Annual Progress Report 2008

Submitted by

The Government of

MOZAMBIQUE

Reporting on year: __2008__

Requesting for support year: _2010/2013_

Date of submission: 22th May 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

and any hard copy could be sent to :

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CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of Mozambique

Minister of Health:	**Minister of Finance:**
Title:	Title: ……
Signature: ……	Signature: ……
Date: ……	Date: ……

This report has been compiled by:

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
El Hadi Benzerroug	WHO		
Leila Pakkala	UNICEF		
Maria Gomes	Village Reach		
Joaquim Wate	FDC		

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: y/n

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HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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

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

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

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 fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date

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

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the

Table A: Latest baseline and annual targets (*From the most recent submissions to GAVI)*

Number of	Achievements and targets								
	2004	**2005**	**2006**	**2007**	**2008**	**2009** [(a)]	**2010**	**2011**	**2012**
DENOMINATORS									
Birth is	853,758	874,640	895,632	923,882	946,055	854,182			
infants' death is	94,862	97,182	99,515	102,654	105,118	105,919			
Surviving infants	758,896	777,458	796,117	821,228	840,937	854,182			
infants vaccinated in 2007 (JRF) / to be vaccinated 2007 and beyond with **1st dose** of DTP (DTP1)*									
infants vaccinated 2007 (JRF) / to be vaccinated 2007 and beyond with 3rd **dose** of DTP (DTP3)*									
NEW VACCINES **									
Infants vaccinated 2007 (JRF) / to be vaccinated 2007 and beyond with **1st dose** of DTP (DTP1)* (tetra/penta)…..... *(new vaccine)*	769,411	746,586	737,403	727,431	748,434	854,000			
Infants vaccinated 2007 (JRF) / to be vaccinated 2007 and beyond with 3rd **dose** of Tetra/Penta…… *(new vaccine)*	666,604	658,329	698,593	654,274	672,749	751,520			
Wastage rate in 2007 and plan for 2008 beyond*** …….. *(new vaccine)*	20 %	Not available	13 %	15%	10 – 15 %	**5%**			
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	810,226	758,022	796,611	**713,243**	522,928 (51%)	640,637			
infants vaccinated / to be vaccinated with BCG	870,425	723,036	756,311	**824,968**	844,767	854,000			
infants vaccinated / to be vaccinated with Measles	683,984	659,479	690,831	**627,128**	642,179	854,000			

Table B: Updated baseline and annual targets

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births		834,162	854,000	875,074	896,076	917,582	939,604		
Infants' deaths		102,966	105,919	108,460	111,064	113,729	119,263		
Surviving infants (**a)**		834,162	854,000	875,074	896,076	917,582	939,604		
Pregnant women		1,042,703	1,067,728	1,093,353	1,119,593	1,146,464	1,202,249		
Target population vaccinated with BCG		943,810	854,000	875,074	896,076	917,582	939,604		
BCG coverage*		113%	100%	100%	100%	100%	100%		
Target population vaccinated with OPV3		732,492	751,520	787,567	815,429	834,999	855,039		
OPV3 coverage**		87%	87%	88%	89%	90%	90%		
Target population vaccinated with DTP (DTP3)***		739,849	751,520	787,567	815,429	834,999	855,039		
DTP3 coverage**		101%	87%	88%	89%	90%	90%		
Target population vaccinated with DTP (DTP1)***		?	854,000	875,074	896,076	917,582	939,604		
Wastage[1] rate in base-year and planned thereafter		10 – 15 %	5%	5%	5%	5%	5%		
Target population vaccinated with **1st dose** of Measles		706,267	854,000	875,074	896,076	917,582	939,604		
Target population vaccinated with **2nd dose** of Measles		N/A	N/A	N/A	N/A	N/A	N/A		
Measles coverage**		96%	87%	89%	90%	90%	90%		
Pregnant women vaccinated with TT+		600,967	640,637	656,012	671,756	687,878	721,349		
TT+ coverage****		58%	60%	60%	60%	60%	60%		
Vit A supplement	Mothers (<6 weeks from delivery)	N/A	N/A	N/A	N/A	N/A	N/A		
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		12%	12%	10%	9%	9%	9%		
Annual Measles Drop out rate (for countries applying for YF)		N/A	N/A	N/A	N/A	N/A	N/A		

[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. For new vaccines check table α after Table 7.1.

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

NOTE: There are differences between the achievements in 2008 as reported on the JFR and the targets for the following years and these differences are due to data quality issues. For instance, in 2008 more children were vaccinated with DTPHepB3 then what is expected in 2009 and further, due to the fact that EPI is introducing activities to improve data quality such as DQS.

In addition, the clear reduction on wastage rate from ~ 10-15% in 2008 to 5% from 2009 and further is due to the introduction of 1 dose liquid vial pentavalent vaccine in 2009 which has a very low wastage rate.

(a) Mozambique uses live births as the official denominator for DTPHepB1 and 3 which is 3.9%, approximately 4% rather than surviving infants (see instructions in the JFR form). Infant mortality rate is 124 per 1000 live births, however, we will use the same numbers as per live births for surviving infants.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Mozambique is in the eight year of GAVI support and haven't received any additional ISS funds since 2002

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Not Applicable (N/A) see comment above on ISS funds

1.1.2 Use of Immunization Services Support

*In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2008 __**None received**
Remaining funds (carry over) from 2007 _ **No carryover of funds**
Balance to be carried over to 2009 __**None**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ……. *(specify)*					
Total:					
Remaining funds for next year:					

1.1.3 ICC meetings

*How many times did the ICC meet in 2008? ICC met twice in 2008*_____
Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: ***[Yes/No]***
if yes, which ones?

List CSO member organisations Village Reach and Fundo para o Desenvolvimento da Comunidade (FDC)

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

The major activities conducted to strengthen EPI in 2008 were:

- *Two Child Health Weeks,* ***first one in March 2008*** *(supplementation with Vit. A, Deworming, nutritional monitoring and reinforcement of routine vaccination), and* ***second one in October*** *with the above interventions plus measles vaccinacion and distribution of mosquito bed nets in Nampula Province;*
- *Implementation of Reaching Every District Strategy (RED) in 33 districts;*
- *Reestructuring of EPI at Central and Provincial level;*
- *Introduction of new EPI monitoring tools in January 2008 to improve data quality*
- *Preparation for the introduction of pentavalent vaccine (DTPHepBHib):*
    - *Reinforcement of cold chain at Provincial and District level;*
    - *Updating of EPI tools to accommodate new vaccine including updating of Road to Map child health card*
    - *Prepared informative material for introduction of Pentavalent vaccines;*

Constraints:

- *Measles campaign preparation and implementation plus implementation of RED strategy in 33 districts presented a heavy burden on already understaffed EPI at all levels;*
- *Insufficient Human Resources at all levels*
- *Natural disasters occurred during 2008, namely Floods and cyclones*
- *Cholera epidemics affected all provinces in the country*
- *Underfunding of EPI*

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (DOCUMENT N°……) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.

b) Most recent external audit report (DOCUMENT N°……) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
c) Detailed Financial Statement of funds (DOCUMENT N°……) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

DQA was only done in 2002 in Mozambique and the recommendations were:

Recording, storing and reporting practices

- Regular update of stock ledger books.
- Maintain stock records for syringes and other materials.
- Develop written procedures to deal with late reporting and identification of missing reports.
- Display and update charts/graphs on immunisation coverage.

Monitoring and evaluation

- District health office should supply the Health Units with denominators for child <1 and for pregnant women.
- More frequent supervisory visits by the district health office.
- Put in place a system to monitor adverse effects after immunisation.
- Display and update charts/graphs on immunisation coverage.
- Provide formal written feedback to lower levels

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES [X] *NO* [ ]

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

In 2005, the EPI program developed and successfully pre-tested new data collection tools and vaccination activities recording book. According to the previous plan, the scaling up was to initiate in October 2005 and finish by December the same year, in a way that by 1st January 2006, all health facilities would be using these new tools. 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. In the old forms this information is not requested. Therefore, we have included it in the new reporting forms.

EPI Manual was revised in 2007. Procedures on the usage of the new tools were included and took into consideration the DQA recommendations.

EPI also initiated preparations for DQS implementation countrywide.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. *[mm/yyyy]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

None conducted

List challenges in collecting and reporting administrative data*:*

The main challenges are:

- *Lack of timely submission of reports by the various provinces to the National SIS office, resulting in incomplete data and therefore absence of timely and accurate data to EPI and other programme co-ordinators which would facilitate decision making and support monitoring activities.*
- *Insufficient Human Resources at all levels, particularly at Central Level in the National Health Information System (SIS) to adequately filter and analyse the data sent by the provinces and SIS is currently being restructured at National Level.*

- *In parallel to the restructuring of the National Health Information the Ministry of Health intends to perform regular coverage surveys in order gather more reliable data to evaluate the performance of the program by conducting one coverage survey per province every two years.*

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

Mozambique introduced first new vaccine (tetravalent - DTPHepB) in 2001. The second new vaccine to be introduced was the vaccine against *hemophillus influenza type b*, as a pentavalent presentation (DTPHepBHib).
Pentavalent vaccine was introduced utilizing a phased strategy. First phase was the introduction in the 1st of April 2009 in four Provinces of the Northern part of the country namely Niassa, Cabo Delgado, Nampula e Zambézia because by the time of arrival of pentavalent vaccine in the country there was still tetravalent vaccine in stock. These provinces were chosen because these are the provinces with the higher mortality.

The second phase is the introduction of the vaccine in the rest of the country in August 2009.

List any change in doses per vial and change in presentation in 2008

Mozambique introduced the liquid one dose vial presentation and intends to change in the future to other presentations that will be available and which occupy less cold chain space such as 2 dose vial and if possible 10 dose vial.

Dates shipments were received in 2008.*

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Pentavalent vaccine (DTPHepBHib)	Liquid 1 dose vial	791,700	1st April 2009	January 2009

*****Pentavalent vaccine was received in January 2009

Please report on any problems encountered.

None encountered

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

For the introduction of the vaccine the following activities were undertaken:

- Improvement of the cold chain both at Central level, district and health facility level. At Central Level a new Central Deposit with additional capacity for the vaccines that will be introduce apart from pentavalent vaccine, was built and will be operational in the second Semester of 2009. For the provincial and health facility level 226 new refrigerators were

procured following a National inventory of the cold chain that was performed in 2007 with the support of WHO

- Norms targeting health workers and district EPI Managers were developed and sent to all the provinces;
- In each province 2 weeks before the introduction of the vaccine teams from the provincial directorates distributed the vaccine to every health facility and trained health personal on the new vaccine
- EPI New data collecting tools were adapted early 2008 to include pentavalent vaccine, and equally a new road to health child health card was developed including pentavalent vaccine information

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: *[11/2008]*

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems
2009	288,500 USD	12/11/09	257,144,921	• Distribution of pentavalent vaccine and training of health workers to all health facilities in the four Provinces where the vaccine was introduced in April	None encountered

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? ***[11/2007]***

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

-Train the involved staff in the process of vaccine procurement including customs staff and clearing agents: conditions of clearance and pre-stocking of vaccines at the airport.
-Foresee a pre-storage area at the airport; or identify a space for which the storage conditions will be defined through an established agreement by the parties involved. (EPI, CUSTOMS, UNICEF and PRIVATE SECTOR) to use in case of arrival of the vaccines during the unavailability of the central level capacity.
-Speed up resource mobilization mechanisms for the acquisition on time of vaccines and vaccination materials.
-To computerize the vaccine management adopting the GIS/AFRO File (Computerized Stock Management) included in the levels of periphery health unities (Province and District);
-Elaborate a distribution plan of vaccines and materials to ensure its sound implementation;
-Update the cold chain inventory of materials and the fleet of vehicles;
-Foresee through the budget the financial support to acquire the reinforcement equipment for the cold chain;
-Elaborate a rehabilitation plan and distribution of equipment;
-Elaborate a maintenance plan and ensure its implementation;

-Adopt a system of monitoring of losses at all levels;
-Elaborate a plan of formative supervision and ensure its implementation.

Was an action plan prepared following the EVSM/VMA? **Yes**/No

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

The main activities in the Vaccine Management Plan are summarized as follows:

- Training in vaccine Management for National level EPI Staff, Provincial and District level Managers
- Improvement of standard procedures at National and Provincial level
- Accelerate basic training of preventive Medicine personnal (major group involved in EPI activities)
- Increase supervision
- Provision of support Material (manuals, temperature monitoring material, other equipment)
- Improve maintenance practice and capacity through human resources allocation and training
- National inventory of the cold chain was performed with WHO support and rehabilitation and maintenance plan are being developed following the inventory
- Meanwhile, MoH acquired 226 additional refrigerators for vaccines

When will the next EVSM/VMA* be conducted? *[November/2009]*
**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: Pentavalent vaccine (DTPHepBHib)*	
Anticipated stock on 1 January 2010	**1.100.000****..\..\Vacinas 2009\Cálculo de stock remanescente de vacina pentavalente para o APR 2008.xls**
Vaccine 2:	
Anticipated stock on 1 January 2010	**.....**
Vaccine 3:	
Anticipated stock on 1 January 2010	**.....**

NOTE: ** because the introduction of the vaccine was phased (4 Provinces initially in April 2009), and the rest of the provinces (7 provinces) will introduce in August 2009 we expect to have an estimated 1.100.000 million doses in stock by January 1st 2010

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?...No.....

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
***** Last year of reception of Injection Safety Support was 2006	AD-Syringes (2.480.500) Safety Boxes (27.550)	2006

Please report on any problems encountered.

None encountered

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

After support ended ISS was assumed by the Mozambican Government. Mozambique introduced AD syringes countrywide in 2001. Now in all vaccination sites the country uses AD syringes, in both routine and campaigns

Please report how sharps waste is being disposed of.

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

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

No problem worth mentioning was encountered

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Mozambique has not received Injection Safety Support during 2008

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	**Reporting Year + 1**	**Reporting Year + 2**
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	$1,250,041	$1,279,868	$1,328,420
New Vaccines	$0	$8,642,940	$9,039,096
Injection supplies	$ 462,825	$505,473	$501,222
Cold Chain equipment	$ 249,644	$164,320	$1,143,740
Operational costs	$7,302,928	$10,983,888	$22,662,005
Other (please specify)			
Total EPI	$9,265,438.00	$21,576,489	$34,674,483
Total Government Health	$ 3,042,750.00	$12,137,773	$23,462,962

Exchange rate used	24.5

Please describe trends in immunization 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 immunization program over the next three years; whether the funding gaps are manageable, challenge, 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.

As can be illustrated in the previous table, the price for traditional vaccines is not expected to increase considerably. On the other hand, there is a considerable increase in operational costs in the year 1+ and 2+ baseline that is due to the expansion of RED Strategy to 33 additional districts every year (the strategy was introduced initially in 33 districts in January 2008). Most of these costs are related to outreach services costs**.**

In addition Mozambique is planning to introduce vaccine against pneumococcus in 2012 and there will be an increase on expenditure in cold chain to prepare the country for the vaccine.

Note: for more in depth understanding of the trends consult the currently updated EPI CMYP 2009-2013 which is provided as an attachement to the APR 2008.

Future Country Co-Financing (in US$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st vaccine:Pentavalent Vaccine (DTPHepBHib)		**2010**	**2011**	**2012**	**2013**
Co-financing level per dose		$0.30	$0.30	$0.30	$0.30
Number of vaccine doses	#	211,800	272,800	298,700	386,000
Number of AD syringes	#	221,900	288,500	315,900	408,100
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	2,475	3,225	3,525	4,550
Total value to be co-financed by country	**$**	$704,000	$852,000	$872,500	$893,500

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (Pentavalent Vaccine DTPHepBHib)	June 2009 was the deadline for payment	April 2009	April 2009

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)	633,500	169.900

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing? None to be reported has co-payment procedure was done without any constraints at the Ministry level

If the country is in default please describe and explain the steps the country is planning to come out of default.

Not applicable

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

*Are there changes between table A and B? Yes/**no***

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes ***in births**:*

_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

*Provide justification for any changes **in Targets by vaccine**:*

_____
_____
_____
_____
_____

*Provide justification for any changes **in Wastage by vaccine**:*

_____
_____
_____
_____
_____

Vaccine 1: Pentavalent Vaccine (DTPHepBHib)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	787,567	815,429	834,999	855,039		
Target immunization coverage with the third dose	*Table B*	#	90.0%	91.0%	91.0%	91.0%		
Number of children to be vaccinated with the first dose	*Table B*	#	875,074	896,076	917,582	939,604		
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05	1.05	1.05		
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.30	0.30	0.30	0.30		

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**
Number of vaccine doses	#	2,133,900	2,566,400	2,608,700	2,591,200
Number of AD syringes	#	2,236,100	2,713,900	2,758,600	2,740,100
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	24,825	30,125	30,625	30,425
Total value to be co-financed by GAVI	**$**	$7,092,500	$8,013,500	$7,618,500	$5,997,500

4. Health Systems Strengthening (HSS)

NOTE: Mozambique hasn't received any funds either HSS ou CSO funds and will be a pilot country for the introduction of HSS Funds in the common fund therefore will not formally apply for HSS funds. Therefore, all section 4 and further are not currently applicable for Mozambique

6. Checklist

Checklist of completed form:

Form Requirement:	**Completed**	**Comments**
Date of submission	NO	Problems with tool to calculate vaccine needs
Reporting Period (consistent with previous calendar year)	YES	
Government signatures	YES	
ICC endorsed	YES	
ISS reported on	YES	
DQA reported on	YES	
Reported on use of Vaccine introduction grant	YES	
Injection Safety Reported on	YES	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	YES	
New Vaccine Request including co-financing completed and Excel sheet attached	YES	
Revised request for injection safety completed (where applicable)	YES	
HSS reported on	NO	Not Applicable
ICC minutes attached to the report	YES	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	NO	Not Applicable

7. Comments

ICC/HSCC comments:

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.

~ End ~