



# Annual Progress Report 2007

Submitted by

The Government of

MOZAMBIQUE

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**(to be accompanied with Excel sheet as prescribed)**

Please return a signed copy of the document to:  
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, [raj कुमार@gavialliance.org](mailto:raj कुमार@gavialliance.org) or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

*This report reports on activities in 2007 and specifies requests for January – December 2009*

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

## 1. Report on progress made during 2007

### 1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

Mozambique is in the seventh year of GAVI support

#### 1.1.1 Management of ISS Funds

*Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).*

*Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

The National Health Directorate is the overall management institution for the SS Funds within the Ministry of Health. A bank account named GAVI Fund has been opened. Once the funds are transferred by GAVI Secretariat and become available in this bank account, the information is passed on to the EPI manager, who with his team prepares and proposes the funding allocation for the different components of EPI. This proposal is then discussed with the Deputy National Director Promotion and Health Prevention, before its submission to the ICC for its approval. At last, the approved proposal is submitted to the National Director of Health, who authorizes its implementation. Once the implementation starts, it is the Deputy National Director for Health Promotion and Health Prevention who controls the funding usage. In addition, ICC monitors the utilization of the funds according to the plan

### 1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 **None received**

Remaining funds (carry over) from 2006 **None received**

Balance to be carried over to 2008 **None received**

**Table 1: Use of funds during 2007\***

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

*\*If no information is available because of block grants, please indicate under 'other'.*

**Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.**

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

The major activities conducted to strengthen EPI in 2007 were:

- *2nd and 3rd rounds of TT Campaign in 15 high risk districts;*
- *Training of Trainers at National and Provincial Level for RED approach as well as micro planning for 33 chosen pilot districts in all 11 Provinces, and further implementation of RED strategy in the 33 districts. The vision of the RED approach by the MoH has been to integrate a package of mother and child health services to improve child survival.*
- *Preparation and Application for GAVI funding of:*
  - *Hemophilus Influenza type b vaccine (pentavalent presentation DTPHepB+Hib)*
  - *Health System Strengthening (HSS)*
  - *Civil Society Organization (CSO)*
- *Initiated the preparation of Measles Campaign to occur in 2008*
- *2nd Vaccine Management Assessment (first one in 2003)*
- *Vaccine Procurement Assessment*
- *Desk review of disease surveillance*
- *Middle Level Management (MLM) training*
- *Workshop with the support of WHO Afro and country office for GAVI phase II and application for financing (introduction of Hib and HSS)*

*Constraints:*

- *Management change at EPI Central level (new National EPI Manager assumed position in March 2007)*
- *Data Manager left the Program at the end of 2007*
- *Insufficient Human Resources at all levels*
- *Natural disasters occurred during 2007, namely Floods and cyclones*
- *DQA was not performed because of the fact that there was a delay for the introduction of new EPI tools Nationwide*
- *Insufficient funds for RED strategy Nationwide*

### **1.1.3 Immunization Data Quality Audit (DQA)**

Next\* DQA scheduled for: **October 2008**

*\*If no DQA has been passed, when will the DQA be conducted?*

*\*If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

*\*If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

*Recording, storing and reporting practices*

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

Monitoring and evaluation

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

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

YES

NO

If yes, please report on the degree of its implementation and attach the plan.

*In 2005, the EPI program developed and successfully pre-tested new data collection tools and vaccination activities recording book. According to the previous plan, the scaling up was to initiate in October 2005 and finish by December the same year, in a way that by 1st January 2006, all health facilities would be using these new tools. Unfortunately these new tools are not being implemented countrywide yet, due to bureaucratic issues out of our control (tools finalized, approved, but still in the tender process for production and posterior distribution). Thus, this was postponed to begin in June 2006, following a similar schedule as the one proposed in 2005 progress report.*

*Currently, the new EPI data collection tools are already being used Nationwide and EPI is currently monitoring its use.*

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

*At central level, data is now monitored by district. However, still lacking consistently information on wastage rate. In the old forms this information is not requested. Therefore, we have included it in the new reporting forms, which are not yet being used, due to the constraints explained above.*

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

**Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.**

*Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).*

*A coverage survey was performed in Niassa Province (a province of the North of the country) in five districts. The document is available upon request*

**1.1.4. ICC meetings**

*How many times did the ICC meet in 2007? **Please attach all minutes.**  
Are any Civil Society Organizations members of the ICC and if yes, which ones?*

**ICC met three times during 2007. Yes, Development Community Fund (FDC), Village Reach are**

members of the ICC as part of Civil Society Organizations (CSO)

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

### **1.2.1. Receipt of new and under-used vaccines during 2007**

*When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.*

<b>Vaccine</b>	<b>Vials size</b>	<b>Doses</b>	<b>Date</b>
DPTHepB	10 doses	489,000	03-05-2007
	10 doses	488,500	04-12-2007

*Please report on any problems encountered.*

None

### **1.2.2. Major activities**

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

Mozambique introduced 1st new vaccine in 2001, and is expected to introduce pentavalent vaccine (DTPhepB+Hib) in 2009.  
Plan of introduction of Pentavalent vaccine may be available upon request if needed.

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

These funds were received on: funds received in 2001

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

None encountered

### **1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment**

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in: **November 2007**

*Please summarize the major recommendations from the EVSM/VMA*

-Train the involved staff in the process of vaccine procurement including customs staff and clearing agents: conditions of clearance and pre-stocking of vaccines at the airport.  
-Foresee a pre-storage area at the airport; or identify a space for which the storage conditions will be defined through an established agreement by the parties involved. (EPI, CUSTOMS, UNICEF

and PRIVATE SECTOR) to use in case of arrival of the vaccines during the unavailability of the central level capacity.

-Speed up resource mobilization mechanisms for the acquisition on time of vaccines and vaccination materials.

-To computerize the vaccine management adopting the GIS/AFRO File (Computerized Stock Management) included in the levels of periphery health unities (Province and District);

-Elaborate a distribution plan of vaccines and materials to ensure its sound implementation;

-Update the cold chain inventory of materials and the fleet of vehicles;

-Foresee through the budget the financial support to acquire the reinforcement equipment for the cold chain;

-Elaborate a rehabilitation plan and distribution of equipment;

-Elaborate a maintenance plan and ensure its implementation;

-Adopt a system of monitoring of losses at all levels;

-Elaborate a plan of formative supervision and ensure its implementation.

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

*If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.*

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

- Training in vaccine Management for National level EPI Staff, Provincial and District level Managers
- Improvement of standard procedures at National and Provincial level
- Accelerate basic training of preventive Medicine personal (major group involved in EPI activities)
- Increase supervision
- Provision of support Material (manuals, temperature monitoring material, other equipment)
- Improve maintenance practice and capacity through human resources allocation and training

The next EVSM/VMA\* will be conducted in: 2009

*\*All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

### 1.3 Injection Safety

#### **1.3.1 Receipt of injection safety support**

Received in cash/kind

*Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).*

<b>Injection Safety Material</b>	<b>Number</b>	<b>Date</b>
* Last year of reception of Injection Safety Support was 2007	Safety Boxes (4.500)	22 of August

*Please report on any problems encountered.*

None encountered

#### **1.3.2. Progress of transition plan for safe injections and management of sharps waste.**

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

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

*Please report how sharps waste is being disposed of.*

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

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

No problem worth mentioning was encountered

#### **1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)**

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

Mozambique has not received Injection Safety Support during 2007

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

**Table 2.1: Overall Expenditures and Financing for Immunization**

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
	Actual	Planned	Planned	Planned
<b><i>Expenditures by Category</i></b>				
Vaccines	\$ 2,857,673	\$ 4,220,547	\$ 12,029,867	\$ 12,168,417
Injection supplies	\$ 591,380	\$ 944,274	\$ 890,171	\$ 931,803
Cold Chain equipment	\$ 2,300,000	\$ 690,000	\$ 706,560	\$ 723,517
Operational costs	\$ 3,093,092	\$ 2,588,747	\$ 7,302,928	\$ 426,973
Other (please specify)	\$		\$	\$
<b><i>Financing by Source</i></b>				
Government (incl. WB loans)	\$ 4,507,141	\$ 4,872,283	\$ 4,596,876	\$ 4,778,570
GAVI Fund	\$ 992,110	\$ 2,646,466	\$ 10,709,984	\$ 10,763,708
UNICEF	\$ 1,031,332	\$ 1,644,884	\$ 522,240	\$ 534,774
WHO	\$ 112,446	\$ 806,080	\$ 825,426	\$ 845,236
Other (FDC)	\$ 486,637	\$ 805,430	\$ 824,760	\$ 844,555
Other (JICA)	\$ 190,694	\$ 80,000	\$ 350,000	\$ 350,000
<b>Other</b>	\$ 1,521,785			
<b>Total Expenditure</b>	\$ 8,842,145			
<b>Total Financing</b>	\$ 8,842,145	\$ 11,279,596	\$ 18,697,125	\$ 19,007,558
<b>Total Funding Gaps</b>	\$ 2,437,451			

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

- Immunization trends are increasing steadily
- There are differences in terms of planned versus actual expenditure particularly in relation to:
  - Cold chain (unplanned gross acquisition of 300 solar energy refrigerators);
  - Operational costs (significant increase in the per diem rates for all levels of health professionals);
  - The reduction of funds for vaccines from GAVI actual versus planned, is due to the fact that Mozambique received vaccines from 2006 in 2007 therefore did not spend the amount that was predicted for 2007. During the transition from Phase I to Phase II because of the threat of phasing in of GAVI financing Mozambique procured vaccine. Following this, soon after GAVI started there was an excess of DTPHepB vaccine (procured by the Mozambican Government and GAVI). For this reason MoH decide to cancel reception of the vaccine for 2007

**Table 2.2: Country Co-Financing (in US\$)**

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009 *
	Actual	Planned	Planned	Planned
<b>Co-financing amount (in US\$ per dose)</b>				
Government				\$ 633,500
Other sources (please specify)				
<b>Total Co-Financing (US\$ per dose)</b>				\$ 633,500

\*Mozambique is expected to start co-financing in 2009 for introduction of pentavalent vaccine (DTPHepB+Hib)

Please describe and explain the past and future trends in co-financing levels for the 1<sup>st</sup> GAVI awarded vaccine.

**Table 2.3: Country Co-Financing (in US\$)**

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

<b>Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?</b>			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding	√	BCG, Measles, TT and OPV	Government
Government Procurement- Other			
UNICEF	√	DPT/HepB	GAVI
PAHO Revolving Fund			
Donations			
Other (specify)			

<b>Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

<b>Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?</b>	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	√Yes
National health sector plan	√Yes
National health budget	√Yes
Medium-term expenditure framework	√Yes
SWAp	
cMYP Cost & Financing Analysis	√ Yes
Annual immunization plan	√ Yes
Other	

<b>Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?</b>
1. The country foresees absolutely no problems in mobilizing resources for its vaccine co-payment. GAVI decided that co-financing will start in 2009 for pentavalent vaccine
2.
3.
4.
5.

### **3. Request for new and under-used vaccines for year 2009**

*Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.*

#### **3.1. Up-dated immunization targets**

*Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.*

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

Table 7 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2004	2005	2006	2007	2008	2009 <sup>(a)</sup>	2010	2011	2012
<b>DENOMINATORS</b>									
Birth is	853,758	874,640	895,632	923,882	946,055	968,760			
infants' death is	94,862	97,182	99,515	102,654	105,118	107,640			
Surviving infants	758,896	777,458	796,117	821,228	840,937	861,120			
infants vaccinated in 2007 (JRF) / to be vaccinated 2007 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)*									
infants vaccinated 2007 (JRF) / to be vaccinated 2007 and beyond with 3 <sup>rd</sup> dose of DTP (DTP3)*									
<b>NEW VACCINES **</b>									
Infants vaccinated 2007 (JRF) / to be vaccinated 2007 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)* (tetra/penta)..... (new vaccine)	769,411	746,586	737,403	727,431	748,434	766,396			
Infants vaccinated 2007 (JRF) / to be vaccinated 2007 and beyond with 3 <sup>rd</sup> dose of Tetra/Penta..... (new vaccine)	666,604	658,329	698,593	654,274	672,749	688,896			
Wastage rate in 2007 and plan for 2008 beyond*** ..... (new vaccine)	20 %	Not available	13 %	15%	10 – 15 %	10 %			
<b>INJECTION SAFETY****</b>									
Pregnant women vaccinated / to be vaccinated with TT	810,226	758,022	796,611	713,243	522,928 (51%)	630,704 (60%)			
infants vaccinated / to be vaccinated with BCG	870,425	723,036	756,311	824,968	844,767	865,042			
infants vaccinated / to be vaccinated with Measles	683,984	659,479	690,831	627,128	642,179	657,591			

\* indicate actual number of children vaccinated in past years and updated targets (with ether DTP alone or combined)

\*\* Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

\*\*\* indicate actual wastage rate obtained in past years

\*\*\*\* insert any row as necessary

a) Mozambique is expected to introduce second new vaccine (pentavalent vaccine) in 2009

### 3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

Not applicable

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
<ul style="list-style-type: none"> <li>▪ <b>Phasing:</b> Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided</li> <li>▪ <b>Wastage of vaccines:</b> Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.</li> <li>▪ <b>Buffer stock:</b> The buffer stock is recalculated every year as 25% the current vaccine requirement</li> <li>▪ <b>Anticipated vaccines in stock at start of year 2009:</b> It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.</li> <li>▪ <b>AD syringes:</b> A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.</li> <li>▪ <b>Reconstitution syringes:</b> it applies only for lyophilized vaccines. Write zero for other vaccines.</li> <li>▪ <b>Safety boxes:</b> A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes</li> </ul>

**Table 7: Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

### 3.3 Confirmed/ revised request for injection safety support for the year 2009

**Table 8: Estimated supplies for safety of vaccination for the next two years with .....** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
<b>A</b>	Target if children for ..... Vaccination (for TT: target of pregnant women) (1)	#		
<b>B</b>	Number of doses per child (for TT: target of pregnant women)	#		
<b>C</b>	Number of ....doses	A x B		
<b>D</b>	AD syringes (+10% wastage)	C x 1.11		
<b>E</b>	AD syringes buffer stock (2)	D x 0.25		
<b>F</b>	Total AD syringes	D + E		
<b>G</b>	Number of doses per vial	#		
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6		
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

*If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

Moz - BCG needs for 2007-2009					
		Formula	2007 - BCG	2008 - BCG	2009 - BCG
<b>A</b>	Population		20,378,371	20,867,452	21,368,270
<b>B</b>	Number of children to be vaccinated with the first dose <sup>1</sup>	# Table 4	774,376	792,963	811,994
<b>C</b>	Number of doses per child	#	1	1	1
<b>D</b>	Total number of doses needed	B x C	774,376	792,963	811,994
<b>E</b>	Estimated vaccine wastage factor	see list in table	2	2	2
<b>F</b>	Total number of doses needed (incl. wastage)	D x E	1,548,752	1,585,926	1,623,988
<b>G</b>	Vaccines buffer stock <sup>3</sup>	F x 0.25 or (F <sup>2</sup> 0.25) - G (previous year) <sup>4</sup>	0	0	0
<b>H</b>	Total vaccine doses needed	F + G	1,548,752	1,585,926	1,623,988
<b>I</b>	Number of doses per vial	#	20	20	20
<b>J</b>	Number of AD syringes (+ 10% wastage) needed	(D + G) x 1.11	859,557	880,189	901,313
<b>K</b>	Reconstitution syringes (+ 10% wastage) needed	H / I * 1.11	85,956	88,019	90,131
<b>L</b>	Total of safety boxes (+ 10% of extra need) needed	(J + K) / 100 x 1.11	10,401	10,650	10,906

**Moz - Measles needs for 2007-2009**

		Formula	2007 - Measles	2008 - Measles	2009 - Measles
A	Population		20,378,371	20,867,452	21,368,270
B	Number of children to be vaccinated with the first dose <sup>1</sup>	# Table 4	570,594	626,024	683,785
C	Number of doses per child	#	1	1	1
D	Total number of doses needed	$B \times C$	570,594	626,024	683,785
E	Estimated vaccine wastage factor	see list in table	1.33	1.33	1.33
F	Total number of doses needed (incl. wastage)	$D \times E$	758,890	832,612	909,434
G	Vaccines buffer stock <sup>3</sup>	$0.25) - G$	0	0	0
H	Total vaccine doses needed	$F + G$	758,890	832,612	909,434
I	Number of doses per vial	#	20	20	20
J	Number of AD syringes (+ 10% wastage) needed	$(D + G) \times 1.11$	633,359	694,887	759,001
K	Reconstitution syringes (+ 10% wastage) needed	$H / I \times 1.11$	42,118	46,210	50,474
L	Total of safety boxes (+ 10% of extra need) needed	$(J + K) / 100 \times 1.11$	7,430	8,152	8,904

**Moz - OPV needs for 2007-2009**

		Formula	2007 - OPV	2008 - OPV	2009 - OPV
A	Population		20,378,371	20,867,452	21,368,270
B	Number of children to be vaccinated with the first dose <sup>1</sup>	# Table 4	710,873	739,846	759,761
C	Number of doses per child	#	4	4	4
D	Total number of doses needed	$B \times C$	2,843,492	2,959,384	3,039,044
E	Estimated vaccine wastage factor	see list in table	1.18	1.18	1.18
F	Total number of doses needed (incl. wastage)	$D \times E$	3,355,321	3,492,073	3,586,072
G	Vaccines buffer stock <sup>3</sup>	$F \times 0.25$ or $(F \times 0.25) - G$ (previous year) <sup>2</sup>	0	0	0
H	Total vaccine doses needed	$F + G$	3,355,321	3,492,073	3,586,072
I	Number of doses per vial	#	20	20	20
J	Number of AD syringes (+ 10% wastage) needed	$(D + G) \times 1.11$	0	0	0
K	Reconstitution syringes (+ 10% wastage) needed	$H / I \times 1.11$	0	0	0
L	Total of safety boxes (+ 10% of extra need) needed	$(J + K) / 100 \times 1.11$	0	0	0

**Moz - TT pregnant needs for 2007-2009**

		Formula	2007 - TT preg	2008 - TT preg	2009 - TT preg
A	Population		20,378,371	20,867,452	21,368,270
B	Number of children to be vaccinated with the first dose <sup>1</sup>	# Table 4	829,352	889,238	949,701
C	Number of doses per child	#	2	2	2
D	Total number of doses needed	$B \times C$	1,658,704	1,778,476	1,899,402
E	Estimated vaccine wastage factor	see list in table	1.18	1.18	1.18
F	Total number of doses needed (incl. wastage)	$D \times E$	1,957,271	2,098,602	2,241,294
G	Vaccines buffer stock <sup>3</sup>	$F \times 0.25$ or $(F \times 0.25) - G$ (previous year) <sup>2</sup>	0	0	0
H	Total vaccine doses needed	$F + G$	1,957,271	2,098,602	2,241,294
I	Number of doses per vial	#	10	10	10
J	Number of AD syringes (+ 10% wastage) needed	$(D + G) \times 1.11$	1,841,161	1,974,108	2,108,336
K	Reconstitution syringes (+ 10% wastage) needed	$H / I \times 1.11$	0	0	0
L	Total of safety boxes (+ 10% of extra need) needed	$(J + K) / 100 \times 1.11$	20,253	21,715	23,192

## Pentavalent Vaccine (DTPHepB+Hib) needs for 2009

	Formula	2009			
		Total	Government	GAVI	
A	Country Co-finance	5.36%			
B	Number of children to be vaccinated with the first dose	<i>From Tab 1</i>	804,265	43,137	761,128
C	Number of doses per child	<i>From Tab 1</i>	3	3	3
D	Number of doses needed	$B \times C$	2,412,794	129,410	2,283,383
E	Estimated vaccine wastage factor	<i>From Tab 1</i>	1.05	1.05	1.05
F	Number of doses needed including wastage	$D \times E$	2,533,433	135,881	2,397,553
G	Vaccines buffer stock <sup>1</sup>	$F \times 0.25$ or $(F - F$ of previous year) * 0.25	335,460	17,992	317,468
H	Total vaccine doses needed	$F + G$	2,869,000	153,873	2,715,021
I	Number of doses per vial	<i>From Tab 1</i>	1	1	1
J	Number of AD syringes (+ 10% wastage) needed	$(D + G) \times 1.11$	3,050,600	163,617	2,886,945
K	Reconstitution syringes (+ 10% wastage) needed <sup>2</sup>	$H / I \times 1.11$	0	0	0
L	Total of safety boxes (+ 10% of extra need) needed	$(J + K) / 100 \times 1.11$	33,875	1,816	32,045

## 4. Health Systems Strengthening (HSS)

**This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.**

Health Systems Support started in: \_\_\_\_\_

Current Health Systems Support will end in: \_\_\_\_\_

Funds received in 2007: Yes/No  
 If yes, date received: (dd/mm/yyyy)  
 If Yes, total amount: US\$ \_\_\_\_\_

Funds disbursed to date: US\$ \_\_\_\_\_

Balance of installment left: US\$ \_\_\_\_\_

Requested amount to be disbursed for 2009 US\$ \_\_\_\_\_

*Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No  
 If not, why not? How will it be ensured that funds will be on-budget? Please provide details.*

*Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country*

would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

**Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.**

**Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009** (*In case there is a change in the 2009 request, please justify in the narrative above*)

<b>Area for support</b>	<b>2007 (Expenditure)</b>	<b>2007 (Balance)</b>	<b>2009 (Request)</b>
<b>Activity costs</b>			
<b>Objective 1</b>			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
<b>Objective 2</b>			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
<b>Objective 3</b>			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
<b>Support costs</b>			
Management costs			
M&E support costs			
Technical support			
<b>TOTAL COSTS</b>			

<b>Table 10. HSS Activities in 2007</b>	
<b>Major Activities</b>	<b>2007</b>
<b>Objective 1:</b>	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
<b>Objective 2:</b>	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
<b>Objective 3:</b>	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

<b>Table 11. Baseline indicators</b> <i>(Add other indicators according to the HSS proposal)</i>						
<b>Indicator</b>	<b>Data Source</b>	<b>Baseline Value<sup>1</sup></b>	<b>Source<sup>2</sup></b>	<b>Date of Baseline</b>	<b>Target</b>	<b>Date for Target</b>
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

*Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.*

<sup>1</sup> If baseline data is not available indicate whether baseline data collection is planned and when

<sup>2</sup> Important for easy accessing and cross referencing

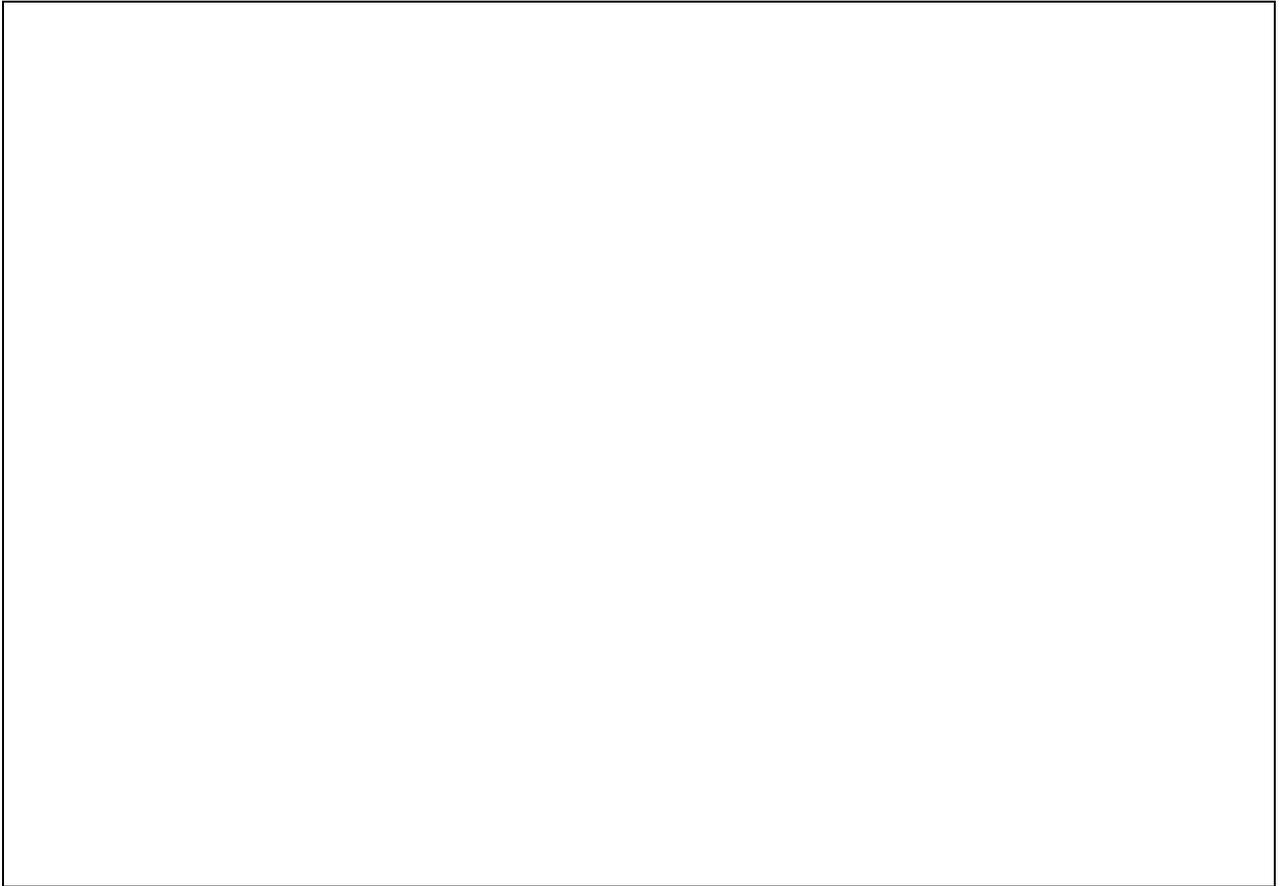
## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

## **6. Comments**

*ICC/HSCC comments:*



~ End ~