GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Mongolia

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/16/2013 4:49:20 AM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 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: **2012**

Requesting for support year: **2014**

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
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

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 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 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	UDVAL Natsag	**Name**	ULAAN Chultem
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
GANTULGA Dugerjav	Head of immunization department, National center for communicable disease	+976-11-451158(office) +976-99904889	dr_gantulga@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
AMARSANAA Jazag, Chairperson of ICC, Vice Minister of Health	AMARSANAA Jazag, Chairperson of ICC, Vice Minister of Health		
SOYOLGEREL Gochoo, Acting Director, Public Health Unit,Policy Implementation and Coordination Division	Ministry of Health		

NARANGEREL Dorj, National EPI manager	Ministry of Health		
OYUNBILEG Janchiv, Director General	Public Health Institute		
MUNKHTUUL Batbaatar, Officer	Ministry of Finance		
NYUNT-U Soe, Country Representative	WHO in Mongolia		
SODBAYAR Demberelsuren, Technical officer on EPI	WHO in Mongolia		
Mohamed Malick Fall, Resident Representative	UNICEF in Mongolia		
SURENCHIMEG Vanchinkhuu, Health Specialist	UNICEF in Mongolia		
NARYAD Sainkhuu, Head	Immunization – Health NGO		

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

All comments will be treated confidentially

Comments from Partners:

A comments from UNICEF was to add PVC pilot deminstration introduction in to priority actions in from 2013 to 2014

Comments from the Regional Working Group:

No

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), MoH , 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

AMARSANAA Jazag, Vice Minister of Health, Chairperson of HSCC	Ministry of Health		
SOYOLGEREL Gochoo, Acting Director, Public Health Unit, Policy Implementation and Coordination Division	Ministry of Health		
DAMDINDORJ Dugerjav Director, Finance and Economy unit, Division; Responsible for policy planning, implementation and coordination for health financing and accounting	Ministry of Health		
NARANGEREL Dorj, Policy implementation and coordination for the prevention and control of communicable diseases	Ministry of Health		
BOLORCHIMEG Bold, Policy implementation and coordination for nutrition and food safety	Ministry of Health		
SOYOLGEREL Gochoo, Policy implementation and coordination for child and adolescent health	Ministry of Health		
DOLGORJAV Lamganjav, Policy implementation and coordination for reproductive health	Ministry of Health		
TUUL Sodnomdarjaa, Director	UB city Health Department		
SURENKHAND Gungaa, Acting director	National Center for Communicable Diseases		
BATJARGAL Jamyan, Director, Nutrition Center	Public Health Institute		
SODBAYAR Demberelsuren, Technical officer in charge for EPI	WHO country office in Mongolia		
SURENCHIMEG Vanchinkhuu, Health Specialist	UNICEF country office in Mongolia		

NARYAD Sainkhuu., Head	Immunization – Health NGO		

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

All comments will be treated confidentially

Comments from Partners:

The HSS progect was implemented successfully have to advertisement the activity to the people.

Comments from the Regional Working Group:

No

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

Mongolia is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

This APR reports on Mongolia's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

1. Application Specification
    1.1. NVS & INS support
    1.2. Programme extension
    1.3. ISS, HSS, CSO support
    1.4. Previous Monitoring IRC Report
2. Signatures
    2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
    2.2. ICC signatures page
        2.2.1. ICC report endorsement
    2.3. HSCC signatures page
    2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)
3. Table of Contents
4. Baseline & annual targets
5. General Programme Management Component
    5.1. Updated baseline and annual targets
    5.2. Immunisation achievements in 2012
    5.3. Monitoring the Implementation of GAVI Gender Policy
    5.4. Data assessments
    5.5. Overall Expenditures and Financing for Immunisation
    5.6. Financial Management
    5.7. Interagency Coordinating Committee (ICC)
    5.8. Priority actions in 2013 to 2014
    5.9. Progress of transition plan for injection safety
6. Immunisation Services Support (ISS)
    6.1. Report on the use of ISS funds in 2012
    6.2. Detailed expenditure of ISS funds during the 2012 calendar year
    6.3. Request for ISS reward
7. New and Under-used Vaccines Support (NVS)
    7.1. Receipt of new & under-used vaccines for 2012 vaccine programme
    7.2. Introduction of a New Vaccine in 2012
    7.3. New Vaccine Introduction Grant lump sums 2012
        7.3.1. Financial Management Reporting
        7.3.2. Programmatic Reporting
    7.4. Report on country co-financing in 2012
    7.5. Vaccine Management (EVSM/VMA/EVM)
    7.6. Monitoring GAVI Support for Preventive Campaigns in 2012
    7.7. Change of vaccine presentation
    7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013
    7.9. Request for continued support for vaccines for 2014 vaccination programme

7.11. Calculation of requirements

8. Injection Safety Support (INS)

9. Health Systems Strengthening Support (HSS)

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

9.2. Progress on HSS activities in the 2012 fiscal year

9.3. General overview of targets achieved

9.4. Programme implementation in 2012

9.5. Planned HSS activities for 2013

9.6. Planned HSS activities for 2014

9.7. Revised indicators in case of reprogramming

9.8. Other sources of funding for HSS

9.9. Reporting on the HSS grant

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

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

11. Comments from ICC/HSCC Chairs

12. Annexes

12.1. Annex 1 – Terms of reference ISS

12.2. Annex 2 – Example income & expenditure ISS

12.3. Annex 3 – Terms of reference HSS

12.4. Annex 4 – Example income & expenditure HSS

12.5. Annex 5 – Terms of reference CSO

12.6. Annex 6 – Example income & expenditure CSO

13. Attachments

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	75,516	74,778	77,933	77,171	80,427	79,641	83,000	82,190
Total infants' deaths	1,233	1,143	1,272	1,179	1,313	1,216	1,355	1,255
Total surviving infants	74283	73,635	76,661	75,992	79,114	78,425	81,645	80,935
Total pregnant women	80,250	74,474	85,868	79,688	91,879	85,266	98,310	91,235
Number of infants vaccinated (to be vaccinated) with BCG	74,006	73,897	76,374	76,262	78,818	78,702	81,340	81,220
BCG coverage	98 %	99 %	98 %	99 %	98 %	99 %	98 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	72,055	70,926	74,361	73,716	76,740	76,072	79,196	78,507
OPV3 coverage	97 %	96 %	97 %	97 %	97 %	97 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	72,799	71,329	75,128	75,241	77,532	77,650	80,013	80,135
Number of infants vaccinated (to be vaccinated) with DTP3	72,055	70,926	74,361	74,472	76,740	76,856	79,196	79,317
DTP3 coverage	97 %	96 %	97 %	98 %	97 %	98 %	97 %	98 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	1	5	1	5	1	5	1
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.01	1.05	1.01	1.05	1.01	1.05	1.01
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	67,441	71,329	73,006	74,472	77,532	77,650	80,013	80,135
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	67,441	70,926	73,006	74,472	76,740	76,856	79,196	79,317
DTP-HepB-Hib coverage	97 %	96 %	97 %	98 %	97 %	98 %	97 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	0	1	0	1	5	1	5	1
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.01	1.05	1.01	1.05	1.01
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	70,569	67,130	73,594	72,953	75,949	75,288	78,380	77,698
Measles coverage	95 %	91 %	96 %	96 %	96 %	96 %	96 %	96 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
TT+ coverage	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
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	1 %	1 %	1 %	1 %	1 %	1 %	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] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 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 birth is decreasing compared with planned of previous year.

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

  Due to birth decreasing number of surviving infants was decreased compare to 2011.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  No change

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

  Due to introduction of pentavaccines with 1 dose in to EPI the wastage rate was decreased by 6.4 percentage in 2012

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

1. Maintan and verify the regional targets on VPDs(Polio-free,measles elimination, Hepatitis B control)
1.1. Country maintained its polio-free status through pro-active SIAs with tOPV targeting children 5 months to 5 years in the capital city and selected 9 provinces which is bordering with China.
1.2. Country verified by the Regional Verification Committee for meeting the regional goal on Hepatitis B control and vaccination of HCWs with hepatitis B vaccine is ongoing.
1.3. Country is expected to submit its verification package to the Regional Measles Verification Comittee in October 2013
- Developed national strategy on measles elimintation(Health Minister's order # 57 dated February 16, 2012)
- 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.
-Pro-active SIAs with MR vaccines were conducted targeting children aged 3-14 years old with the coverage of 91.2%
2. Expansion of RED(Reach Every District and Soum) strategy in more sites.
2.1. RED strategy is being implemented in 5 provinces(Bayan-ulgii,Khovd,Kguvsgul, Dornod, Uvs) and 4 city-districts(Nalaikh, Bayanzurkh, Sukhbaatar) of the country with UNICEF. Also GAVI HSS grant supports RED strategy implementation in 1 province(Bayankhongor) and 1city-district(Songinokhairhan)
2.2 . RED 2.0 software usage was installed in one more city-district with GAVI HSS grant. project was implemented with GAVI support.
2.3. RED is extended in the Khan-Uul district of the capital city with WHO support
3. Replace cold chain equipment according to the national plan.
3.1. Refrigerators replacment
- JICA 270 refrigerators, voltage stablizator
-MCA 41 refrigerators, voltage stablizator
3.1. Funding of cold chain replacement by the State Immunization Fund is under discussion.

in addition to the above mentioned activities which were determined as a previous year's priority target, the following activities were completed:
4. Strengthen Vaccine Managment
4.1. Revised guideline for adverse events following immunization surveillance(Health Minister's order # 217 dated June 27,2012)
4.2. Conducted EVM assessment to 8 provinces(Khovd,Sukhbaatar, Dundgovi, Orkhon, Baynkhongor, Arkhangai, Uvurkhangai, Tuv) and 5 districts(Khan-uul, Bayngol, Songinokhairhan,Baynzvrkh, Nalaikh)with WHO support in July, 2012
4.3. Organized Vaccine managment training in 6 provinces of the Western region.
5. Improve EPI performance at a district level.
5.1. Training
5.1.1. One-day training on RED strategy was organized involving 73 health volunteers from 6 provinces and 5 city districts.
5.1.2 One-day traning on "involvement of general clinicians to immunization's activity" was organized involving 241 doctors from all 21 provinces and 9 districts.
5.1.3 One-day training on "Adverse events following immunization" was organized involving 251 doctors and pediatricians from all 21 provinces and 9 districts.
5.1.4 One-day refresh training on AFP surveillance was done in 3 provinces (Bayankhongor,Tuv, Uvurkhangai).
5.1.5 Ten-days certificate training involving 142 nurses from 5 provinces and 9 city districts
5.1.6 In order to link the immunization service to to the community, two weeks training was organized in relation with establishment of 22 new immunization pionts in UB city involving 2 nurses from each family clinic.
5.1.7 Three- day training on RED strategy was organized involving decision makers, family doctors from 5 provinces supported by UNICEF.
5.2 IEC activiries.
5.2.1. Developed and printed advocacy materials and manuals that about "Adverse events following immunization and immunization's activities" materials to provide health workers and parents.
5.2.2. Developed and distributed posters about immunization's signification and safety immunization to provide health organizations and parents.
5.2.3. Developed and distributed handbook on preventation of rubella and measles supported by UNICEF.
5.2.4. Developed and distributed advocacy materials on measles supported by UNICEF.
5.2.5. Developed and distributed immunization's certificate to health organizations.
5.2.6. Organized TV advertisments and spots, broadcasting and dialy news that about HPV and MR vaccine's signification to provide population 31 times for 2012.
5.2.7. Developed movie and photo album about immunization's history of Mpngolia.
5.3 Supportive supervisions
5.3.1. Supportive supervision on AFP surveillance in 3 provinces (Baynkhongor, Tuv, Ururkhangai)
5.3.2. Supportive supervision on BCG vaccine's injection technique of vaccination nurses in 6 maternal hospital of UB city.
5.3.3. Supportive supervision during SIAs with tOPV and MR.
6. New vaccine introduction
6.1. Hepatitis A pilot introduction in 12 provinces and 9 city- districts with Government fund
6.2 HPV vaccination in the selected 2 provinces and 2 city districts with Millennium Challenge Account support.
6.3. Post introduction evolution(PIE) of HPV was done with WHO support.
6.4. Sentinel surveillance for rotavirus diarrhea and pneumococcal pneumonia/meningitis is ongoing in UB.
7. Facilitated as a Secretariat for
- National Immunization Technical Advisory Group(NITAG)
- Inter-Agency Coordinating Comittee(ICC)
-National Certification Comittee for Poliomyelitis Eradication in Mongolia.(Polio ICC)
8. Other acrivities.
8.1. 835 children was involved to summer nursing in 5 provinces(Dornod,Baym-ulgii, Khovd, Huvsgul, Uvs) withing RED strategy supported by UNICEF.

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

All targets are reached.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
0	0	0	0

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

There is no gender -related issues in Mongolia in terms of immunization access

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

not available

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)

in relation with internal /domestic migration, the number of target population is updated by a local health autority whwn they report vaccination coverage.So, the estimates coverage is a bit different from the administrative coverage which is mainly based on the statistical data of the target population.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

No

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

VPD data managment training was conducted for national and some sub national (city-distict and 3 provinces).
To make more use of official/statitical demographic data by provinces for coverage estimation.
Provided quarterly feedback on immunization coverage and VPD serveillance 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.

An integrated database for all health activities is under development by MoH

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** 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$ = 1358	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	JICA	MCA	0
Traditional Vaccines*	391,743	391,743	0	0	0	0	0	0
New and underused Vaccines**	609,483	159,361	450,122	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	36,622	19,987	16,635	0	0	0	0	0
Cold Chain equipment	328,766	0	0	0	0	280,009	48,757	0
Personnel	1,223,000	1,223,000	0	0	0	0	0	0
Other routine recurrent costs	866,846	0	130,764	36,082	300,000	0	400,000	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	23,000	0	0	23,000	0	0	0	0
Hepatitis A vaccines		1,028,346	0	0	0	0	0	0
Total Expenditures for Immunisation	3,479,460							
Total Government Health		2,822,437	597,521	59,082	300,000	280,009	448,757	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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

No

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **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?
Open a separate bank accounts for each GAVI cash support window at the Trade and Development Bank of Mongolio in to which GAVI support will be disbursed	Yes
The signatories to the accounts will be the Chief Economist and the Director of Finance and Investment Department, MoH. Both must sigh each disbursement from the GAVI alliance accounts	Yes
Develop a guideline by MoH for the preparation of plans of action.	Yes
MoH's accounting procedures including separate account records should be used.	Yes
Quarterly reports should be discussed by ICC and HSCC	Yes
Internal audit report by SSIA should be shared with GAVI Secretariat within 6 months of the final audit report.	Yes
External audit report by National Audit office should be shared with GAVI Secretariat within 6 months of the final audit report.	Yes

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

Out of 7 planned activities ,4 activities were implemented fully and 3 activities -partially.

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

All activities are under implementation.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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

The Mongolian government will have financial issues to buy Pentavalent vaccine because Mongolia will finish GAVI support in 2015. You should calculate government co-financing and share information to Ministry of Finance.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Immunization-Health domestic NGO

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

1.Accuracy of the routine vaccination coverage
2. Strengthen surveillance for AEFI
3. Human capacity building at all level
4. To introduce pneumococcal conjugate vaccine on selected disticts

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD syringe , 0.05ml	GoM
Measles	AD syringe , 0.5ml - MMR	GoM
TT	Not applicable	0
DTP-containing vaccine	AD syringe , 0.5ml	GAVI and GoM

Does the country have an injection safety policy/plan? **Yes**

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)

Procedures for safety injection(Health Minister's order # 313 dated Dec 31, 2003)

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

All hospitals of UB city disposed vaccination sharps waste to one private company which disinfects it first and procedure in a breaking device Provinces and soum hospital burn th medical waste.
All above mentoined activities are regulated by the Health Minister's order # 158 dated on May 3, 2011

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	357,118	470,256,553
Total funds available in 2012 *(C=A+B)*	357,118	470,256,553
Total Expenditures in 2012 *(D)*	277,547	384,680,142
Balance carried over to 2013 *(E=C-D)*	79,571	85,576,411

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 endorsment by Vice Minister of Health. There were'nt 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

MoH has a separate bank account for GAVI funds. Budget are approved by the Vice Minister after reveiw by the relevant officials in MoH. Funds will be chanelled 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 2012

1. Training on multi-sectoral activities.
2. Advocacy during NID and WHO immunization week.
3. 4749 doses of routine vaccination were administrated by cath-up immunization in 2012
4. Procured refrigerators, voltage stablizator to 22 immunization's units and distrubuted 6 computers to EPI department.
5. One-day traning on "Adverse events following immunization" was organized involving 251 doctors and pediatricians from all 21 provinces and 9 districts collaborating with consultant of WHO
6. One-day training on "Involvement of general clinicians to immunization's activity" was organized involving 241 doctors from all 21 provinces and 9 districts.
7. Developed manual on" immunization's history " members of immunization -health NGO to provide health workers.

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 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (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 8).

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	212,440	163,100	49,400	No

**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? ...)

  No

- 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)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  1. Conducted training which about vaccine managment to vaccinators of faimily hospital, soum and maternal hospital, EPI managers of provinces and districts.
  2. Conducted EVM assessment and procured cold chian equipments.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

NO

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	Yes	12/03/2012
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 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° 9))

1. Replacemented cold chain equipments
2. The training organized on "improving immunization's avtivities" to health workers.
3. Developed and distributed advocacy materials and manual on imuunization to provide health organizations.

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? **No**

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

1. The methodology of serviallance's researching on childhood(under five years) pneumonia and meningites discussed by meeting NITAG/ICC in UB, Mongolia.
2. Our country will pilot ntroduce pneumococcal conjugate vaccine on childhood (under five years) to selected districts in October, 2013

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . 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

No

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

No

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

No

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	159,361	49,400
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	Yes	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	June	State immunization fund

	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing
	None

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/

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in 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? **July 2012**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

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

If yes, provide details

No

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

Renewal of multi-year vaccines support for Mongolia is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	73,635	75,992	78,425	80,935	308,987
	Number of children to be vaccinated with the first dose	Table 4	#	71,329	74,472	77,650	80,135	303,586
	Number of children to be vaccinated with the third dose	Table 4	#	70,926	74,472	76,856	79,317	301,571
	Immunisation coverage with the third dose	Table 4	%	96.32 %	98.00 %	98.00 %	98.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.01	1.01	1.01	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.59	2.59	2.59	
cc	**Country co-financing per dose**	Co-financing table	$		1.16	1.63	2.11	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

NO

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

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing	0.61	1.16	1.63	2.11
Recommended co-financing as per APR 2011			1.71	2.25
Your co-financing	0.61	1.16	1.63	2.11

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

		2013	2014	2015
Number of vaccine doses	#	134,200	99,900	61,000
Number of AD syringes	#	147,400	109,700	67,000
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	1,650	1,225	750
Total value to be co-financed by GAVI	$	377,000	280,500	171,500

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

		2013	2014	2015
Number of vaccine doses	#	94,000	138,000	183,800
Number of AD syringes	#	103,300	151,600	202,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	1,150	1,700	2,250
Total value to be co-financed by the Country ^[1]	$	264,500	388,000	516,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	41.20 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	71,329	74,472	30,681	43,791
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	213,987	223,416	92,041	131,375
E	Estimated vaccine wastage factor	*Table 4*	1.01	1.01		
F	Number of doses needed including wastage	*D X E*	216,127	225,651	92,961	132,690
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		2,381	981	1,400
H	Stock on 1 January 2013	*Table 7.11.1*	0			
I	Total vaccine doses needed	*F + G – H*		228,082	93,963	134,119
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		250,635	103,254	147,381
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*		2,783	1,147	1,636
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		589,821	242,987	346,834
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		11,655	4,802	6,853
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)*		1,615	666	949
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		37,749	15,552	22,197
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		640,840	264,005	376,835
U	Total country co-financing	*I x country co-financing per dose (cc)*		264,005		
V	Country co-financing % of GAVI supported proportion	*U / T*		41.20 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	58.01 %			75.10 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	77,650	45,048	32,602	80,135	60,180	19,955
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	232,950	135,143	97,807	240,405	180,539	59,866
E	**Estimated vaccine wastage factor**	*Table 4*	1.01			1.01		
F	**Number of doses needed including wastage**	*D X E*	235,280	136,495	98,785	242,810	182,345	60,465
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	2,408	1,397	1,011	1,883	1,415	468
H	**Stock on 1 January 2013**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	237,738	137,921	99,817	244,743	183,796	60,947
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	261,248	151,560	109,688	268,940	201,968	66,972
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	2,900	1,683	1,217	2,986	2,243	743
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	614,791	356,663	258,128	632,906	475,297	157,609
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	614,791	7,049	5,100	632,906	9,392	3,114
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	1,682	976	706	1,732	1,301	431
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	39,347	22,827	16,520	40,506	30,419	10,087
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	667,969	387,514	280,455	687,650	516,408	171,242
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	387,513			516,408		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	58.01 %			75.10 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

8. Injection Safety Support (INS)

This window of support is no longer available

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 2012**. All countries are expected to report on:

    a. Progress achieved in 2012

    b. HSS implementation during January – April 2013 (interim reporting)

    c. Plans for 2014

    d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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 objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

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 2012

    b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

    c. Latest Health Sector Review Report

    d. Financial statement for the use of HSS funds in the 2012 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 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in **2012**

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: **1386** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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*)	0	0	0	164542	167832	171187
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	164542	167832	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	165000	0	168000
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	148943	291243
Total Funds available during the calendar year (*C=A+B*)	0	0	0	165000	148943	291243
Total expenditure during the calendar year (*D*)	0	0	0	16057	25700	220976
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	148943	123243	70267
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	170561

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	70267	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0
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	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	216596507	220927331	225343719
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	216596507	220927331	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	217199400	0	221148480
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	196062607	403662798
Total Funds available during the calendar year (*C=A+B*)	0	0	0	217199400	196062607	403662798
Total expenditure during the calendar year (*D*)	0	0	0	21136792	33830452	306272273
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	196062607	162232155	97390062
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	236397546

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	97390062	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0
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	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	0	0	0	1.445	1.257	1.396
Closing on 31 December	0	0	0	1.257	1.396	1.392

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 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: 19)**

If any expenditures for the January April 2013 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: 20)**

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 signed by Chief Account and Director of Finance and invesment of MoH apart from final endorsement by Vice Minister of Health.
HSS funds never included in national health sector and budgets
There weren't any problems on use of HSS funds.
Bank account 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: 21)

9.2. Progress on HSS activities in the 2012 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 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built.	.1.1.Establish by order of the Health Minister a multi-disciplinary project management team (MPMT) with detailed TOR under ICC	100	Songinokhairhan(SKH) district and Bayankhongor aimag's report
1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built.	1.1.2 Conduct quarterly meetings of MPMT	100	SKH district and Bayankhongor aimag's report
1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built	1.1.3.Establish by the resolution of the local governor an inter-sectoral service provision team (ISPT)	100	SKH district and Bayankhongor aimag's report
1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built	1.1.4 Conduct monthly meetings of ISPT.	100	SKH district and Bayankhongor aimag's report
1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built	1.1.5. Organize project planning seminars with the involvement of key stakeholders and media	100	SKH district and Bayankhongor aimag's report

1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built	1.1.6 Organize project management orientation trainings for MPMT and ISPT members.	100	SKH district and Bayankhongor aimag's report
1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built	1.1.7. Organize trainings on leadership, team building and interpersonal communication skills for MPMT and ISPT members.	100	SKH district and Bayankhongor aimag's report
1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built	1.1.8 Conduct annual progress review meeting.	100	SKH district and Bayankhongor aimag's report
1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built	1.1.9 Submit APR to GAVI Alliance and Foreign Aid Coordination Committee of MoH.	100	SKH district and Bayankhongor aimag's report
1.2 Mapping of target population in project sites is completed and regularly revised on an annual basis, and microplans with health facilities are developed, costed, implemented and monitored.	1.2.1 Train ISPT members on mapping and microplanning on integrated delivery of MCHS	100	SKH district and Bayankhongor aimag's report
1.2 Mapping of target population in project sites is completed and regularly revised on an annual basis, and microplans with health facilities are developed, costed, implemented and monitored.	1.2.2 Conduct mapping, microplanning and costing exercise by ISPT.	100	SKH district and Bayankhongor aimag's report
1.2 Mapping of target population in project sites is completed and regularly revised on an annual basis, and microplans with health facilities are developed, costed, implemented and monitored.	1.2.3 Revise mapping and microplans on an annual basis	100	SKH district and Bayankhongor aimag's report
1.3. Package of essential maternal and child health services and delivery mechanism are discussed and agreed upon.	1.3.1 Discuss and agree the integrated package of essential MCHS-s in consultation with key stakeholders, MPMT and ISPT.	100	SKH district and Bayankhongor aimag's report
1.3. Package of essential maternal and child health services and delivery mechanism are discussed and agreed upon.	1.3.3 Identify delivery mechanism and develop & approve guidelines for delivery of integrated package of essential maternal and child health services.	75	SKH district and Bayankhongor aimag's report
1.3. Package of essential maternal and child health services and delivery mechanism are discussed and agreed upon.	1.3.3 Identify delivery mechanism and develop & approve guidelines for delivery of integrated package of essential maternal and child health services.	75	SKH district and Bayankhongor aimag's report

1.3. Package of essential maternal and child health services and delivery mechanism are discussed and agreed upon.	1.3.4 Revise integrated package of essential maternal and child health services and its delivery mechanism on an annual basis.	100	SKH district and Bayankhongor aimag's report
1.4 Capitation method is reviewed to reflect cost implications of service (routine and outreach) provision to unregistered residents	1.4.1 Develop methodology for geographical targeting to reflect cost implications of service provision to unregistered residents at primary health care facilities	100	SKH district and Bayankhongor aimag's report
1.4 Capitation method is reviewed to reflect cost implications of service (routine and outreach) provision to unregistered residents	1.4.2 Revise capitation payment method to include geographical targetinlg and cost of outreach services.	80	SKH district and Bayankhongor aimag's report
1.4 Capitation method is reviewed to reflect cost implications of service (routine and outreach) provision to unregistered residents	1.4.3 Approve the revised methodology for capitation payment by joint order of Minister of Finance and Minister of Health.	100	SKH district and Bayankhongor aimag's report
2.1 In-service and refresher trainings for health care providers conducted.	2.1.1. Develop, publish and distribute guidelines and handbooks on integrated delivery of essential package of maternal and child health	100	SKH district and Bayankhongor aimag's report
2.1 In-service and refresher trainings for health care providers conducted	2.1.2. Identify items to be included in kit for essential maternal and child health services	100	SKH district and Bayankhongor aimag's report
2.1 In-service and refresher trainings for health care providers conducted	2.1.3 Train primary health care and service providers on integrated delivery of essential package of maternal and child health services	100	SKH district and Bayankhongor aimag's report
2.1 In-service and refresher trainings for health care providers conducted.	2.1.4 Provide kits for essential maternal and child health services to mobile teams.	100	SKH district and Bayankhongor aimag's report
2.1 In-service and refresher trainings for health care providers conducted.	2.1.5 Report to province/city district MPMT by mobile team on a monthly basis.	100	SKH district and Bayankhongor aimag's report
2.2 Integrated package of health services is delivered to all mothers and children in project areas and BCC is included into integrated package of maternal and child health services.	2.2.1 Establish mobile team by resolution of local governor for integrated provision of health and social protection services to hard to reach and unregistered population in project areas.	100	SKH district and Bayankhongor aimag's report
2.2 Integrated package of health services is delivered to all mothers and children in project areas and BCC is included into integrated package of maternal and child health services.	2.2.2 Conduct bi-monthly outreach visits by mobile team.	100	SKH district and Bayankhongor aimag's report
Effective community partnership model established and tested	3.1.1 Identify through open bidding and contract partner CSOs to deliver community partnership and IEC/BCC activities (detailed TOR to be included in contract).	100	SKH district and Bayankhongor aimag's report

Effective community partnership model established and tested	3.1.2 Select and train community volunteers to assist in improving the communication between community members and project implementation team.	100	SKH district and Bayankhongor aimag's report
Effective community partnership model established and tested	3.1.3 Develop and publish communication kit for community volunteers	100	SKH district and Bayankhongor aimag's report
Effective community partnership model established and tested	3.1.4 Report regularly (monthly) to mobile team by volunteers.	100	SKH district and Bayankhongor aimag's report
Effective community partnership model established and tested	3.1.5 Organize quarterly community volunteer networking meetings	100	SKH district and Bayankhongor aimag's report
3.2 CSOs are involved in public awareness raising and social mobilization activities.	3.2.1 Develop IEC/BCC plan in project areas by CSO.	100	SKH district and Bayankhongor aimag's report
3.2 CSOs are involved in public awareness raising and social mobilization activities	3.2.2 Conduct media advocacy on maternal and child health issues.	100	SKH district and Bayankhongor aimag's report
3.2 CSOs are involved in public awareness raising and social mobilization activities.	3.2.3 Select and contract media for project IEC/BCC	50	Bayankhongor aimag's report
3.2 CSOs are involved in public awareness raising and social mobilization activities.	3.2.4 Report regularly (monthly) to MPMT by media	80	SKH district and Bayankhongor aimag's report
3.2 CSOs are involved in public awareness raising and social mobilization activities	3.2.5 Develop, pre-test, publish and distribute IEC/BCC materials on maternal and child health for target population	80	SKH district and Bayankhongor aimag's report
3.2 CSOs are involved in public awareness raising and social mobilization activities.	3.2.6 Conduct BCC campaign through mass media on regular basis with consistent message	50	Bayankhongor aimag's report
4.1 Supportive supervision tools developed.	4.1.1 Develop and pre-test supportive supervision tool.	80	SKH district and Bayankhongor aimag's report
4.1 Supportive supervision tools developed	4.1.2 Publish and provide with supportive supervision tools.	100	SKH district and Bayankhongor aimag's report
4.2 Supportive supervision team is established and regular supportive supervision visits conducted.	4.2.1. Establish supportive supervision teams in project sites comprised of chief pediatrician, chief gynecologist, EPI manager, state inspector and NGO.	100	SKH district and Bayankhongor aimag's report
4.2 Supportive supervision team is established and regular supportive supervision visits conducted.	4.2.2 Train supportive supervision team on use of the tool.	100	SKH district and Bayankhongor aimag's report
4.2 Supportive supervision team is established and regular supportive supervision visits conducted.	4.2.3 Conduct monthly supportive supervision visits to project sites.	100	SKH district and Bayankhongor aimag's report

4.2 Supportive supervision team is established and regular supportive supervision visits conducted.	4.2.4. Provide feedback to project implementing team on a monthly basis by national and local MPMT	100	SKH district and Bayankhongor aimag's report
4.3 Preventive maintenance plan is developed based on EVSM	4.3.1 Conduct EVSM assessment of vaccination units in project sites.	100	SKH district and Bayankhongor aimag's report
4.3 Preventive maintenance plan is developed based on EVSM	4.3.2 Develop and implement preventive maintenance plan.	100	SKH district and Bayankhongor aimag's report
4.3 Preventive maintenance plan is developed based on EVSM	4.3.1 Conduct EVSM assessment of vaccination units in project sites.	100	SKH district and Bayankhongor aimag's report
4.3 Preventive maintenance plan is developed based on EVSM	4.3.2 Develop and implement preventive maintenance plan.	100	SKH district and Bayankhongor aimag's report
.4 Cold chain equipment is provided to project sites	4.4.1 Provide maintenance staff with repair toolkit and train on preventive maintenance	100	SKH district and Bayankhongor aimag's report
.4 Cold chain equipment is provided to project sites	4.4.2 Provide cold chain equipment including temperature monitoring device and solar refrigerator/generator to project sites based on EVSM assessment findings.	80	SKH district and Bayankhongor aimag's report
5.1 Child health e-database is established in project sites.	.1.1 Sign multiparty contract between MPMT, province/city district civil registration and social protection offices and local governor on improving civil registration.	50	SKH district
5.1 Child health e-database is established in project sites.	5.1.2 Contract an IT provider to develop child health e-database software with mapping in project sites.	50	SKH district
5.1 Child health e-database is established in project sites.	5.1.3 Train primary health care and service providers on the use of e-database software	100	SKH district and Bayankhongor aimag's report
5.1 Child health e-database is established in project sites.	5.1.4 Produce monthly and feedback reports on child health.	100	SKH district and Bayankhongor aimag's report
5.2 Baseline and end of project evaluation survey is performed.	Postponed	0	SKH district and Bayankhongor aimag's report

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**
1.1. Multidisciplinary project management team is	1. Conducted meeting of MPMT every month to according planned programme. 2. Conducted 4 times quarterly meetings of MPMT to members. This meetings was influenced to improvement project activities. 3.Two-day seminar on " Project's activities planning" was organized 160 participants who are policeman, social worker, civil registrational worker, localy decision makers, family doctors and nurses from all project sites

1.2.Mapping of target population in project sites	An one-day training on "“Mapping and microplanning of target population” was organized involving 90participants from all selected project sites. The training result; • 236 children newly registered to map • Renewed microplaning • Developed guidline of financial cost
1.3.Package of essential maternal and child health	A five-day training on “Essential maternal and child health services” was done involving 270 doctors, health workers and health volunteers from health center, soum hospital and family clinic, localy project sites. Procured and distributed kits of essential maternal and child health services to 117 households.
1.4 Capitation method is reviewed to reflect cost	Minister of Health is now working on provider payment method in cooperation with World Bank. Developed mapping and services cost to ptovide unregistered population of selected ptoject sites.
2.1. In-service and refresher trainings for health	1. Developed and distributed manual , advocacy on “training’s packages of essential maternal and child health services” to provide project sites. 2.. Identified kits of essential maternal and child health services to mobile teams which including: stethoscope, manometer, thermometer, manual, advocacy materials, salt solution, contraceptions, vitamins, supplement nutritions, food, cup,electron weight, hand disinfectants and emergency packages (drugs, equipments, syringe, wrapping materials e.g) 3.One-day work shop training on “essential maternal and child health services” was organized involving 110 doctors and health workers from family clinic and soum hospital.
2.2. Integrated package of health services is del	Established mobile teams by decree of localy governor to all project sites. The result of outreach visits by mobile team; • 267 children was involved to cath-up immunization, • 158 not registered pregnant women deliveried, • 1911 children taken vitamin A and supplement food • 534 children with malnutrition was cure, • 119 person was registered newly detecting by mobile services
3.1. Effective community partnership model establi	An one-day training “Health service” was done 150 health volunteers from project sites. Developed and distributed manual , advocacy materials to provide health volunteers Organized quarterly meetings 4 times to health volunteers
3.2. CSOs are involved in public awareness raising	Developed IEC/BCC plan to project implementing all sites A five-day training on “IEC/BCC” was done 1178 participants from project sites. Contracted on IEC/BCC of immunization’s activities with 5 TV-s. Organized TV advertisements and spots and dialy news which about “essential maternal and child health services” to provide on project areas population 20 times for 2012
4.1. Supportive supervision tools developed.	Developed and distributed supportive supervision’s manual to provide health workers, health volunteers, population Conducted supportive supervision to all project sites from 8 to 12 times for 2012
4.2Supportive supervision team is established and	The progressing feedback was provided to national and local MPMT Conducted supportive supervision health service’s team 11 times for 2012
4.3. Preventive maintenance plan is developed base	Conducted EVSM assessment to SKH district and Bayankhongor aimag.
4.4 Cold chain equipment is provided to project si	One-day training on “immunization’s global problem and cold chain” was organized 20 nurses from primary units Provided cold chain equipments to project sites which including: 10 refrigerators 50 thermometers

5.1. Child health e-database is established in pro	One-day training on “electron database’s usage” was done 80 participants from family and soum hospital
5.2	Postponed

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

The Parliament and local elections organized in our country in 2012. So trained more people and some decision makers was moved after elections. Also some people was worked to election's working group during election. So some activiries is postponed and not implemented.

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 2011 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	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2008	2009	2010	2011	2012		
1. National DTP3 coverage (%)	96%	Immunization Coverage Annual Report, 2008	97%	97%				99.9%	97%	National coverage report	
2. Number / % of districts achieving 80% DTP3 coverage	100%	Annual Immunization Coverage Report, 2008	100%	100%				100%	100%	Province and district coverage report	
3. Under five mortality rate (per 1000)	22.6	Health Indicators, 2008	Decrease district value	14,3				2,42	14,3	Province and district statistical report	
4. Percentage of fully immunized children under the age 1	60%	MICS (refer to document No24, Annex 1), 2005	Decrease district value	99,5%				91,6%	99,5%	Province and district coverage report	
5. The percentage of pregnant women who attended ANC services 6 and more times	83.7%	Health Indicators, 2007	90%	90%				88,1,%	90%	Province and district statistical report	
6. Percentage of stunted children which is and province city district specific figures can be obtained from the	19.6% national	Nutrition Research Center, 2008	Decrease district value	10,3				0,19	10,3	Province and district statistical report	

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Established MPMT and ISTP. There were discussed and agreed package of essential maternal and child health services and delivery maechanism. Unregistered, remote, homeless people have possibility take integrated basic social service. District and aimag health worker themselves organize the activities.
The meeting was hold among officers and staffs and represtative of MoH, Minister of Population Development and Social Welfare, project's sites for improving essential health sevices and interagency collaborating 2 times for 2012.

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

There was,nt any problem on performance HSS funds.

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

Developed guidlines 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 NCCD.

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

All partipation pf 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 guidlines, monitoring, evalution, find volunteers and train them. This organization have'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 managment of HSS funds has been effective.
Parliament and local elections was organized in our country in 2012. So trained more people and some decision makers moved after elections. Also some people was worked to election's working group during election. So some activities was postponed and not implented.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	2013 actual expenditure (as at April 2013)	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	170561	0	None	None	0
		170561	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval 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 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (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 2014 (if relevant)
N/A	N/A	0	N/A	0	0
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

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
World vision	736	2012	Training and IEC/BCC

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

National and provinces statistical data and reports	Members of MPMT and ISPT was validated by progressing monitoring	Parliament and local elections was organized in our country in 2013. So trained more people and some decision makers was moved after elections.

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 2012?2

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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 **has NOT received GAVI TYPE A CSO support**

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 **has NOT received GAVI TYPE B CSO support**

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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	✔	Signature minister.jpg File desc: Date/time: 5/15/2013 5:07:54 AM Size: 7371473
2	Signature of Minister of Finance (or delegated authority)	2.1	✔	Signature minister.jpg File desc: Date/time: 5/15/2013 5:09:55 AM Size: 7371473
3	Signatures of members of ICC	2.2	✔	ICC report endorsement.jpg File desc: Date/time: 5/15/2013 5:11:52 AM Size: 8831017
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✔	6-8. ICC and HSCC protocol_2012.docx File desc: Date/time: 5/15/2013 5:12:29 AM Size: 49293
5	Signatures of members of HSCC	2.3	✘	HSCC signature.jpg File desc: Date/time: 5/15/2013 5:14:19 AM Size: 9451069
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✔	ICC and HSS meeting minutes_2013-5.02.doc File desc: Date/time: 5/14/2013 10:42:11 PM Size: 64000
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✘	Financial statement.jpg File desc: Date/time: 5/15/2013 5:16:23 AM Size: 7459117
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✘	external audit.jpg File desc: Date/time: 5/15/2013 5:16:42 AM Size: 623814
9	Post Introduction Evaluation Report	7.2.2	✔	Mongolia PIE Final Report_v3.docx File desc: Date/time: 5/14/2013 12:04:07 PM Size: 1176301
				14. NVS grant-3.docx

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	File desc: Date/time: 5/14/2013 10:42:51 PM Size: 10301
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	14. NVS grant-3.docx File desc: Date/time: 5/14/2013 10:26:11 PM Size: 10301
12	Latest EVSM/VMA/EVM report	7.5	✓	Mongolia_EVM_report in Mongolia,2012.doc File desc: Date/time: 5/14/2013 9:43:09 PM Size: 6367232
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	The Improvement plan EVM.docx File desc: Date/time: 5/14/2013 9:45:14 PM Size: 21191
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	The Improvement plan implementation,EVM.docx File desc: Date/time: 5/14/2013 9:45:44 PM Size: 16296
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	Operational costs of preventive campaigns.docx File desc: Date/time: 5/15/2013 5:36:12 AM Size: 10174
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Extension vaccin support.docx File desc: Date/time: 5/15/2013 5:25:09 AM Size: 10557
17	Valid cMYP if requesting extension of support	7.8	✗	MYP_MONGOLIA_FINAL.docx File desc: Date/time: 5/14/2013 10:29:31 PM Size: 279451
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	MYP_Mongolia_tool_2011-2015.xlsx File desc: Date/time: 5/14/2013 10:27:53 PM Size: 94718
				Financial statement.jpg

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	×	File desc: Date/time: 5/15/2013 5:19:00 AM Size: 7459117
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	×	Financial statement.jpg File desc: Date/time: 5/15/2013 5:22:16 AM Size: 7459117
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	×	external audit.jpg File desc: Date/time: 5/15/2013 5:26:09 AM Size: 623814
22	HSS Health Sector review report	9.9.3	×	23. HSS health sector review report-2.docx File desc: Date/time: 5/14/2013 10:37:15 PM Size: 10398
23	Report for Mapping Exercise CSO Type A	10.1.1	×	Report for Mapping Exercise CSO Type A.docx File desc: Date/time: 5/15/2013 12:32:09 AM Size: 9979
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	×	Financial statement for CSO Type B grant (Fiscal year 2012).docx File desc: Date/time: 5/15/2013 12:35:14 AM Size: 9993
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	×	External audit report for CSO Type B (Fiscal Year 2012).docx File desc: Date/time: 5/15/2013 12:37:57 AM Size: 9987
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✔	Exchange Rate.docx File desc: Date/time: 5/15/2013 12:29:09 AM Size: 11613