



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of
Mongolia

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **01/04/2014**

Deadline for submission: 15/05/2014

Please submit the APR **2013** 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: 2013

Requesting for support year: 2015

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

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 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant No	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 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	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
NARANGARAV Tsegeen	Head of immunization department, National center for communicable disease	+976-11-451158(office) +976-99935745	Naranga_2007@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	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

N/A

Comments from the Regional Working Group:

N/A

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **N/A**, 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, Chairperson of ICC, Vice Minister of Health	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

N/A

Comments from the Regional Working Group:

N/A

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

Mongolia is not reporting on CSO (Type A & B) fund utilisation in 2014

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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)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	77,171	79,780	79,641	82,971	82,190	86,290
Total infants' deaths	1,179	1,166	1,216	1,049	1,255	944
Total surviving infants	75992	78,614	78,425	81,922	80,935	85,346
Total pregnant women	79,688	79,371	85,266	82,546	91,235	94,884
Number of infants vaccinated (to be vaccinated) with BCG	76,262	79,088	78,702	82,141	81,220	84,564
BCG coverage	99 %	99 %	99 %	99 %	99 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	73,716	75,472	76,072	80,482	78,507	84,564
OPV3 coverage	97 %	96 %	97 %	98 %	97 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1	75,241	76,155	77,650	81,312	80,135	84,564
Number of infants vaccinated (to be vaccinated) with DTP3	74,472	75,472	76,856	81,312	79,317	84,564
DTP3 coverage	98 %	96 %	98 %	99 %	98 %	99 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	1	1	1	1	1	1
Wastage[1] factor in base-year and planned thereafter for DTP	1.01	1.01	1.01	1.01	1.01	1.01
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	73,006	76,155	77,650	81,312	80,135	84,564
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	73,006	75,472	77,650	81,312	79,317	84,564
DTP-HepB-Hib coverage	96 %	96 %	99 %	99 %	98 %	99 %
Wastage[1] rate in base-year and planned thereafter (%)	5	1	1	1	1	1
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.01	1.01	1.01	1.01	1.01
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	72,953	71,089	75,288	79,652	77,698	82,838
Measles coverage	96 %	90 %	96 %	97 %	96 %	97 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0

TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	1 %	1 %	0 %	1 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 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**

There is difference on birth in this year APR due to total birth has been increased comparing to those in previous planned year.

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

Number of surviving infants in 2013 is increased comparing to those in 2012 because of growth of birth.

- 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.**

There is no change.

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

Vaccine wastage rate was decreased by 0,5 for OPV and by 1,3 for BCG in 2013 due to improved vaccine management practice.

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

1. General achievements

1.1. Coverage of routine immunization has reached at 96-99% with 7 vaccines against 11 infectious diseases.

1.2. As a result of introduction of vaccine against hepatitis A, number of cases were decreased by 3.3 times comparing to average number of cases of last 5 years. It was good achievement saving money, time and human resources.

1.3. National certification committee on poliomyelitis eradication in Mongolia has extended as a National verification committee on regional goal for vaccine preventable disease".

1.4. RED strategy is being implemented in 8 provinces, in 6 districts. with support of different health partners such as UNICEF, WHO, GAVI and UNFPA.

1.5. Catch up vaccination was conducted twice in May and October in 2013 and 11865 people who are children under 5 age, students from medical universities and doctors, health care workers were immunized by routine vaccines, influenza vaccine and hepatitis B vaccine. Vaccine coverage on influenza vaccine was 98% for health care workers, 69.4% for medical students.

2. Surveillance

2.1. Hospital based sentinel surveillance for pneumococcal and rotavirus infections is still ongoing in UB city. Retrospective study was done on economic burden of pneumococcal diseases. PCV cost effectiveness analysis has been started. District hospital capacity was assessed and strengthened in relation with PCV impact study.

2.2. Country met WHO target for measles and AFP surveillance.

2.3. Totally 34 suspected cases of adverse event following immunization were registered and all of them were analyzed.

2.4. Supportive supervision on AFP was done in Zavkhan province and on AEFI was in Gobi -Altai, Bayankhongor, and Arkhangai provinces.

2.5. Quarterly feedback consisting of surveillance of vaccine preventable disease. global and regional disease

outbreak and vaccination coverage was provided to sub-national level.

3. Cold chain management and equipments.

3.1. Butan team visited to Mongolia in the framework of experience sharing study tour.

3.2. UNICEF procured 18 UPS for vaccine refrigerator, 256 fridge tag for temperature monitoring.

4. Information, education and communication (IEC).

4.1. Training on AEFI surveillance was conducted three times involving 340 HCWs totally.

4.2. Training on Vaccine management was organized in eastern and gobi regions and UB city involving 320 HCWs in total.

4.3. On the job refresh training was organized on Vaccine stock and supply management (VSSM) software for 34 specialists from 9 provinces and 8 districts.

4.4. Training on PCV cost effectiveness analysis was organized involving 20 participants.

4.5. Training on X-Ray was organized involving district hospital X-ray doctors.

4.6. Benefits of the immunization were advertised through local mass media.

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

All targets were reached.

1. Accuracy of the routine vaccination coverage:

- Excel format to calculate immunization coverage with methodology was provided to HCWs of sub-national level. Training on excel format calculation for coverage was conducted involving all related HCWs.

2. Strengthen surveillance for AEFI:

- National and sub-national EPI managers were trained with five-days trained on causality assessment of AEFI according to the WHO standard by WPRO expert team.

- National guideline on causality assessment was developed and distributed to all relevant staff.

- Health Minister's order on establishment of National causality Committee is under discussion.

- Supportive supervision on AEFI was conducted in three provinces.

- Training on AEFI surveillance was conducted three times involving 340 HCWs totally.

3. Human capacity building at all level:

- There were trained 80 nurse as a vaccination nurse

- Totally, 2524 HCWs were trained on Immunization-related topics by 12 trainings.

- Three members from national EPI team has attended in EPI TAG meeting, Laboratory network of VPDs and Vaccine safety,.

- 1 member from the national EPI has successfully graduated from Mongolian Field Epidemiology Training Programme.

4. To introduce pneumococcal conjugate vaccine on selected districts: All preparatory works are under intensive implementation for PCV impact study. Due to financial reason in relation with donor's commitment, PCV pilot introduction has been postponed till Sep, 2014.

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
N/A	N/A	N/A	N/A

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

programmatically?

There is no gender -related issues in Mongolian 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 information

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)

There is no any discrepancies.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 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 2011 to the present.

-Meeting including immunization officer of MoH, staff from WHO representative office and national EPI team was organized to discuss current situation of VPD data management, facing issues, collecting surveillance data based on web.

-Revised basic data collecting form on immunization and approved by minister of health, order # 450. It has been taken place from 1st of February, 2014.

-Data management training was conducted for national and some sub national (city, district and provinces).

-Training to make more use of official/statistical demographic data by provinces for coverage estimation was held in selected provinces and districts.

-Provided quarterly feedback on immunization coverage and VPD surveillance to sub-national level.

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

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

Software of VSSM will changed to web-based software. Also data on immunization coverage will be integrated with VSSM software.

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\$ = 1438	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	397,224	397,224	0	0	0	0	0	0
New and underused Vaccines**	2,849,628	2,406,569	443,059	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	19,848	10,947	8,901	0	0	0	0	0
Cold Chain equipment	31,754	0	31,754	0	0	0	0	0
Personnel	170,863	170,863	0	0	0	0	0	0
Other routine recurrent costs	394,720	0	51,840	52,880	290,000	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
No		0	0	0	0	0	0	0
Total Expenditures for Immunisation	3,864,037							
Total Government Health		2,985,603	535,554	52,880	290,000	0	0	0

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

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 2014 and 2015

There is government funding for traditional vaccines.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, partially implemented**

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

Action plan from Aide Mémoire	Implemented?
Open a separate bank accounts for each GAVI cash support window at the Trade and Development Bank of Mongolia 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 sign 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

-Semi-annual reports were discussed by ICC and HSCC.

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 2013? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 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](#)

-Discussed 2012 GAVI annual report.
-2013 GAVI annual report has not yet been discussed.

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 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for **2014 to 2015**

1. To expand storage capacity for vaccines at national level
2. To obtain country-specific evidence for PCV introduction
3. To develop a national communication strategy on Immunization.
4. To maintain country's achievement on Regional goals on VPDs such as polio-free, Hepatitis B control, Measles elimination and routine vaccination coverage etc.

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
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
No	0	0

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 2013 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 the medical waste.

All above mentioned 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 2013

	Amount US\$	Amount local currency
Funds received during 2013 (A)	92,900	131,452,500
Remaining funds (carry over) from 2012 (B)	13,832	19,572,280
Total funds available in 2013 (C=A+B)	106,732	151,024,780
Total Expenditures in 2013 (D)	44,516	68,802,280
Balance carried over to 2014 (E=C-D)	62,216	82,222,500

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

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

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 review by the relevant official in MoH. Funds will be delivered 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 2013

1. Training on multi-sectoral collaboration.
2. IEC activities during National Immunization days and regional Vaccination week.
3. Operational support for catch up vaccination by immunizing 4,749 children who missed from a routine doses.
4. Procured some vaccine cold chain equipments.

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 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 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

Request for ISS reward achievement in Mongolia is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	230,150	230,150	0	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.

-2 day training on vaccine management, surveillance of vaccine preventable disease was held for physicians from soum and family hospitals, EPI managers. Totally 188 participants were covered.

-Senior doctors from soum and family hospitals, vaccinators, EPI managers were trained on "Adverse event following immunization and measurement" for 2 days and 250 people were covered.

-3 day training on "Vaccine stock, supply and management (VSSM)" was organized for EPI managers, doctor assistants for cold chain from Bayankhongor, Umnugobi, Dundgobi, Sukhbaatar, Khuvsgul, Gobisumber, Zavkhan, Selenge, Darkhan uul provinces and Bayanzurkh, Bayangol, Khan uul, Songinokhairkhan, Chingeltei, Sukhbaatar, Nalaikh, Baganuur districts.

-2 day training on "Vaccine management" for vaccinators from Gobi region including Sukhbaatar, Khentii, Dornod, Dornogobi, Dundgobi, Gobisumber provinces and 9 districts. 320 participants were included.

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 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, 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	Not selected	
Nationwide introduction	Not selected	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Not selected	

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))

There was no new vaccine introduction in 2013.

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? **No**

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:

-Totally, 1082 specimens were tested for rotavirus antigen in 2013 and antigen of rotavirus was detected in 527 (48.7%) of specimens. P8G3, P4G2, P6G9 genotypes were 33%, 22.3%, 13%, respectively.
-ICC discussed plan of introduction of pneumococcal vaccine, proposal of purchasing of the vaccine with 50% discounts by GAVI.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

N/A

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

N/A

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	211,876	75,700
Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		
Government	211,876	
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	54,624	80,000
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	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/>

None

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

N/A

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

Renewal of multi-year vaccines support for Mongolia is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

None

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	75,992	78,425	85,346	239,763
Number of children to be vaccinated with the first dose	Table 4	#	73,006	77,650	84,564	235,220
Number of children to be vaccinated with the third dose	Table 4	#	73,006	77,650	84,564	235,220
Immunisation coverage with	Table 4	%	96.07 %	99.01 %	99.08 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.05	1.01	1.01
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	290,964		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	290,964		
	Number of doses per vial	Parameter	#		1	1
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		1.58	1.90
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %
fd	Freight cost as % of devices value	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

There was no difference.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

6

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

Co-financing group	Graduating		
	2013	2014	2015
Minimum co-financing	1.16	1.58	2.00
Recommended co-financing as per APR 2012			2.00
Your co-financing	1.16	1.58	1.90

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

		2014	2015
Number of vaccine doses	#	102,700	23,100

Number of AD syringes	#	111,900	24,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1,250	275
Total value to be co-financed by GAVI	\$	282,000	62,500

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

		2014	2015
Number of vaccine doses	#	139,600	54,300
Number of AD syringes	#	152,100	57,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1,675	650
Total value to be co-financed by the Country	\$	383,000	147,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	57.62 %		
B	Number of children to be vaccinated with the first dose	Table 4	73,006	77,650	44,743	32,907
B1	Number of children to be vaccinated with the third dose	Table 4	73,006	77,650	44,743	32,907
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	219,018	232,950	134,228	98,722
E	Estimated vaccine wastage factor	Table 4	1.05	1.01		
F	Number of doses needed including wastage	$D \times E$		235,280	135,570	99,710
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.5) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.5)$		6,966	4,014	2,952
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.5$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Reported stock on January 1st	Table 7.11.1	0	290,964		
H3	Shipment plan	UNICEF shipment report		268,100		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		242,250	139,587	102,663
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		263,908	152,066	111,842
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		2,903	1,673	1,230
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		613,135	353,293	259,842
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		11,876	6,844	5,032
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		15	9	6
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		39,241	22,611	16,630
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		664,267	382,755	281,512
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		382,755		
V	Country co-financing % of GAVI supported proportion	U / T		57.62 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	70.16 %		
B	Number of children to be vaccinated with the first dose	Table 4	84,564	59,335	25,229
B1	Number of children to be vaccinated with the third dose	Table 4	84,564	59,335	25,229
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	253,692	178,003	75,689
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses needed including wastage	$D \times E$	256,229	179,783	76,446
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.5) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.5)$	10,475	7,350	3,125
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.5$	189,501	132,964	56,537
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	312,689	219,398	93,291
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	77,250	54,203	23,047
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	82,132	57,628	24,504
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	904	635	269
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	193,125	135,506	57,619
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,696	2,594	1,102
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	5	4	1
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	12,360	8,673	3,687
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	209,186	146,775	62,411
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	146,775		
V	Country co-financing % of GAVI supported proportion	U / T	70.16 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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 2013**. All countries are expected to report on:

- a. Progress achieved in 2013
- b. HSS implementation during January – April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. 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 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **Oui**

If NO, please indicate the anticipated date for completion of the HSS grant.

N/A

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

Immunization- Health NGO was involved to implement activities relating to HSS grant. The NGO has not yet received funds due to voluntary decision.

Please see <http://www.gavi.org/support/cso/> for GAVI's CSO Implementation Framework

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

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 **No**

If yes, please indicate the amount of funding requested: **0** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

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)\$

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	0	0	164542	167832	171187	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	164542	167832	0	0

Total funds received from GAVI during the calendar year (A)	0	0	165000	0	168000	171500
Remaining funds (carry over) from previous year (B)	0	0	0	148943	291243	2303
Total Funds available during the calendar year (C=A+B)	0	0	165000	148943	291243	173803
Total expenditure during the calendar year (D)	0	0	16057	25700	220976	173802
Balance carried forward to next calendar year (E=C-D)	0	0	148943	123243	70267	1
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	167832	170561	170561	0

	2014	2015	2016	2017
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)	0	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)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	0	0	216596507	220927331	225343719	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	216596507	220927331	0	0
Total funds received from GAVI during the calendar year (A)	0	0	217199400	0	221148480	289835000
Remaining funds (carry over) from previous year (B)	0	0	0	196062607	403662798	3892070
Total Funds available during the calendar year (C=A+B)	0	0	217199400	196062607	403662798	293727070
Total expenditure during the calendar year (D)	0	0	21136792	33830452	306272273	293725042
Balance carried forward to next calendar year (E=C-D)	0	0	196062607	162232155	97390062	2028
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	220927331	224519678	236397546	0

	2014	2015	2016	2017
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)	0	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	2008	2009	2010	2011	2012	2013
Opening on 1 January	1170	1333	1455	1256	1395	1392
Closing on 31 December	1228	1442	1256	1374	1396	1674

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 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 2014 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 investment of MoH apart from final endorsement by Vice Minister of Health.
- HSS fund is 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 2013 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 2013 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	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.	1.1.5. Organize project planning seminars with the involvement of key stakeholders and media	100	SKH district 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 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) consisted of social service department, registration department, police office, non-official education center	100	SKH district 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 report
1.1. Multidisciplinary project management team is established and management capacity of province/city district ISPT and MPMT is built.	1.1.1. Establish by order of the Health Minister a multi-disciplinary project management team (MPMT) with detailed TOR under ICC	100	Songinokhairkhan (SKH) district report and Bayankhongor province'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 report
1.3. Package of essential maternal and child health services and delivery mechanism are discussed and agreed upon.	1.3.3. Organize training on package of essential maternal and child health services for parents and guardians	100	SKH district report
1.3. Package of essential maternal and child health services and delivery mechanism are discussed and agreed upon.	1.3.2. Identify delivery mechanism and develop & approve guidelines for delivery of integrated package of essential maternal and child health services.	100	SKH district 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 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 Revise and conduct mapping, microplanning and costing exercise by ISPT.	100	SKH district 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 report and Bayankhongor province 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 report and songinokhsairkhan district 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 report and Bayankhongor province report
2.1 In-service and refresher trainings for health care providers conducted.	2.1.2. Train primary health care and service providers on integrated delivery of essential package of maternal and child health services	100	SKH district report and Bayankhongor province report
2.1 In-service and refresher trainings for health care providers conducted.	2.1.3. Provide kits for essential maternal and child health services to mobile teams.	100	SKH district report and Bayankhongor province report
2.1 In-service and refresher trainings for health care providers conducted.	2.1.4. Report to province/city district MPMT by mobile team on a monthly basis.	90	SKH district report
2.2 Integrated package of health services is delivered to all mothers and children in project areas and BCC is included into integrated	2.2.1. Conduct bi-monthly outreach visits by mobile team	100	SKH district report

package of maternal and child health services.			
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 report and Bayankhongor province report
2.1 In-service and refresher trainings for health care providers conducted.	2.1.4. Report to province/city district MPMT by mobile team on a monthly basis.	100	SKH district report
2.1 In-service and refresher trainings for health care providers conducted.	2.1.2. Train primary health care and service providers on integrated delivery of essential package of maternal and child health services	100	SKH district report and Bayankhongor province report
2.1 In-service and refresher trainings for health care providers conducted.	2.1.3. Provide kits for essential maternal and child health services to mobile teams.	100	SKH district report and Bayankhongor province 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. Conduct bi-monthly outreach visits by mobile team	100	SKH district report
3.1. Effective community partnership model established and tested	3.1.1. Train for vaccinators at the job position	100	SKH district report and Bayankhongor province report
3.1. Effective community partnership model established and tested	3.1.2. Develop and deliver guideline on communication for community volunteers	100	SKH district report and Bayankhongor province report
3.1. Effective community partnership model established and tested	3.1.3. Train for family doctors on communicating with children with illness, parents appropriately in order to deliver kits for essential maternal and child health services	100	SKH district report
3.1. Effective community partnership model established and tested	3.1.4 Report regularly (monthly) to mobile team by volunteers	100	SKH district 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 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 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	100	SKH district report
3.2 CSOs are involved in public awareness raising and social mobilization activities.	3.2.4 Report regularly (monthly) to MPMT by media	100	SKH district 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	100	SKH district report and Bayankhongor province report
3.2 CSOs are involved in	3.2.6 Conduct BCC campaign	100	SKH district report

public awareness raising and social mobilization activities.	through mass media on regular basis with consistent message		
4.1 Supportive supervision tools developed.	4.1.1. Publish and provide with supportive supervision tools.	100	SKH district 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 report
4.2 Supportive supervision team is established and regular supportive supervision visits conducted.	4.2.2. Conduct monthly supportive supervision visits to project sites.	100	SKH district report and Byankhongor province 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 report
4.3 Preventive maintenance plan is developed based on EVSM	4.3.2 Develop and implement preventive maintenance plan.	100	SKH district report
4.4. Cold chain equipment is provided to project sites	4.4.1. Provide cold chain equipment including temperature monitoring device and solar refrigerator/generator to project sites based on EVSM assessment findings.	100	SKH district report
5.1 Child health e-database is established in project sites.	5.1.1. Contract IT provider to develop child health e-database software with mapping in project sites.	100	SKH district report
5.1 Child health e-database is established in project sites.	5.1.2. Develop e-database and train primary health care and service providers on the use of e-database software	90	SKH district 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	<ul style="list-style-type: none"> -Organized seminar and train for 35 members of project management team in March, 2013. -organized meeting for project management team 3 times. -organized meeting with ISPT members 6 times about progress of activity - conducted project planning seminars with the involvement of key stakeholders and media for 35 members
1.2. Mapping of target population in project sites	<ul style="list-style-type: none"> -Developed micro-plan and registered people, who are difficult to be covered by health service, to the map -Training on child caring was held for 120 mothers of vulnerable group -3446 people were newly registered to the map -Family hospitals including Enkhburd, Otoch Nomgon organized training on theme "Immunization, low weight, young child feeding" for 180 poor population in Bayankhongor province. we organized training for 60 volunteers and registered number of temporary residence and non residence population with the volunteers. 52 of children who have no registration were covered with health service
1.3. Package of essential maternal and child health	<ul style="list-style-type: none"> -Provided 200 children with low weight and rachitis, 200 old people with severe disorder by vitamins and all of them were examined by physicians including pediatric, gynecologist

	<p>neurologist and so on.</p> <ul style="list-style-type: none"> -Supportive supervision was conducted 12 times -60 physicians participated at training on the job and classroom training for evaluating illness of children under 5, advising for parents. They were supplied by some clinic tools like thermometer, pulse-meter etc. -60 family doctors from 32 hospitals were trained on complex management of child disease -356 parents on the theme of child nursing and how to use mother-child notebook were trained. -Developed and delivered 1500 guidelines, 80 of posters, 100 of immunization schedule for young parents and guardians. -470 of target population were provided by health package in Bayankhongor province. -40 of staffs were provided by emergency bag.
2.1. In-service and refresher trainings for health	<ul style="list-style-type: none"> -3 kind of guidelines on essential health service for health care providers, volunteers and Immunization schedule poster were published and delivered -40 of primary health care providers were trained on delivering essential child and maternal health service 2 times -4 groups of mobile team were provided by necessary tools including equipments for immunization room, Honda motor, LCD TV, cold chain thermometer -“Otoch nomgon” health center at Bayankhnogor province was settled by some necessary facilities like examination room for immunization doctor, cold chain room, doctor’s assistant room, injection room with necessary equipments. Some other facilities were provided like PC, desk for doctor’s assistant, refrigerator supported by family hospital and local governor. The project funded for waiting room for post immunization some necessary equipments like massage chair for mothers, cradle, toys, hanger, trash bin, stationary -3 of exemplar rooms are available for pre-immunization room, injection room and vaccine storage room in Buutsagaan soum in Bayankhnogor province. We created exemplar rooms for immunization. - Organized practice exercise within first quarter for selected soum and family hospitals. - Trained vaccinators for soums of Shine Jinst, Galuut. - Training covered 58 participants from 20 soums, 6 family hospitals in Bayankhongor province.
2.2. Integrated package of health services	<ul style="list-style-type: none"> -4 mobile teams delivered mobile health service and social service 96 times a year - Developed and printed and delivered guideline on Health system strengthening support for 80 of visiting staffs in Bayankhongor province.
3.1. Effective community partnership model establis	<ul style="list-style-type: none"> -Organized training at job position and provided protective clothes, other necessary equipments for vaccinators -Developed and published 500 of guidelines on communication for volunteers -200 guardians were trained on essential health care service for children with illness, old people -Meeting for volunteers was organized 6 times a year - Totally 100 of health workers were prepared for summer nursing unit from 20 soums, 6 health centers and hospitals. Trainers learned about guidelines on communicating with community. Groups consisted of 4-5 health staffs were established for summer nursing at 20 soums and 6 health centers.
3.2 CSOs are involved in public awareness raising	<ul style="list-style-type: none"> -Every hospitals were equipped by TVs and advertisement materials -Training for mothers was organized on mother-child health 12 times -120 fathers from target group were covered by training -Meeting was organized with Young journalist association 2 times. Minister of health and 120 journalists participated in. -Meeting was organized with “Health-immunization” NGO to discuss implemented activities -Advertising materials on mother – child health is being prepared

	-19 mothers of children with low weight and rachitis were covered by training for 10 days -Training on early warning and response measures for infectious disease approved by order # 152 was organized for 250 of doctors, nurses and physician, teacher of secondary schools 5 times
4.1 Supportive supervision tools developed	-500 pieces of guideline consisted of 40 pages were developed and published
4.2 Supportive supervision team is established and	-Supportive supervision was conducted at 4 health centers by supportive supervision team 10 times
4.3 Preventive maintenance plan is developed based	-Conducted evaluation on immunization activity of 4 health centers which were included in the project, collected questionnaire from 300 residences and organized discussion among staffs of family health centers -Refrigerator for cold chain was supplied by NCCD to family health center which is located far away
4.4. Cold chain equipment is provided to project s	-established immunization room with equipments for 4 sub-districts
5.1 Child health e-database is established in proj	- Contracted with BEIT company in order to create e-database -Settled ULUSNET wireless tool at 4 health centers -Created database at project implementing health centers -Delivered feedback on child health and infectious disease to family centers 12 times
5.2 Baseline and end of project evaluation survey	-Progress survey was conducted including 600 people and staffs of 4 health centers where the project was implemented
5.3 Evidence from project implementation is used f	-National consultative meeting is being prepared to be held -A model on integrated delivery of essential package of maternal and child health service is being prepared

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

All planned activities were 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?

N/A

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 2012 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	2013 Target	2009	2010	2011	2012	2013	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
1. National DTP3 coverage (%)	96%	Immunization Coverage Annual Report, 2008	97%	97.9%	0	0	99.9%	97%	97.9%	National coverage report	none

2. Number / % of districts achieving 80% DTP3 coverage	100%	Annual Immunization Coverage Report, 2008	100%	99.7%	0	0	100%	100%	99.7%	Province and district coverage report	none
3. Under five mortality rate (per 1000)	22.6	Health Indicators, 2008	Decrease district value	17.85	0	0	2,42	14,3	17.85		none
4. Percentage of fully immunized children under the age 1	60%	MICS (refer to document No24, Annex 1), 2005	Decrease district value	99.5%	0	0	91,6%	99,5%	99.5%	Province and district coverage report	none
5. The percentage of pregnant women who attended ANC services 6 and more times	83.7%	Health Indicators, 2007	90%	87.7%	0	0	88,1,%	90%	87.7%	Province and district coverage report	none
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%	0	0	0,19	10,3	10%	Province and district coverage report	none

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

- It continued to deliver package of essential maternal and child health services.
- Unregistered, remote, homeless people are possible to take integrated basic social service. District and province health worker themselves organize the activities. Inter agency cooperation was strengthened. Volunteer workers were involved in implementation of the HSS activities and it was useful way to deliver integrated health care service. HSS activities became daily activity of health care workers.
- Health care workers, especially vaccinator and doctors in charge of vaccine were trained on theme "Vaccine management and adverse event following immunization" at all selected administrative level.
- Parents and guardians were covered with health care guideline and posters on how to care their children and significance of immunization.

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

There was no any problems encountered.

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

Developed guidelines on supportive supervision and established SS teams including NGO.

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

There were all indicators from the district statistic reporting system which reported in UB and 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.

Key stakeholders were health care workers, NGO staffs and volunteers and decision makers at all administrative levels to deliver 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 helps to organize training, to develop guidelines and to conduct monitoring, evaluation and to find volunteers and to train them. This organization haven't any funding provided from HSS. The member of the NGO have not been allocated any salary.

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

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

The management of HSS funds was effective and has been improved year by year. HSS activity fund will be included in sub-national budget in coming years.

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	2014 actual expenditure (as at April 2014)	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	0	None	0	0
		0	0			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. 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 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (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 2015 (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
None	0	N/A	N/A

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	None

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 2013?2

Please attach:

1. The minutes from the HSCC meetings in 2014 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 2013

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 2013

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

N/A

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		1. Signature of Minister of Health (or delegated authority).docx File desc: Date/time : 31/03/2014 10:09:10 Size: 10 KB
2	Signature of Minister of Finance (or delegated authority)	2.1		2. Signature of Minister of Finance (or delegated authority).docx File desc: Date/time : 31/03/2014 10:09:28 Size: 10 KB
3	Signatures of members of ICC	2.2		3. Signatures of members of ICC.docx File desc: Date/time : 31/03/2014 10:09:41 Size: 10 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7		4. Minutes of ICC meeting in 2014 endorsing the APR 2013.docx File desc: Date/time : 31/03/2014 10:09:58 Size: 22 KB
5	Signatures of members of HSCC	2.3		5. Signatures of members of HSCC.docx File desc: Date/time : 31/03/2014 10:10:10 Size: 10 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3		6. Minutes of HSCC meeting in 2014 endorsing the APR 2013.docx File desc: Date/time : 31/03/2014 10:10:23 Size: 20 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		7. Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health.pdf File desc: Date/time : 31/03/2014 10:10:38 Size: 318 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3		8. External audit report for ISS grant (Fiscal Year 2013).docx File desc: Date/time : 31/03/2014 10:10:54 Size: 10 KB

9	Post Introduction Evaluation Report	7.2.2	✓	9.Mongolia PIE Final Report v3.docx File desc: Date/time : 31/03/2014 10:11:26 Size: 1 MB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	10.NVS grant-3.docx File desc: Date/time : 31/03/2014 10:11:42 Size: 10 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1	✓	11. NVS grant-3.docx File desc: Date/time : 31/03/2014 10:11:55 Size: 10 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	12.Mongolia EVM report in Mongolia,2012.doc File desc: Date/time : 31/03/2014 10:14:11 Size: 6 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	13.The Improvement plan EVM.docx File desc: Date/time : 31/03/2014 10:14:32 Size: 21 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	14.The Improvement plan implementation,EVM 20130905.doc File desc: Date/time : 31/03/2014 10:15:54 Size: 51 KB
16	Valid cMYP if requesting extension of support	7.8	✗	16.MYP MONGOLIA FINAL.docx File desc: Date/time : 31/03/2014 10:16:25 Size: 278 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	17.MYP Mongolia tool 2011-2015.xlsx File desc: Date/time : 31/03/2014 10:16:44 Size: 94 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	18.Extension vaccine support.docx File desc: Date/time : 31/03/2014 10:16:58 Size: 10 KB

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	19.Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health.pdf File desc: Date/time : 31/03/2014 10:17:27 Size: 318 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	20.Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health.pdf File desc: Date/time : 31/03/2014 10:17:47 Size: 318 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	21.External audit report for HSS grant (Fiscal Year 2013).docx File desc: Date/time : 31/03/2014 10:18:38 Size: 10 KB
22	HSS Health Sector review report	9.9.3	✓	22. HSS health sector review report.docx File desc: Date/time : 31/03/2014 10:19:35 Size: 10 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	23.Report for Mapping Exercise CSO Type A.docx File desc: Date/time : 31/03/2014 10:20:22 Size: 9 KB
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	24.Financial statement for CSO Type B grant (Fiscal year 2013).docx File desc: Date/time : 31/03/2014 10:21:36 Size: 9 KB
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	25.External audit report for CSO Type B (Fiscal Year 2012).docx File desc: Date/time : 31/03/2014 10:21:57 Size: 9 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash	0	✓	26.Exchange Rate.docx File desc: Date/time : 31/03/2014 10:22:23

	programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013			Size: 11 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	27.Minutes ICC meeting endorsing change of vaccine presentation.docx File desc: Date/time : 31/03/2014 10:23:15 Size: 9 KB
	Other		X	Other.pdf File desc: Date/time : 31/03/2014 10:24:14 Size: 566 KB