



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Mongolia

Reporting on year: **2011**

Requesting for support year: **2013**

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

Deadline for submission: 5/22/2012

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

By signing this page, the Government of **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.

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 (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
OTGONBAYAR Dashpagam	Head of Immunization department, National Center for Communicable Diseases	976-8808-1464	dashka_as@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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
JADAMBA Tsolmon, Chairperson of ICC, Vice Minister of Health	Ministry of Health		
SOVD Togsdelger, Director, Public Health Policy Implementation and Coordination Department	Ministry of Health		

DORJ Narangerel, Officer in charge of Communicable Diseases Control	Ministry of Health		
JANCHIV Oyunbileg, Director General	Public Health Institute		
BATBAATAR Munkhtuul, Officer	Ministry of Finance and Economy		
WIWAT Rojanapithayakorn, Country Representative	WHO country office in Mongolia		
DEMBERELSUREN Sodbayar, Technical officer on EPI	WHO country office in Mongolia		
RANA Flowers, Representative	UNICEF in Mongolia		
VANCHINKHUU Sureenchimeg, Health and Nutrition Specialist	UNICEF in Mongolia		
Isogai Toshinore Resident Representative	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

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **Mongolia**, 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.

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.

Name/Title	Agency/Organization	Signature	Date
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JADAMBA Tsolmon, Vice Minister of Health, Chairperson of HSCC	Ministry of Health		
SOVD Togsdelger, Director, Public Health Policy Implementation and Coordination Department	Ministry of Health		
NYAM Suvdmaa, Secretary of HSCC	Ministry of Health		
DONDONKHUU Otgonbaatar, Director of Finance and Investment Department	Ministry of Health		
DORJ Narangerel, officer in charge for communicable diseases control	Ministry of Health		
BOLD Bolorchimeg, Officer in charge for nutrition and food safety	Ministry of Health		
GOCHOO Soyolgerel, Officer in charge for child and adolescent health, Department for medical care and service policy implementation and coordination	Ministry of Health		
AYURZANA Unurjargal, Officer in charge for reproductive health	Ministry of Health		
YADAMSUREN Buyanjargal, Officer in charge for maternal health and obstetric care	Ministry of Health		
PALAMBADAM Munkhtulga, Officer in charge for soum hospital, family clinic and private hospital care and service	Ministry of Health		
SODNOMDARJAA Tuul, Director	UB city Health Department		
DULMAA Nyamkhuu, Director General	National Center for Communicable Diseases		
JAMYAN Batjargal, Director, Nutrition Center	Public Health Institute		

DEMBERELSUREN Sodbayar, Technical officer in charge for EPI	WHO country office in Mongolia		
VANCHINKHUU Surenchimeg, Health and Nutrition Specialist	UNICEF country office in Mongolia		

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)

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

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	68,063	70,576	70,309	75,516	72,630	77,933	75,026	80,427	77,502	83,000
Total infants' deaths	1,443	1,152	1,491	1,233	1,540	1,272	1,591	1,313	1,643	1,355
Total surviving infants	66620	69,424	68,818	74,283	71,090	76,661	73,435	79,114	75,859	81,645
Total pregnant women	N/A	75,000		80,250		85,868		91,879		98,310
Number of infants vaccinated (to be vaccinated) with BCG	66,620	69,698	68,818	74,006	71,090	76,374	73,435	78,818	75,859	81,340
BCG coverage	98 %	99 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	65,287	65,771	67,441	72,055	69,668	74,361	71,966	76,740	74,341	79,196
OPV3 coverage	98 %	95 %	98 %	97 %	98 %	97 %	98 %	97 %	98 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	65,287	66,369	67,441	72,799	69,668	75,128	71,966	77,532	74,341	80,013
Number of infants vaccinated (to be vaccinated) with DTP3	59,405	65,771	62,073	72,055	64,094	74,361	66,928	76,740	69,347	79,196
DTP3 coverage	104 %	95 %	98 %	97 %	90 %	97 %	91 %	97 %	91 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	68,689	66,369	67,441	72,799	69,668	75,128	71,966	77,532	74,341	80,013
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	69,007	65,771	67,441	72,055	69,668	74,361	71,966	76,740	74,341	79,196
DTP-HepB-Hib coverage	104 %	95 %	98 %	97 %	98 %	97 %	98 %	97 %	98 %	97 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	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	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	65,287	60,866	67,441	70,569	69,668	73,594	71,966	75,949	74,341	78,380
Measles coverage	98 %	88 %	98 %	95 %	98 %	96 %	98 %	96 %	98 %	96 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	9 %	1 %	8 %	1 %	8 %	1 %	7 %	1 %	7 %	1 %

*

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

Total births are increased by 7% in 2011 compared with 3.2% as expected in 2010

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

Due to birth increase, the surviving infants are increased accordingly

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

Same as in relation with births increase

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

No any change

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

1. Strengthen Vaccine management

1.1. Revised the procedures for vaccine transportation and storage (Health Minister's order # 122 dated April 11, 2011)

1.2. Revised the guideline for vaccine discharge (Health Minister's order # 359 dated Nov 07, 2011)

1.3. Developed the vaccine cold chain replacement plan approved by Minister's order

1.4. Conducted inventory for vaccine cold chain equipments

1.5. Temperature monitoring study for vaccine cold chain completed for winter situation

1.6. VSSM training for sub-national EPI managers

1.7. Vaccine management training for district EPI managers from 6 provinces of the Central region

1.8. Supplied 95 refrigerators and freezers, and 496 vaccine carriers by UNICEF

1.9. Approved a proposal in the amount of US\$285,950 by JICA on strengthening of vaccine cold chain capacity.

2. RED strategy implementation;

2.1. Developed a national plan to implement RED strategy and HSS project (Health Minister's order # 154 dated April 27, 2011)

2.2. RED strategy was implemented in 4 provinces (Dornod, Uvs, Bayan-Ulgii, Khovd) and 3 city-districts (Bayanzurkh, Bayangol and Sukhbaatar) of the country with UNICEF support. Details are in below;

2.2.1. Teams of 73 poorest soums and khoros identified 66863 targets or disadvantaged population of 22085 families and delivered basic social services.

2.2.2. 240 aimag and district level officials from health, informal education, civil registration, social welfare, insurance, soum

governors and social policy of Uvs, Bayan-Ulgii, Khovd, Dornod, Khuvsgul aimags and Sukhbaatar, Bayangol, Nalaikh districts built a capacity on planning and supportive supervision workshops on RED strategy in 2011. Teams conducted supportive supervision at least twice in a quarter in 2011 and total of 44 supervisory visits made to selected areas.

2.2.3. In rural areas total of 250 community health workers (nurses and baghfeldshers) are trained on delivery of integrated package of health services and RED strategy implementation. Currently health sector does not allocate sufficient fund for outreach services. Total of 325 nurse and baghfeldshers received support from the project for outreach services (10 000 MNT per months/approx. 12-15 months per nurse) in 2010/2011.

2.2.4. Service delivery to target group population: All aimag/districts established working group, convened quarterly to identify target population and plan/undertake adequate service delivery and removal of barriers. In total 3283 children received catch up immunization, 1471 pregnant mothers identified, 872 out of them were in the first three months of pregnancy, 9117 children received Vitamin supplementation, 339 malnourished, 228 stunted, 263 children with rickets and 172 children with growth flattered children received CF treatment, 19 families received gher, 6483 families received food and hygiene package, 13319 people registered with Family and soum clinics and 945 people received their identification document which will further benefit to receive social protection benefits.

2.3. An NGO, "Health and Immunization" conducted survey among students of medical universities and colleges on Delivery of integrated package of MNCH services. Survey report is completed and proposed changes in the integrated basic child health/nutrition care delivery curricula to the universities.

2.4. Total of 180 nurses from 8 peri-urban areas are trained in immunization for 10 days and accredited as vaccinator nurse.

2.5. Opened 12 additional immunization units in remote gher areas of Bayanzurkh(6) and Sukhbaatar(2) districts, Bulgansoum of Khovdaimag making immunization units closer to peri-urban and remote are populations by 50-200 kms.

2.6. Workflow at the Central vaccine storage of the National Center of Communicable Disease (NCCD) needed to be improved as per evaluation conducted in 2010 on Effective Vaccine Management. Therefore, project assisted to develop Standard Operating procedure and get approval of the Director of the NCCD.

3. Improve EPI performance at a district level

3.1. Revised the set of Immunization-related resolutions, orders, guidelines and procedures.

3.2. Developed and printed supportive supervision guideline to evaluate EPI performance at three levels.

3.3. Developed and distributed (i) national immunization schedule (ii) posters on measles and AFP surveillance.

3.4. The main activities of RED strategies were implemented to improve EPI performance at the district l and sub-district levels

4. Achieve Regional targets for Measles and Hepatitis B.

4.1. Mongolia has no reported any lab-confirmed measles cases since 2010 and meets the WHO target for measles surveillance. National Measles lab has also fully accredited by the Regional Lab Network.

4.2. Report dissemination meeting on hepatitis B serosurvey was organized for all relevant specialists and institutions.

4.3. Maintained country's polio-free status in response to wild poliovirus importation in China.

4.4. In summary, country achieved the regional goals on poliomyelitis eradication, measles elimination and hepatitis B control.

5. In addition to the above mentioned activities which was determined as a previous year's target, the following activities were completed:

5.1. Immunization Law of Mongolia was evaluated as a successfully implemented.

5.2. Facilitated as a Secretariat for National Immunization Technical Advisory Group (NITAG), Inter-Agency Coordinating Committee (ICC) and National Certification Committee for Poliomyelitis Eradication in Mongolia (Polio NCC).

5.3. Revised cMYP by the country team.

5.4. Written proposals on phase-based introduction of (i) Hepatisti A vaccines and (ii) HPV.

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

All targets were reached

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

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

Data Source	Timeframe of the data	Coverage estimate

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

There's no gender-related issues in Mongolia in terms of immunization access.

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

What action have you taken to achieve this goal?

No plan to report immunization coverage by sex

5.4. Data assessments

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

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.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

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

No data assessment was done since 2006.

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

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

To introduce;

(i) software for electronic monitoring of EPI performance at 4 regions with further extension into province level.

(ii) tool to calculate drop out rate for Penta1 and MCV2.

To conduct coverage survey for MCV and OPV and supportive supervision for rash and fever syndromes.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 1254.5	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	N/A	N/A	N/A
Traditional Vaccines*	409,155	409,155	0	0	0	0	0	0
New and underused Vaccines**	1,150,720	512,000	638,720	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	55,424	43,395	12,029	0	0	0	0	0
Cold Chain equipment	103,732	0	0	103,629	103	0	0	0
Personnel	1,381,086	1,381,086	0	0	0	0	0	0
Other routine recurrent costs	461,771	183,168	0	93,103	185,500	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
N/A		0	0	0	0	0	0	0
Total Expenditures for Immunisation	3,561,888							
Total Government Health		2,528,804	650,749	196,732	185,603	0	0	0

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

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

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

Funding for hepatitis A and meningococcal vaccines were provided additionally in the planned cost in 2011.

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

No

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

No

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

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	453,000	460,000
New and underused Vaccines**	667,551	1,700,000
Injection supplies (both AD syringes and syringes other than ADs)	21,257	58,584
Injection supply with syringes other than ADs	1,932	2,500
Cold Chain equipment	336,055	500,000
Personnel	1,657,142	2,300,000
Other routine recurrent costs	369,933	425,000
Supplemental Immunisation Activities	420,000	250,000
Total Expenditures for Immunisation	3,926,870	5,696,084

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

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

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

Yes

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

No

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, partially implemented**

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

Action plan from Aide Mémoire	Implemented?
1. Open a separate bank accounts for each GAVI cash support window at the Trade and Development Bank of Mongolia into which GAVI support will be disbursed	Yes
2. The signatories to the accounts will be the Chief Economist and the Director of Finance and Investment Department, MoH. Both must sign each disbursement from the GAVI alliance accounts	Yes
3. Develop a guideline by MoH for the preparation of plans of action.	Yes
4. MoH's accounting procedures including separate account records should be used.	Yes
5. Quarterly reports should be discussed by ICC and HSCC.	Yes
6. Internal audit report by SSIA should be shared with GAVI Secretariat within 6 months of the final audit report.	Yes
7. External audit report by National Audit office should be shared with GAVI Secretariat within 6 months of the final audit report.	Yes
8. Procurement should be conducted by MoH	No

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

1. Implemented partially. There is one foreign currency account for International organizations fundings including GAVI support.
2. Implemented fully. Activity proposal consisting of directive and budget calculation is signed by Chief Account and Director of Finance and Investment of MoH apart from final endorsement by Vice Minister of Health.
3. Implemented fully. A guideline to implement HSS was approved by the Health Minister's order # 154 dated April 27, 2011.
4. Implemented fully.
5. Implemented partially. Semi-annual report is discussed by HSCC and annual report - by ICC. The frequency of report discussion is below the expectation
6. Implemented fully. Internal audit is done by the Ministry of Finance for 2011 activities including GAVI funds
7. Implemented fully. External audit is done by the national audit office for 2011 activities including GAVI funds
8. Not yet implemented as initial preparatory activities are being conducted in 2011.

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

Procurement is not yet started due to incompleteness of the preparatory activities. Only personal computer was procured by MoH to the focal point

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **1**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#).

ICC meeting in 2011 was discussed new c MYP.

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2012 to 2013

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

1. Maintain and verify the regional targets on VPDs (polio-free, measles elimination and hep B control)
2. Expansion of RED strategy in more sites.
3. Replace vaccine cold chain equipments according to the national replacement plan

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD syringe, 0.05 ml and reconstitution syringe, 3.	Government of Mongolia
Measles	AD syringe, 0.5 ml and reconstitution syringe, 5.0	Government of Mongolia
TT	NR	NR
DTP-containing vaccine	AD syringe, 0.5 ml and no reconstitution syringe	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?

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

National survey on injection safety is ongoing and national strategy on injection safety will be finalized based on the survey.

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

MoH for the latest update on waste management including the progress made in 2011. The joint order # 249 reported in last year's aPR was revised as a joint order # 320/305 dated 2011.

In Mongolia, 90.9% of health care facilities practice low-temperature combustion of health care. Study findings have shown high rates of sharp injuries (86.8%) and prevalence of hepatitis B (28.4%) and C (20.1%) among health care workers.

The National Strategy and Action Plan on HCWM were endorsed in 2009. It promoted non-incineration technology and common treatment facilities for treatment and disposal of health care wastes in cities. Regulation on HCWM revised in line with National Strategy. Three-level training programme on HCWM was developed: basic training for health care waste technician, secondary level training for health care waste officer and tertiary level training for health care waste managers. Total of 30 hygienists and hospital epidemiologists from clinical hospitals of Ulaanbaatar city and 30 rural health care workers were trained.

The government commitment increased and regular fund for health care waste management secured and resources were mobilized for procurement of centralized facility for treatment and disposal of health care wastes for three biggest cities: Ulaanbaatar, Darkhan and Erdenet.

Pilot project to improve HCWM at hospital level has been implemented at the National Centers for Cancer and Dermatology. Sharp waste management, labelling and awareness of health care workers improved at hospital level. Mercury free hospital project successfully initiated in Central Clinical Hospital. Visual training on safe management of mercury spillage and fact sheet on baseline study findings of use of mercury containing equipment in health care facilities developed and distributed to hospitals. Additional resources were mobilized from the United Nations Trust Funds for Human Security (UNTFHS) to procure basic supplies and equipment for sound health care waste management to target 26 provincial district hospitals in 2010-2011.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	335,983	421,490,674
Remaining funds (carry over) from 2010 (B)	30,500	38,262,250
Total funds available in 2011 (C=A+B)	366,483	459,752,924
Total Expenditures in 2011 (D)	9,365	11,748,392
Balance carried over to 2012 (E=C-D)	357,118	448,004,532

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

Activity proposal consisting of directive and budget calculation is signed by Chief Account and Director of Finance and Investment of MoH apart from final endorsement by Vice Minister of Health. There weren't any problems.

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

Ministry of Health has a separate bank account for GAVI funds. Budgets are approved by the Vice Minister after review by the relevant officials in MoH. Funds will be channelled to the sub-national levels through bank transfer. Financial reporting for GAVI funds is done according to MoH internal procedure. ISS reports are submitted to ICC for the discussion

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

1. Meeting on "Implementation of the RED strategy" for 60 EPI managers and general physicians from 6 provinces and 5 city-districts.
2. Training on Multi-sectoral integrated activities
3. Advocacy during NID

Following activities are expected to be conducted as the directive was approved by the Vice Minister of Health:

1. Coverage survey on polio and measles vaccination and supportive supervision on AFP, rash and fever syndrome in randomly selected 4 provinces and 2 city-districts . Q2, 2012
2. In order to increase public awareness, to produce documentary movie titled "History of Immunization in Mongolia" and photo album. Q3, 2012

Major activities will be;

1. To introduce software for electronic monitoring of EPI performance at 4 regions with further extension into province level.
2. To develop tool to calculate drop out rate for Penta1 and MCV2.
3. To conduct refresh training for vaccinator nurses.
4. To new-create immunization room for approach this service remote areas.
5. Advocacy on importance and consequences of immunization

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

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

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

6.2.2. Has an external audit been conducted? **Yes**

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

6.3. Request for ISS reward

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

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

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

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

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

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

Table 6.3: Calculation of expected ISS reward

			Base Year**	2011
			A	B***
1	Number of infants vaccinated with DTP3* (from JRF) specify		66281	65771
2	Number of additional infants that are reported to be vaccinated with DTP3			-510
3	Calculating	\$20 per additional child vaccinated with DTP3		0
4	Rounded-up estimate of expected reward			0

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

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

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

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

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

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

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

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib	0	199,600	0

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

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

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

The total doses for 2011 in Decision Letter was 199,600. So values in A and B same.

- 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)

Vaccine distribution schedule was approved by order of General Director National Center for communicable Diseases.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

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

7.2. Introduction of a New Vaccine in 2011

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

Vaccine introduced	None	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	No new vaccines were introduced in 2011.

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

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

7.2.3. Adverse Event Following Immunization (AEFI)

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

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **No**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

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

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

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

7.3.2. Programmatic Reporting

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

Mongolia did not receive new vaccine introduction grant in 2011 from GAVI.

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

=

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

=

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	512,000	160,000
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	x	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	122,901,760,001,118	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	

Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	March	State Immunization Fund
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
	No	

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

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

None

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2010**

Please attach:

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

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

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

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

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

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
Vaccine deliveries and damage	To print and distribute warning sticker	5 types of stickers were printed and distributed
Vaccine deliveries and damage	To approve updated rule of vaccine distribution	Updated and approved Ministers order #122,2011
Vaccine deliveries and damage	To issue vaccine distribution schedule	Approved by DG of NCCD and updated 2012
Stock control	To write income, expenditure of vaccine, dilue	Current stock every week
Stock control	To count vaccine stock per 2 months and monitor	Stock per 3 months and monitor with VSSM stock
Stock control	Training and install VSSM program	Trained and installed at province and district
Stock control	Record vac. wastage reason from hot, cold temp.	VVM, cold chain electric device using for record
Stock control	Update order on vaccine destroy	Updated and approved Ministers order #359,2011
Stock control	Assess vaccine planning and management	Will organize WPRO expert in July 2012.
Stock control	Participate 1-2 officers in vac. management	1 officers participated EVM training in Laos,
Stock control	Participate 1-2 officers in vac. management	2 officers in Technet 21 meeting in Malaysia

Stock control	Participate 1-2 officers in vac. management	3 officers in VQC training in Japan
Stock control	Organize VM training at nationwide	Nationwide training organized on Sep.2010

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

If yes, provide details

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Mongolia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

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

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

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

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

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.2: Freight Cost

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

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	69,424	74,283	76,661	79,114	81,645	381,127
	Number of children to be vaccinated with the first dose	Table 4	#	66,369	72,799	75,128	77,532	80,013	371,841
	Number of children to be vaccinated with the third dose	Table 4	#	65,771	72,055	74,361	76,740	79,196	368,123
	Immunisation coverage with the third dose	Table 4	%	94.74 %	97.00 %	97.00 %	97.00 %	97.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.61	0.92	1.23	1.54	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Graduating
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	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.61	0.94	1.27	1.60
Recommended co-financing as per APR 2010			0.94	1.27	1.60
Your co-financing	0.30	0.61	0.92	1.23	1.54

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

		2012	2013	2014	2015
Number of vaccine doses	#	174,000	138,500	106,000	68,100
Number of AD syringes	#	184,200	146,400	112,100	72,000
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	2,050	1,625	1,250	800
Total value to be co-financed by GAVI	\$	412,000	303,500	229,000	143,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	60,400	100,100	140,200	186,000
Number of AD syringes	#	64,000	105,900	148,300	196,700
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	725	1,200	1,650	2,200
Total value to be co-financed by the Country	\$	143,000	219,500	303,000	391,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	25.77 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	66,369	72,799	18,761	54,038
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	199,107	218,397	56,281	162,116
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	209,063	229,317	59,095	170,222
G	Vaccines buffer stock	(F – F of previous year) * 0.25		5,064	1,305	3,759
H	Stock on 1 January 2012	Table 7.11.1	0			
I	Total vaccine doses needed	F + G – H		234,381	60,400	173,981
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		248,042	63,920	184,122
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		2,754	710	2,044
N	Cost of vaccines needed	I x vaccine price per dose (g)		511,420	131,792	379,628
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		11,534	2,973	8,561
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		16	5	11
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		30,686	7,908	22,778
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		1,155	298	857
T	Total fund needed	(N+O+P+Q+R+S)		554,811	142,973	411,838
U	Total country co-financing	I x country co-financing per dose (cc)		142,973		
V	Country co-financing % of GAVI supported proportion	U / T		25.77 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	41.97 %			56.96 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	75,128	31,530	43,598	77,532	44,164	33,368
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	225,384	94,588	130,796	232,596	132,492	100,104
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	236,654	99,317	137,337	244,226	139,116	105,110
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,835	771	1,064	1,893	1,079	814
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	238,489	100,087	138,402	246,119	140,195	105,924
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	252,214	105,847	146,367	260,283	148,263	112,020
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	2,800	1,176	1,624	2,890	1,647	1,243
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	481,033	201,876	279,157	488,793	278,426	210,367
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	481,033	4,922	6,806	488,793	6,895	5,209
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	17	8	9	17	10	7
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	28,862	12,113	16,749	29,328	16,706	12,622
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,175	494	681	1,213	691	522
T	Total fund needed	$(N+O+P+Q+R+S)$	522,815	219,410	303,405	531,455	302,727	228,728
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	219,410			302,727		
V	Country co-financing % of GAVI supported proportion	U / T	41.97 %			56.96 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	73.22 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	80,013	58,589	21,424
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	240,039	175,765	64,274
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	252,041	184,553	67,488
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,954	1,431	523
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	253,995	185,984	68,011
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	268,613	196,688	71,925
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	2,982	2,184	798
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	490,973	359,507	131,466
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	12,491	9,147	3,344
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	18	14	4
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	29,459	21,571	7,888
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,251	917	334
T	Total fund needed	$(N+O+P+Q+R+S)$	534,192	391,153	143,039
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	391,153		
V	Country co-financing % of GAVI supported proportion	U / T	73.22 %		

8. Injection Safety Support (INS)

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

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities. **Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in 2011

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of [Table 9.1.3.a](#) and [9.1.3.b](#).

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **170561** US\$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)				164542	167832	171187
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)				165000	0	168000
Remaining funds (carry over) from previous year (B)				0	148943	
Total Funds available during the calendar year (C=A+B)				165000	148943	
Total expenditure during the calendar year (D)				16057	25700	
Balance carried forward to next calendar year (E=C-D)				148943	123243	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	167832	170561	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)				216596507	220927331	225343719
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)				217199400	0	221148480

Remaining funds (carry over) from previous year (B)				0	196062608	
Total Funds available during the calendar year (C=A+B)				217199400	196062608	
Total expenditure during the calendar year (D)				21136792	33830452	
Balance carried forward to next calendar year (E=C-D)				196062608	162232155	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	220927331	224519678	0

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January				1445.55	1257.18	1396.36
Closing on 31 December				1257.18	1396.36	1396.36

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 9)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 22)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS 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 HSCC in this process.

Activity proposal consisting of directive and budget calculation is signed by Chief Account and Director of Finance and Investment of MoH apart from final endorsement by Vice Minister of Health. <?xml:namespace prefix = o />

HSS funds never included in national health sector and budgets

There weren't any problems on use of HSS funds

Bank accounts is in window to the Government Mongolia at Trade and Development Bank of Mongolia

Has an external audit been conducted? **Yes**

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 26)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2011	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Establish MPMT and ISPT	Established by order of the Health Minister a multi-disciplinary project management team (MPMT) with detailed TOR and ISPT	100	Health ministers order # 154 April, 2011

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
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9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

1. EPI manager at the MoH was gone on training in foreign country and due to medical reason for few months to November 2011.)
2. Because in 2nd half of 2011 district EPI manger was in sick leave and got pension.
3. Postponed due to District project manager hasn't been appointed
4. Postponed (According to the Insurance law unregistered people don't covered to insurance payment. This problem were discussed all level decision makers and not yet decided. In 2012 revised and updated the law. After amendment there is developing the methodology.)

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

No utilized

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target	2007	2008	2009	2010	2011	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
1. National DTP3 coverage (%)	96%	Immunization Coverage Annual Report, 2008	97%						99.9%	UB city and SKhD coverage report	

2. Number / % of districts achieving 80% DTP3 cove	100%	WHO/UNOCE F JR 2008	100%						100%	UB city and SKhD coverage report	
3. Under five mortality rate (per 1000)	22.6	Health indicators	Decrease district value						2.42	SKhD statistical data	
4. Percentage of fully immunized children <1year	60%	MICS (refer to document No24, Annex 1), 2005	Decrease district value						91.6%	SKhD statistical data	
5. % of preg. women attended ANC services >6 times	83.7%	Health Indicators, 2007	90%						88.1	SKhD statistical data	
6. Percentage of stunted children	19.7	Nutrition Research Center, 2008	Decrease district value						0.19	SKhD statistical data	

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

Established MPMT and ISPT. There were discussed and agreed **package of essential maternal and child** health services and delivery mechanism. Unregistered, remote, homeless people have possibility take integrated basic social service. District and aimag health worker themselves organize the activities (decentralization) . <?xml:namespace prefix = o />

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

There wasn't any problems on performance HSS funds.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

Developed guidelines on supportive supervision and established SS teams including NGO

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

There were all indicators from the district statistic reporting system which reported in UB and National center communicable diseases

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

All participation of key stakeholders /social care, registration, health workers with together NGO and volunteers/ work to approach integrated health and maternal package to target people.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

"Health-Immunization" NGO help to organize training, develop guidelines, monitoring and evaluation and find volunteers and train them. This organization haven't any funding provided from HSS. The member of the NGO haven't any salary.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The management of HSS funds will be effective and haven't any constraints.

Approved by Vice minister of health directive on improvement HSS in Songinokhairkhan district.

In this year MPTM, with participation of key stakeholders, will improve management on the implementation HSS under ICC and HSCC.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2012 actual expenditure (as at April 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2012 (if relevant)
1.1 Build management capacity of ISPT and MPMT	1.1.4. Organised monthly meeting multi-sectoral team including 65 specialists	4800	2157	No		
	1.1.5. Conducted project planning seminars on 50 key stakeholders and media.	5000	1225	No		
	1.1.6. Trained 41 ISPT members on project management orientation.	5000	1251	No		
1.2 Mapping of target pop. and microplan., costing	1.2.1. Organised workshop on planning to reach target population for 130 representations of multi-sectoral team and mass media.	8000	5120	No		
	1.2.2. Trained 60 health workers mapping, microplanning and costing	2000	2908	No		
2.1 In-service and refresher trainings	2.1.3 Trained primary health care and service providers on integrated delivery of essential package of MCHS.	9000	1865	No		

	2.1.4 Provided kits for essential maternal and child health services to mobile teams.	32000	7615	No		
2.2 Integrated package of HS is delivered Tar.pop.	2.2.1. Established mobile team by resolution of local governor	500	388	No		
	2.2.2 Conducted bi-monthly outreach visits by mobile team.	65442	5944	No		
3.1 Efficacy partnership established and tested	3.1.2. Selected and trained community volunteers	8000	2621	No		
	3.1.4. Received monthly reports from volunteers and paid incentives	11000	3533	No		
	3.1.5. Organized meeting 4 times	2000	943	No		
4.1 Supportive supervision tools developed.	4.1.1 Developed guidelines of SS and pretested by 100 people	1000	999	No		
Supportive supervision team is established visited	4.2.2. Conducted training on supportive supervision for 30 supervisors	6000	380	No		
	4.2.3. Implemented monthly SS	4500	1786	No		
5.1 Child health e-database is established in project sites	5.1.2. Contract signed with BEEIT IT provider to develop child health e-database software with mapping in project sites	2000	1622	No		
	5.1.3. Trained 80 health staff on using the software	2000	1119	No		
	5.1.3 Selected 4 sites connected with internet provider and charged telephone and internet for this year		1283	Yes	There were no internet connections and negatively impact on the implementation activities	
	Procurements for training (computer, printer, digital photo camera, projector)		5264		There were needs to improve quality of training.	
		168242	48023			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
	All planned activities in 2012 by Application GAVI Alliance HSS	171187	No		
		171187			

9.6.1. If you are reprogramming, please justify why you are doing so.

There is no reprogramming

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **No**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
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9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

No

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
All impact and outcome indicators	Validated with District health statistical data and Ulaanbaatar coverage data .	There are too low percentage of stunted children. Need to baseline and progress surveis

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

No

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 1

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report (**Document Number: 8**)
2. The latest Health Sector Review report (**Document Number: 23**)

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

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		1-2Attachment_VM of HF.pdf File desc: Signatures of Health, Finance Vice ministers Date/time: 5/21/2012 9:27:44 PM Size: 39825
2	Signature of Minister of Finance (or delegated authority)	2.1		1-2Attachment_VM of HF.pdf File desc: Signatures of Finance Vice Minister Date/time: 5/21/2012 10:26:48 PM Size: 39825
3	Signatures of members of ICC	2.2		3Attachment_ICC signatures.pdf File desc: Signatures of members of ICC... Date/time: 5/21/2012 9:29:40 PM Size: 50351
4	Signatures of members of HSCC	2.3		4Attachment_HSCC signatures.pdf File desc: Signatures of members of HSCC Date/time: 5/21/2012 9:30:59 PM Size: 59146
5	Minutes of ICC meetings in 2011	2.2		5. ICC meeting minutes_2011.docx File desc: Minutes of ICC meetings in 2011 Date/time: 5/21/2012 11:46:28 PM Size: 24104
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		6-8. ICC and HSCC protocol_2012.docx File desc: Minutes of ICC meetings Date/time: 5/21/2012 11:36:56 PM Size: 49290
7	Minutes of HSCC meetings in 2011	2.3		7.Minutes _HSS_May.2011.doc File desc: Minutes of HSCC in 2011 Date/time: 5/22/2012 12:02:33 AM Size: 40448
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3		6-8. ICC and HSCC protocol_2012.docx File desc: Minutes of HSCC minutes Date/time: 5/21/2012 11:37:31 PM Size: 49290
9	Financial Statement for HSS grant APR 2011	9.1.3		9-13 Attachments_Fin.statments ISS, HSS.pdf File desc: Financial Statements of HSS with ISS... Date/time: 5/21/2012 9:32:58 PM Size: 38264
10	new cMYP APR 2011	7.7		MYP_MONGOLIA_FINAL.docx File desc: MYP 2011-2015, Mongolia Date/time: 5/22/2012 2:55:50 AM

				Size: 279505
11	new cMYP costing tool APR 2011	7.8	✓	MYP_Mongolia_tool_2011-2015.xlsx File desc: MYP costing tool_Mongolia Date/time: 5/22/2012 3:54:27 AM Size: 94718
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	9-13 Attachments_Fin.statments ISS, HSS.pdf File desc: Fincial statement for ISS with HSS Date/time: 5/21/2012 9:34:16 PM Size: 38264
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	14. NVS grant.docx File desc: NVS introduction Grant Date/time: 5/22/2012 2:59:48 AM Size: 10265
15	EVSM/VMA/EVM report APR 2011	7.5	✓	Mongolia-EVSM_update-2010.pdf File desc: EVSM report in 2010 Date/time: 5/22/2012 3:49:00 AM Size: 425870
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	Improvement Plan of EVSM.docx File desc: Improvement plan EVSM_Mongolia Date/time: 5/22/2012 5:23:07 AM Size: 18627
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	implemetation status of EVSM plan.xls File desc: Implementation Status EVSM Date/time: 5/22/2012 5:05:24 AM Size: 45568
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	audit external and internal in 2011.doc File desc: Audit report from NAD and MoF.. Date/time: 5/22/2012 1:13:12 AM Size: 34304
20	Post Introduction Evaluation Report	7.2.2	✓	20.Post introduction evaluation.docx File desc: The evaluation report Date/time: 5/22/2012 1:25:24 AM Size: 10201
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Extension of vaccine support Mongolia.docx File desc: Extension of Vaccine support Date/time: 5/22/2012 6:34:39 AM Size: 10180
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	audit external and internal in 2011.doc File desc: Audit report from NAD and MoF Date/time: 5/22/2012 1:13:57 AM Size: 34304

23	HSS Health Sector review report	9.9.3		23. HSS health sector review report.docx File desc: review report Date/time: 5/22/2012 3:05:14 AM Size: 10386
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