Gavi HSS grant Assumptions - Delay of Gavi disbursement(audit rec) and poor flow of funds are mitigated.	
Mozambique	Demand Promotion & ACSM	Provide support for implementation of the EPI communication plan 2017-2020	UNICEF	Annual Communication Action Plan developed for Nampula and Zambezia	50% of the activities as per the action plan implemented in Zambezia and Nampula (with CIDA funds)	EPI 2019 annual action plan fulfilled and 50% of the 2020 communication action plan fulfilled (Zambezia e Nampula focus)	Improved awareness of immunization schedule into the target population	463420.71
Mozambique	Programme Implementation/Coverage & Equity	JSI: Provide continued support of REC activities in 6 districts (3 in Nampula, 3 in Sofala); support expansion of REC activities to priority districts and build provincial capacity to continue expansion (4 districts in Nampula, 4 in Sofala, 4 in Manica). Activities will be closely coordinated with UNICEF and WHO to complement and not overlap efforts. Health facility micro-planning implemented through REC will contribute to the national coverage and equity improvement plan	JSI	REC training supported in 3 provinces (Nampula, Sofala, Manica) - provision of training materials, list of attendance and report on the training REC expanded to priority health facilities in a total of 20 districts in provinces (current 9 districts plus 11 new priority districts) (Nampula, Sofala, Manica) - list of priority facilities (and criteria for selection) and evidence that REC is integrated in the microplans and reports from facilities/districts on effective implementation/results	Report on supportive supervision conducted throughout Project in target health facilities and districts		<ul style="list-style-type: none"> Increased to >95% the DPT-HepB-hib3 coverage rate in overall of the supported districts and reached 90% coverage in each district Increased to >90% the FIC CCV coverage rate in the total RED/REC districts and coverage of 85% in each district Increased the contribution of mobile brigades in the total RED/REC districts to >14%. Reduced the Drop Out Rate to <10%, in all RED/REC Districts 	327,940
Mozambique	Supply Chain & Procurement	1. Strengthen the capacity of the NLWG to manage and monitor implementation of EVM CIP and SC Integration at central level. 2. Develop M&E Plan for NLWG Performance. 3. Establish & strengthen LWG at provincial level and incorporate the VAN function within the group. 4. Design, plan and implement the integrated SC to ensure a smooth, minimally-disruptive process.	VillageReach		1. Developed EVM Tracking tool to monitor performance. 2. EVM CIP revised and updated. 3. M&E Plan with KPIs for NLWG developed. 4. TORs PLWG developed and shared with the target provinces (Tete, Zambezia and Manica). 5. ISC/CMAM integration Plan developed and presented to the ICC and CMAM.	1. At least 6 documented logistics working groups meetings (including performance improvement decisions taken). 3. At least 3 provincial level LWG established and functioning. 4. At least 2 short term integration activities initiated.		
Mozambique	Supply Chain & Procurement	1. Configuration and customization of OpenLMIS v3 for SELV upgrade, including updated SOPs, creation of detailed requirements (functional and non-functional) and software development. 2. Implement intermediate SELV data collection improvement Plan (prior to v3 upgrade) in 4 HSS priority provinces, including Vilankulos Intermediary Warehouse. 3. Mozambique antigen stock status report shared with relevant stakeholders on a regular basis.	VillageReach		1a. Requirements for upgrade to OpenLMIS v3 completed with updated SOPs. 1b. v3 Gap analysis validation Workshop with stakeholders completed. 2a. Intermediate data collection improvement Plan approved by MOH and target provinces 2b. Intermediate data collection improvement plan implemented in at least two target provinces 3. Mozambique antigen stock status report covering health facility, district, and province level shared on a routine basis	1a. Software customizations made to v3 to meet requirements prioritized during gap analysis validation workshop 1b. v3 UAT workshop with stakeholders completed 2a. Regular and timely SELV data uploads in all target provinces, with at least 90% of sites in each province reporting data on a monthly basis. 3. Mozambique antigen stock status report also includes central level stock information and shared with relevant stakeholders on a regular basis		
Mozambique	Supply Chain & Procurement	1. Funding to support the national VAN advisor work to continue data driven decision making at national level. 2. Training of MoH team to use electronic PAV Dashboard, to include transferring VAN management skills to MoH counterpart. 3. Strengthen VAN through the champion league approach and PLWG in 4 priority HSS provinces. 4. Facilitate links between EPI VAN and CMAM's Visibility and Integrated Management of Medicines Supply (VIMMS/VIGIAM).	VillageReach		1. At least 4 VAN meetings conducted at central level and minutes shared EPI staff and management team 2. EPI and stakeholders at central and 4 HSS priority provinces trained on EPI electronic Dashboard and logistics data analysis, use and data-related problem solving and feedback. 3. The 4 priority HSS provinces conducted at least 2 VAN meeting, in each province, and decision are documented. 4. VAN SOPs and Toolkit containing streamlined VAN tools, templates, people and processes guidance and training materials, shared with EPI central, Provinces and Stakeholders.	1. VAN advisor handing over VAN to MoH. 2. At least 8 VAN meetings conducted at central level and minutes shared EPI staff and management team. 3. The 4 priority HSS provinces using PAV electronic Dashboard for data analysis and decision making. 4. Conducted coordination meetings with EPI VAN and CMAM VIMMS in Zambezia to align both strategies.		246496.00