GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Mongolia*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **01.06.2011 16:14:46**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- *Accomplishments using GAVI resources in the past year*
- *Important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2012
HSS	2012

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

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

For the Government of Mongolia

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	JADAMBAA Tsolmon	**Name**	CHULUUN Gankhuyag
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
GAYABAZAR Ganbaatar	Head, Immunization Department, National center for Communicable Diseases	976-9911-4359	ganbazar@yahoo.com	

2.2. ICC Signatures Page

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

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

2.2.1. ICC report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
JADAMBAA Tsolmon, Chairperson of ICC, Vice Minister of Health	Ministry of Health of Mongolia			
SOVD Togsdelger, Director, Public Health Policy Implementation and Coordination Department	Ministry of Health of Mongolia			
DORJ Narangerel, Officer in charge of Communicable Diseases Control	Ministry of Health of Mongolia			
JANCHIV Oyunbileg, Director General	Public health Institute			
BATBAATAR Munkhtuul, Officer	Ministry of Finance of Mongolia			
WIWAT Rojanapithayakorn, Representative	WHO country office in Mongolia			
DEMBERELSUREN Sodbayar, Technical officer on EPI	WHO country office in Mongolia			
RANA Flowers, Resident Representative	UNICEF office in Mongolia			
VANCHINKHUU Surenchimeg, Health and Nutrition Specialist	UNICEF office in Mongolia			
ISHIDA Yukio	JICA			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

3. Table of Contents

This APR reports on Mongolia's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	65,889	68,063	70,309	72,630	75,026	77,502
Total infants' deaths	1,275	1,443	1,491	1,540	1,591	1,643
Total surviving infants	64,614	66,620	68,818	71,090	73,435	75,859
Total pregnant women						
# of infants vaccinated (to be vaccinated) with BCG	64,614	66,620	68,818	71,090	73,435	75,859
BCG coverage (%) *	98%	98%	98%	98%	98%	98%
# of infants vaccinated (to be vaccinated) with OPV3	63,321	65,287	67,441	69,668	71,966	74,341
OPV3 coverage (%) **	98%	98%	98%	98%	98%	98%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	63,321	65,287	67,441	69,668	71,966	74,341
# of infants vaccinated (to be vaccinated) with DTP3 ***	57,622	59,405	62,073	64,094	66,928	69,347
DTP3 coverage (%) **	89%	89%	90%	90%	91%	91%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	63,321	65,287	67,441	69,668	71,966	74,341
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	63,321	65,287	67,441	69,668	71,966	74,341
3rd dose coverage (%) **	98%	98%	98%	98%	98%	98%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	63,321	65,287	67,441	69,668	71,966	74,341
Measles coverage (%) **	98%	98%	98%	98%	98%	98%
Pregnant women vaccinated with TT+						
TT+ coverage (%) ****	0%	0%	0%	0%	0%	0%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	9%	9%	8%	8%	7%	7%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 Baseline and Annual Targets before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

As referenced in the annual publication "Health Indicators - 2010" by the Department of Health (table 1.3, page 7) the crude birth has also decreased from 25.3 in 2009 to 23.8 in 2010 and population growth rate has also decreased from 1.9 in 2009 to 1.7 in 2010. This might be related with Government policy change which stopped to provide cash allowance for every new born infant registered officially in the social welfare system (previously family received a lump sum of approximately US $85.00 at birth, plus an additional US $18 per child per year). In table 1, the birth for years 2012-2015 therefore differ from the previous year's APR birth projection because of the adjusted population growth rate (1.7) per the "Health Indicators-2010" document referenced above and annexed herewith (Attachment 15)

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

Number of surviving infants was updated according to the revised cMYP 2011-2015.

Provide justification for any changes in **targets by vaccine**

N/A

Provide justification for any changes in **wastage by vaccine**

N/A

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

Below is the achievement of NIP target set last year:
1. To control Hep B infection through immunization including Hep B serosurvey, increase birth dose coverage of Hepatitis B vaccine within the 24 hours.
1.1. WHO supported the nationwide Hepatitis B Carrier serosurvey in 2010. A total of 5,894 children were participated in the survey, out of 6,380 selected (response rate 92.3%) children (2,839 girls and 3,055 boys) who were aged 4-6 years (mean age: 4.96±0.8). Prevalence of HBsAg carriage was 0.53% (Number of positive =31) that was 0.59% and 0.45% among boys and girls, respectively ($p>0.05$). The positivity rate of HBsAg in Metropolitan cities, Province center, and Rural areas were 0.33% (8/2423), 0.34% (3/882), and 0.77% (20/2589) respectively ($p<0.05$). The prevalence of HBsAg carriage of 4, 5 and 6 year-old children were 0.34%, 0.66%, and 0.56% respectively, without statistical significance. .
1.2. National strategy on viral hepatitis was approved by GoM and is being implemented.
1.3. Technical advice on how to monitor / increase of HepB0 coverage was provided during refresh trainings for sub-national EPI managers and supportive supervision in selected provinces. HepB0 coverage data was added in the

official reporting guideline.
2. To maintain polio free status through strengthening AFP surveillance.
2.1. Finalized and approved the National Preparedness Plan for wild polio virus importation.
2.2. National Poliomyelitis Laboratory was accredited by WPRO as a National Reference Lab for poliomyelitis.
2.3. Conducted risk assessment for wild polio virus importation into country.
2.4. Conducted supportive supervision and AFP refresh training in provinces which were assessed as a high risk for importation.
2.5. Conducted 4 rounds of preventive SIAs with tOPV among children aged 5 months to 5 years with coverage of 91%
In conclusion, the country maintained its polio free-status although high risk of wild polio virus importation from neighboring countries.
3. To eliminate of measles and control of rubella including improvement of measles surveillance performance at all level
3.1. There were reported 160 suspected measles cases nationwide and out of which 153 cases were discarded by laboratory.
3.2. National Measles Lab was accredited by WPRO as a National Reference Lab for Measles based on performance for last 12 months.
4. To develop and distribute quarterly feedback on VPD surveillance and vaccination coverage to all level.
Semi-annual feedback on VPD surveillance and vaccination coverage was developed and distributed 2 times to sub-national units which consisted of following information:
- AFP surveillance performance by provinces
- Measles surveillance performance by provinces
- Vaccination coverage by provinces and
- Weekly VPD surveillance reporting.

5. Monitoring of implementation Health System Strengthening project in the selected sites
- Preparation is being implemented such as development of policy documents and establishment of working groups in all levels.

In addition to the above mentioned activities which was determined as a previous year's target, the following activities were completed:
1. cMYP on Immunization for 2008-2012 was revised and updated as the cMYP on Immunization 2011-2015.
2. 82% of the target group were vaccinated with pandemic influenza A(H1N1) vaccines.
3. Assessment of RED strategy implemented at Bayanzurkh district conducted by UNICEF consultant John Grundy. Supportive supervision training conducted for 25 trainers.
4. Vaccine management activities
4.1. Vaccine Supply Stock Management training for national EPI staffs
4.2. Vaccine Management training for sub-national EPI staffs.
4.3. Temperature monitoring study
4.4. EVSM improvement plan was approved by the MOH, EVSM assessment for CVS conducted for the second time and SOP for CVS is drafted with the support of UNICEF consultant Andrew Garnett.
5. Amendment of Immunization law
6. Established the National Immunization Technical Advisory Group (NITAG).

5.2.2.

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

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.
If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting?

If Yes, please give a brief description on how you have achieved the equal access.

Males and females are an equal access to routine EPI services in the country as per policy.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

5.3. Data assessments

5.3.1.

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

Administrative coverage rate based on a statistical data is different from the official estimates which were submitted by provincial Health Departments based on a local data of registered population. However, there is no significant discrepancy of immunization coverage between administrative and official coverage estimates at national level.

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? No

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

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- VPD data management training was conducted for national and some sub-national (city-district and 3 provinces) EPI staff in 2009.
- To make more use of official / statistical demographic data by provinces for coverage estimation.
- Provided quarterly feedback on immunization coverage and VPD surveillance to sub-national level.

5.3.4.

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

- Data management software for coverage and VPDs' surveillance, which was developed by WPRO will be adopted and used by national and sub-national levels.
- Training on usage of administrative data for coverage estimates will be conducted for sub-national EPI assistants, who is responsible for coverage estimation.
- "Reaching Every District" strategy will continue to be implemented and strengthened at selected provinces with support of UNICEF and WHO.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US$.

Exchange rate used	1 $US = 1300	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** JICA	**Donor name**	**Donor name**	
Traditional Vaccines*	1,178,327	858,127	270,200	0	0	50,000			
New Vaccines	0	0	0	0	0	0			
Injection supplies with AD syringes	69,958	51,478	18,480						
Injection supply with syringes other than ADs	11,550	11,550							
Cold Chain equipment	171,280			171,280					
Personnel	1,150,830	1,150,830							
Other operational costs	202,240	152,640		49,600					
Supplemental Immunisation Activities	205,259			154,259	51,000				
New vaccine surveillance (pneumococcal pneumonia a	135,000				135,000				
Supports for VPDs laboratories (Measles and Poliom	32,500				32,500				
Routine surveillance for VPDs	18,000				18,000				
Vaccine management activities: vaccine management	34,000				34,000				

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name JICA	Donor name	Donor name	
Public Information on pandemic H1N1 mass vaccinati	15,000				15,000				
Total Expenditures for Immunisation	*3,223,944*								
Total Government Health		2,224,625	288,680	375,139	285,500	50,000			

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*			
New Vaccines			
Injection supplies with AD syringes			
Injection supply with syringes other than ADs			
Cold Chain equipment			
Personnel			
Other operational costs			
Supplemental Immunisation Activities			
Total Expenditures for Immunisation			

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 1

Please attach the minutes (Document number 4. Meeting minute of ICC, April 2010) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.4 Overall Expenditures and Financing for Immunisation

GAVI APR for 2009 was discussed and endorsement by ICC.

Are there any Civil Society Organisations (CSO) member of the ICC ?: No

If Yes, which ones?
Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

1. Strengthen vaccine management

2. RED strategy implementation
3. Improve EPI performance at district level
4. Achieve Regional targets for measles and hepatitis B

All priority actions in 2011 are linked with the revised cMYP on Immunization 2011-2015.

5.7. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringe, 0.05 ml and reconstitution syringe, 3.0 ml	Government of Mongolia	
Measles	AD syringe, 0.5 ml and reconstitution syringe, 5.0 ml	Government of Mongolia	
TT	NR	NR	
DTP-containing vaccine	AD syringe, 0.5 ml and reconstitution syringe, 3.0 ml	GAVI and GoM	

Does the country have an injection safety policy/plan? No

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

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

A national strategy for injection safety is in the process of development despite a national strategy for immunization safety (2006-2012) was approved by Minister of Health in 2006.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

According to the joint order (Minister of Health and Minister of Nature and Environment) # 249 dated 2002 on segregation, collection, transport, disposal of health crae waste, the sharps are collected in sharp boxes without needle separation and re-capping and incinerated. But there are many challenging issues in implementation:

1. The supply of safety boxes: the hospitals usually buy safety boxes in a bid. But the quantity is not sufficient, and at the end of the month the boxes run out, so they prepare boxes by themselves using carton boxes.

2. The quality of safety boxes: Usually the hospitals buy the safety boxes from local manufacturer Munkhut Trade, the price is about 800 tug (0.70 USD). But they are thick and not needle proof, have leakage, so the needles goes out from the boxes, which leads to the high incidence of needle stick injury during the collection and transportation of safety boxes. The good quality safety boxes are provided sometimes, during the epidemics, such as H1N1 or during the vaccination campaign. It means for other cases hospitals procure the locally made safety boxes, which does not meet standards.

3. Regarding the National Policy on Health Care Waste Management MoH is supporting and implementing non-burning, environmentally friendly technologies, but this is not complying with the current injection safety procedures. MoH is trying to implement the autoclaving of safety boxes. But this is also not so economically version. So a pilot project is implementing at soum (the lowest level of health facility) level to see which option for sharp waste is more economical and efficient. It seems that for soum level the needle burner, cutter are more efficient rather than

collecting sharps in sharp box. Because at soum level the shredder is not so convenient for use, so even if use autoclaves we can not shred these waste with boxes, so there is a need to open the boxes and put the syringes separately in shredder, which is not good.
But for big tertiary level hospitals there is no possibility to use needle burner, its time consuming. So for these level the sharp boxes maybe the good solution. And we need further pilot project on selection of the appropriate version for collection of sharps in tertiary, secondary level.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 30,500
Remaining funds (carry over) from 2009	US$ 0
Balance carried over to 2011	US$ 30,500

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

ISS funds are not yet spent in 2010.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? Yes

If Yes, please complete Part A below.
If No, please complete Part B below.

> **Part A:** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

> **Part B:** briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.
>
> Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Is GAVI's ISS support reported on the national health sector budget? No

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 5. Financial statement of ISS for 2010.) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an

external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number).

6.4. Request for ISS reward

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

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

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2000	2010
				A	B
1	Number of infants vaccinated with DTP3***** (from JRF) **specify**				57,622
2	Number of **additional** infants that are reported to be vaccinated with DTP3				
3	Calculating	$20	per additional child vaccinated with DTP3		
4	**Rounded-up estimate of expected reward**				

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

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

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	254,100	254,100	0	

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

If numbers [A] and [B] above are different

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

What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

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

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced		
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**

The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year?

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	
Receipt date	

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

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

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US$

Please describe the activities that will be undertaken with the balance of funds

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	521,933	174,000
2nd Awarded Vaccine		
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?	
Government	
Donor	-
Other	-

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. Increased Government income from mining sector have accelerated the resource mobilization for vaccine co-financing.
2.
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	
2nd Awarded Vaccine	
3rd Awarded Vaccine	

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget? No

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 20.09.2010

When was the last Vaccine Management Assessment (VMA) conducted?

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 6. Progress update on 2008 EVSM assessment, Sep 2010)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

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

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

According to last EVSM assessment recommendations was developed an improvement work plan of Central Vaccine storage and taken actions following the urgent recommendations.
-Replaced the defective Multilog system and trained new storekeepers on Multilog system usage.
-The Cold chain equipment replacement budget was developed and added into revised cMYP and it is discussed to be approved by Minister of Health and Minister of Finance.
-Repaired heating system problems by UNICEF support in November, 2010 and agreed with UNICEF that roof of the CVS will be repaired in May, 2011.
-Placed new computer for VSSM database exclusively and installed new anti-virus software in Central vaccine storage and trained new staff for the usage of VSSM database and etc.

When is the next Effective Vaccine Management (EVM) Assessment planned? 30.10.2012

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	66,620	68,818	71,090	73,435	75,859		355,822
Number of children to be vaccinated with the third dose	Table 1	#	65,287	67,441	69,668	71,966	74,341		348,703
Immunisation coverage with the third dose	Table 1	#	98%	98%	98%	98%	98%		
Number of children to be vaccinated with the first dose	Table 1	#	65,287	67,441	69,668	71,966	74,341		348,703
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.30	0.61	0.92	1.23	1.54		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.61	0.92	1.23	1.54
Your co-financing	0.30	0.61	0.92	1.23	1.54

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		164,500	138,900	99,100	52,900	455,400
Number of AD syringes	#		173,900	146,900	104,800	56,000	481,600
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,950	1,650	1,175	625	5,400

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		432,000	343,500	215,500	105,000	1,096,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		49,800	82,400	129,500	183,200	444,900
Number of AD syringes	#		52,600	87,100	137,000	193,800	470,500
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		600	975	1,525	2,175	5,275
Total value to be co-financed by the country	*$*		131,000	204,000	281,500	364,000	980,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			23.23%			37.23%			56.66%			77.59%		
B	**Number of children to be vaccinated with the first dose**	Table 1	65,287	67,441	15,664	51,777	69,668	25,938	43,730	71,966	40,774	31,192	74,341	57,685	16,656
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	195,861	202,323	46,992	155,331	209,004	77,813	131,191	215,898	122,320	93,578	223,023	173,053	49,970
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	205,655	212,440	49,342	163,098	219,455	81,704	137,751	226,693	128,436	98,257	234,175	181,707	52,468
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		1,697	395	1,302	1,754	654	1,100	1,810	1,026	784	1,871	1,452	419
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		214,137	49,736	164,401	221,209	82,357	138,852	228,503	129,462	99,041	236,046	183,159	52,887
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		226,463	52,599	173,864	233,942	87,097	146,845	241,656	136,914	104,742	249,633	193,701	55,932
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		2,514	584	1,930	2,597	967	1,630	2,683	1,521	1,162	2,771	2,151	620
N	**Cost of vaccines needed**	I x g		528,919	122,847	406,072	513,205	191,067	322,138	463,862	262,808	201,054	436,686	338,844	97,842
O	**Cost of AD**	K x ca		12,003	2,788	9,21	12,399	4,617	7,78	12,808	7,257	5,55	13,231	10,267	2,964

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	syringes needed					5			2			1			
P	**Cost of reconstitution syringes needed**	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	M x cs		1,609	374	1,235	1,663	620	1,043	1,718	974	744	1,774	1,377	397
R	**Freight cost for vaccines needed**	N x fv		18,513	4,300	14,213	17,963	6,688	11,275	16,236	9,199	7,037	15,285	11,861	3,424
S	**Freight cost for devices needed**	(O+P+Q) x fd		1,362	317	1,045	1,407	524	883	1,453	824	629	1,501	1,165	336
T	**Total fund needed**	(N+O+P+Q+R+S)		562,406	130,624	431,782	546,637	203,513	343,124	496,077	281,059	215,018	468,477	363,511	104,966
U	**Total country co-financing**	I 3 cc		130,624			203,513			281,059			363,511		
V	**Country co-financing % of GAVI supported proportion**	U / T		23.23%			37.23%			56.66%			77.59%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC		4	Yes
Minutes of ICC meetings in 2010		5	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		6	Yes
Minutes of HSCC meetings in 2010		7	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		8	Yes
Financial Statement for ISS grant in 2010		9	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		10	Yes
EVSM/VMA/EVM report		11	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		12	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** 1_Signature_Ministers.jpg **Date/Time:** 01.06.2011 05:36:24 **Size:** 137 KB		
2	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:**	**File name:** 2_Signature_Ministers_2.jpg **Date/Time:** 01.06.2011 05:36:52 **Size:** 137 KB		
3	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Signatures of members of ICC * **File Desc:**	3_ICC endorsement.jpg **Date/Time:** 01.06.2011 05:37:21 **Size:** 103 KB		
4	**File Type:** Signatures of members of HSCC * **File Desc:**	**File name:** 12_HSS.docx **Date/Time:** 01.06.2011 05:40:40 **Size:** 10 KB		
5	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** 4_ICC Meeting note_2010.docx **Date/Time:** 01.06.2011 05:41:09 **Size:** 20 KB		
6	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** 5_ICC meeting note_2011.docx **Date/Time:** 01.06.2011 05:41:34 **Size:** 23 KB		
7	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:**	**File name:** 12_HSS.docx **Date/Time:** 01.06.2011 05:41:52 **Size:** 10 KB		
8	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** 12_HSS.docx **Date/Time:** 01.06.2011 05:42:15 **Size:** 10 KB		
9	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:**	**File name:** 6_financial statement_ISS_HSS.jpg **Date/Time:** 01.06.2011 05:42:36 **Size:** 90 KB		
10	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:**	**File name:** 7_financial statement_ISS_HSS_2.jpg **Date/Time:** 01.06.2011 05:43:06 **Size:** 90 KB		
11	**File Type:** EVSM/VMA/EVM report **File Desc:**	**File name:** 8_221-MOG-EVSM_update-D1.pdf **Date/Time:** 01.06.2011 05:43:44 **Size:** 417 KB		
12	**File Type:** new cMYP starting 2012 **File Desc:**	**File name:** 9_MYP_MONGOLIA_FINAL.docx **Date/Time:** 01.06.2011 05:44:23 **Size:** 273 KB		
13	**File Type:** other **File Desc:**	**File name:** 10_Financial Management Assessment Report March 30, 2010.doc		

ID	File type Description	File name Date and Time Size	New file	Actions
	FMA Report March 30 2010	**Date/Time:** 01.06.2011 05:45:01 **Size:** 209 KB		
14	**File Type:** other **File Desc:** APR HSS Section	**File name:** 11_HSS section of the APR 2010_MNG-2.docx **Date/Time:** 01.06.2011 05:45:29 **Size:** 101 KB		
15	**File Type:** other **File Desc:** Health indicators 2010	**File name:** Health_indicators_2010_MONGOLIA.pdf **Date/Time:** 01.06.2011 07:21:15 **Size:** 624 KB		