GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Mozambique

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **16/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 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: **2013**

Requesting for support year: **2015**

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 (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2016
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2018

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

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
VIG	Yes	Not applicable	N/A
COS	No	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 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	Alexandre Jaime Manguele	**Name**	Manuel Chang
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Graça Matsinhe	National EPI Manager - MoH	+258846340483	gmatsinhe@gmail.com
Ercilio Paulino	EPI Adminidtrative Assistante - MoH	+258825157285	epaulino278@gmail.com
Virginia Guibunda	Planning & Bubget Department - MoH	+258823998125	vguibunda@yahoo.com.br
Manuel Novela	Country WHO EPI Focal Person - WHO Office	+258828007610	novelama@who.int
Onei Uetela	Country UNICEF EPI Focal Person - UNICEF Office	+258843865242	ouetela@unicef.org

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 Francisco Mbofana - National Director of Health	Ministry of Health		
Dr Daniel Kertesz - WHO Representative	WHO Country Office		
Dr Jesper Morch - UNICEF Representaive	UNICEF Country Office		
Dr Narciso Matos - FDC Executive Director	Foundation for Community Development - Mozambique		

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 2013

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

Mozambique is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

This APR reports on Mozambique's activities between January – December 2013 and specifies the requests for the period of January – December 2015

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)							
	2013		2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	1,047,715	1,047,715	1,076,775	1,076,775	1,106,272	1,106,272	1,136,186	1,136,186		1,166,497
Total infants' deaths	97,437	67,054	100,140	68,914	102,883	70,801	105,665	72,716		74,656
Total surviving infants	950278	980,661	976,635	1,007,861	1,003,389	1,035,471	1,030,521	1,063,470		1,091,841
Total pregnant women	1,218,306	1,218,306	1,252,096	1,252,096	1,286,396	1,286,396	1,321,181	1,321,181		1,356,427
Number of infants vaccinated (to be vaccinated) with BCG	1,047,761	1,047,201	1,076,775	1,076,775	1,106,272	1,106,272	1,136,186	1,136,181	1,154,832	1,166,497
BCG coverage	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	99 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	893,262	881,187	922,803	927,232	963,253	973,342	999,606	1,010,297	960,820	1,048,167
OPV3 coverage	94 %	90 %	94 %	92 %	96 %	94 %	97 %	95 %	88 %	96 %
Number of infants vaccinated (to be vaccinated) with DTP1	940,275	1,016,622	966,462	976,034	993,044	1,024,571	1,020,006	1,063,471	1,011,389	1,103,334
Number of infants vaccinated (to be vaccinated) with DTP3	893,262	898,834	927,803	927,232	963,353	973,342	999,606	1,010,297	960,820	1,048,167
DTP3 coverage	94 %	92 %	95 %	92 %	96 %	94 %	97 %	95 %	88 %	96 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	10	11	10	10	10	10	10	10	10	10
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.11	1.12	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	876,368	1,016,622	966,462		993,044					
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	876,368	898,834	966,462		963,353					
DTP-HepB-Hib coverage	92 %	92 %	99 %	0 %	96 %	0 %	0 %	0 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%) *[2]*	10	11	10		10					
Wastage*[1]* factor in base-year and planned thereafter (%)	1.11	1.12	1.11	1	1.11	1	1	1		1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	876,368	820,142	966,462	976,034	993,044	1,024,571	1,020,006	1,063,471		

Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	876,368	442,943	966,462	927,232	963,353	973,342	999,606	1,010,297		
Pneumococcal (PCV10) coverage	92 %	45 %	99 %	92 %	96 %	94 %	97 %	95 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%)	10	4	5	5	5	5	5	5		
Wastage*[1]* factor in base-year and planned thereafter (%)	1.11	1.04	1.05	1.05	1.05	1.05	1.05	1.05		1
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	5 %	10 %	5 %	10 %	5 %	10 %	5 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0		0	668,045	653,981	962,721	962,721	1,011,389	1,011,389
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0		0	621,282	621,282	914,585	914,585	960,820	960,820
Rotavirus coverage		0 %		0 %	60 %	60 %	86 %	86 %	88 %	88 %
Wastage*[1]* rate in base-year and planned thereafter (%)		0		0	5	5	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)		1		1	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	883,759	856,022	918,037	907,075	953,219	952,633	989,300	999,662	1,026,330	1,037,249
Measles coverage	93 %	87 %	94 %	90 %	95 %	92 %	96 %	94 %	88 %	95 %
Pregnant women vaccinated with TT+	974,644	898,230	1,026,719	951,593	1,080,567	1,003,389	1,123,004	1,056,945	1,058,013	1,112,270
TT+ coverage	80 %	74 %	82 %	76 %	84 %	78 %	85 %	80 %	78 %	82 %
Vit A supplement to mothers within 6 weeks from delivery	639,106	395,993	699,904	699,904	752,265	752,265	795,331	795,331		839,878
Vit A supplement to infants after 6 months	2,557,467	2,128,399	2,710,538	2,255,706	2,869,177	2,416,828	3,033,432	2,618,231	N/A	2,819,633
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	12 %	4 %	5 %	3 %	5 %	2 %	5 %	5 %	5 %

Number	**Targets (preferred presentation)**	
	2018	
	Previous estimates in 2013	Current estimation
Total births		1,197,258
Total infants' deaths		76,625
Total surviving infants		1,120,633
Total pregnant women		1,392,197
Number of infants vaccinated (to be vaccinated) with BCG	1,197,258	1,197,258
BCG coverage	100 %	100 %

Number of infants vaccinated (to be vaccinated) with OPV3	1,008,570	1,087,015
OPV3 coverage	90 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,061,653	1,144,226
Number of infants vaccinated (to be vaccinated) with DTP3	1,008,570	1,087,015
DTP3 coverage	90 %	97 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	10	10
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.11	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib		
DTP-HepB-Hib coverage		0 %
Wastage*[1]* rate in base-year and planned thereafter (%) *[2]*		
Wastage*[1]* factor in base-year and planned thereafter (%)		1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)		
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)		
Pneumococcal (PCV10) coverage		0 %
Wastage*[1]* rate in base-year and planned thereafter (%)		
Wastage*[1]* factor in base-year and planned thereafter (%)		1
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	1,061,653	1,061,653
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	1,008,570	1,008,570
Rotavirus coverage	90 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose	5 %	5 %

schedule		
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,064,602	1,075,808
Measles coverage	90 %	96 %
Pregnant women vaccinated with TT+	1,113,757	1,169,445
TT+ coverage	80 %	84 %
Vit A supplement to mothers within 6 weeks from delivery		897,944
Vit A supplement to infants after 6 months	N/A	3,021,035
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	5 %

** 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 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 have beenmade in births in this 2013 APR as compared to previous 2012 APR. Figures havealso been harmonized with those in the 2013 JRF

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

Surviving infantshave changed in this 2013 APR as compared to previous 2012 APR, the reasonbeing that in June 2013, after submitting the 2012 APR in May, the national institute ofstatistics released the definitive data of the last DHS conducted in 2011. Accordingly,the infant mortality rate has decreased from 94/1000 live births to 64/1000live births. This reduction in infant mortality rate used in the 2013 APRresulted in an increase in the number of surviving infants as shown in thetable above. The new data has been harmonized with the updated EPIcMYP2014-2018 and the 2013 JRF

- 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.**

No changes of more than 10% have been madeto any of targets. However, it should be emphasized that after reviewing thecountry APR2012 submitted to GAVI in May 2013, the IRC recommended the countryto review its very high targets in line with the most recent WHO/UNICEF bestestimates or DHS available. In line with this, if all coverage targets wereprojected using the best estimates as baseline, all antigens would be 10% ormore different from the ones in the previous 2012 APR, whose targets were basedon administrative coverage as baseline, which is very high (above 90% asopposed to DHS and WHO/UNICEF estimates with coverage of around 76% for allantigens, except for BCG which is at 87%). <?xml:namespace prefix = o />

However, reducing the target coverage toadjust it to DHS or WHO/UNICEF estimates implies reducing the number ofchildren to be immunized in the following years as compared to 2013, withconsequent reduction in the number of doses that will be made available to thecountry. This bears a risk of vaccine stock out at country level, mainly takinginto account that GAVI vaccine quantities approved for a given year to thecountry cannot be changed. Because ofthis, even though recognizing the need to adjust the targets for monitoringpurposes as very high targets are not realistic, for vaccine forecast the countrytook the option of keeping the high targets to safeguard itself from vaccineshortfall.

We also note that these estimates in this2013 APR are different from those in the EPI cMYP 2014-2018 updated August in2013, the Rota & MSD application submitted in September 2013 and the 2013JRF data submitted in April 2014, which have harmonized data projected based onthe best estimates as recommended by IRC last year.

In addition, PCV10 target for 2013 in this2013 APR (876,368) is different from the PCV10 target in 2013 JRF (735,496),the reason being that in the last document the denominator used corresponds to9 months of the total target population, taking into account that PCV10 wasintroduced in April early 2013 and we had only 9 months to go. Par contra, theAPR does not allow us to make this adjustment of the denominator for PCV10. Itconsiders the same denominator used for other vaccines (876,368 children). However,the number of immunized children is the same in both documents.

Lastly, there is a small inconsistency in thenumber of pregnant women TT2+ reported in 2013 (898,230) as compared to samedata reported in the 2013 JRF (796,411). The last number was mistakenly takenfrom the wrong column (vaccinated with TT2+ in the fixed vaccination site) inthe data base, instead of the wright column (Total number vaccinated with TT2+),which includes those vaccinated in the fixed site and in outreach. Therefore,the 62.652 TT2+ vaccinated in outreach were missing in the 2013 JRF. Howeverthe coverage has been copied

correctly (74% in both documents).

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

No changes made inthe expected wastage by vaccine

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

Achievements in 2013 <?xml:namespace prefix = o />

In 2013, overall un/under immunized children at country level increased to 81,828 children by December, representing an increase of 24% as compared to previous year, 2012 (65,784).

Meanwhile, between 2012 and 2013 DPT3 coverage had a 1% reduction from 92.9% in 2012 to 91.7% in 2013, while DPT1-3 dropout rate increased by 2%, from 9.7% in 2012 to 11.6 % in 2013. On the other hand, measles coverage reduced from 91% in 2012 to 87% in 2013.

Lastly, in 2013, 14% (20 /148) of districts had DPT3 coverage below 80% as compared to 8% (12/148) in 2012, representing an increase of 6%.

In general, it can be concluded that administrative data indicate that the targets set for 2013, which was to reduce the number of un/under immunized children by at least 10 % the number observed in 2012, was not achieved.

Key activities in 2013:

✓· Introduced PCV13 countrywide

✓· Conducted post introduction evaluation (PIE) for PCV

✓· Conducted 2 rounds of National Health Week (it was integrated OPV vaccination to under 5 year's children nationwide in the first round and measles to 6-59 months in the second round)

✓· Provided funds to 5 provinces (Sofala, Inhambane, Gaza, Maputo Province and Maputo Cidade)

✓· Conducted supportive supervision to 8 low performing provinces in 2012

✓· Conducted DVDMT training for 27 district EPI managers in 3 provinces (Maputo Cidade, Maputo Província and Gaza)

✓· Procured and distributed 33 refrigerators

✓· Procured and distributed 30 motorbikes for low performing districts in Zambézia Province.

Constraints

- Resources constraints, funds and transport, to support program implementation.

Action Points & Way Forward

✓· Build capacity at all levels as appropriate on RED/REC 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/REC implementation (financial & materials) – The country counts on with HSS funds recently approved by GAVI.

✓· 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*

✓· Upgrade the cold chain as per CC Upgrade Plan developed in 2013.

Comments on the countries' achievements.

In 2013, Mozambique still remained amongst the top 10 countries in the ESA sub-region with the highest number of un/under immunized children. This has been so for the last four years. However, it should be noted that that the country made considerable progresses between 2010 and 2011 (50% reduction from 310,458 in 2010 to 154,923 in 2012), and 58% reduction between 2011 and 2012 (from 154,923 in 2011 to 65,784 in 2012). Unfortunately, in 2013 the country witnessed a breakage in its tendency of reducing the un/under immunized, with a sudden increase of 24% in the number of un/under immunized between 2012 and 2013 (65,784 in 2012 to 81,828 in 2013). This is partially attributable to serious resources constraints, resulting in 78% implementation of the planned outreach services, and consequently fewer children reached as compared to previous years, noting that almost 50% of Mozambican population do not have access to a fixed vaccination post and outreach remains the solely strategy the country is implementing to reach communities that are not served by fixed vaccination posts.

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

Even though routineexpenditure has increased in 2013 as compared to 2012, this increase was moredue to new vaccines cost. Operational expenditures faced resource constraints,mainly at district level that might have affected its performance. Indeed, inMozambique only 48% of the population has access to fixed health care servicesand the remaining is reached through outreach health services. Overall only 65%of the planned outreach sessions have been implemented, most those in the first6 months of the year, noting that outreach services were intensified in thefirst three months after PCV introduction in April.<?xml:namespace prefix = o />

On the other hand, it is also recognized that in 2013, while theintroduction of PCV in April contributed to very high uptake of first doses ofvaccines, it might have had some influence in the reduced uptake of the thirddoses, as evidenced by the high PCV coverage (84%) as compared to PCV3 (45%).The reason was that while the messages broadcast were informing that PCV was tobe given to children up to 1 year of age, in practice PCV was being offeredonly to children under one that were initiating DPT or that had not yetcompleted their DPT schedule. Most mothers with children under one that werenot getting PCV as they had already completed the DPT3, felt excluded and thiswas a source of a lot of complains and misinformation that might havecontributed for some mothers not finishing the vaccination schedule for PCV aswell as for other vaccines.

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? **Not selected**

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
DHS 2003 - National Institute of Statistic	2003	72.6	70.5
MICS 2008 - National Institute of Statistic	2008	74.4	73.8
DHS 2011- National Institute of Statistic	2011	76.2	76.1

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

Available data, as shown inthe table above, indicates that there is no significant difference in access toimmunization 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? **Not selected**

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 above, surveyspreviously done in which health interventions were assessed have consistentlyshown no significant difference in access to immunization services for malesand females. For instance, the last DHS conducted in 2011 indicates that DPT3coveragewas 76.2% for males and 76.1 for females, while children fully immunizedcoverage was 63.5 for males and 64.6 for females. Therefore, in Mozambiquemales and females have equal access to immunization services.
<?xml:namespace prefix = o />

However,because we are aware that gender aspects must be addressed, the EPI program hasbeen working with already known CSO and NGO's that work for equal opportunitiesbetween boys and girls in access to health, education and job, such as theFoundation for Community Development (FDC), Geração BIZZ, amongst others, todevelop appropriate communication strategies and messages to achieve thisobjective.

Gender issuesis an important aspect of the communication and mobilization strategy. Thebenefit of vaccination in improving survival and health outcomes of children inthe communities and society in general will be explained to parents, guardians,teachers, students (of both sexes), community leaders and political leaders inorder to guarantee that all layers of society are convinced that it isimportant and cost-effective to also target girls with vaccination.

In the community, influential groups suchas the elderly will be explained on the advantages of having boys and girlsaccessing vaccination services. The message will be delivered so that the ideathat vaccination is good also for girls, does not interfere with theirreproductive capacity and improves the survival and health outcomes for girlsthat will be future spouses and mothers in the community is emphasized. Thisexplanation will reduce the risk of resistance from parents to allow girls tospecifically benefit from vaccination.

The implementation of RED/REC strategy focusingon the areas with high numbers of unimmunized children will also help toaddress the inequity issues in immunization.

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 surveysperformed Nationwide by National Bureau of Statistics in 2008 (MICS 2008) and 2011 (DHS 2011), have shown thatcoverage levels in the surveys are 10% or more lower than those reportedthrough administrative data reporting system for some of thevaccines/indicators. This has been attributed to data quality issues,such as the inclusion of children > 1 year in the numerator and duplicationof some data during the national child health week.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

Not applicable

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 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 (out of target group) in the numerator 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, among 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 happen as planned as financial constraints have been hindering both formal training workshops and in job supportive supervision at the most peripheral level, that is, not reaching the front line workers, who are the primary responsible for producing data that is then transferred upwards along the system.

Indeed, 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 to improve the overall quality of data of the immunization program. In the attempt to improving data quality, the DVDMT tool was expanded to further 27 districts in 2013 (7 in Maputo City, 8 in Maputo Province and 12 in Gaza Province), using part of the GAVI funds allocated to the country for new vaccine (PCV10) introduction. Additionally, 30 computers have been purchased for the above mentioned districts for data management. 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.

Moreover, the program has been sensitizing vaccinators to carefully check the age of the child and record the given dose in the appropriate column with regards to the age.

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 addition to training and introduction ofthe DQS and DVDMT tools in more and more districts as funds become available,the country has planned to start piloting the REC strategy in 2 districts inearly 2014, learn lessons and then expand it countrywide subject to fundsavailability, for which the country accounts also with already approved GAVIHSS grant. <?xml:namespace prefix = o />

In the context of REC strategy, healthfacilities are working with community leaders and focal persons to get the listof eligible children in each community. This will help to fix the denominatorin different communities and harmonize figures across programs in the samehealth catchment area, as well tracing of defaulters. Further, the HIMS plansto work with the National Institute of Statistics to get the specific data onchildren under one by district. As of now, the program is applying the nationalaverage percentage of under one to all districts. Even though this might nothave influence on the denominator globally at country level, this might affectthe quality of denominator at district level, known that in urban districts thepercentage of under one is close to 2% while in the rural areas it is higher than4%.

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 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	FDC	Common Fund	Other
Traditional Vaccines*	2,629,542	2,629,542	0	0	0	0	0	0
New and underused Vaccines**	17,473,885	1,337,605	16,136,280	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	340,786	27,215	313,571	0	0	0	0	0
Cold Chain equipment	44,075	0	0	44,075	0	0	0	0
Personnel	1,595,775	1,595,775	0	0	0	0	0	0
Other routine recurrent costs	3,867,951	540,720	127,593	484,189	848,619	302,618	1,564,212	0
Other Capital Costs	142,945	0	0	142,945	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
First & Second Round National Health Week integrated with Polio 0-59 months in first round and Measles 6-59 Months in the second round		0	0	8,684,638	121,160	0	0	0

Total Expenditures for Immunisation	26,094,959							
Total Government Health		6,130,857	16,577,444	9,355,847	969,779	302,618	1,564,212	0

* 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 2014 and 2015

The Governmentfinances all traditional vaccines and their respective injection safetymaterials and also complies with its co-financing commitments

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?
FMA for Mozambique conducted in 2013, but report not yet received from GAVI	No

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 aplicable

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

Even though the assessment has been conducted in 2013, the report has not yet been received from GAVI

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 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<?xml:namespace prefix = o />

- Very limited funds for EPI program
- High number of un / under immunized children
- The quality of EPI data is still a matter of concern in many districts
- Not much progress in implementing the PIE and EVMA recommendations, both conducted in 2012. Vaccine management is still below desired standard levels.
- So far, no resources available for the construction of the vaccine stores at provincial levels for the installation of the CC capacity to meet Rotavirus vaccine introduction in 2015. Funds planned under GAVI HSS, still pending review for the IRC and possible approval from GAVI.

Main Recommendations

- To increase government funds allocation to EPI program and mobilize additional resources in support of the

program, using GAVI

and other funding opportunities at country level.

- Accelerate the implementation of measures towards the improvement of the quality of data
- Accelerate the implementation of the PIE and Vaccine management assessments
- Implement innovative strategies tailored to different realities in order be more effective in reducing the number of un and under immunized children countrywide

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

If Yes, which ones?

List CSO member organisations:
Foundation for Community Development (FDC)
Village Reach

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

Objectives<?xml:namespace prefix = o />

· Reduce the number of un / under immunized children, with focus on district withhigh number of under / unimmunized

children

· Improve EPI data management

· Improvement vaccine management at all levels and reduce vaccine wastage

· Introduce Rotavirus, IPV and MSD vaccines in 2015 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

2014 and beyond.

Priority actions

· Conduct HPV demonstration program and the Post-introduction evaluation for HPV vaccine

· Implement and Monitor REC strategy, DQS and DVDMT countrywide to improve program performance, data quality and

vaccine management;

· Co-finance the payment of new and under used vaccines.

· Implement the CC upgrade plan and introduce new vaccines

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD syringes	MoH

Measles	AD syringes	MoH
TT	AD syringes	MoH
DTP-containing vaccine	AD syringes	MoH & GAVI
PCV10	AD syringes	MoH & GAVI

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 problems were encountered in the implementation of the safety injection policy. The country has an injection safety policy, which is part of 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 2013 how sharps waste is being disposed of, problems encountered, etc.

The EPI program country wide uses AD syringes in all vaccination sessions (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. No problems worth mentioning were found in the waste disposal, except for the fact that some health facilities did not burn the waste on a daily basis and few others did not use the pits and incinerators properly (see PIE of PCV10 report).Recommendations such as appointing and training a waste management focal person in each health facility and regular provision of fuel for incinerators and for burning waste in open pits are in place.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	246,523	6,545,173
Total funds available in 2013 *(C=A+B)*	246,523	6,545,173
Total Expenditures in 2013 *(D)*	127,593	3,387,586
Balance carried over to 2014 *(E=C-D)*	118,930	3,157,587

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.

ISS funds were carryover from 2012, therefore, they were included in the national sectoroperational plan for 2013 and no delays or difficulties were encountered in theavailability of funds for program use.

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 asingle account of a commercial bank (BIM Millennium). The areas in which toinvest ISS funds are defined by EPI central level and endorsed by ICC. This isthen communicated to provinces / districts that can then request funds toimplement activities in their work plan that meet the ones endorsed by ICC. <?xml:namespace prefix = o />

From this point, the operations of the GAVIISS grant complies with the general government procedures at all levels; theimplementer (programme/ province/ district) requiring funds to implement anactivity included in the work plan fills in the MOH's standard disbursementrequest form, attach relevant documentation (e.g. pro forma invoice, approvedwork plan, etc.) and submit it to the EPI program at provincial or nationallevel, depending on the level requesting.

The EPI program verifies the pertinence ofthe 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 ortransferred 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. Ifit 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 are also required to submit a summarized technical report(2-3 pages) for the implemented activity.

The districts accounts for the expenses totheir 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 2013

Activities implemented in 2013	Amount spent in MZN	Amount spent in SD
Vaccine delivery	1,043,296.90	39,295.55
CC maintenance	1,208,500.00	45,517.89
Program management	548,441.59	20,656.93
Program coordination meetings	183,515.00	6,912.05
Coverage survey in one province	403,833.50	15,210.30
Total Expenditure	3,387,586.99	127,592.73
Balance	3,157,585.80	118,929.79

<?xml:namespace prefix = o />

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 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 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

Request for ISS reward achievement in Mozambique is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	2,798,000	2,798,000	0	No
Pneumococcal (PCV10)	3,648,000	3,648,000	0	No
Rotavirus		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 wereencountered with regards to both Pentavalent (DPT-HepB-Hib) and PCV10 vaccines

- 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.

The country requestedto shift from pentavalent 1 dose liquid vial to 10 doses liquid vial in 2010,and since then it is keeping the last 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.

No stock out wasregistered in any of the above mentioned vaccines in table 7.1

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, 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	Yes	13/04/2009
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Indeed, the country had planned a simultaneous countrywide introduction, but because it realized that there was considerable amount of tetravalent (DPT-HepB) left, then decision was made for the phased introduction, starting in the north region in April, then Central region in June and lastly, south region in August 2009.

Pneumococcal (PCV10), 2 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 ?	Yes	Countrywide introduction was planned in the vaccine introduction plan

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	15/06/2015
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Countrywide introduction was planned in the new vaccine application for April 2015 (Measles and Rota). However, as the country will be soon applying for IPV introduction in the same 2015 year, it intends to introduce simultaneously the three vaccines in June 2015, to more time for preparations.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2014**

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))

Please see attachments number 14 and 28.

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? **Yes**

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:

Contact CISM and INS for results of studies conducted

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	815,500	24,465,000
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	815,500	24,465,000
Total Expenditures in 2013 (D)	687,926	20,637,780
Balance carried over to 2014 (E=C-D)	127,574	3,827,220

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

The main activities financed through the newvaccine introduction grant include: <?xml:namespace prefix = o />

<!--[if !supportLists]-->1. <!--[endif]-->Procurement of cold chain equipment

<!--[if !supportLists]-->2. <!--[endif]-->Printing of data collection tools

<!--[if !supportLists]-->3. <!--[endif]-->Printing and distribution of communication materials anddissemination of spots

<!--[if !supportLists]-->4. <!--[endif]-->Training of health workers on new vaccine (PCV) introductionand EPI logistic (DVDMT tool and vaccine management)

<!--[if !supportLists]-->5. <!--[endif]-->Purchase computers for districts for data management

<!--[if !supportLists]-->6. <!--[endif]-->Vaccine delivery to provinces, districts and health facilities

<!--[if !supportLists]-->7. <!--[endif]-->Launching of pneumococcal vaccine

<!--[if !supportLists]-->8. <!--[endif]-->Supportive supervisory visits in the preparatory,introduction and post introduction phases at

various levels

Conductpost-introduction evaluation

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

Funds were received late, almost two weeks to the introduction data. However, other funds have been advanced to meet the new vaccine introduction needs, which were reimbursed later when GAVI funds were received.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

The balance will be used to strengthen district capacity on effective vaccine management and dataquality through training on the use of the DVDMT and DQS tools and supportive supervision for improved vaccine management and quality of data produced by the program.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	551,561	262,200
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	786,044	196,800
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	1,337,605.00	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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	0	0
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	Government

Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	June	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	October	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	The country needstechnical assistance for developing financial sustainability strategies, andmobilizing funds form immunization	

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 hasalways met its co-financing commitments.

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 are no changes to the improvement plan. It is on track.

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

Renewal of multi-year vaccines support for Mozambique is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements

Yes

If you don’t confirm, please explain

The country confirms the need for vaccine support for 2015

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID		Source		2013	TOTAL
	Number of surviving infants	Table 4	#	950,278	950,278
	Number of children to be vaccinated with the first dose	Table 4	#	876,368	876,368
	Number of children to be vaccinated with the third dose	Table 4	#	876,368	876,368
	Immunisation coverage with the third dose	Table 4	%	92.22 %	

	Number of doses per child	Parameter	#	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	2,219,040	
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	2,219,040	

* 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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

There is no difference between the DPT-HepB-Hib stock on 31st December 2013 and 1st January 2014

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

Co-financing group	Low

	2013
Minimum co-financing	0.20
Your co-financing	0.20

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

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

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

		Formula	2013
A	**Country co-finance**	*V*	0.00 %
B	**Number of children to be vaccinated with the first dose**	*Table 4*	876,368
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	876,368
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,629,104
E	**Estimated vaccine wastage factor**	*Table 4*	1.11
F	**Number of doses needed including wastage**	*D X E*	
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	
H	**Stock to be deducted**	*H1 - F of previous year x 0.375*	
		H2 (2014) + H3 (2014) - F (2014)	
H2	**Reported stock on January 1st**	*Table 7.11.1*	0
		UNICEF shipment report	
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	
J	**Number of doses per vial**	*Vaccine Parameter*	
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	
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)*	

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for (part 2)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 4*
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**	*((D - D of previous year) x) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x)*
H	**Stock to be deducted**	*H2 of previous year - 2013 x F of previous year*
		H2 (2014) + H3 (2014) - F (2014)
H2	**Reported stock on January 1st**	*Table 7.11.1*
		UNICEF shipment report
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*
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)*

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	950,278	976,635	1,035,471	1,063,470	4,025,854
	Number of children to be vaccinated with the first dose	Table 4	#	876,368	966,462	1,024,571	1,063,471	3,930,872
	Number of children to be vaccinated with the third dose	Table 4	#	876,368	966,462	973,342	1,010,297	3,826,469
	Immunisation coverage with the third dose	Table 4	%	92.22 %	98.96 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	644,000				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	644,000				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
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	$		0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	
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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

There is no difference in PCV stock on 31st December 2013 and 1st January 2014

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Low

	2013	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2012			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**)

		2014	2015	2016
Number of vaccine doses	#	2,326,700	3,084,700	3,185,500
Number of AD syringes	#	2,555,300	3,431,500	3,543,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	28,125	37,750	38,975
Total value to be co-financed by GAVI	$	8,242,000	10,862,000	11,187,500

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

		2014	2015	2016
Number of vaccine doses	#	141,400	188,600	195,400
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]	$	494,000	655,000	676,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.73 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	876,368	966,462	55,342	911,120
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	2,629,104	2,899,386	166,025	2,733,361
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.05		
F	**Number of doses needed including wastage**	*D X E*		3,044,356	174,326	2,870,030
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		67,571	3,870	63,701
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2,468,000	141,323	2,326,677
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		2,555,253	0	2,555,253
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		28,108	0	28,108
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		8,368,988	479,224	7,889,764
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		114,987	0	114,987
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)*		141	0	141
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		251,070	14,377	236,693
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)*		8,735,186	493,600	8,241,586
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		493,600		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.73 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	5.76 %			5.78 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,024,571	59,035	965,536	1,063,471	61,440	1,002,031
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B x C*	3,073,713	177,104	2,896,609	3,190,413	184,320	3,006,093
E	**Estimated vaccine wastage factor**	*Table 4*	1.05			1.05		
F	**Number of doses needed including wastage**	*D X E*	3,227,399	185,959	3,041,440	3,349,934	193,536	3,156,398
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	45,761	2,637	43,124	30,634	1,770	28,864
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	3,273,200	188,598	3,084,602	3,380,800	195,319	3,185,481
J	**Number of doses per vial**	*Vaccine Parameter*	2			2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	3,431,422	0	3,431,422	3,543,152	0	3,543,152
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	37,746	0	37,746	38,975	0	38,975
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	11,030,684	635,573	10,395,111	11,362,869	656,466	10,706,403
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	154,414	0	154,414	159,442	0	159,442
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)*	189	0	189	195	0	195
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	330,921	19,068	311,853	340,887	19,695	321,192
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)*	11,516,208	654,640	10,861,568	11,863,393	676,160	11,187,233
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	654,640			676,160		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.76 %			5.78 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	2016	2017	TOTAL
	Number of surviving infants	Table 4	#	950,278	976,635	1,035,471	1,063,470	1,091,841	6,238,328
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	653,981	962,721	1,011,389	3,689,744
	Number of children to be vaccinated with the second dose	Table 4	#			621,282	914,585	960,820	3,505,257
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	60.00 %	86.00 %	88.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0					
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		0.00 %	5.00 %	5.00 %	5.00 %	
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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

The country has not yet introduced Rotavirus vaccine

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2018
	Number of surviving infants	Table 4	#	1,120,633
	Number of children to be vaccinated with the first dose	Table 4	#	1,061,653
	Number of children to be vaccinated with the second dose	Table 4	#	1,008,570
	Immunisation coverage with the second dose	Table 4	%	90.00 %
	Number of doses per child	Parameter	#	2
	Estimated vaccine wastage factor	Table 4	#	1.05
	Number of doses per vial	Parameter	#	1
	AD syringes required	Parameter	#	No
	Reconstitution syringes required	Parameter	#	No
	Safety boxes required	Parameter	#	No
cc	**Country co-financing per dose**	Co-financing table	$	0.20
ca	**AD syringe price per unit**	Table 7.10.1	$	0.0450

cr	**Reconstitution syringe price per unit**	Table 7.10.1	$	0
cs	**Safety box price per unit**	Table 7.10.1	$	0.0050
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%	5.00 %
fd	**Freight cost as % of devices value**	Parameter	%	0.00 %

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low

	2013	2014	2015	2016	2017	2018
Minimum co-financing	0.00	0.00	0.20	0.20	0.20	0.20
Recommended co-financing as per Proposal 2013			0.20	0.20	0.20	0.20
Your co-financing			0.20	0.20	0.20	0.20

	2018
Minimum co-financing	0.20
Recommended co-financing as per Proposal 2013	0.20
Your co-financing	0.20

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

		2014	2015	2016	2017
Number of vaccine doses	#	0	1,589,400	2,023,300	1,991,300
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 GAVI	$	0	4,261,000	5,498,500	5,411,500

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

		2018
Number of vaccine doses	#	2,090,000
Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by GAVI	$	5,679,500

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

		2014	2015	2016	2017
Number of vaccine doses	#	0	128,200	160,800	158,300
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]	$	0	344,000	437,000	430,000

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

		2018
Number of vaccine doses	#	166,100
Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country [1]	$	451,500

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B x C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*		0	0	0
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		0	0	0
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
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)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		0	0	0
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)*		0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	7.46 %			7.36 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	653,981	48,793	605,188	962,721	70,857	891,864
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B x C*	1,307,962	97,586	1,210,376	1,925,442	141,713	1,783,729
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	1,373,361	102,465	1,270,896	2,021,715	148,798	1,872,917
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	343,341	25,617	317,724	162,089	11,930	150,159
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*						
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,717,500	128,141	1,589,359	2,184,000	160,742	2,023,258
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,384,778	327,143	4,057,635	5,652,192	416,000	5,236,192
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0	0	0	0
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)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	219,239	16,358	202,881	282,610	20,801	261,809
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)*	4,604,017	343,501	4,260,516	5,934,802	436,800	5,498,002
U	Total country co-financing	*I x country co-financing per dose (cc)*	343,500			436,800		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.46 %			7.36 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

		Formula	2017			2018		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	7.36 %			7.36 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,011,389	74,438	936,951	1,061,653	78,138	983,515
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B x C*	2,022,778	148,876	1,873,902	2,123,306	156,275	1,967,031
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	2,123,917	156,320	1,967,597	2,229,472	164,089	2,065,383
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	25,551	1,881	23,670	26,389	1,943	24,446
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*						
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,149,500	158,203	1,991,297	2,256,000	166,042	2,089,958
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	5,562,906	409,429	5,153,477	5,838,528	429,715	5,408,813
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0	0	0	0
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)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	278,146	20,472	257,674	291,927	21,486	270,441
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)*	5,841,052	429,900	5,411,152	6,130,455	451,200	5,679,255
U	Total country co-financing	*I x country co-financing per dose (cc)*	429,900			451,200		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.36 %			7.36 %		

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 2014

Please complete and attach the HSS Reporting Form to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

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 2013

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 2013

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

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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	✓	Ministers Signatures_APR.pdf **File desc:** **Date/time :** 15/05/2014 11:55:12 **Size:** 736 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Ministers Signatures_APR.pdf **File desc:** **Date/time :** 15/05/2014 11:58:20 **Size:** 736 KB
3	Signatures of members of ICC	2.2	✓	ICC Signatures.pdf **File desc:** **Date/time :** 15/05/2014 12:01:55 **Size:** 347 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	ICC Minute_ APR & HSS 1st Year Plan Approval.pdf **File desc:** **Date/time :** 15/05/2014 12:06:01 **Size:** 33 KB
5	Signatures of members of HSCC	2.3	✗	No file loaded
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	ICC Minute_ APR & HSS 1st Year Plan Approval.pdf **File desc:** **Date/time :** 15/05/2014 12:15:29 **Size:** 33 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	Financial Statement for ISS Grant.docx **File desc:** **Date/time :** 15/05/2014 04:30:04 **Size:** 11 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	Statement for ISS Grant Audit Report.docx **File desc:** **Date/time :** 15/05/2014 04:34:00 **Size:** 11 KB
9	Post Introduction Evaluation Report	7.2.2	✓	PIE Improvement Plan.pdf **File desc:** **Date/time :** 15/05/2014 12:23:39

				Size: 105 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial Statement for Vaccine Introduction Grant.docx **File desc:** **Date/time :** 15/05/2014 04:38:17 **Size:** 11 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	Statement for Vaccine Introduction Grant Audit Report.docx **File desc:** **Date/time :** 15/05/2014 04:42:05 **Size:** 11 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_Mozambique_report_May 2012.docx **File desc:** **Date/time :** 16/05/2014 03:27:45 **Size:** 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Mozambique_EVMA_2012_Plan_Implementation_Satatus.xls **File desc:** **Date/time :** 16/05/2014 03:31:13 **Size:** 92 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	PIE Implementation Status.pdf **File desc:** **Date/time :** 16/05/2014 03:36:26 **Size:** 57 KB
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	No file loaded
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	No file loaded
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✗	No file loaded
22	HSS Health Sector review report	9.9.3	✗	No file loaded
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
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 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	Bank Statement for Cash Program.docx **File desc:** **Date/time :** 15/05/2014 05:25:22 **Size:** 11 KB

27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	PIE Improvement Plan.pdf **File desc:** **Date/time :** 16/05/2014 04:25:13 **Size:** 105 KB