GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Mozambique*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **27.06.2011 04:48:12**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php*

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI 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 language of the arbitration will be English.
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: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 10 doses/vial, Liquid	2013

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

There is no ISS, HSS or CSO support this year.

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	Alexandre Jaime Lourenco Manguele	**Name**	Manuel Chang
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Nuno Gaspar	EPI Manager	+ 258 824171622	ngaspar10@gmail.com or ngaspar@misau.gov.mz	
Manuel Novela	WHO EPI Specialist	+258 8007610	novelam@mz.afro.who.int	
John Lebga	UNICEF EPI Specialist	+258 9774262	jlebga@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

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.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Proper Tummusiine	WHO Country Representative			
Jesper Morch	UNICEF Country Representative			
Narciso Matos	Community Development Fund (FDC)			
Maria Gomes	Village Reach Country Coordinator			

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

All comments will be treated confidentially

Comments from Partners:

No comments

Comments from the Regional Working Group:

Not applicable

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC 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. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

HSCC 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:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Mozambique's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013		
Total births	963,900	991,107	1,019,104	1,047,715		
Total infants' deaths	89,643	92,173	94,777	97,437		
Total surviving infants	874,257	898,934	924,327	950,278		
Total pregnant women	1,120,844	1,152,481	1,185,036	1,218,306		
# of infants vaccinated (to be vaccinated) with BCG	1,043,222	901,908	937,576	974,375		
BCG coverage (%) *	108%	91%	92%	93%		
# of infants vaccinated (to be vaccinated) with OPV3	814,529	692,180	739,462	788,731		
OPV3 coverage (%) **	93%	77%	80%	83%		
# of infants vaccinated (or to be vaccinated) with DTP1 ***	758,459	804,860	840,298	876,368		
# of infants vaccinated (to be vaccinated) with DTP3 ***	586,387	692,180	739,462	788,731		
DTP3 coverage (%) **	67%	77%	80%	83%		
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	10%	10%		
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.11	1.11		
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	758,459	804,860	840,298	876,368		
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	586,387	692,180	739,462	788,731		
3rd dose coverage (%) **	67%	77%	80%	83%		
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	10%	10%		
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.11	1.11		

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013		
Infants vaccinated (to be vaccinated) with 1st dose of Measles	792,946	665,211	702,489	760,223		
Measles coverage (%) **	91%	74%	76%	80%		
Pregnant women vaccinated with TT+	726,219	806,736	841,375	877,180		
TT+ coverage (%) ****	65%	70%	71%	72%		
Vit A supplement to mothers within 6 weeks from delivery	698,539	733,419	774,519	817,218		
Vit A supplement to infants after 6 months	1,319,913	1,460,424	1,576,761	1,698,221		
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	23%	14%	12%	10%		

* Number of infants vaccinated out of total births
** 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.

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 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

- There are differences in the births figures for 2010 and onwards between APR 2010 and APR 2009. These differences are due to the fact that population figures utilized for both APR were different. In 2009 APR the population figures utilized were based on unofficial projections made in the MoH because the official projections were not available. For the 2010 APR (the current APR) we utilized the official projections figures from the census and the reason for these is that the official projections of the population census in 2007 were only available during the first quarter of 2011.

Provide justification for any changes in **surviving infants**

In terms of surviving infants there for the current APR 2010 the infant mortality rate utilized to calculate surviving infants was 93/1000 according to the survey done in 2008 (Multi Indicator Cluster survey), whilst in the APR 2009 the mortality rate utilized was from the Demographic Health Survey in 2003 (DHS 2003). In conclusion, for the current APR we utilized the most updated data that we have available.

Provide justification for any changes in **targets by vaccine**

In what concern the targets, for the current APR 2010 the targets were revised according to the update of the Country Multi Year Plan 2009-2013. This update took into account (1) the performance of EPI as reported by the coverage rates produced during the Multi Indicator Cluster Survey (MICS 2008) and administrative data reported from 2008, 09 and 10; (2) Planned activities for the current year and subsequent years to the end of the CMYP

Provide justification for any changes in **wastage by vaccine**

No changes in wastage of vaccines to date. However, from 2012 and onwards Mozambique will receive pentavalent vaccine in a different presentation. The presentation will change from 1 dose vial to 10 dose vials. This will mean a change in wastage rate from 5% to 10%.

5.2. Immunisation achievements in 2010

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 2010 and how these were addressed

The performance of EPI Program in Mozambique during 2010 has been affected deeply by an important stock-out of Vaccine in the country that lasted for approximately 3 month. This situation was followed by the reception of inadequate quantities of pentavalent vaccine by the end of 2010. As a result, there was a clear drop in the number of children to be vaccinated with Pentavalent vaccine (DTPHepBHib 1 and 3) and a spill over effect of reduction in number of children vaccinated with measles vaccines and other vaccines.

As we already experienced whenever there are recurrent stock outs of vaccines at health facility level this influences

in the general demand for Vaccination services resulting in mothers not going to the health facilities to complete the vaccination of the children.

Despite the constraints mentioned above, the key major activities during 2010 were:

1. Continuation of restructuring of EPI at Central and Provincial Level.
a. At Central level. (1)Recruitment of two technicians for Central Level team, namely for Logistics and Training;
b. At Provincial level. (1)Training of 22 District level Logisticians in the biggest province of the country (Nampula); Monthly meetings of EPI Team with Provincial Director of Health to monitor the performance of the program and day to day implementation of activities
2. Implementation of the Reaching Every District (RED) Strategy in 66 districts out of the 144 in the whole country. This strategy focus mainly on (1) improvement of planning capacity at district level with focus in micro planning, (2) improvement of outreach activities in order to reduce the number of unvaccinated children, (3) supervision at all levels; (4) Monitoring and action according to indicators, and (5) link with the communities to improve their participation in immunization activities and increase the demand for immunization services. There was a plan of expansion of the RED Strategy to additional 33 districts summing up 99 districts in 2010. However, due to lack of funds this was not possible.
3. Improvement of data quality. Data quality has been an important problem in EPI. Recognizing this important issue EPI has introduced Data quality Self Assessment (DQS) methodology (recommended by WHO) in most of the districts in all of the 11 provinces of the country. Currently these districts are implementing DQS every 3 months and reporting on the improvements to Provincial and Central Level.
4. Improvement of vaccine management. Vaccine management is another important issue to assure that vaccines reach the intended target group and high vaccination coverage is achieved. Recognizing this important issue, (1) EPI has introduced WHO´s vaccine management tools at Provincial level in all of the provinces, (2) new aide tools for vaccine management have been produced and distributed to all health facilities to aid health workers in the basic aspects of vaccine storage and management, (3) the new updated EPI manual has been distributed to all of the provinces, and (4) 2100 temperature monitor devices (2100 fridge tags) where acquired to allow monitoring of the quality of the storage of the vaccines in the Central, Provincial and District level.
5. Improvement of the cold chain. An adequate cold chain is fundamental for EPI and related to this issue the following actions have been taken:
a. Increase of cold chain capacity at Central Level. The storage capacity at central level has increased by the installment of 7 additional cold rooms in a new deposit store;
b. Acquisition of 104 refrigerators for Zambézia Province which is one of the biggest and more populated provinces in the country and that have had serious problems in terms of availability of cold chain

5.2.2.

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

During 2010 the targets were not achieved particularly in what concerns the following indicators, coverage of the 3rd dose of DTPHepBHib, drop-out rate DTPHepBHib 1 and 3 and Completely Vaccinated Children, mainly due to the following reasons:
1. Stock-out of Pentavalent vaccine for a period of 3 months from April to June due to the recall of 800.000 doses of the vaccine from SHANTA due to quality problems; Insufficient quantities of vaccine internationally at the end of the year of 2010;
2. Insufficient funds for the scaling up o RED Strategy;

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

Not applicable

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting?

If Yes, please give a brief description on how you have achieved the equal access.

The Mozambican Health System has prioritized Primary Health Care approach as its basis of provision of Health services since 1978. In this approach there is an important focus in making sure that women and children have particular attention in the provision of health services as well as to promote access to all health services to all individuals independently of the gender.

Moreover, all of the surveys previously done in which health interventions were assessed have consistently shown no significant difference in access to immunization services of males and females.

In Mozambique males and females have equal access to immunization services.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

NOT APPLICABLE

5.3. Data assessments

5.3.1.

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)*****.

In 2008 a survey was performed Nationwide, the Multi Indicator Cluster Survey (MICS 2008). The survey has shown that coverage levels are somehow different than those measured through the administrative data system. According to the survey the true coverage was slightly lower than reported in the administrative data for some of the vaccines/indicators.

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

Recognizing the issues related to poor data quality, in 2009 there was a recommendation to all of the 11 provinces to perform a immunization coverage survey (ICS) every 2 years. This ICS are based in the WHO´s methodology of 30 by 7 cluster survey.
Following this recommendation during 2010 some of the provinces have performed the ICS, particularly, 7 out of the 11 Provinces (Niassa, Zambézia, Tete, Sofala, Inhambane, Gaza, and Maputo Província. The rest of the Provinces will be implementing the coverage survey during 2011/12.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- In 2005, the EPI program developed and successfully pre-tested new data collection tools and vaccination activities recording book. In fact the new tools (as mentioned above) have been introduced in January 2008. Currently, the new EPI data collection tools are already being used Nationwide and EPI is currently monitoring its use.

- At central level, procedures to monitor timely reporting from provincial/ district levels were set.

- At central level, data is now monitored by district. However, still lacking consistently information on wastage rate. There are actions that have been taken to implement a system of monitoring of wastage in all of the country.

- DQS methodology has been implemented in all of the provinces in the country, although not in all districts. Currently 5 districts per province are expected to fully implement DQS methodology on a regular basis.

- Immunization coverage surveys have been implemented in some of the provinces in 2010 (which). According to the plan for implementing Immunization coverage surveys every province will be implementing a survey every two years and the results will be regularly analysed and compared with the routine data.

5.3.4.

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

- Implementation of DQS in all districts per province by 2012 as well as the implementation of its recommendations in all of the districts by the end of 2012
- Minister of Health Information System (SIS) of which EPI monitoring component is a part, is being thorough evaluated and the results of this evaluation will be produced at the end of the I Semester. The recommendations from the evaluation will be fully implemented.
- Regular meetings of EPI technical group to discuss issues of data quality are scheduled to take place avery quarter (trimester)
- Data issues are regularly discussed in every EPI Technical group meeting on a weekly basis (technical group includes apart from EPI staff, WHO and UNICEF technical advisors)

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US$.

Exchange rate used	1 $US = 30	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** Common Fund	**Donor name** FDC	**Donor name**	
Traditional Vaccines*	1,500,000	1,500,000							
New Vaccines	7,011,500	451,500	6,560,000						
Injection supplies with AD syringes	426,000	426,000							
Injection supply with syringes other than ADs									
Cold Chain equipment	400,000						400,000		
Personnel	2,701,615	1,404,460		561,817	30,000	685,338	70,000		
Other operational costs	1,974,476	312,506		568,410	268,900	695,660	129,000		
Supplemental Immunisation Activities									
Other Capital Investments	461,400	35,400					426,000		
Total Expenditures for Immunisation	*14,474,991*								
Total Government Health		4,129,866	6,560,000	1,130,227	298,900	1,380,998	1,025,000		

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	1,124,904	1,209,942	
New Vaccines	14,450,714	14,175,983	
Injection supplies with AD syringes	623,245	667,694	
Injection supply with syringes other than ADs			
Cold Chain equipment	491,380	1,021,367	
Personnel	2,994,216	3,294,318	
Other operational costs	3,285,810	3,566,329	
Supplemental Immunisation Activities		2,083,303	
Other Capital Investments	537,846	600,494	
Total Expenditures for Immunisation	23,508,115	26,619,430	

* 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.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The financing data shows that the expenditure trends proposed in the APR 2009 do not differ signifioantly with the trends in expenditure during the reporting year of 2010. The main drivers of expenditure in 2010 were on traditional vaccines, co-financing of pentavalent vaccine, RED Strategy and other operational costs.

In what regards future expenditure projections, according to the CMYP 2012-2016 the composition of the future resource requirement ilustrates that requirement increases from around $22.4 million in 2012 to $45.0 million in 2016. The major driving costs are new vaccines, underused vaccines, personnel and other recurrent costs. Traditional vaccines, injection safety materials, cold chain, transport and vehicles have a small share requirement. It should be noted that vehicles have been calculated as a % of EPI utilization

- Out of the total resource requirement of $181.5 million, $49.5 million are secured over the life of the plan of the current cMYP. The average funding gap with secured funding as a proportion of total resource need is of 73%. The funding gap increases from 50% in 2012 to a peak of 84% in 2015 and then falls to 82% in 2016. The reasons for the gaps noted here are markedly the high costs of new vaccine introduction, in this case PCV13 from 2012 and Rotavirus vaccine from 2014, for which funds are not yet guaranteed, pending GAVI financial approval if the application is recommended for approval by the independent review committee (IRC). Therefore, these funds have been classified as not secured.
While the 57% gap in 2013 has the contribution of the OPV campaign funds, which were classified as not secured, the huge jump in the program financial gap between 2013 and 2014 (57% to 72%) is due to introduction of Rotavirus in 2014. Meanwhile, the pick in the gap in 2015 has a significant contribution of the additional cost of the follow up measles campaign in 2015, for which financing has also been classified as not secured. However, when probably funds are taken into account, the funding gap reduces significantly to 2%.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes (Document number 1) from all the ICC meetings held in 2010, including those of the meeting 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 5.4 Overall Expenditures and Financing for Immunisation

NOT APPLICABLE

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

If Yes, which ones?

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
COMUNITY DEVELOPMENT FUND (FDC)	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

The major objectives are:
1. Continue the strategy for elimination of Measles by 2020: Within this objective the major activity programmed are:
a. To achieve and sustain high immunization coverage of at least 90% at National level (baseline MICS Study 2008, Measles coverage of 74%) and at list 80% in all districts (baseline 46% of districts) by 2013;
b. Improve measles surveillance at sub-national level standard level indicators
2. Continue the activities towards eradication of Polio
a. Improve surveillance performance indicators at sub-national level to achieve standard levels in at least 80% of districts by 2013 (baseline 56%)
3. Improve service delivery and programme management
a. Improve data quality of the EPI Program
4. Improve advocacy and communications
a. Achieve at least 10% increase in the Government funding for EPI (baseline 25% in 2010) and of at least 30% for the overall EPI budget (baseline 2010 EPI budget)
5. Improve vaccine supply, quality and logistics
a. Introduce adequate system for vaccine monitoring in all districts by 2013
b. Improve vaccine and cold chain management systems at sub-national level to achieve 100% of provinces (baseline 67%) and at least 90% of districts (baseline 70%) with adequate cold chain by 2013

5.7. 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 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD	GOVERNMENT	
Measles	AD	GOVERNMENT	
TT	AD	GOVERNMENT	
DTP-containing vaccine	AD	GOVERNMENT	

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? (Please report in box below)

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

Mozambique has been using A/D syringes and safety boxes as well as implementing adequate practices of waste management since 2001 with GAVI support. From the year 2003 the Government of Mozambique has taken over and to date has been purchasing AD Syringes and Safety boxes, as well as implementing safe waste management practices.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Sharp waste is disposed in safety boxes, which are then burnt in open pits and buried

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	2,110,600	2,351,360	286,900	

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

If numbers [A] and [B] above are different

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

According to the figures presented in the table above, it seems that the number of vaccine doses received during 2010 was higher than expected from GAVI/UNICEF. However, of these 2.351.360 doses of vaccine reported in table above, 211.000 doses transited from 2009 to 2010 and approximately 838.000 doses were recalled due to quality issues (SHANTA BIOTECHNICS SUPPLIER). In the end, the true quantity of vaccine available for 2010 was of 1.302.298 dosis of pentavalent vaccine plus 211.000 of vaccine that transited from 2009. In conclusion, the true quantity of vaccine available during 2010 was of aprox 1.513.000 doses.
In addition, as it can be seen in the table about 286.900 doses supposed to be received in 2010 were only received in January 2011.

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)

Following the problem with the recalled stock of pentavalent vaccine, EPI and UNICEF reevaluated the stock situation and produced a reception plan of the vaccine for the following year of 2012 that took into account the quantities of vaccine recalled, the stock available at provincial level and central level and the additional needs of covering children that where not vaccinated previously due to the stock out.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? Yes

If Yes, how long did the stock-out last? 3 month

Please describe the reason and impact of stock-out

During the first trimester of 2010 aprox. 838.000 doses of Pentavalent vaccine from SHANTA were withdrawn from the provinces (following recomendation from WHO) because of problems with the quality of vaccine aprox. in April. From April to june the country had complete stock out of the vaccine and the shippments were restarted in June.

However, the quantities received from UNICEF were not delivered according to the country needs. Furthermore, there were delays in the reception of the vaccine in the last quarter of 2010 due to the fact that (according to UNICEF) there were problems with the international stocks of the vaccines.

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	No new vaccine introduced in 2010 in Mozambique	
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

Not Applicable

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	
Receipt date	

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

Not applicable

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

Not applicable

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US$

Please describe the activities that will be undertaken with the balance of funds

Not applicable

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	451,500	145,200
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. NO PROBLEM WITH CO-FINANCING		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid		

2nd Awarded Vaccine	
3rd Awarded Vaccine	

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/resources/9___Co_Financing_Default_Policy.pdf.

THe country has payed the co-financing amount according to plan.

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 31.03.2011

When was the last Vaccine Management Assessment (VMA) conducted?

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 2)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

Mozambique has already performed to VMAs.The first one was performed in 2007 and the second one in 2009. THe results of the VMAs have shown that there was an improvement in Vaccine Management from the first to the second VMA mainly at Central and Provincial Level. There has been also slight improvement in VM at district level.

Following the VMAs the following actions have been takint to improve VM:
1. Training in Logistics of District tecnicians (Mainly in Nampula and Inhambane Province);
2. Acquisition of 700 new refrigerators to improve the quality of cold chain. This refrigerators replaced most of thw querosene refrigerators that we have in the whole country and resulted in an increase in capacity for the current vaccines and additional vaccines at Provincial and district level
3. EPI enrolled a new logistician at Central level to improve VM capacity
4. Vaccine Management tools, SMT(recommended by who) is being utilized at Central Level and has been introduced at provincial level in all of the Provinces;
5. Improvement of the capacity of the Central Vaccine Deposit by aprx. 5 fold. Since 2010 EPI has a new Central Vaccine Deposit;
6. Vaccine Arrivel Report procedures are being implemented for all of the vaccines in EPI
7. Temperature monitors have been acquired that allow a 30 day monitoring of temperatura and thus allowing to identify important variations of the temperature in the cold rooms/refrigerators. This monitors are being utilized at Central, Provincial and District level;

When is the next Effective Vaccine Management (EVM) Assessment planned? 30.10.2011

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Mozambique has been informed by UNICEF of a change in the reception of the vaccine from 1 dose vial to 10 dose vial from a diferent manufacturer. This change comes in agreement with the country needs because, (1) the 10 dose presentation will release more refrigerator space for additional vaccines; and (2) the 10 dose vial presentation is cheaper then the 1 dose one, which will of course reflect cost saving with the 10 dose presentation.

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements:

If you don't confirm, please explain

Not applicable

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 10 doses/vial, Liquid

	Instructions		2011	2012	2013				TOTAL
Number of Surviving infants	Table 1	#	898,934	924,327	950,278				2,773,539
Number of children to be vaccinated with the third dose	Table 1	#	692,180	739,462	788,731				2,220,373
Immunisation coverage with the third dose	Table 1	#	77%	80%	83%				
Number of children to be vaccinated with the first dose	Table 1	#	804,860	840,298	876,368				2,521,526
Number of doses per child		#	3	3	3				
Estimated vaccine wastage factor	Table 1	#	1.05	1.11	1.11				

	Instructions		2011	2012	2013				TOTAL
Vaccine stock on 1 January 2011		#		211,190					
Number of doses per vial		#	1	1	1				
AD syringes required	Select YES or NO	#	Yes	Yes	Yes				
Reconstitution syringes required	Select YES or NO	#	No	No	No				
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes				
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320				
Country co-financing per dose		$	0.20	0.20	0.20				
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053				
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032				
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640				
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%				
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%				

Co-financing tables for DTP-HepB-Hib, 10 doses/vial, Liquid

Co-financing group	Low

	2011	2012	2013		
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20		

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**			**TOTAL**
Number of vaccine doses	#		2,450,400	2,709,400			5,159,800
Number of AD syringes	#		2,435,700	2,712,400			5,148,100
Number of re-constitution syringes	#		0	0			0
Number of safety boxes	#		27,050	30,125			57,175

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**			**TOTAL**
Total value to be co-financed by GAVI	*$*		6,425,500	6,685,500			13,111,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**			**TOTAL**
Number of vaccine doses	#		202,400	239,000			441,400
Number of AD syringes	#		201,200	239,300			440,500
Number of re-constitution syringes	#		0	0			0
Number of safety boxes	#		2,250	2,675			4,925
Total value to be co-financed by the country	*$*		531,000	590,000			1,121,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 10 doses/vial, Liquid

		Formula	**2011**	**2012**			**2013**								
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.63%			8.11%								
B	**Number of children to be vaccinated with the first dose**	Table 1	804,860	840,298	64,092	776,206	876,368	71,037	805,331						
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3						

		Formula	2011	2012			2013								
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	2,414,580	2,520,894	192,276	2,328,618	2,629,104	213,109	2,415,995						
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.11	1.11	1.11	1.11	1.11	1.11						
F	**Number of doses needed including wastage**	D x E	2,535,309	2,798,193	213,427	2,584,766	2,918,306	236,551	2,681,755						
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		65,721	5,013	60,708	30,029	2,435	27,594						
H	**Stock on 1 January 2011**			211,190	16,109	195,081									
I	**Total vaccine doses needed**	F + G - H		2,652,724	202,331	2,450,393	2,948,335	238,985	2,709,350						
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1						
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		2,636,722	201,111	2,435,611	2,951,638	239,252	2,712,386						
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0						
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		29,268	2,233	27,035	32,764	2,656	30,108						
N	**Cost of vaccines**	I x g		6,552,2	499,758	6,05	6,840,1	554,444	6,28						

		Formula	2011	2012			2013								
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed			29		2,471	38		5,694						
O	Cost of AD syringes needed	K x ca		139,747	10,659	129,088	156,437	12,681	143,756						
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0						
Q	Cost of safety boxes needed	M x cs		18,732	1,429	17,303	20,969	1,700	19,269						
R	Freight cost for vaccines needed	N x fv		229,329	17,492	211,837	239,405	19,406	219,999						
S	Freight cost for devices needed	(O+P+Q) x fd		15,848	1,209	14,639	17,741	1,439	16,302						
T	Total fund needed	(N+O+P+Q+R+S)		6,955,885	530,545	6,425,340	7,274,690	589,667	6,685,023						
U	Total country co-financing	I 3 cc		530,545			589,667								
V	Country co-financing % of GAVI supported proportion	U / T		7.63%			8.11%								

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

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

The ICC noted with some concern the drop in the DPT-HepB-Hib coverage in 2010, having reached only 67%. The ICC noted also that this was due to the recall of Shan5 pentavalent DPT-HepB-Hib vaccine due to flocculation observed, which caused an almost 2.5 months of general stock out at all levels. The ICC noted also with satisfaction that the OPV3 coverage, given in the same schedule as DPT-HepB-Hib reached a coverage of 93%, meaning that the system is strong enough to deliver immunization services to reach high coverage also with the new vaccine PCV, for which the country is applying to be introduced in 2012, if the application is approved.

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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.

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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.

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	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

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		4	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		5	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		6	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details		7	
new cMYP starting 2012		8	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** APR_Ministers Signatures and ICC Members Signatures.pdf **Date/Time:** 01.06.2011 09:01:06 **Size:** 535 KB		
2	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:**	**File name:** APR_Ministers Signatures and ICC Members Signatures.pdf **Date/Time:** 01.06.2011 09:02:59 **Size:**		

ID	File type Description	File name Date and Time Size	New file	Actions
		535 KB		
3	**File Type:** Signatures of members of ICC * **File Desc:**	**File name:** APR_Ministers Signatures and ICC Members Signatures.pdf **Date/Time:** 01.06.2011 09:11:20 **Size:** 535 KB		
4	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** ICC minutes.zip **Date/Time:** 01.06.2011 09:15:33 **Size:** 1 MB		
5	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** ICC Minute nr 3.pdf **Date/Time:** 01.06.2011 09:18:28 **Size:** 634 KB		
6	**File Type:** EVSM/VMA/EVM report **File Desc:**	**File name:** Vaccine Management Improvement Plan_Last Version.doc **Date/Time:** 01.06.2011 09:32:26 **Size:** 42 KB		
7	**File Type:** New Banking Details **File Desc:**	**File name:** Bank Account Details Confirmation.pdf **Date/Time:** 01.06.2011 09:34:29 **Size:** 403 KB		
8	**File Type:** new cMYP starting 2012 **File Desc:**	**File name:** Mozambique- MULTI-Year Plan - 2012-2016_Last Version_28th May.doc **Date/Time:** 01.06.2011 09:37:31 **Size:** 1 MB		