<table>
<thead>
<tr>
<th>Country</th>
<th>Programmatic Area</th>
<th>Activity</th>
<th>Partner</th>
<th>Milestones</th>
<th>Expected Outcome</th>
</tr>
</thead>
</table>
| Mozambique | Program Implementation | 1. Strengthening of the National Vaccination Program | WHO | At least 40% of districts trained in concerned provinces, with at least 80% of these districts with improved program performance indicators for routine EPI coverage, surveillance and data quality | Improved program performance in districts of the 4 priority provinces (at least 80% of districts with > > 80% of penta 3 coverage; >=80% of districts with drop out rate of <10 and data quality verification factor of at least 80%)
| | Coverage & Equity | 2. Support activities of accelerated vaccination initiatives and the introduction of new vaccines | | | 
| | | 3. Strengthen health information systems for EPI Program and surveillance of vaccine-preventable diseases | | | 
| Mozambique | Data | Conduct assessment of additional 3 sites for expansion of PBM surveillance (Maputo, Inhambane and Cabo Delgado) | WHO | Assessment report available, identifying all resource needs and plan of action for operationalizing the three new PBM surveillance sites | Assessment report available, and all three sites identified with clear action points for making them functional |
| Mozambique | Data | Set up and implement PBM surveillance system in the three new sites countrywide | WHO | (1) Technical support identified (2) Training materials updated (3) All three new PBM sentinel sites with respective human resources identified | All three new sentinel sites functional, reporting data on PBM surveillance on regular basis (monthly) |
| Mozambique | Supply Chain | Strengthen capacity of district managers on vaccine and vaccination supplies management in 69 districts of the 4 priority provinces | WHO | 50% of the districts in priority provinces trained implementing DVDMT tool and with improved vaccine and vaccination supplies management | Functioning supply chain, achieving 80% benchmark for Effective Vaccine Management
| | | | | at least 90% of districts in priority provinces trained implementing DVDMT tool and with improved vaccine and vaccination supplies management | 
| Mozambique | Data | Strengthen capacity of the EPI program at district on data analysis and use for local decision making process in 69 districts of the 4 priority provinces | WHO | at least 50% of districts in 4 priority provinces implementing DQS tool and with improved data quality (verification factor of at least 80%). | Routine data quality assessment mechanisms in place in concerned districts, achieving a verification factor of at least 80%. |
| Mozambique | Program Implementation | Adapt, translate, print and disseminate the updated RED/REC guidelines | WHO | | Improved equity with penta 3 coverage with at least 90% of concerned districts achieving 80% penta 3 coverage |
| Mozambique | Program Implementation | Support revised RED/REC micro plan in all districts of Manica and Tete (19+22 = 27 districts) | WHO | At least 50% of concerned districts with pentavalent 3 coverage of at least 80% | Improved equity with penta 3 coverage with at least 90% of concerned districts achieving 80% penta 3 coverage |
| Mozambique | Vaccine Specific Support | Support application for and implementation of vaccination campaigns | WHO | OCV application submitted by August 2018 | OCV campaign implemented by October 2018, achieving at least 90% coverage in concerned districts |
| | | Leadership Management and Coordination (LMC) | | | (1) Successful OCV application; (2) Support district micro plan for OCV campaign (2) OCV campaign coverage of at least 50% measured through independent monitoring process |
| Mozambique | Data | Strengthen capacity of district EPI managers on immunization program management, with emphasis on the 5 immunization program components in at least 48 districts | WHO | at least 50% of selected districts trained in concerned provinces, with at least 80% of these districts with improved program performance indicators for routine EPI coverage, surveillance and data quality | All the types of trained districts with improved program management measured through combination of process and outcome indicators (timeliness / completeness of reporting, vaccine wastage rate at acceptable levels, no vaccine / supplies stock out, at least 80% of planned outreach sessions implemented, at least 80% of penta 3 coverage and <= 10% dropout rate) |
| Mozambique | Data | Support VPDs Surveillance countrywide, but with focus on the district of the 4 priority provinces | WHO | at least 50% of districts meeting VPDs surveillance indicators performance | All At least 80% of districts meeting VPDs surveillance indicators performance |

**Notes:**

- **Pre-Joint Appraisal:**
- **Total:**
- **Activity:**
- **Milestones:**
- **Expected Outcome:**
<table>
<thead>
<tr>
<th>Mozambique</th>
<th>Data Support measles / rubella surveillance</th>
<th>WHO</th>
<th>At least 60% of districts meeting measles / rubella surveillance indicators performance</th>
<th>At least 90% of districts meeting measles / rubella surveillance indicators performance</th>
<th>(1) Improved measles / rubella surveillance indicators with at least 90% of districts meeting measles / rubella surveillance indicators (2) Measles / rubella lab meeting the acceptable proficiency level (3) Functional Measles Verification Committee</th>
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<tr>
<td>Mozambique</td>
<td>Data Support laboratory surveillance of diseases targeted by new vaccines (Hib, Rotavirus and pneumococcus) in Maputo, Beira, Quelimane and Nampula</td>
<td>WHO</td>
<td>All 4 sites functional</td>
<td>Functionality of all 4 sentinel surveillance sites documented</td>
<td>(1) Rotavirus sentinel surveillance monthly data output monitoring trend generated (2) Monthly feedback generated for corrective actions (3) Report on supportive supervision with action points for improvement provided to reporting sites</td>
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<tr>
<td>Mozambique</td>
<td>Data Surveillance of adverse effects following immunization (AEFI) countrywide, with focus on the 4 priority provinces</td>
<td>WHO</td>
<td>AEFI Committee established and trained</td>
<td>AEFI focal persons at provincial / district level trained in at least 50% of the districts</td>
<td>(1) Functional AEFI committee established at central level (2) Functional AEFI surveillance system in at least 50% of districts trained countrywide</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Forecast and procurement and supply of vaccines and other supplies as at vaccination</td>
<td>UNICEF</td>
<td>Zero stock-out of Gavi co-financed vaccines at central level</td>
<td>Zero stock-out of Gavi co-financed vaccines at central level</td>
<td>Zero stock-out of Gavi co-financed vaccines at central level Timeliness of vaccine arrival at least 80% fulfilled</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Support the availability of supplies at the national level through the introduction of a national investment plan</td>
<td>UNICEF</td>
<td>Viva on-line Tool introduced and SMT tool effectively used and shared monthly</td>
<td>Viva on-line tool and SMT are effectively used and monthly shared to ensure supply adequacy and availability</td>
<td>Cold chain equipment procured in line with country plans within 2018. Equipment fully installed and meeting EVM standards by 2019.</td>
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<tr>
<td>Mozambique</td>
<td>Support Cold Chain Upgrade Efforts, including through monitoring of district cold chain storage conditions</td>
<td>UNICEF</td>
<td>Vaccine stores at Central and Provincial levels implemented recommendations according to EVM standards</td>
<td>CCEOP Operational Deployment Plan ready by end of November, 2018</td>
<td>Cold chain equipment procured in line with country plans within 2018. Equipment fully installed and meeting EVM standards by 2019.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Leadership Management and Coordination (LMC) Support Gavi HSS planning, coordination, M&amp;E and reporting</td>
<td>UNICEF</td>
<td>GPT timely submitted</td>
<td>Gavi HSS AWP and APP timely submitted</td>
<td>Improved effective implementation of Gavi HSS, grant (1) funds execution 80% yearly according to planned budget based on data analysis) (2) Delay of Gavi disbursement and poor flow of funds are mitigated, e.g. through MG consulting support or other partners</td>
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<tr>
<td>Mozambique</td>
<td>Leadership Management and Coordination (LMC) Coordination of PEF implementation</td>
<td>UNICEF</td>
<td>PEF 2018 implementation progress reports circulated</td>
<td>PEF 2019 coordinated and agreed between partner and MHT according to JA recommendations</td>
<td>Saps in TCA implementation are timely identified and addressed leading to achievement of 80% of expected results (Assumptions - ICC monitors and holds PEF partners accountable for TCA implementation and partner institutions are responsive to ICC recommendations)</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Program Implementation Coverage &amp; Equity In line with the current coverage and equity improvement plan, coordinate the comprehensive coverage and equity improvement efforts, including through the expansion of the REC approach, by providing strategic guidance, harmonization of technical approaches and tools and fostering integration with other child health interventions.</td>
<td>UNICEF</td>
<td>At least 50% of districts of Zambézia, Tete, Nampula and Manica have REC microplans</td>
<td>At least 75% of districts of Zambézia, Tete, Nampula and Manica have REC microplans</td>
<td>Reduce by half, country wide, the number of districts with DTP3 coverage below 80%, from status as per 2017 year end coverage data</td>
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<tr>
<td>Mozambique</td>
<td>Program Implementation Coverage &amp; Equity Map priority districts lagging behind located outside the 4 priority provinces</td>
<td>UNICEF</td>
<td>Coverage and equity improvement microplans developed in 100% of mapped priority districts outside priority provinces</td>
<td>Coverage and equity improvement microplans developed in 100% of mapped priority districts outside priority provinces</td>
<td>Reach 100% of Districts having at least 80% coverage in Nampula, Zambézia, Tete and Manica.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Program Implementation Coverage &amp; Equity Update the Immunization inequity analysis and update the coverage and equity improvement plan accordingly, aligning with documentation of lessons in implementing REC and with upcoming new population data from 2017 population census and to consider the on-going community mapping.</td>
<td>UNICEF</td>
<td>Protocol/TOF for updating inequity assessment is endorsed by ICC</td>
<td>Draft inequity assessment is validated</td>
<td>Assumptions: District health management capacity is strengthened (e.g. through the support to DHTM or other approaches) and flow of funds is improved (e.g. through the support of MG consulting or other approaches) and allow for consistent availability of HR, transport means and fuel, thus allowing for consistent implementation of outreach</td>
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<tr>
<td>Mozambique</td>
<td>Demand Promotion In line with the C4I strategy, implement advocacy actions for immunizations at subnational levels (including development and circulation of immunization scorecards with high level subnational authorities) and build capacity of religious leaders and of community radios for BCC and risk communication in support to demand promotion for immunizations and other child health interventions in the priority provinces of Zambézia, Tete, Nampula and Manica (REC Districts).</td>
<td>UNICEF</td>
<td>Scorecards developed. Training modules for religious leaders and community radios, as well as broadcasting themes for community radios developed/updated</td>
<td>Immunization scorecards circulated and monitored at local government in at least 25% of priority districts. Trained religious leaders and community radios implementing immunization promotion activities (counseling and broadcasting, respectively) in at least 25% of priority districts</td>
<td>At least 25% reduction of DTP3 to DTP1 drop-out rates from 2017 and end year admin data, in 669 districts of 4 priority provinces.</td>
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Mozambique

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<thead>
<tr>
<th>Date</th>
<th>Program Implementation</th>
<th>Coverage &amp; Equity</th>
<th>Vaccine-specific</th>
<th>Support</th>
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<tbody>
<tr>
<td></td>
<td>2 CDC Staff to provide TA for 30 days each to ensure high quality preparation, implementation and monitoring for MR Catch-Up SIA in 2 phases planned in April and May 2018</td>
<td>CDC Foundation</td>
<td>Review of surveillance protocol and make necessary changes. Training of INS staff on molecular detection and sequencing at CDC</td>
<td>Consistent reporting of meningitis cases and specimens referral to INS for molecular testing</td>
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<td></td>
<td>Detection and reporting of meningitis surveillance (both suspected and lab-confirmed due to S. pneumoniae, H. influenzae, etc) in at least 3 sentinel sites</td>
</tr>
</tbody>
</table>

**In-person and electronic/telephone**

- May 2018 application: National-level Financing completed mission and report
- May 2018 application: Strategy development workshop organized and facilitated
- September 2018 application: National-level workshop organized and facilitated
- September 2018 application: Strategy development workshop organized and facilitated
- September 2018 application: National-level workshop organized and facilitated
- September 2018 application: Strategy development workshop organized and facilitated
- September 2018 application: National-level workshop organized and facilitated

**Final introduction strategy developed and ratified by key stakeholders**

**Coverage & Equity**

**Activity 1: Decision making & strategy development**

- In-person and electronic/telephone discussions conducted to coordinate with and collect insight from decision-makers to inform introduction strategy

**Activity 2: Support to Gavi introduction grant application**

- 4 May 2018 application: National-level workshop organized and facilitated to finalize and submit application

**Provide a broad range of financial management services to the GoM in order to meet the financial management requirements of Gavi grants.**

- Provide epidemiologic and laboratory assistance to enhance meningitis surveillance in these sentinel sites

- Gavi grants (HSIS, Pneumococcal vaccine (PCV) switch grant (3G). Measles-Rubella (MR) operational costs) annual Financial Report (January to December 2017) reconciliation of expenses with e-SISTAFE information, final year balance, year audit report; in specific GAVI financial procedures to ensure procedural and budgetary implementation, review of the budget execution report (examination of the levels of financial and budgetary implementation, review of the procedures to ensure procedural and documentary legality); continuous activity as part of monthly reports.

- Human Papilloma Virus (HPV) (2013 to 2015) disbursement information, consolidated expenses, reconciliation of expenses, clearance of assets and assets acquired if applicable by the end of April.

- Training of technicians at the centre and provincial levels in public financial management (PFM) matters and in the use of existing and developed instruments as well as specific GAVI financial procedures by the end of May.

- Table with findings on the procurement process in a Continuous activity part of monthly reports.