



Annual Progress Report 2007

Submitted by

The Government of

Mongolia

Date of submission ____15 May 2008_____

Deadline for submission 15 May 2008

(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 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.

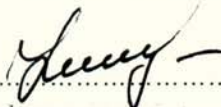
This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of ...**Mongolia**.....

Ministry of Health:

Title: J.Tsolmon, MD, PhD,
Vice Minister of Health and Chairman of ICC

Signature: 

Date: 05 May, 2008

Ministry of Finance:

Title: 
Vice Minister

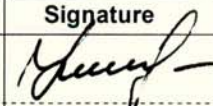
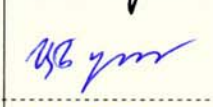
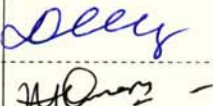
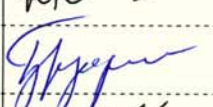
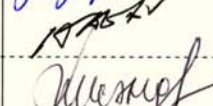
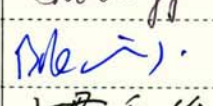
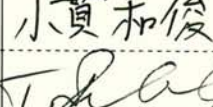
Signature: 

Date: 05 May, 2008

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

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

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

Name/Title	Agency/Organisation	Signature	Date
J. Tsolmon, MD, PhD, Vice Minister of Health and	Ministry of Health		13. May, 2008
Ts.Bujin, MD, MSc Director Health Policy and Planning	Ministry of Health		15. 05. 08
D. Narangerel, MD, MSc, (Officer in charge of Communicable	Ministry of Health		13. May, 2008
Mr. J. Oyunbileg, PhD, DSc (biol)	Public Health Institute		13. May, 2008
Mr. G.Tseveendorj, (Officer)	Ministry of Finance and Economy		13. May, 2008
Mr. Robert Hagan (Resident Representative)	WHO		13. May, 2008
J. Mendsaikhan (EPI in country advisor)	WHO		13. May, 2008
Mr. Bertrand (Resident Representative)	UNICEF		13. May, 2008
Mr. Tsutomu Moriya (Resident Representative)	JICA		13. May, 2008
G.Dashzeveg, MD, PhD, (Consultant, "Health Sector Development" project)	ADB		13. May, 2008

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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?

Ministry of Healy did not receive the budget for ISS in 2007

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.

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 _____ no _____

Remaining funds (carry over) from 2006 _____

Balance to be carried over to 2008 _____

Table 1: Use of funds during 2007* only GAVI supported

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
1.Vaccines (DTPw-HB+HIB)	556,560.00				
2.Injection supplies	38,838.00				
3.Personnel					
4.Transportation					
5.Maintenance and overheads					
6.Training	14,000.00				
7.IEC / social mobilization					
8.Outreach					
9.Supervision					
10.Monitoring and evaluation					
11.Epidemiological surveillance					
12.Vehicles					
13.Cold chain equipment					
14.Other ...1.(Measles NID, Oct in 2007) 2. National cold room... (specify)					
Total:	609,398.00				
Remaining funds for next year:					

**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.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for _____

**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?

DQA has been done in 2006 April in selected 2 aimags (Zavkhan, Khentii) and Ulaanbaatar 2 districts.

Recommendation 1: the Ministry of Health should consider planning further data quality self-assessments in other Aimags and districts, by the trained staff, to determine whether data manipulation is a specific or a generalized problem, to raise awareness among Aimag staff about the importance of good data, and to send a strong message that data manipulation is not acceptable. EPI managers should be aware that they are accountable for the reports they have signed off.

Recommendation 2: data accuracy checks should be included in routine supervision practices. When national staff supervise Aimag EPI managers, they should perform simple consistency checks, such as recounting available reports from all reporting units (soums, immunization units, family doctors) for one or two months, and check whether the total of all of them corresponds with the Aimag compilation and with the Aimag report. They should explain that sending accurate data is more important than sending “good” data. When provincial EPI managers visit Soums, Ambulatories or Family Doctors, they could on their turn recount vaccination cards or registers and compare them with the reports they received.

Recommendation 3: national EPI staff should review all district and Aimag reports for 2005 and for future months and years with an investigative mindset. Do other Aimags report the same kind of differences between the “December cumulative” reports and the “annual updates”? Apparent discrepancies should be discussed with Aimag EPI managers, and coverage should be restated if it is determined that in some cases the numbers of doses were changed to accommodate the targets.

Recommendation 4: Supervision checklists should be developed for use by EPI managers to supervise soums, family doctors, ambulatories etc. They should include a number of checks relative to data quality and monitoring. Their use should be mandatory: if funds were used to conduct a supervisory visit, a completed checklist should be stored to account for this. When an official makes a supervisory visit, she should take the checklists from the last visit with her to evaluate whether progress was made. Finally, some record of the visit should be left in the visited unit, including recommendations. A good system is the use of a “supervisory notebook”: a simple notebook, kept in the Soum or Ambulatory, where all supervisors can leave their comments. The results of supervisory visits may be quantified and visualized in a similar way as this DQS.

Recommendation 5: regular feedback should be made systematically at all levels, starting with feedback from the national level to the districts and Aimags. It should include some discussion on coverage, drop-out rates, vaccine wastage, targets, VPD etc.

Recommendation 6: in order to use and analyse the created coverage and other data to the full extent, appropriate monitoring tools should be implemented at national and sub-national level. These tools include coverage charts, maps of the catchment area and dot-maps with vaccine

preventable diseases.

Recommendation 7: At all levels, yearly plans should include specific EPI related activities and budgets, notably planning for outreach sessions.

Recommendation 8: additional to the registration-based approach, population statistics should be used to (a) make sure that the reported targets are consistent and (b) allow for monitoring of progress during the year. These estimates should be established for both the Aimag / District level and the national level.

Recommendation 9: registration of migrated children should be the norm. Health workers should be sensitized that they are responsible not only for the children that were born in their catchment area, but also for the children that moved in.

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.

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).

1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **1 times have been conducted ICC meeting***

Please attach all minutes.

Are any Civil Society Organizations members of the ICC and if yes, which ones?

1. HSS proposal for GAVI and Vaccine Fund

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.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
1. TRITANRIX-HB (DTP-HepB)	2D x 100	60 600	1 Jan, 2005	26 March, 2007
HIBERIX (Hib)	2D x 100	60 600	1 Jan, 2005	26 March, 2007
2. TRITANRIX-HB (DTP-HepB)	2D x 100	83 600	1 Jan, 2005	13 Dec, 2007
HIBERIX (Hib)	2D x 100	83 600	1 Jan, 2005	13 Dec, 2007

Please report on any problems encountered.

no

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.

1. Policy and Strategic Plan

- Updated national immunization schedule by the Government order N75, 2006
- Developed and approved "Safety Immunization Strategic Plan" by the Ministers order N 399, 2006
- Developed draft Measles elimination and eradication strategic plan, 2007-2008
- Developed draft hepatitis B Control strategic plan, 2007-2008
- Updated Multi years financial sustainability plan for Immunization, 2007
- Reach Every District (RED) strategy will be developed June, 2008

2. Training

- Conducted a training of pentavalent vaccine among 210 health workers and nurses in the above mentioned 6 aimags.
 - Eight on job training were organized, involving 258 doctors and nurses in 6 aimags.
 - Safe immunization training were conducted 9 times.
 - 2 training of trainers were trained on immunization and safe immunization.
 - 500 volunteers of immunization were trained and trilateral agreement "Physician-Volunteer-Child" was conducted.
 - 4 kind of manuals for immunization were developed and distributed.
- A total 41 times conducted EPI training 9036 HCWs participated in 2007.

3. Immunization activities

- 1200 unregistered children in remote areas were registered and vaccinated.
- 9500 children who missed routine immunization in remote location were vaccinated
- 144200 dose of Pentavalent vaccine, 576800 AD syringes were distributed.
- Out of 41833 children 41309 were administered first doses. (Immunization coverage 98.7%)
- Out of 38538 children 38198 were administered three doses of Pentavalent vaccine (Immunization coverage 98.6%) in the 2007.
- AEFI were no registered after Pentavalent vaccine introduction in the 2007

4. Cold chain strengthen

Cold chain strengthen activity supported by UNICEF worth of 500 000 USD

1. a new National central Vaccine storage(CVS) building built in 2007
2. Two cold rooms(30 cm3 and 40 cm3 capacity) installed at CVS.
3. Procured double cabin pick up and refrigerated truck to strengthen vaccine delivery capacity.
4. Multilog and other temperature monitoring devices are procured.
5. 10% of total cold chain equipments are newly ordered and procured for 2007.
6. Three NCCD staff sponsored for cold chain training IT Power in India.
7. In 5 aimag 15 refrigerators and freezers were repaired and guidelines on maintenance and repair cold chain equipment will be developed and distribute to all immunization units.

5. Assessment

- Pentavalent vaccine coverage *assessment was conducted in the selected areas in 2007-2008*
- *Measles NID coverage monitoring was conducted in the selected areas after measles NID in Oct, 2007 .*

In 2007 the Inter Agency Coordinating Committee (ICC) meeting were held 1 times. The meeting was held in Ministry of Health on February 23, 2007.

(Minutes taken from these meetings are attached).

Main topics discussed during the meeting are:

- Submission of the HSS proposal by the MOH to GAVI

Some main comments, given by ICC members are:

- Selection of project area; In the proposal selected Zavkhan and Bayarkhongor aims for the project area. Those aimags doubled ADB project area.
- In the proposal need to establish Inter Agency coordinating committee with this ICC members has different idea, someone no need to new committee use to existing committee's like National Public Health Committee, other hand HSS project committee will be one part of the Master plan committee. This is still under discussion.
- Some members given comments HSS proposal to Integrate and relations other health projects.

In 2007, the EPI antigens purchase by the National Immunization Fund there were 158,200 doses of DT on 18,968,180 tugrugs, 250,000 dases of OPV on 62,500,000 tugrugs, 342,000 doses of BCG on 54,699,480 tugrugs, 221,170 doses of Measles on 50,846,9823 tugrugs. 40,000 doses of DPT on 9,900,000 tugrugs, 45,000 doses of Hepatitis B on 19,305,000 tugrugs have been purchased (41 % of all budget for EPI antigens), respectively and around 9,719,520 tugrugs has spent for transportation of vaccines.

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

These funds were received on: _____ in 2005 MOH received 100,000.00 US\$_____

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

According to the Health Minister's order no. 213 in September 2004, The National plan of phased introduction of pentavalent vaccine was approved and starting from January 1, 2005 the pentavalent vaccine was introduced into the National EPI. 2006 the new vaccine was introduced into 8 aimags Tuv, Gobi-Altai, Dornod, Sukhbaatar, Uvs, Bulgan, Umnugovi, Orkhon.

In 2007 vaccine was introduced into 5 aimags Selenge, Darkhan-Uul, Khuvsgul, Uvurkhangai and Khovd. In 2008 the pentavalent vaccine will be introduced all over the country.

According to the **"National plan of introduction of pentavalent (DTP+Hepatitis B+ Hib B) vaccine into EPI" /2004 -2011/** work following activities have been done:

- An appropriate legislations have been released, such as Health Minister's order, 5 aimag's

Health Departments Directors orders, aimags Governors resolutions’;

- The workshop on “Introduction of pentavalent vaccine into the National EPI” was held in 6 aimags during November 2007. The 6 aimags (Arkhangai, Bayankhongor, Zavkhan, Dundgovi, Bayan-Ulgii and Khentii) which is pentavalent vaccine will be introduce in January 1, 2008;
- Several training sessions have conducted in 2007, a total 2172 participants, 40 training for health care workers, vaccinators and local EPI managers;
- The 6 aimags (sites) of introduction of pentavalent vaccine were provided the training, vaccines, equipment and immunization devices;
- Vaccine procurement has been done on time;

- Pentavalent vaccine coverage assessment was conducted in the selected areas in 2007-2008

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in _____no ____

Please summarize the major recommendations from the EVSM/VMA

WHO, STC Dr. Ranjit conducted Cold chain assessment in 2007

The major recommendations;

National cold room-Establish and use new central vaccine store WHO standards.-To remove all cold chain equipments to the new central vaccine store, NCCD.-Conduct EVSM-Improve cold chain temperature monitoring system.

Cold chain monitoring-Establish the repairing team for cold chain.-To develop, translate and print “warning instruction” and handbook for temperature monitoring and cold chain during the transportation and storage. -Introduce new monitoring devices.-Piloting of Solar Chill refrigerators at soums without electricity. -Conduct training for vaccinator nurses according handbook of cold chain and temperature monitoring.-To stabilize VAR reporting system

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.

In Sep, 2008 we will be planed.

The next EVSM/VMA* will be conducted in: _____

**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).

Injection Safety Material	Quantity	Date received
1. Syringe, AD, 0.5ml, Terumo / BOX-100	1 580 boxes	29 January , 2007
2. Syringe, 2.0ml, w / needle, 21G x 1.5" / BOX-100	858 boxes	29 January , 2007
3. Safety box, 5lt / BOX-25	109 boxes	29 January , 2007
4. Syringe, AD, 0.1ml, Soloshot LX / BOX-100	523 boxes	18 February , 2007
5. Syringe, AD, 0.5ml, Terumo / BOX-100	2672 boxes	18 February , 2007
6. Syringe, 2.0ml, w / needle, 21G x 1.5" / BOX-100	53 boxes	18 February , 2007
7. Syringe, 5.0ml, w / needle, 21G x 1.5" / BOX-100	82 boxes	18 February , 2007
8. Safety box, 5lt / BOX-25	145 boxes	18 February , 2007

Please report on any problems encountered.

GAVI was supplied Healthcare Soloshot BCG 0.05/0.10 ml 0.4x12 (27Gx1/2") AD syringes for administration of BCG vaccine in 2007.
However, AD syringes [BD Soloshot LX BCG / 0.1 ml 27G 3/8] manufactured in Singapore was recieved in 2006 and 2007, have meagure only 0.1 ml.
That is why we have had a difficulty administrate BCG vaccine by 0.05 ml to the infants.

We kindly request AD syringes for BCG vaccine administration should be 0.05 ml on the barrel.

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.

1. Through the GAVI safe injection project we introduced AD syringe for EPI. After GAVI support has ended, the Government of Mongolia will continue to use Ad syringe in EPI. Injection safety supplies will fully funded by the Immunization Fund of Mongolia.

Please report how sharps waste is being disposed of.

1. The Safety immunization strategic plan was approved by MOH, Mongolia in 2006
2. Sharps waste is disposed by the regulation, according to the order No 313 Minister of Health, 2003.
 - a. Used AD and reconstitution disposable syringes are collected into safety box.
 - b. Filled safety boxes are destroyed in incinerator, metal drum.

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

1. Not adequately supplied by the incinerators all level of health facilities.
2. Safety boxes are used only in immunization units.

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:

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.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines (EPI vaccine)	\$ 742,156	\$738,129	\$896,178	\$1,095,658
Injection supplies	\$38,838	\$43,057	\$42,562	\$43,966
Cold Chain equipment	\$500,000	\$124,976	\$102,981	\$75,610
Operational costs (vaccine transportation cost)	\$ 9,527	\$499,201	\$542,076	\$536,992
Other (please specify)				
Cost for training of health workers	\$103,260			
Cost for monitoring and supervision	\$19,400			
Financing by Source				
Government (only for EPI vaccine procurement)	\$ 185,596	\$1,152,513	\$1,243,457	\$1,223,697
GAVI Fund (penta-vaccine and injection device)	\$ vaccine 556,560 Injection supply 38,838	\$691,988	\$729,765	\$745,713
UNICEF (cold chain and other activities)	\$541,600	\$22,285		
WHO (Training for HCWs and measles NID's operational cost)	\$190,000			
JICA (vaccine DPT and Hep B)	\$ 48,519			
Other (please specify)				
Total Expenditure	848,913			
Total Financing				
Total Funding Gaps				

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...

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+HIB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose) GAVI				50%
Government				50%
Other sources (please specify)				
GAVI co-financing				
Total Co-Financing (US\$ per dose)				

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

In 2009 Gavi will be provide 50% of DTP-HepB+HIB vaccine and Government 50% we request for co –financing for 50%.

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB+HIB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd 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.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding	X	OPV, BCG, Measles, DT	Immunization fund
Government Procurement- Other			
UNICEF (*Through UNICEF procurement channel)	X*		
PAHO Revolving Fund			
Donations	X	DTP, Hep-B	JICA
Other (specify)	X	DTP-HepB-Hib	GAVI

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
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)		

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

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
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.

Baseline data has been revised according to 3rd revised MYP on Immunization of Mongolia (May 5, 2007)

Birth rate was increased 17.7% in 2007 compared with 2006.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	47376	55774	56890	58028	59189	60373	61581	62813	64070	65352
Infants' deaths	937	994	1125	1148	1171	1194	1218	1242	1267	1293
Surviving infants	46439	54780	55765	56880	58018	59179	60363	61571	62803	64059
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1st dose of DTP (DTP1)*	17932	50424								
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd dose of DTP (DTP3)*	19690	48654								
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1st dose of DTP (DTP1)* (new vaccine)	26997	38722	55765	56880	58018	59179	60363	61571	62803	64059
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd dose of..... (new vaccine)	25756	38198	53534	54605	55698	56812	58552	59723	60919	62138
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Infants vaccinated / to be vaccinated with BCG	46531	55155	54614	55707	56821	57958	59734	60929	62148	63391
Infants vaccinated / to be vaccinated with Measles (1 st dose)	44218	45986	52976	54605	55698	56812	57948	59108	60291	61497

* Indicate actual number of children vaccinated in past years and updated targets (with either 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

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.

Baseline data has been revised according to 3rd revised MYP on Immunization of Mongolia (May 5, 2007)

Birth rate was increased 17.7% in 2007 compared with 2006.

Please provide the Excel sheet for calculating vaccine request duly completed

Table 6. Estimated number of doses of DTP-HB-Hib vaccine. (Please provide additional tables for additional vaccines and number them 6a, 6b, 6c etc)

Vaccine :	2008	2009	2010
Total doses required	205,973	212,770	219,778
Doses to be funded by GAVI	205,973	212,770	219,778
Doses to be funded by country	0	0	0
Country co-pay in US\$/dose*	0	0	0
Total co-pay	0	0	0

*As per GAVI co-financing policy, country grouping and order of vaccine introduction

Remarks
▪ Phasing: 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 ▪ Wastage of vaccines: 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. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: 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. ▪ AD syringes: 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. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: 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

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
A	Target if children for BCG Vaccination (for TT: target of pregnant women) (1)	#	58,028	59,189
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number ofdoses	A x B	58,028	59,189
D	AD syringes (+10% wastage)	C x 1.11	64,411	65,700
E	AD syringes buffer stock (2)	D x 0.25	16,103	16,425
F	Total AD syringes	D + E	80,514	82,125
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	6,441	6,570
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	965	985

- 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.

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.*

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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.

Case No.	Case Name	Case Type	Case Status	Case Description	Case Details	Case Notes	Case Attachments	Case History	Case Comments	Case Actions
1	John Doe	Case 1	Open	Case 1 Description	Case 1 Details	Case 1 Notes	Case 1 Attachments	Case 1 History	Case 1 Comments	Case 1 Actions
2	Jane Smith	Case 2	Closed	Case 2 Description	Case 2 Details	Case 2 Notes	Case 2 Attachments	Case 2 History	Case 2 Comments	Case 2 Actions
3	Bob Johnson	Case 3	Pending	Case 3 Description	Case 3 Details	Case 3 Notes	Case 3 Attachments	Case 3 History	Case 3 Comments	Case 3 Actions
4	Alice Brown	Case 4	Open	Case 4 Description	Case 4 Details	Case 4 Notes	Case 4 Attachments	Case 4 History	Case 4 Comments	Case 4 Actions
5	Charlie White	Case 5	Closed	Case 5 Description	Case 5 Details	Case 5 Notes	Case 5 Attachments	Case 5 History	Case 5 Comments	Case 5 Actions
6	Diana Green	Case 6	Pending	Case 6 Description	Case 6 Details	Case 6 Notes	Case 6 Attachments	Case 6 History	Case 6 Comments	Case 6 Actions
7	Frank Black	Case 7	Open	Case 7 Description	Case 7 Details	Case 7 Notes	Case 7 Attachments	Case 7 History	Case 7 Comments	Case 7 Actions
8	Grace King	Case 8	Closed	Case 8 Description	Case 8 Details	Case 8 Notes	Case 8 Attachments	Case 8 History	Case 8 Comments	Case 8 Actions
9	Henry Lee	Case 9	Pending	Case 9 Description	Case 9 Details	Case 9 Notes	Case 9 Attachments	Case 9 History	Case 9 Comments	Case 9 Actions
10	Ivy Clark	Case 10	Open	Case 10 Description	Case 10 Details	Case 10 Notes	Case 10 Attachments	Case 10 History	Case 10 Comments	Case 10 Actions
11	Jack Hall	Case 11	Closed	Case 11 Description	Case 11 Details	Case 11 Notes	Case 11 Attachments	Case 11 History	Case 11 Comments	Case 11 Actions
12	Karen Young	Case 12	Pending	Case 12 Description	Case 12 Details	Case 12 Notes	Case 12 Attachments	Case 12 History	Case 12 Comments	Case 12 Actions
13	Leo Adams	Case 13	Open	Case 13 Description	Case 13 Details	Case 13 Notes	Case 13 Attachments	Case 13 History	Case 13 Comments	Case 13 Actions
14	Mia Baker	Case 14	Closed	Case 14 Description	Case 14 Details	Case 14 Notes	Case 14 Attachments	Case 14 History	Case 14 Comments	Case 14 Actions
15	Noah Carter	Case 15	Pending	Case 15 Description	Case 15 Details	Case 15 Notes	Case 15 Attachments	Case 15 History	Case 15 Comments	Case 15 Actions
16	Olivia Evans	Case 16	Open	Case 16 Description	Case 16 Details	Case 16 Notes	Case 16 Attachments	Case 16 History	Case 16 Comments	Case 16 Actions
17	Peter Foster	Case 17	Closed	Case 17 Description	Case 17 Details	Case 17 Notes	Case 17 Attachments	Case 17 History	Case 17 Comments	Case 17 Actions
18	Quinn Gibson	Case 18	Pending	Case 18 Description	Case 18 Details	Case 18 Notes	Case 18 Attachments	Case 18 History	Case 18 Comments	Case 18 Actions
19	Rachel Harris	Case 19	Open	Case 19 Description	Case 19 Details	Case 19 Notes	Case 19 Attachments	Case 19 History	Case 19 Comments	Case 19 Actions
20	Samuel King	Case 20	Closed	Case 20 Description	Case 20 Details	Case 20 Notes	Case 20 Attachments	Case 20 History	Case 20 Comments	Case 20 Actions
21	Tina Lee	Case 21	Pending	Case 21 Description	Case 21 Details	Case 21 Notes	Case 21 Attachments	Case 21 History	Case 21 Comments	Case 21 Actions
22	Uma White	Case 22	Open	Case 22 Description	Case 22 Details	Case 22 Notes	Case 22 Attachments	Case 22 History	Case 22 Comments	Case 22 Actions
23	Victor Black	Case 23	Closed	Case 23 Description	Case 23 Details	Case 23 Notes	Case 23 Attachments	Case 23 History	Case 23 Comments	Case 23 Actions
24	Wendy Green	Case 24	Pending	Case 24 Description	Case 24 Details	Case 24 Notes	Case 24 Attachments	Case 24 History	Case 24 Comments	Case 24 Actions
25	Xavier Brown	Case 25	Open	Case 25 Description	Case 25 Details	Case 25 Notes	Case 25 Attachments	Case 25 History	Case 25 Comments	Case 25 Actions
26	Yara Clark	Case 26	Closed	Case 26 Description	Case 26 Details	Case 26 Notes	Case 26 Attachments	Case 26 History	Case 26 Comments	Case 26 Actions
27	Zoe Hall	Case 27	Pending	Case 27 Description	Case 27 Details	Case 27 Notes	Case 27 Attachments	Case 27 History	Case 27 Comments	Case 27 Actions
28	Adam Young	Case 28	Open	Case 28 Description	Case 28 Details	Case 28 Notes	Case 28 Attachments	Case 28 History	Case 28 Comments	Case 28 Actions
29	Bella Adams	Case 29	Closed	Case 29 Description	Case 29 Details	Case 29 Notes	Case 29 Attachments	Case 29 History	Case 29 Comments	Case 29 Actions
30	Charlie Baker	Case 30	Pending	Case 30 Description	Case 30 Details	Case 30 Notes	Case 30 Attachments	Case 30 History	Case 30 Comments	Case 30 Actions
31	Diana Carter	Case 31	Open	Case 31 Description	Case 31 Details	Case 31 Notes	Case 31 Attachments	Case 31 History	Case 31 Comments	Case 31 Actions
32	Frank Evans	Case 32	Closed	Case 32 Description	Case 32 Details	Case 32 Notes	Case 32 Attachments	Case 32 History	Case 32 Comments	Case 32 Actions
33	Grace Foster	Case 33	Pending	Case 33 Description	Case 33 Details	Case 33 Notes	Case 33 Attachments	Case 33 History	Case 33 Comments	Case 33 Actions
34	Henry Gibson	Case 34	Open	Case 34 Description	Case 34 Details	Case 34 Notes	Case 34 Attachments	Case 34 History	Case 34 Comments	Case 34 Actions
35	Ivy Harris	Case 35	Closed	Case 35 Description	Case 35 Details	Case 35 Notes	Case 35 Attachments	Case 35 History	Case 35 Comments	Case 35 Actions
36	Jack King	Case 36	Pending	Case 36 Description	Case 36 Details	Case 36 Notes	Case 36 Attachments	Case 36 History	Case 36 Comments	Case 36 Actions
37	Karen Lee	Case 37	Open	Case 37 Description	Case 37 Details	Case 37 Notes	Case 37 Attachments	Case 37 History	Case 37 Comments	Case 37 Actions
38	Leo White	Case 38	Closed	Case 38 Description	Case 38 Details	Case 38 Notes	Case 38 Attachments	Case 38 History	Case 38 Comments	Case 38 Actions
39	Mia Black	Case 39	Pending	Case 39 Description	Case 39 Details	Case 39 Notes	Case 39 Attachments	Case 39 History	Case 39 Comments	Case 39 Actions

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)*

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

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

Table 11. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Date for Target
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.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
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 ~