



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Mozambique

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/23/2012**

Deadline for submission: 5/22/2012

Please submit the APR **2011** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	No	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** is available [here](#).

2. Signatures

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

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

For the Government of **Mozambique**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Alexandre Lourenço Jaime Manguela	Name	Manuel Chang
Date		Date	
Signature		Signature	

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

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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Daniel A. Kertesz	WHO Country Representative		
Jesper Morch	UNICEF Country Representative		

Narciso Matos	Community Development Fund (FDC)		
Leah Hasselback	Village Reach Country Resident coordinator		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Mozambique is not reporting on CSO (Type A & B) fund utilisation in 2012

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	991,107	991,107	1,019,104	1,019,104	1,047,715	1,047,715		1,076,775		1,106,272
Total infants' deaths	92,173	92,377	94,777	94,777	97,437	97,437		100,140		102,883
Total surviving infants	898934	898,730	924,327	924,327	950,278	950,278		976,635		1,003,389
Total pregnant women	1,152,481	1,152,219	1,185,036	1,185,036	1,218,306	1,218,306		1,252,096		1,286,396
Number of infants vaccinated (to be vaccinated) with BCG	901,908	936,794	937,576	872,186	974,375	906,419	1,012,169	941,576	1,050,958	977,661
BCG coverage	91 %	95 %	92 %	86 %	93 %	87 %	94 %	87 %	95 %	88 %
Number of infants vaccinated (to be vaccinated) with OPV3	692,180	792,463	739,462	739,462	788,731	788,731	839,906	839,906	882,982	882,982
OPV3 coverage	77 %	88 %	80 %	80 %	83 %	83 %	86 %	86 %	88 %	88 %
Number of infants vaccinated (to be vaccinated) with DTP1	804,860	891,993	840,298	840,298	876,368	876,368	922,974	922,974	949,443	949,443
Number of infants vaccinated (to be vaccinated) with DTP3	692,180	766,852	739,462	739,462	788,731	788,731	839,906	839,906	882,982	882,982
DTP3 coverage	79 %	85 %	80 %	80 %	83 %	83 %	86 %	86 %	88 %	88 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	179	0	10	0	10	0	10	0	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	-1.27	1.00	1.11	1.00	1.11	1.00	1.11	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	716,081	891,993	840,298	840,298	876,368	876,368				
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	710,555	766,852	739,462	739,462	788,731	788,731				
DTP-HepB-Hib coverage	79 %	85 %	80 %	80 %	83 %	83 %		0 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)	5	10	25	10	10	10				
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.11	1.33	1.11	1.11	1.11		1		1
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	840,298	0	876,368	876,368	922,974	922,974	949,443	949,443
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	739,462	0	788,731	788,731	839,906	839,906	882,982	882,982
Pneumococcal (PCV13) coverage		0 %	80 %	0 %	83 %	83 %	86 %	86 %	88 %	88 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	0	0	5	0	5	0	5

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	665,211	800,691	702,489	767,192	760,223	807,737	820,373	849,672	882,982	893,016
Measles coverage	74 %	89 %	76 %	83 %	80 %	85 %	84 %	87 %	88 %	89 %
Pregnant women vaccinated with TT+	806,736	703,337	841,375	841,375	877,180	877,180	914,031	914,031	951,933	951,933
TT+ coverage	70 %	61 %	71 %	71 %	72 %	72 %	73 %	73 %	74 %	74 %
Vit A supplement to mothers within 6 weeks from delivery	733,419	531,048	774,519	570,698	817,218	639,106	861,420	699,904	907,143	752,265
Vit A supplement to infants after 6 months	1,460,424	2,260,187	1,576,761	2,409,889	1,698,221	2,557,467	1,824,655	2,710,538	1,956,145	2,869,177
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	14 %	14 %	12 %	12 %	10 %	10 %	9 %	9 %	7 %	7 %

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Total births		1,136,186
Total infants' deaths		105,665
Total surviving infants		1,030,521
Total pregnant women		1,321,181
Number of infants vaccinated (to be vaccinated) with BCG	1,079,377	1,004,098
BCG coverage	95 %	88 %
Number of infants vaccinated (to be vaccinated) with OPV3	927,469	927,469
OPV3 coverage	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	976,283	976,283
Number of infants vaccinated (to be vaccinated) with DTP3	927,469	927,469
DTP3 coverage	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.11

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		
DTP-HepB-Hib coverage		0 %
Wastage[1] rate in base-year and planned thereafter (%)		
Wastage[1] factor in base-year and planned thereafter (%)		1
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	976,283	976,283
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	927,469	927,469
Pneumococcal (PCV13) coverage	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5
Wastage[1] factor in base-year and planned thereafter (%)	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	927,469	927,469
Measles coverage	90 %	90 %
Pregnant women vaccinated with TT+	990,886	990,886
TT+ coverage	75 %	75 %
Vit A supplement to mothers within 6 weeks from delivery	954,397	795,331
Vit A supplement to infants after 6 months	2,092,751	3,033,432
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	5 %

*

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2013 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

Comments on updates in table 4, baseline and annual targets

1 Total Surviving Infants –please note that in the original 2011 target as stated in the previous APR 2010, surviving infants were estimated at 898,934, while in the reported column in the APR 2011 it is estimated at 898,731. The reason for this slight difference resides in the slight difference in the total population used in both reports. In the original 2011 target the population base was 23,049,621 ($23,049,621 \times 3.9\% = 898,934$), while in the present report, the APR 2011, the population base was 23,044,381 ($23,044,381 \times 3.9\% = 898,731$). The last figure was used as it was the one provided by the MOH planning department to be used for calculating denominators. This was also the figure used in the JFR 2011.

2 The same comment as above, applies to total pregnant women column in with regards to 2011 TT original target and the target in 2011 reported column.

3 Please note that in the 2010 APR the number of infants to be vaccinated with BCG had been mistakenly taken from the total birth, instead of live births. In this report this was corrected. This is why, despite the fact that BCG coverage keeps the same projections in both original and current estimates, the number of infants to be vaccinated differs slightly between these two columns for each year.

4 The wastage rate in 2011 was of 17.9%, but in the projections 2012-2016 the country keeps 10% wastage. We believe that the high wastage was due to the fact that the country used a mix of pentavalent 1 dose vial and 10 doses vial. At given point, districts lost control of when the 1 dose ended and the 10 doses started. Given that in calculation wastage we use the open vials x the number of doses, due to this mix it was not clear if an open vial was of 1 dose or of 10 doses as the reporting forms just requires to fill the number of open vials only.

5 Vitamin A supplements to mothers within 6 weeks from delivery has also been updated. According to JFR 2011, the number of mothers that got Vit A supplement was of 513,048 representing 59.8% coverage. This is about 200,000 less than what had been previously estimated in the original 2011 target, hence the decision to adjust the target from 2012 onwards, considering an average increase of 2% coverage per year until 2016.

6 The same comment in 5 above, applies to Vit. A supplement to infants after 6 months

Justification for any changes in births

No changes in births were made, as from the APR 2010, the country is using official projection figures from the last population census conducted in 2007, whose final figures were disseminated by the National Institute of Statistics in the first quarter of 2011. However, there is a slight difference of 0.02% in figures, as the 2011 original target is based on 23,049,621 population, while the 2011 reported target is based on 23,044,381 population, as provided by MOH Planning Department in 2011.

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

No changes made to surviving infants as compared to 2010 APR. However, we note slight difference in figures as explained above.

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

Despite the fact that administrative coverage for all antigens (BCG – 101.1%, OPV3 – 88%, Pentavalent – 85%, and Measles 89%) were very well above the previous estimates presented in the 2010 APR, the results of the last Demographic Health Survey (DHS) conducted early last year (2011) indicated that the real coverage was 91.1% for BCG, 76.2% for DPT3, 73.2% for OPV3 and 81.5% for Measles). Therefore, the country decided the following:

1. Keep the coverage projections for BCG, DPT3 and OPV3 as in the 2010 APR, given that 2011 DHS figures are very close to the figures in 2010 APR. The NIP is aware that DPT3 and OPV3 have a slight difference in both administrative and survey data, but this reflects some small management problems (logistic problems) already identified at operational level that will be adequately addressed. The coverage projection was estimated at equal level for both.

2. Update Measles figures in 2011 APR based on the results of the last DHS 2011, as according to this DHS the coverage for Measles was 81.5%, 4.5% higher than figures (76%) projected for 2012 in the 2010 APR.

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

No changes were made in wastage rate projections. For details, see comment 4 above, related to table 4. Baseline and annual targets.

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

In 2010, Mozambique was amongst the top countries in the ESA sub-region with the highest number of under or unimmunized children (310,458 in 2010), situation that was influenced by pentavalent vaccine stock out attributed to pentavalent withdrawal and to logistic constraints with air transport of pentavalent 1 dose vial (big volumes).

Activities developed in 2011

First of all, the country struggled to solve the issue of vaccine transport to provinces and districts. As a transitory solution, the National Director of Health had a meeting with the Airline Company and a memorandum of understanding was signed, whereby vaccines were given high priority for shipment. The MOH has also looked for a more sustainable solution with procurement of two trucks with cold system for vaccine transport in the near future.

Secondly, a district micro plan based on RED approach was conducted with selected districts with the highest number of unimmunized children, with support of national and provincial teams. Outreach activities were planned to take place from peripheral health facilities, were feasible, or otherwise from district level, always with involvement of local communities. In general, all provinces around the country were encouraged to conduct this exercise with their respective districts and support them as much as possible in the implementation of the plans to reduce under or unimmunized.

Thirdly, funds made available by MOH and Partners to support RED approach were transferred accordingly to these districts to support implementation of planned activities.

Supportive supervision to concerned districts took place from provincial level.

Districts and health facilities planned and implemented integrated outreach activities with involvement of local communities.

Achievements in 2011

Financial resources were made available, primarily directed to 28 priority districts with the highest number of under or unimmunized children, in the northern provinces of Niassa (2), Cabo-Delgado (3) and Nampula (8) and central provinces of Zambézia (8), Tete (4) and Manica (3) (see tables 1 and 2). These districts, representing 19% of total districts in the country, concentrated around 40% of under or unimmunized children. Wherever possible, resources have also been provided to other districts, but 28 were the focus.

Overall, under or unimmunized children at country level have been reduced to 154,923 by December 2011, representing a 50% reduction as compared to previous year, 2010 (310,458). Between 2010 and 2011 the DPT3 coverage increased from 67.1 in 2010 to 85.3% in 2011, while DPT1-3 dropout rate was reduced from 22.7% in 2010 to 14% in 2011.

In the 28 selected districts that received fund support the reduction of under and unimmunized children was of 69%. The DPT 1-3 dropout rate was reduced from 43% to 17%. From all six provinces concerned, Zambézia province had the least performing districts in this group, being responsible for 45% of under / unimmunized, while its DPT1-3 dropout rate was situated at 21.5%. This means that Zambézia province still needs a lot of attention and support from central level.

<!--[if !supportLists]--> <!--[endif]-->In general, administrative data indicate that the targets set for 2011 were achieved and surpassed.

Constraints

<!--[if !supportLists]--> <!--[endif]-->Very limited resources to support program implementation.

<!--[if !supportLists]--> <!--[endif]-->Competing priorities for WCO country team and MOH central, provincial and district staff - cVDPV investigation and sNIDs response campaign.

<!--[if !supportLists]--> <!--[endif]-->Difficulties with GSM learning process leading to delays in the release and transfer of funds for program activities implementation.

Lessons Learnt

<!--[if !supportLists]--> <!--[endif]-->In face of limited resources, prioritizing the districts with the highest number of un & under immunized children, supporting these districts in the development of a plan of action and only thereafter allocate resources for operational costs might have impacted very positively in the results achieved. Un & under immunized were reduced in around 60% from September to December 2011.

Action Points & Way Forward

<!--[if !supportLists]-->✓ <!--[endif]-->Build capacity at all levels as appropriate on RED strategy and other strategies to increase coverage (micro plan development and incorporate it in the district routine planning process)

<!--[if !supportLists]-->✓ <!--[endif]-->Closely monitor district performance - assess for identifying gaps and constraints and provide support as necessary

<!--[if !supportLists]-->✓ <!--[endif]-->Advocate for and mobilize additional resources to support RED implementation (financial & materials)

<!--[if !supportLists]-->✓ <!--[endif]-->Look for synergies with other preventive programs for more efficient use of resources

<!--[if !supportLists]-->✓ <!--[endif]-->Build capacity at all levels for proper data management and its use for local decision taking

<!--[if !supportLists]-->✓ <!--[endif]-->*Provide regular feedback to lower levels - improve data quality and information flow*

Un & Under Immunized Children, Subnational & national levels **(graphics are not visible; please see attached report on immunization achievements - attachment 21)**

<?xml:namespace prefix = v /><?xml:namespace prefix = w /><!--[if !vml]--><!--[endif]--> <!--[if !vml]--><!--[endif]-->

DPT3 Coverage , Subnational & national levels **(graphics are not visible; please see attached report on immunization achievements - attachment 21)**

<!--[if !vml]--><!--[endif]--> <!--[if !vml]--><!--[endif]-->

DPT3 Dropout Rate Coverage , Subnational & national levels **(graphics are not visible; please see attached report on immunization achievements - attachment 21)**

<!--[if !vml]--><!--[endif]--> <!--[if !vml]--><!--[endif]-->

The country also continued to increase its cold chain capacity at various levels, as planned in its cMPY to respond to the needs for the introduction of new vaccines. In this regard, in 2011 thirty refrigerators TCW300 were procured to increase storage capacity at provincial level and in some districts. In addition, 60 refrigerators RCW50 were also procured for district vaccine deposits and health facilities.

A training on cold chain maintenance was for 11 provincial cold chain technicians in order for them to support the district to fix cold chain breakdowns and conduct preventive cold chain maintenance.

DQS was conducted by provincial teams in some districts of 4 provinces. The identified issues related to training on how to fill properly the data collection tools and data management were not adequately addressed due to financial constraints. Teams tried to use in-service training strategy, but funding limitation for supportive supervision was a constraint to this purpose.

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

During 2011 the targets were achieved and surpassed as demonstrated above.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **yes, available**

If yes, please report all the data available from 2009 to 2011

| Data Source | Timeframe of the data | Coverage estimate |
|---|-----------------------|---|
| DHS 2003_National Institute of Statistic | -2003 | Fully Immunized Children – 62.7% females & 63.3% males; DPT3 70.5 females & 72.6% males |
| MICS 2008_National Institute of Statistic | 2007-2008 | Fully Immunized Children – 59.3% females & 61.0% males; DPT3 73.8 females & 74.4% males |
| MOH_National Immunization Program | 2009 | Fully Immunized Children – 82% females & 73% males |
| MOH_National Immunization Program | 2010 | Fully Immunized Children 76% females & 69% males |
| MOH_National Immunization Program | 2011 | Fully Immunized Children 73% females & 65% males |
| DHS 2011_National Institute of Statistic | 2006-2011 | Full Immunized Children 64.6% females and 63.5% males; DPT3 – 76.1% females & 76.2% males |

How have you been using the above data to address gender-related barrier to immunisation access?

Not applicable, as there is no difference inaccess (see comment below). Please note also that, despite routine data showing some significant difference between the sexes (2009 – 9% more females, 2010 – 7% more females and 2011 – 8% more females), successive surveys conducted in 2003, 2008 and 2011 show that there is no significant difference between females and males in what concerns access to immunization services (see table above, DHS 2003, MICS 2008 and DHS 2011).

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Not selected**

What action have you taken to achieve this goal?

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. For instance, the last DHS conducted in 2011 indicates that children fully immunized are 63.5 for male and 64.6 for female. Therefore, in Mozambique males and females have equal access to immunization services.

5.4. Data assessments

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

In 2011 a survey was performed Nationwide, the Demographic Health Survey (DHS 2011). The survey has shown that coverage levels are somehow different than those measured through administrative data system. According to the survey the true coverage is lower than reported in the administrative data for some of the vaccines/indicators. This might reflect denominators issues (population underestimated), numerator issues (inclusion of children > 1 year in the numerator) as well as data management issues.<?xml:namespace prefix = o />

For 2012, we hope to be able to check for every district the number of immunized children against the quantity of vaccines supplied and wastage on a monthly basis. For this, the country has started to introduce the DVDMT tool (District Vaccine and Data Management Tool). In addition, we shall sensitize vaccinators to carefully check the age of the child and record the given dose in the appropriate column with regards to the age. Further, we are looking for resources for provinces to address the identified data collection and data management issues as explained above.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

Yes. In 2001 it was conducted DHS by the National Institute of Statistic. Within health system, the MOH oriented all provinces to conduct community surveys for data validation at least every 2 years. DQS also was recommended for implementation on a regular basis to identify and correct data issues.

In 2009, all provinces conducted DQS in some of their districts. In 2010 4 provinces conducted DQS in some districts and in 2011 only 3 provinces conducted DQS in some of their districts. A zipped folder of some of these DQS reports is attached as attachment nr 22.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Little has been done to address data quality issues, due to serious financial constraints. All DQSs conducted by different provinces have identified issues related to inadequate filling of forms at health facility level, over reporting in summaries, weak or deficient tracing of defaulters, and deficient use of data for local decision making process, amongst others. All these should be addressed through training of healthworkers at primary level, either through formal meetings or through in job training during supportive supervision. This did not happen yet as financial constraints have been hindering both formal training workshops and supportive supervision.

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

The country has received some ISS funds from GAVI in early 2012. Part of these funds will be used to support districts implement the recommendations of the DQS that have already been conducted. Data issues will also be part of our supervisory checklist, that is, will be mandatory for every supportive supervision conducted with relation to EPI.

5.5. Overall Expenditures and Financing for Immunisation

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

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

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

| Expenditure by category | Expenditure Year 2011 | Source of funding | | | | | | |
|---|-----------------------|-------------------|-----------|--------|-----|---------|------------|-------------|
| | | Country | GAVI | UNICEF | WHO | FDC | World Bank | Common Fund |
| Traditional Vaccines* | 1,670,265 | 1,670,265 | 0 | 0 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 7,011,500 | 451,500 | 6,560,000 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 289,013 | 0 | 0 | 0 | 0 | 163,846 | 125,167 | 0 |
| Personnel | 2,647,915 | 1,298,958 | 0 | 0 | 0 | 27,832 | 0 | 1,321,125 |

| | | | | | | | | |
|---|------------|-----------|-----------|-----------|-----------|---------|---------|-----------|
| Other routine recurrent costs | 1,883,578 | 0 | 0 | 1,283,672 | 375,000 | 224,906 | 0 | 0 |
| Other Capital Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 4,477,911 | 0 | 0 | 3,347,911 | 1,130,000 | 0 | 0 | 0 |
| African Vaccination Week (Child Health Week) & Printing of Child Health Cards | | 0 | 0 | 294,779 | 0 | 0 | 0 | 0 |
| Total Expenditures for Immunisation | 17,980,182 | | | | | | | |
| Total Government Health | | 3,420,723 | 6,560,000 | 4,926,362 | 1,505,000 | 416,584 | 125,167 | 1,321,125 |

* 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 state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

Comments on the table 5.5a above

Please note that there are some discrepancies between this table as compared to what was reported in the JFR2011. Please see explanation below.

1 Please note that in the JFR2011, we stated mistakenly that the Government co-financing was of \$621,500.00. Indeed it was of \$451,500, giving a difference of \$170,000.00. Therefore, the government expenditures on vaccines drops from \$2,291,765.00 as per JFR2011 to **2,121,765.00** (\$1,670,265.00 traditional vaccines + \$451,500.00 new vaccine co-financing) as in this APR 2011 (table above).

2 The second mistake was on the total amount spent on vaccines used in routine immunization. It is stated in the JFR 2011 that routine expenditures on routine immunization was of \$11,279,340.00. Indeed it was of **\$8,681,765.00** (\$2,121,765.00 from Government + \$6,560,000.00 from GAVI) as stated in this APR 2011 (see table above).

3 In JFR 2011, Government expenditures on immunization is stated to be of \$4,205,882.00. Indeed, this was the planned amount for EPI in 2011 for all levels that we have inputted in the report, as by the time we developed the JFR2011 we did not yet have information on the EPI routine expenditures at provincial / district levels. As financial reports are received at central level, we keep updating this information and we notice that less amount than planned was made available for implementation of EPI routine activities, as presented in the APR2011 (table above). Overall government contribution to EPI in 2011 was of **\$3,420,723.00** (\$2,121,765.00 for vaccines + \$1,298,958.00 for operational costs) as presented in this APR2011 (see table above).

4 The total EPI costs in the JFR2011 (\$17,628,130.00 – actually it should have been **\$17,512,130.00** as there was a mistake above explained with regards to government co-financing – **\$451,500.00** instead of \$621,500.00 inputted in the JFR2011) do not include campaigns, that is, it refers to routine immunization expenditures only. Campaigns (\$4,477,911.00), African Vaccination Week or Child Health Week (\$260,493.66) and health cards printing (\$34,285.71) costs are referred to in the comments in the sheet 9-General Comments of the JFR2011. On the contrary, the APR2011 is considering both routine and non-routine costs (campaigns) in the total immunization expenditure.

Therefore, considering the explanations in notes 1, 2, 3 and 4 above, the figures on total immunization expenditures in JFR2011 and APR2011 are different. However, the reasons for the differences have been explained in the above notes.

5.5.1 - reasons for differences

As stated in the notes 2 above, routine immunization only was costed at \$17,512,130.00. The overall shortage of resources was of \$1,346,565.37, affecting more recurrent expenditures budget line. The government made sure to secure personnel expenditures with salaries for staff, complemented by common basket funds.

The reason was that the health sector budget decreased considerably due to substantial reduction and / or withdrawal of donors pledges to the sector. For instance, while the health sector expenditure review for 2004-2008 shows that health expenditures was of \$512,000,000.00 in 2008, the projections in the MTEF 2011-2014 indicate \$155,820,000.00 for 2011.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Please, see answer in 5.5.1 above.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Government spent \$1,670,265.00 on traditional vaccines (please see table 5.5.a above).

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

| Expenditure by category | Budgeted Year 2012 | Budgeted Year 2013 |
|---|--------------------|--------------------|
| Traditional Vaccines* | 1,124,904 | 1,209,942 |
| New and underused Vaccines** | 14,450,714 | 14,175,983 |
| Injection supplies (both AD syringes and syringes other than ADs) | 623,245 | 667,694 |
| Injection supply with syringes other than ADs | 0 | 0 |
| Cold Chain equipment | 491,380 | 1,021,367 |
| Personnel | 2,994,216 | 3,294,318 |
| Other routine recurrent costs | 3,285,811 | 3,566,329 |
| Supplemental Immunisation Activities | 0 | 2,083,303 |
| Total Expenditures for Immunisation | 22,970,270 | 26,018,936 |

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

No. The reason is the same explained in inline 5.5.1 above. Despite the reduction in the projected funds as per MTEF, the EPI figures for 2012 and forward were not yet revised. This is because EPI remains high priority in MOH agenda, and it hopes to use the cMYP to advocate for additional resources for EPI. Downsizing the figures, will mean that the advocacy tool (cMYP) will indicate less funds requirements for the program.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Yes. The reasons are the same explained inline 5.5.1. In terms of strategies the program is looking at synergies with other maternal and child health (MCH) programs that can be integrated with EPI in order to share the available resources. We are also looking at getting some resources from the local district and municipalities constituencies and local NGO's, to support immunization. Finally, we are struggling to reduce the vaccine wastage rate (we started trainings on vaccine management and introduced vaccine stock management tools at all levels (SMT at national and provincial levels, and DVDMT at district level).

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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

| Action plan from Aide Mémoire | Implemented? |
|--|--------------|
| The country has not conducted GAVI Financial Management Assessment- Not Applicable | No |

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

Not Applicable

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

Not Applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **2**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, 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 [5.5 Overall Expenditures and Financing for Immunisation](#)

The ICC is not well functional now in Mozambique and it is being gradually replaced by the National Immunization Technical Advisory Group (NITAG). In the meantime, while the formal ICC replacement by NITAG is not finalized, the ICC will continue to sign for all EPI documents. All ICC members are also NITAG members. The NITAG meet twice last year, in April and November. The decisions related to immunization taken last year (2011) are attached to this report as attachments nr 23 and nr 24

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

If **Yes**, which ones?

| List CSO member organisations: |
|--------------------------------|
|--------------------------------|

| |
|--|
| FDC – Foundation for Community Development |
|--|

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Main objectives

1. Data management improvement;
2. Vaccine management improvement and reduction of vaccine wastage;
3. Increase vaccination coverage through reduction of under/unimmunized children, with focus on district with high number of under / unimmunized children;
3. New vaccine introduction (PCV);
4. Cold chain expansion to meet requirements for Rotavirus;
5. Improve AFP/Polio, Measles surveillance indicators to achieve at least the standards indicators.

Priority actions will be as follow:

Training and implementation of DQS by all provinces; 2. training and implementation of vaccine management tools by all provinces and districts (SMT and DVDMT); 3. Implementation of RED strategy by all districts; 4. Training of health workers, information and communication to the public on new vaccine (IEC and social mobilization); 5. Sensitization of health workers and communities and active case search; 6. Close monitoring of performance and supportive supervision for all above, with priority to low performing areas.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

| Vaccine | Types of syringe used in 2011 routine EPI | Funding sources of 2011 |
|------------------------|---|-------------------------|
| BCG | AD 0.05 ml | Government |
| Measles | AD 0.5 ml | Government |
| TT | AD 0.5 ml | Government |
| DTP-containing vaccine | AD 0.5 ml | Government and GAVI |

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

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

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

Please note that Mozambique is using injection safety materials (AD syringes and safety boxes) for all EPI injections since 2001, when the country introduced tetravalent DPT-HepB vaccine. The country is applying the one syringe per injection for EPI. The policy is also being applied for curative care and safety boxes are equally used and disposed off the same way.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

In urban health facilities in the areas close to provincial and central hospitals, safety boxes are collected from these health facilities when they are full for disposal in the incinerators in the hospitals mentioned earlier. In rural areas, it is used the burn and bury disposal method.

6. Immunisation Services Support (ISS)

Mozambique is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.1. Report on the use of ISS funds in 2011

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2011 (A) | 0 | 0 |
| Remaining funds (carry over) from 2010 (B) | 0 | 0 |
| Total funds available in 2011 (C=A+B) | 0 | 0 |
| Total Expenditures in 2011 (D) | 0 | 0 |
| Balance carried over to 2012 (E=C-D) | 0 | 0 |

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

Not applicable. The country did not received ISS funds in 2011

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

Not applicable.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

Not applicable.

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at

http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the \$ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

| | Base Year** | 2011 |
|--|-------------|------|
| | A | B*** |

| | | | | | |
|---|--|------|---|--------|---------|
| 1 | Number of infants vaccinated with DTP3* (from JRF) specify | | | 586387 | 766852 |
| 2 | Number of additional infants that are reported to be vaccinated with DTP3 | | | | 180465 |
| 3 | Calculating | \$20 | per additional child vaccinated with DTP3 | | 3609300 |
| 4 | Rounded-up estimate of expected reward | | | | 3609500 |

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

| | [A] | [B] | |
|----------------------|---|--|---|
| Vaccine type | Total doses for 2011 in Decision Letter | Total doses received by 31 December 2011 | Total doses of postponed deliveries in 2012 |
| DTP-HepB-Hib | | 2,110,600 | 2,110,600 |
| Pneumococcal (PCV13) | | 0 | 0 |

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

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

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

No problems encountered from supply division to country level.

- 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)

From supply division to central level, no need for adjustments.

In country, the MOH has procured trucks with coldrooms for transport of vaccines to central and northern zones. While the trucks are not yet in country, MOH has signed a MoU with LAM (flight company), for prioritization of vaccines in shipments. In addition, the country has shifted from penta 1 dose to penta 10 doses in the second semester of 2011. This helped a lot to reduce the vaccine volume burden in what concerns air transport.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Yes**

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

There was no stock out reported of pentavalent vaccine (DPT-HepB-Hib) at country level due to delays or short supplies from supply division.

However, in country we had problems with shipment of vaccine to provinces/districts, mainly to central and northern zones, where vaccines are shipped by plane. The usage of pentavalent 1 dose vial, meant huge volumes that small plane could take at once, having to ship it in small quantities each time. This resulted in vaccine stock out at delivery level, while at central level we had enough vaccine for country needs. This happened through all first semester, while we were receiving penta 1 dose vial, but it improved substantially in the second semester when the country shifted to penta 10 doses vial.

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

Please see explanation in 7.1.2 above. The stockout was only at lower levels. In terms of impact it affected somehow the vaccine coverage and dropout rate, mainly in the first six months. For instance,

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

| | | |
|--|---|--|
| Vaccine introduced | Not applicable. No vaccine introduction in 2011 | |
| Phased introduction | No | |
| Nationwide introduction | No | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | |

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **May 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

Not applicable. No new vaccine introduction in 2011.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

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

Does the country have an institutional development plan for vaccine safety? **Yes**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2011 (A) | 0 | 0 |
| Remaining funds (carry over) from 2010 (B) | 0 | 0 |
| Total funds available in 2011 (C=A+B) | 0 | 0 |
| Total Expenditures in 2011 (D) | 0 | 0 |
| Balance carried over to 2012 (E=C-D) | 0 | 0 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

Not applicable. No new vaccine introduction approved for 2011

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

Not applicable. No new vaccine introduction approved for 2011

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

Not applicable. No new vaccine introduction approved for 2011

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

| | |
|--|---|
| | Q.1: What were the actual co-financed amounts and doses in 2011? |
|--|---|

| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
|--|---|-----------------------|
| 1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 541,500 | 145,200 |
| 1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 |
| | Q.2: Which were the sources of funding for co-financing in reporting year 2011? | |
| Government | 541,500 | |
| Donor | 0 | |
| Other | 0 | |
| | Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | |
| 1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | 0 |
| | Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2013 | Source of funding |
| | | |
| 1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | June | Government |
| 1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | June | Government |
| | Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | |
| | Financial sustainability strategies are streamlined in the cMYP. However, implementation is a challenge to the country. Therefore, technical assistance would be welcome to support the country to find out the best way (effective way) of implementing these strategies and be successful in resource mobilization efforts. | |

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

The country **is not** in default with regards to co-financing.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **November 2009**

Please attach:

(a) EVM assessment (**Document No 15**)

(b) Improvement plan after EVM (**Document No 16**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

Kindly provide a summary of actions taken in the following table:

| Deficiency noted in EVM assessment | Action recommended in the Improvement plan | Implementation status and reasons for delay, if any |
|------------------------------------|--|---|
| See attachment 18 | See attachmnet 18 | See attachment 18 |

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Mozambique does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Mozambique is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

Confirmed as per table 7.11 calculation requirements.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: 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 |
|--|--------------|------|-------|-------|-------|-------|
| DTP-HepB, 10 dose(s) per vial, LIQUID | 10 | | | | | |
| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 1 | | 2.182 | 2.017 | 1.986 | 1.933 |
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 10 | | 2.182 | 2.017 | 1.986 | 1.933 |
| DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED | 2 | | 2.182 | 2.017 | 1.986 | 1.933 |
| HPV bivalent, 2 dose(s) per vial, LIQUID | 2 | | 5.000 | 5.000 | 5.000 | 5.000 |
| HPV quadrivalent, 1 dose(s) per vial, LIQUID | 1 | | 5.000 | 5.000 | 5.000 | 5.000 |
| Measles, 10 dose(s) per vial, LYOPHILISED | 10 | | 0.242 | 0.242 | 0.242 | 0.242 |
| Meningococcal, 10 dose(s) per vial, LIQUID | 10 | | 0.520 | 0.520 | 0.520 | 0.520 |
| MR, 10 dose(s) per vial, LYOPHILISED | 10 | | 0.494 | 0.494 | 0.494 | 0.494 |
| Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | 2 | | 3.500 | 3.500 | 3.500 | 3.500 |
| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 1 | | 3.500 | 3.500 | 3.500 | 3.500 |
| Yellow Fever, 10 dose(s) per vial, LYOPHILISED | 10 | | 0.900 | 0.900 | 0.900 | 0.900 |
| Yellow Fever, 5 dose(s) per vial, LYOPHILISED | 5 | | 0.900 | 0.900 | 0.900 | 0.900 |
| Rotavirus, 2-dose schedule | 1 | | 2.550 | 2.550 | 2.550 | 2.550 |
| Rotavirus, 3-dose schedule | 1 | | 5.000 | 3.500 | 3.500 | 3.500 |
| AD-SYRINGE | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| RECONSTIT-SYRINGE-PENTAVAL | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| RECONSTIT-SYRINGE-YF | 0 | | 0.004 | 0.004 | 0.004 | 0.004 |
| SAFETY-BOX | 0 | | 0.006 | 0.006 | 0.006 | 0.006 |

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 7.10.1: Commodities Cost

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

| Vaccine | Presentation | 2016 |
|--|--------------|-------|
| DTP-HepB, 10 dose(s) per vial, LIQUID | 10 | |
| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 1 | 1.927 |
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 10 | 1.927 |
| DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED | 2 | 1.927 |
| HPV bivalent, 2 dose(s) per vial, LIQUID | 2 | 5.000 |
| HPV quadrivalent, 1 dose(s) per vial, LIQUID | 1 | 5.000 |
| Measles, 10 dose(s) per vial, LYOPHILISED | 10 | 0.242 |
| Meningogoccal, 10 dose(s) per vial, LIQUID | 10 | 0.520 |
| MR, 10 dose(s) per vial, LYOPHILISED | 10 | 0.494 |
| Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | 2 | 3.500 |
| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 1 | 3.500 |
| Yellow Fever, 10 dose(s) per vial, LYOPHILISED | 10 | 0.900 |
| Yellow Fever, 5 dose(s) per vial, LYOPHILISED | 5 | 0.900 |
| Rotavirus, 2-dose schedule | 1 | 2.550 |
| Rotavirus, 3-dose schedule | 1 | 3.500 |
| AD-SYRINGE | 0 | 0.047 |
| RECONSTIT-SYRINGE-PENTAVAL | 0 | 0.047 |
| RECONSTIT-SYRINGE-YF | 0 | 0.004 |
| SAFETY-BOX | 0 | 0.006 |

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 7.10.2: Freight Cost

| Vaccine Antigens | VaccineTypes | No Threshold | 500,000\$ | |
|----------------------|-----------------|--------------|-----------|--------|
| | | | <= | > |
| DTP-HepB | HEPBHIB | 2.00 % | | |
| DTP-HepB-Hib | HEPBHIB | | 23.80 % | 6.00 % |
| Measles | MEASLES | 14.00 % | | |
| Meningogoccal | MENINACONJUGATE | 10.20 % | | |
| Pneumococcal (PCV10) | PNEUMO | 3.00 % | | |
| Pneumococcal (PCV13) | PNEUMO | 6.00 % | | |
| Rotavirus | ROTA | 5.00 % | | |
| Yellow Fever | YF | 7.80 % | | |

7.11. Calculation of requirements

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

| ID | | Source | | 2011 | 2012 | 2013 | TOTAL |
|----|---|--------------------|----|---------|---------|---------|-----------|
| | Number of surviving infants | Table 4 | # | 898,730 | 924,327 | 950,278 | 2,773,335 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 891,993 | 840,298 | 876,368 | 2,608,659 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 766,852 | 739,462 | 788,731 | 2,295,045 |
| | Immunisation coverage with the third dose | Table 4 | % | 85.33 % | 80.00 % | 83.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.11 | 1.11 | 1.11 | |
| | Vaccine stock on 1 January 2012 | | # | 850,050 | | | |
| | Number of doses per vial | Parameter | # | | 10 | 10 | |
| | AD syringes required | Parameter | # | | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.18 | 2.02 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.00 % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | |

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

| | |
|--------------------|-----|
| Co-financing group | Low |
|--------------------|-----|

| | 2011 | 2012 | 2013 |
|--|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per APR 2010 | | | 0.20 |
| Your co-financing | 0.20 | 0.20 | 0.20 |

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

| | | 2012 | 2013 |
|---------------------------------------|----|-----------|-----------|
| Number of vaccine doses | # | 1,779,700 | 2,672,600 |
| Number of AD syringes | # | 2,798,200 | 2,951,700 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 31,075 | 32,775 |
| Total value to be co-financed by GAVI | \$ | 4,260,000 | 5,865,500 |

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

| | | 2012 | 2013 |
|------------------------------------|---|---------|---------|
| Number of vaccine doses | # | 168,500 | 275,900 |
| Number of AD syringes | # | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 |

| | | | |
|--|----|---------|---------|
| Number of safety boxes | # | 0 | 0 |
| Total value to be co-financed by the Country | \$ | 390,000 | 590,000 |

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

| | | Formula | 2011 | 2012 | | |
|---|---|---|-----------|-----------|------------|-----------|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | V | 0.00 % | 8.65 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 891,993 | 840,298 | 72,662 | 767,636 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | B X C | 2,675,979 | 2,520,894 | 217,984 | 2,302,910 |
| E | Estimated vaccine wastage factor | Table 4 | 1.11 | 1.11 | | |
| F | Number of doses needed including wastage | D X E | 2,970,337 | 2,798,193 | 241,963 | 2,556,230 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | | 0 | 0 | 0 |
| H | Stock on 1 January 2012 | Table 7.11.1 | 850,050 | | | |
| I | Total vaccine doses needed | F + G – H | | 1,948,143 | 168,458 | 1,779,685 |
| J | Number of doses per vial | Vaccine Parameter | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | | 2,798,193 | 0 | 2,798,193 |
| L | Reconstitution syringes (+ 10% wastage) needed | I / J * 1.11 | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | (K + L) / 100 * 1.11 | | 31,060 | 0 | 31,060 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 4,250,849 | 367,575 | 3,883,274 |
| O | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 130,116 | 0 | 130,116 |
| P | Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | M x safety box price per unit (cs) | | 181 | 0 | 181 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | | 255,051 | 22,055 | 232,996 |
| S | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 13,030 | 0 | 13,030 |
| T | Total fund needed | (N+O+P+Q+R+S) | | 4,649,227 | 389,629 | 4,259,598 |
| U | Total country co-financing | I x country co-financing per dose (cc) | | 389,629 | | |
| V | Country co-financing % of GAVI supported proportion | U / (N + R) | | 8.65 % | | |

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

| | | Formula | 2013 | | |
|---|---|--|-----------|------------|-----------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | 9.35 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 876,368 | 81,980 | 794,388 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | |
| D | Number of doses needed | $B \times C$ | 2,629,104 | 245,939 | 2,383,165 |
| E | Estimated vaccine wastage factor | Table 4 | 1.11 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,918,306 | 272,992 | 2,645,314 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 30,029 | 2,810 | 27,219 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 2,948,335 | 275,801 | 2,672,534 |
| J | Number of doses per vial | Vaccine Parameter | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 2,951,638 | 0 | 2,951,638 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 32,764 | 0 | 32,764 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 5,946,792 | 556,290 | 5,390,502 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 5,946,792 | 0 | 137,252 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 191 | 0 | 191 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 356,808 | 33,378 | 323,430 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 13,745 | 0 | 13,745 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 6,454,788 | 589,667 | 5,865,121 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 589,667 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 9.35 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

| | | Formula |
|---|---|--|
| | | |
| A | Country co-finance | V |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 |
| C | Number of doses per child | Vaccine parameter (schedule) |
| D | Number of doses needed | $B \times C$ |
| E | Estimated vaccine wastage factor | Table 4 |
| F | Number of doses needed including wastage | $D \times E$ |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ |
| H | Stock on 1 January 2012 | Table 7.11.1 |
| I | Total vaccine doses needed | $F + G - H$ |
| J | Number of doses per vial | Vaccine Parameter |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ |
| T | Total fund needed | $(N+O+P+Q+R+S)$ |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ |

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

| ID | | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|---|--------------------|----|---------|---------|---------|---------|-----------|-----------|
| | Number of surviving infants | Table 4 | # | 898,730 | 924,327 | 950,278 | 976,635 | 1,003,389 | 5,783,880 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 0 | 0 | 876,368 | 922,974 | 949,443 | 3,725,068 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 0 | 0 | 788,731 | 839,906 | 882,982 | 3,439,088 |
| | Immunisation coverage with the third dose | Table 4 | % | 0.00 % | 0.00 % | 83.00 % | 86.00 % | 88.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.00 | 1.00 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 1 January 2012 | | # | 0 | | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 3.50 | 3.50 | 3.50 | 3.50 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.00 % | 6.00 % | 6.00 % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

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

| ID | | Source | | 2016 | TOTAL |
|----|---|--------------------|----|-----------|-----------|
| | Number of surviving infants | Table 4 | # | 1,030,521 | 5,783,880 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 976,283 | 3,725,068 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 927,469 | 3,439,088 |
| | Immunisation coverage with the third dose | Table 4 | % | 90.00 % | |
| | Number of doses per child | Parameter | # | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | |
| | Number of doses per vial | Parameter | # | 1 | |
| | AD syringes required | Parameter | # | Yes | |
| | Reconstitution syringes required | Parameter | # | No | |
| | Safety boxes required | Parameter | # | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | 3.50 | |
| cc | Country co-financing per dose | Co-financing table | \$ | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | 0.0058 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | 10.00 % | |

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

| | |
|--------------------|-----|
| Co-financing group | Low |
|--------------------|-----|

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

| | 2016 |
|--|------|
| Minimum co-financing | 0.20 |
| Recommended co-financing as per Proposal 2011 | 0.20 |
| Your co-financing | 0.20 |

| |
|------|
| 2016 |
| 0.20 |
| 0.20 |
| 0.20 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|---------------------------------------|----|------|------------|------------|------------|
| Number of vaccine doses | # | 0 | 3,264,700 | 2,785,400 | 2,849,300 |
| Number of AD syringes | # | 0 | 3,684,400 | 3,114,300 | 3,184,800 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 40,900 | 34,575 | 35,375 |
| Total value to be co-financed by GAVI | \$ | 0 | 12,301,000 | 10,493,500 | 10,734,000 |

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

| | | 2016 |
|---------------------------------------|----|------------|
| Number of vaccine doses | # | 2,929,600 |
| Number of AD syringes | # | 3,274,500 |
| Number of re-constitution syringes | # | 0 |
| Number of safety boxes | # | 36,350 |
| Total value to be co-financed by GAVI | \$ | 11,036,500 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|--|----|------|---------|---------|---------|
| Number of vaccine doses | # | 0 | 186,100 | 158,800 | 162,400 |
| Number of AD syringes | # | 0 | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 | 0 |
| Total value to be co-financed by the Country | \$ | 0 | 690,500 | 589,000 | 602,500 |

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

| | | 2016 |
|--|----|---------|
| Number of vaccine doses | # | 167,000 |
| Number of AD syringes | # | 0 |
| Number of re-constitution syringes | # | 0 |
| Number of safety boxes | # | 0 |
| Total value to be co-financed by the Country | \$ | 619,500 |

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

| | | Formula | 2011 | 2012 | | |
|---|---|--|--------|--------|------------|------|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | V | 0.00 % | 0.00 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 0 | 0 | 0 | 0 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | $B \times C$ | 0 | 0 | 0 | 0 |
| E | Estimated vaccine wastage factor | Table 4 | 1.00 | 1.00 | | |
| F | Number of doses needed including wastage | $D \times E$ | 0 | 0 | 0 | 0 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | | 0 | 0 | 0 |
| H | Stock on 1 January 2012 | Table 7.11.1 | 0 | | | |
| I | Total vaccine doses needed | $F + G - H$ | | 0 | 0 | 0 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | 0 | 0 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 0 | 0 | 0 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 0 | 0 | 0 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 0 | 0 | 0 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 0 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 0.00 % | | |

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

| | | Formula | 2013 | | | 2014 | | |
|---|---|--|------------|------------|------------|------------|------------|------------|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | V | 5.39 % | | | 5.39 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 876,368 | 47,244 | 829,124 | 922,974 | 49,757 | 873,217 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 2,629,104 | 141,731 | 2,487,373 | 2,768,922 | 149,269 | 2,619,653 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,760,560 | 148,818 | 2,611,742 | 2,907,369 | 156,732 | 2,750,637 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 690,140 | 37,205 | 652,935 | 36,703 | 1,979 | 34,724 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 3,450,700 | 186,022 | 3,264,678 | 2,944,072 | 158,711 | 2,785,361 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 3,684,361 | 0 | 3,684,361 | 3,114,244 | 0 | 3,114,244 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 40,897 | 0 | 40,897 | 34,569 | 0 | 34,569 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 12,077,450 | 651,076 | 11,426,374 | 10,304,252 | 555,486 | 9,748,766 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 12,077,450 | 0 | 171,323 | 10,304,252 | 0 | 144,813 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 238 | 0 | 238 | 201 | 0 | 201 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | 724,647 | 39,065 | 685,582 | 618,256 | 33,330 | 584,926 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 17,157 | 0 | 17,157 | 14,502 | 0 | 14,502 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 12,990,815 | 690,140 | 12,300,675 | 11,082,024 | 588,815 | 10,493,209 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 690,140 | | | 588,815 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 5.39 % | | | 5.39 % | | |

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

| | | Formula | 2015 | | | 2016 | | |
|---|---|--|------------|------------|------------|------------|------------|------------|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | V | 5.39 % | | | 5.39 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 949,443 | 51,183 | 898,260 | 976,283 | 52,630 | 923,653 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 2,848,329 | 153,549 | 2,694,780 | 2,928,849 | 157,890 | 2,770,959 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,990,746 | 161,227 | 2,829,519 | 3,075,292 | 165,784 | 2,909,508 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 20,845 | 1,124 | 19,721 | 21,137 | 1,140 | 19,997 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 3,011,591 | 162,351 | 2,849,240 | 3,096,429 | 166,924 | 2,929,505 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 3,184,784 | 0 | 3,184,784 | 3,274,485 | 0 | 3,274,485 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 35,352 | 0 | 35,352 | 36,347 | 0 | 36,347 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 10,540,569 | 568,226 | 9,972,343 | 10,837,502 | 584,233 | 10,253,269 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 148,093 | 0 | 148,093 | 152,264 | 0 | 152,264 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 206 | 0 | 206 | 211 | 0 | 211 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 632,435 | 34,094 | 598,341 | 650,251 | 35,054 | 615,197 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 14,830 | 0 | 14,830 | 15,248 | 0 | 15,248 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 11,336,133 | 602,319 | 10,733,814 | 11,655,476 | 619,286 | 11,036,190 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 602,319 | | | 619,286 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 5.39 % | | | 5.39 % | | |

8. Injection Safety Support (INS)

Mozambique is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

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

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

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

ICC comments can be seen in the ICC (NITAG) meeting minutes attached to the APR2011 (see attachments section).

Please note that the APR2011 system is requesting the country to attach documents on ICC endorsing the new vaccine introduction (attachment 21), post introduction evaluation report (attachment 20), External audit for ISS funds in 2011 (attachment 19), Financial statement for new vaccine introduction grant (attachment 14) and Financial statement for 2011 ISS grant (attachment 13). ALL THESE ITEMS ARE NOT APPLICABLE FOR MOZAMBIQUE AS NO NEW VACCINE WAS APPROVED FOR 2011, THEREFORE, NO NEW VACCINE INTRODUCTION GRANTS WERE MADE AVAILABLE, SO THERE IS NOTHING TO REPORT ON THIS REGARD. FURTHER, THE COUNTRY DID NOT RECEIVE ISS GRANT IN 2011. AGAIN NO ISS FINANCIAL STATEMENT TO REPORT ON.

For the report to be submitted as these are mandatory attachments, we have attached other important documents related to main concerns and recommendations of the NITAG (ICC) with regards to EPI.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

| Summary of income and expenditure – GAVI ISS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2010 (balance as of 31Decembre 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| 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 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

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

| Detailed analysis of expenditure by economic classification ** – GAVI ISS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2011 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

| Summary of income and expenditure – GAVI HSS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2010 (balance as of 31Decembre 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| 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 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

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

| Detailed analysis of expenditure by economic classification ** - GAVI HSS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2011 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

| Summary of income and expenditure – GAVI CSO | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2010 (balance as of 31Decembre 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| 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 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

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

| Detailed analysis of expenditure by economic classification ** - GAVI CSO | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2011 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|---|---------|---|---|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 |  | Signatures_APR_2011.pdf
File desc: File description...
Date/time: 5/23/2012 2:13:50 PM
Size: 506020 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 |  | Signatures_APR_2011.pdf
File desc: File description...
Date/time: 5/23/2012 2:14:30 PM
Size: 506020 |
| 3 | Signatures of members of ICC | 2.2 |  | Signatures_APR_2011.pdf
File desc: File description...
Date/time: 5/23/2012 2:15:16 PM
Size: 506020 |
| 5 | Minutes of ICC meetings in 2011 | 2.2 |  | ICC Minute 1.pdf
File desc: File description...
Date/time: 6/25/2012 8:00:15 AM
Size: 1456386 |
| 6 | Minutes of ICC meeting in 2012 endorsing APR 2011 | 2.2 |  | Minute of APR 2011 Endorsement.pdf
File desc: File description...
Date/time: 7/2/2012 2:42:21 AM
Size: 1415367 |
| 7 | Minutes of HSCC meetings in 2011 | 2.3 |  | ICC Minute 2.pdf
File desc: File description...
Date/time: 6/25/2012 8:02:04 AM
Size: 1490700 |
| 10 | new cMYP APR 2011 | 7.7 |  | Mozambique- MULTI-Year Plan - 2012-2016_Last Version_28th May.doc
File desc: File description...
Date/time: 5/23/2012 2:17:29 PM
Size: 1731584 |
| 11 | new cMYP costing tool APR 2011 | 7.8 |  | MOZ_cMYP_Costing_Tool_Vs.2.5_26_04_11.xls
File desc: File description...
Date/time: 5/23/2012 2:19:11 PM
Size: 3523584 |
| 12 | Financial Statement for CSO Type B grant APR 2011 | 10.2.4 |  | Activities to Reduce under and unimmunized children in 2011.doc
File desc: File description...
Date/time: 5/23/2012 3:53:04 PM
Size: 269824 |
| 13 | Financial Statement for ISS grant APR 2011 | 6.2.1 |  | R01-02-2011 FINAL Sustentabilidade do financiamento do PAV.docx
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| 14 | Financial Statement for NVS introduction grant in 2011 APR 2011 | 7.3.1 | ✓ | R04-02-2011 FINAL Novos Paradigmas de Vacinas.doc
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| 15 | EVSM/VMA/EVM report APR 2011 | 7.5 | ✓ | VMA Report.doc
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| 16 | EVSM/VMA/EVM improvement plan APR 2011 | 7.5 | ✓ | Vaccine Management Improvement Plan_Last Version.doc
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| 17 | EVSM/VMA/EVM improvement implementation status APR 2011 | 7.5 | ✓ | Implementation Status of VMA Recomendations.docx
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| 19 | External Audit Report (Fiscal Year 2011) for ISS grant | 6.2.3 | ✗ | R02-02-2011 FINAL Logistica do PAV e cadeia de frio.docx
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Date/time: 5/23/2012 6:37:24 PM
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| 20 | Post Introduction Evaluation Report | 7.2.2 | ✓ | R03-02-2011 FINAL Eliminacao Sarampo.doc
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| 21 | Minutes ICC meeting endorsing extension of vaccine support | 7.8 | ✓ | copi 2011. Melhorar o PAV e atingir os que não s+ão atingidos.doc
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