



Annual Progress Report 2009

Submitted by

The Government of

[*Mongolia*]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission:

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about :

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

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

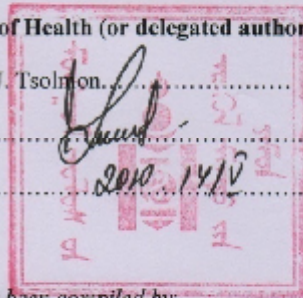
By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of 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 without the signatures of both the Minister of Health & Finance or their delegated authority.

Vice Minister of Health (or delegated authority):

Title: ...J. Tsolmon.....
 Signature:
 Date: 2010. 14. 12



Vice Minister of Finance (or delegated authority):

Title: ... T. Ochirkhuu.....
 Signature:
 Date: 2010. 05. 14



This report has been compiled by:

Full nameDr. D. NARANGEREL Position.....Senior officer in charge for Communicable Diseases, MoH..... Telephone.....976-5126-3631..... E-mail: naraa61us@yahoo.com	Full name ...Dr. G. Surenkhand..... Position...Deputy Director in charge for Infectious Disease Surveillance, National Centre for Communicable Diseases, MoH Telephone.....976-11-451-798..... E-mail: g_surenkhand@yahoo.com
Full name Position..... Telephone..... E-mail.....	Full name Position..... Telephone..... E-mail.....

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the immunisation Inter-Agency Co-ordinating 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.

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date
J. Tsolmon, Chairperson of ICC, Vice Minister of Health	Ministry of Health		14/5
S. Togsdelger, Director, Public Health Policy Implementation and Coordination Department	Ministry of Health		12/5-10r
D. Narangerel, Officer in charge of Communicable Diseases Control	Ministry of Health		12/05 2010
Dr. J. Oyunbileg, Director General	Public Health Institute		13.05.2010
Ms. B.Munkhtuul, Officer	Ministry of Finance and Economy		14.05.2010
Dr. Wiwat Rojanapithayakorn (Country Representative)	WHO country office in Mongolia		14/5/10
Dr. D. Sodbayar (Technical officer on EPI)	WHO country office in Mongolia		14 May 2010
Ms. Rana Flowers (Resident Representative) P.P.	UNICEF in Mongolia		12 May 2010
Mrs. V. Surenchimeg, Health and Nutrition Specialist	UNICEF in Mongolia		12/05 2010
Mr. Ishida Yukio Resident Representative	JICA		13/05/2010

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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.....

Comments from the Regional Working Group:

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

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

Name:

Post:

Organisation:.....

Date:

Signature:

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

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date

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

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List of supporting documents attached to this APR

1. Expand the list as appropriate;
2. List the documents in sequential number;
3. Copy the document number in the relevant section of the APR

Document N°	Title	APR Section
1	Calculation of Mongolia's ISS-NVS support for 2011 (<i>Annex 1</i>)	1.1; 2.4; 3.7
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NA	Minutes of the HSCC meetings held in 2009 including those on discussion/endorsement of this report -	5.1.8
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4	New Vaccine Introduction grant with 100,000 US\$ for changing of penta-valent (DTP-Hep B-Hib) vaccine presentation from lyophilized to liquid.	

1. General Programme Management Component

1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-excell)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 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 the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

Provide justification for any changes in births:

The 2009 JRF figures are sourced from the National Bureau of Statistics. The number of surviving infants in the JRF is in fact the number of annual births: 68,762. This is consistent with the number of births as noted in Table 1 of this APR.

The total birth cohort originally projected in the cMYP (2007-2012, third edition, 4 May 2007) at the time of its drafting was 52,223. Because of demographic changes, the actual births in 2009 were 68,762. As referenced in the publication "Health Indicators 2008", *Department of Health* (pages 6-7), population growth rates have increased from 1.17 in 2005 to 1.80 in 2008. This boom is due to two key factors:

1. Economic growth and overall stabilization of the economy in its transition to a market-based system;
2. A Government incentive programme which provides cash allowance for every new born infant registered officially in the social welfare system (families receive a lump sum of approximately USD \$85.00 at birth, plus an additional USD \$18 per additional child per quarter)

In Table 1, the births for years 2010-2015 therefore differ from the previous year's APR estimates because of the adjusted population growth rate (1.8%), per the "Health Indicators 2008" document referenced above and annexed herewith.

Provide justification for any changes in surviving infants:

The surviving infants in the JRF per target group represent aggregated projected data from the subnational level. The surviving infants in Table 1 are based on actual data end-year.

Provide justification for any changes in Targets by vaccine:

The population targets are higher than previously projected for the reasons explained above. The programme targets are projected to be higher (98% versus 96%) as compared to the APR from 2008 because achievements in 2009 already attained 97% DTP3 coverage.

Provide justification for any changes in Wastage by vaccine:

The coverage achievements in Mongolia are already quite high, over 95%. Because the Ministry has instituted an integrated services strategy based on the Reaching Every District Strategy (RED), it is asking for consideration of increased wastage from 1.11 to 1.18 (10% to 15%) for the two-dose lyophilized pentavalent vaccine, as the unreached populations are very dispersed geographically and a large proportion are nomadic, migrating groups. However, the wastage may be reduced (5%) with switch to single dose pentavalent vaccine as planned in 2010 and already approved by GAVI.

1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

1. Policy and Strategy

1. Monovalent measles vaccine was replaced nation-wide by measles-mumps-rubella (MMR) vaccine starting in September 2009. The following activities were taken to implement this change:
 - A National workshop on measles elimination was organized for all sub-national EPI managers
 - Guidelines on the introduction of MMR vaccines were developed and provided by the Health Minister under Order # 263, dated 18 August 2009.
 - The National routine immunization schedule was updated by the Government under Resolution # 185, dated 24 June 2009.
2. A national plan on pandemic vaccine deployment and vaccination in Mongolia was developed and approved by WHO. Subsequently, Mongolia became the first country in the world receiving WHO donated pandemic vaccine among 95 countries.
3. Mongolia's HSS proposal was submitted on April 29 2009 to GAVI and was approved by the GAVI Executive Committee on July 30, 2009. The proposal development process was commended as reflecting best practice: "it is well designed, it shows full country ownership and a good use of technical assistance."

2. Immunization achievements

1. Supplementary immunization activities against meningococcal disease were conducted over the period 2008-2009. Among the target group of 2-14 year old children, 111,841 were vaccinated with polysaccharides meningitis vaccine against A, C and W serotype and campaign coverage reached 87.2%.
2. Mongolia financed EPI vaccines in 2009 for a total amount of \$1,136,012.00. This included all routine vaccines used in the programme, as well as 60,000 doses for DTP-HepB-Hib that needed to cover a shortfall from GAVI supplied vaccines
3. An integrated service delivery strategy under Reaching Every District (RED) framework was implemented in Bayanzurkh and Chingeltei district Health Departments of Ulaanbaatar city. There were established 4 new immunization points in remote ger area of Bayanzurkh district with trained vaccination nurse and number of children who missed from routine immunization decreased from 219 to 13 due to outreach immunization service.
4. An additional 3,199 children in remote areas who missed routine immunization were vaccinated through catch-up immunization.

3. Cold chain strengthening

1. WHO Vaccination Supplies Stock Management software was installed at the National Central Vaccine Storage (CVS) and national cold chain staff trained, with UNICEF support
2. Maintenance was conducted on 38 MK074 refrigerators in 7 provinces and 1 city-district.
3. Vaccine storage capacity was evaluated at all levels, as part of the development process for the H1N1 deployment plan.
4. Two EPI staff persons attended the Regional-Intercountry Training on Vaccine Management, conducted by UNICEF East Asia Pacific.

4. Surveillance activities

1. Pilot surveillance for congenital rubella syndrome (CRS) was established in the city of Ulaanbaatar:
 - The Maternal and Child Health Research Centre was selected as a pilot site covering 4 outpatient cabinets and 7 inpatient wards.
 - Orientation training was provided for paediatricians and clinicians.
 - Blood specimens are collected during case investigations for suspected CRS cases and all testing is conducted by the National Measles Laboratory
2. Hospital-based sentinel surveillance for childhood meningitis and pneumococcal diseases and rotavirus diarrhoea among children under 5 years old is undertaken by the National Centre for Communicable Diseases in collaboration with district hospitals in Ulaanbaatar

3. Post-marketing surveillance for penta-valent vaccine is in place; in 2009, a total of four AEFIs following pentavalent vaccine were reported and investigated (3 cases of sterile abscess at the injection site and 1 case of seizure)
4. A National Hepatitis B serosurvey is being conducted in collaboration with the Health Science University of Mongolia involving 5,800 children aged 4-6 years old in 11 provinces and 3 bigger cities.
5. The National Measles and Polio laboratories were accredited by WPRO.
6. A national inventory of biomedical laboratories handling with infectious and potentially infectious polio materials were conducted by the National Poliomyelitis Laboratory of Public Health Institute.

5. Summary of Trainings

1. Training on "Monitoring and evaluation of routine immunization coverage" was held in Gobi-Altai, Sukhbaatar, Arkhangai and Zavkhan provinces for 109 soum, family clinic doctors and vaccinators.
2. Safe immunization training was conducted in Khovd, Orkhon, DarkhanUul, Bulgan and Tuv, provinces for 203 soum, family clinic's doctors and vaccinators.
3. Training on the "RED strategy" training was held in Dornogovi province and Bayanzurkh district for 38 soum and family clinic vaccinators.
4. A national workshop on "How to implement the Measles elimination strategy" was held for EPI managers from 21 provinces and 9 districts.
5. A national training on "Data management on VPD surveillance" was conducted for EPI managers of Tuv, Dornod, Bayankhongor provinces and 9 city-districts.
6. Vaccine supply and stock management training was conducted for EPI managers of Bayanzirkh, Songinokhairkhan districts and National Center for Communicable Diseases.
7. Training on "MMR vaccine introduction" was conducted for vaccinators and EPI managers from 21 provinces and 9 city-districts.
8. Training on strengthening AFP surveillance was conducted for EPI managers and pediatricians in 9 city-districts.
9. Training on the proper injection technique for H1N1 vaccine was conducted for vaccinators and EPI managers from 21 provinces and 9 city-districts.
10. In 2009, a total of 750 health workers at provincial or national level benefitted from EPI related training.

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

N/A

1.3 Data assessments

- 1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)¹.

There was no immunization coverage survey conducted in 2009. The last data assessment that was conducted in 2004 did not reflect high discrepancy between administrative and survey data. A MICs is scheduled for 2010 and a Census is scheduled for 2011.

- 1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? **NO**
If YES:

Please describe the assessment(s) and when they took place.

¹ Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

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

2. To improve data management on surveillance for vaccine-preventable diseases, a national-level training was conducted for provincial and district EPI managers, with support from WPRO.
3. To improve vaccine stock management, installation of WHO Vaccination Supplies Stock Management software and training was conducted, with support from UNICEF. Vaccine supply and stock management training was conducted for EPI managers of Bayanzirkh, Songinokhairkhan districts and staff from National Center for Communicable Diseases.

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

The software programme currently being used for immunization coverage reporting at the national level is being improved. After the software upgrade, the sub-national level staff will be trained (soum, family clinic and aimag, district health department) in its applications.

1.4 Overall Expenditures and Financing for Immunisation

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

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

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines ¹ (includes pentavalent)	947,096	1,254,391	
New Vaccines (MMR)	188,916	0	
Injection supplies with AD syringes	33,744	54,553	
Injection supply with syringes other than ADs	10,942	17,250	
Cold Chain equipment	-	44,844	
Operational costs	157,655	215,000	
Other (please specify)			
Training for health workers	72,076	44,000	
Total EPI	1,410,429	1,790,868	
Total Government Health			

Exchange rate used	USD=1,442 MNT
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Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

¹ 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.

In the APR for 2008, the projected spending was \$1,752,226. Actual spending was lower because the MMR vaccine was introduced later than expected. Furthermore, the 'dzud' crisis situation (severe, heavy snowfall and brutal cold) afflicted many parts of the country, crippling delivery of many routine services and diverting resources toward emergency response (food, medicines, clothing, etc).

Since the development of Mongolia's first cMYP, there have been significant changes in the political context, economy and demographics of the country. The EPI programme has further matured with the introduction of MMR, strengthening of health systems and RED strategies. Therefore, the Government plans to revise the cMYP for the 2011-2015 cycle to better reflect target figures and budget implication of future programme strategies. Because of the rising burden of EPI expenditures (increased target population, MMR vaccine, RED strategy, petrol, etc.) , the revisions to cMYP will most importantly include a re-analysis of budgeting and costing implications. National consultations on this issue and its alignment with Health Sector planning will begin Q3/Q4 2010.

There are numerous anticipated challenges to MOH in the future, including potential donor shifts for immunization. While the Government of Mongolia would like to take this opportunity to express its full commitment to co-financing of pentavalent, as agreed with GAVI Secretariat, it must revise its co-financing schedule as communicated in the APR submitted in 2009. **Please note that beginning in 2011, the Government confirms its commitment to financing the country's pentavalent needs at USD \$0.30 per dose.** Beyond 2011, a co-payment schedule potentially exceeding that minimum level will be explored among key stakeholders during the cMYP revision process.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? **4 times**

Please attach the minutes (**Document N°2.1-2.4**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

In 2009 the Inter Agency Coordinating Committee (ICC) meeting was held 4 times.

1. Main topics discussed during the ICC meeting on Feb 05, 2009: Introduction of MMR vaccine into the National Immunization Program and results of sub-national Immunization Days against Meningococcal diseases as conducted October 2008 (**Document No2.1**).

Some main comments, given by ICC members:

- MMR vaccine pilot surveillance was conducted in 2004 in Ulaanbaatar city. Pilot surveillance outcomes were good and very few AEFIs registered.
- MMR introduction will be nation-wide, not step-wise.
- The experience from 2007 SIA showed that quality of SIAs must be improved, since there were measles cases confirmed in 2008.
- The measles elimination strategic plan should be updated to reflect rubella and mumps surveillance

2. Main topics discussed during the ICC meeting on April 23, 2009: Discussion and approval of the submission of the HSS proposal by the MoH to GAVI. Members of ICC unanimously endorsed the project proposal to be submitted to GAVI (**Document No2.2**).

3. Main topics discussed during the ICC meeting on Sep 11, 2009: Surveillance report of pneumococcal pneumonia and meningitis among children under 5 years in selected areas in Ulaanbaatar city and consideration of introduction the new pneumococcal conjugate vaccine (**Document No2.3**).

Some main comments, given by ICC members:

- Capacity of cold chain system to absorb pneumococcal vaccine in addition to MMR

- Clarifications on GAVI application process for new vaccine applications
- Development of working group to discuss potential pneumococcal application in 2010 and discussions with MOH expert committees required

4. **Main topics discussed during the ICC meeting on April 23, 2010:** Potential for New vaccine Introduction grant with 100,000 US\$ (Document No4) upon switch to liquid presentation, Potential schedules for Government co-financing of penta vaccine starting from 2012. Review of draft APR for 2009 (Document No2.4).

Are any Civil Society Organisations members of the ICC? **NO** If yes, which ones?

List CSO member organisations:

1.6 *Priority actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

As discussed above, the Government of Mongolia intends to revise its cMYP for the period 2011-2015, so National consultations on this planning issue will begin Q3/Q4 2010. The country's main priorities in the current cMYP remain as follows:

1. To control Hep B infection through immunization including Hep B serosurvey, increase birth dose coverage of Hepatitis B vaccine within the 24 hours.
1. To maintain polio free status through increasing surveillance of AFP.
2. To eliminate of measles and control of rubella including improvement of measles surveillance performance at all level
3. To develop and distribute quarterly feedback on VPD surveillance and vaccination coverage to all level.
4. Conduct supplementary immunization activities for measles vaccine in 2011 for age group 2-5 years according to the MYP on Immunization.
5. Monitoring of implementation Health System Strengthening project in the selected sites.

2. **Immunisation Services Support (ISS)**

1.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US\$.....0.....
 Remaining funds (carry over) from 2008: US\$.....0.....
 Balance carried over to 2010: US\$.....

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

Ministry of Health of Mongolia did not receive any financial support for ISS in 2009.

1.2 *Management of ISS Funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **(IF YES)** : please complete **Part A** below.
[**IF NO**] : please complete **Part B** below.

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

The GAVI FMA was conducted 16-23 January, 2010. The Aide Memoire not yet been signed between GAVI and the Government of Mongolia.

Assessment Conclusion and Recommendations (excerpts):

"It is critical that resources are used for intended purposes and are available when needed. This in turn means that the funds disbursed for vaccination and immunisation purposes - to purchase the vaccines and supporting facilities/arrangements/equipment/delivery mechanisms (cold chain equipment, vehicles, etc.), and the salaries of the vaccinators are available, when needed.

Whilst there is no evidence that the current financial management mechanisms used by GoM in the management of GAVI ISS support have failed to ensure that already disbursed funds are used for intended purposes and when needed, and although the public financial management systems of Mongolia have improved in the more recent past, the fact that donor partners in Mongolia are not using them may appear to indicate that residual risks after the improvements are still high and may therefore present a high fiduciary risk to GAVI cash resources to the Country. Accordingly, the GAVI mission is proposing a financing mechanism that is, in effect, a continuation of present financing arrangements but with enhanced/ strengthened controls over procurement."

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

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

1.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

1.4 Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.²

² The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

3. **New and Under-used Vaccines Support (NVS)**

3.1 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
DTP-Hep B-Hib	83,600	08 Sep 2008	83,600	NA
DTP-Hep B-Hib	83,600	08 Sep 2008	83,600	NA
Total	167,200		167,200	NA

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

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

What are the main problems encountered? (<i>Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...</i>)	There were no problems in vaccine shipment and arrival processes. However, the approved amount for 2009 was inadequate to meet all target population needs, requiring the Government of Mongolia to self-procure. Please refer to section 3.3.
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 SD)	The WHO EVSM was conducted and key recommendations were followed-up, such as the installation of computerised stock system.

3.2 Introduction of a New Vaccine in 2009

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

New Vaccine Introduction grant by GAVI was not received in 2009.

Vaccine introduced:
Phased introduction [YES / NO]	Date of introduction
Nationwide introduction [YES / NO]	Date of introduction
The time and scale of introduction was as planned in the proposal? If not, why?	•

3.2.2 Use of new vaccines introduction grant (or lumpsum): **NA**

Funds of Vaccines Introduction Grant received:	US\$	Receipt date:
--	------	---------------

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

No vaccine introduction grant was received for 2009. However, as the Government of Mongolia had been approved for a switchover to liquid pentavalent in 2010, it is hereby requesting consideration of release in 2011 for a new installment of vaccine introduction grant funds to adequately prepare health staff and facilitate introduction.
--

Please describe any problems encountered in the implementation of the planned activities:

Is there a balance of the introduction grant that will be carried forward? **NO**
 If YES, how much? US\$.

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

Please see above request in 3.2.2.

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year **NA**

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document N°**.....). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 Report on country co-financing in 2009 (if applicable)

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
DTP-Hep B- Hib 2 vials/lyoph			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
DTP-Hep B- Hib 2 vials/lyoph			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing? Government			
1. <u>Government</u>			
2. Donor (specify)			
3. Other (specify)			
Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?			
1. Increased number of birth cohort led to co-financing by Government which was planned to start in 2012.			
2.			
3.			
4.			

Although the Government of Mongolia has been approved by GAVI for 100% of its pentavalent needs in 2009 and 2010, the programme did in fact face a shortfall in vaccine needs for 2009, because of the target population growth rate and subsequent discrepancies, as raised earlier in this report. To address this issue, the Government of Mongolia was obliged to self-procure 60,000 doses of DTP-HepB-Hib through UNICEF

Procurement Services at a value of USD \$234,469.80. (please see attached documentation)

Again in 2010, the Government of Mongolia will be challenged with a similar constraint, as the projected target of surviving infants as noted in the previous APR was 64,527, which is an under-estimate from what is expected at this year's reporting 68,589 (diff 4,332). As GAVI honored only a portion of the increased request from last year's APR, again the Government kindly requests consideration of the higher target populations noted in the spreadsheets 2010-2015 herein so no vaccine shortages are faced.

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

3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? October, 2008

If conducted in 2008/2009, please attach the report. (**Document N°3. EVSM report of Mongolia**)

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

Was an action plan prepared following the EVSM/VMA? **YES**

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

A range of vaccine management activities were undertaken as follow-up to the EVSM:

1. Two EPI staff persons attended the Regional-Inter-country Training on Vaccine Management, conducted by UNICEF East Asia Pacific.
2. WHO Vaccination Supplies Stock Management (VSSM) software was installed at the National Central Vaccine Storage (CVS) and national cold chain staff were trained
3. Vaccine supply and stock management training was held for EPI managers of Bayanzirkh, Senginokhairkhan districts and national level, facilitated by UNICEF consultant,
4. A vaccine management guidelines was developed, printed and distributed to all levels
5. Vaccine stock registers were updated and produced for aimag, district, soum level health facilities
6. Procedures in management issues of the CVS (fire control, contingency plan, internet connection) were improved

In 2010, there are continued plans for roll-out of the VSSM to lower levels and additional capacity building activities for EVSM follow-up.

When is the next EVSM/VMA* planned?

EVSM is planned to be conducted in HSS project sites during 2010-2012, 2 soums in one province and 2 khoroos in one city-district

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

3.5 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

As stated in 3.2.2, the Government of Mongolia had been approved for a switchover to liquid pentavalent in 2010. It is hereby requesting consideration of release in 2010 for a new installment of vaccine introduction grant funds to adequately prepare health staff and facilitate introduction. A detailed budget breakdown is provided in **Document No4**. The ICC meeting a minute endorsing the formulation change is attached Document No 2.4.

Please attach the minutes of the ICC meeting (**Document N°2.4**) that has endorsed the requested change.

3.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for [vaccine type(s)] vaccine for the years 2011- [end year]. At the same time it commits itself to co-finance the procurement of [vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of[vaccine type(s)] vaccine support is in line with the new cMYP for the years [1st and last year] which is attached to this APR (Document N°.....).

The country ICC has endorsed this request for extended support of [vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°4)

3.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NYS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm] / [NO, I don't]

If you don't confirm, please explain:

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI

Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash [YES/NO] or supplies [YES/NO] ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009 (bundled with pentavalent vaccine)

Injection Safety Material	Quantity	Date received
51.		
52.		
53.		

Please report on any problems encountered:

4.1 Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009

Please report how sharps waste is being disposed of:

Does the country have an injection safety policy/plan? [YES / NO]

If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

If NO: Are there plans to have one? (Please report in box below)

4.2 Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Fund from GAVI received in 2009 (US\$):0.....
 Amount spent in 2009 (US\$):.....0.....
 Balance carried over to 2010 (US\$):...0.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Total	

5. Health System Strengthening Support (HSS)

Mongolia not yet received any fund on HSS as of April 25, 2010 although the proposal was approved by GAVI Executive Committee's meeting on July 30, 2009. GAVI FMA has taken place in Jan 2010 and Aide Memoire is expected to be signed by GAVI and GoM.

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study³ that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

³ All available at <http://www.gavialliance.org/performance/evaluation/index.php>
Annual Progress Report 2009

5.1 Information relating to this report

- 5.1.1. Government fiscal year (cycle) runs from January (month) to December (month)
- 5.1.2. This GAVI HSS report covers 2009 calendar year from January to December
- 5.1.3. Duration of current National Health Plan is from(month/year) to(month/year).
- 5.1.4. Duration of the current immunisation cMYP is from 2007 (month/year) to 2012 (month/year)
- 5.1.5. Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*]

Name	Organisation	Role played in report submission	Contact email and telephone number
<i>Government focal point to contact for any programmatic clarifications:</i>			
<i>Focal point for any accounting of financial management clarifications:</i>			
<i>Other partners and contacts who took part in putting this report together:</i>			

5.1.6 Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*]

5.1.7. In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

5.1.8. Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009?

Please attach the minutes (**Document N°.....**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

Latest Health Sector Review report is also attached (**Document N°.....**).

5.2. Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government’s approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)									
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year									
Total expenditure during the calendar year									
Balance carried forward to next calendar year									
Amount of funding requested for future calendar year(s)									

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS (*For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement*):

5.3. Report on HSS activities in 2009 reporting year

Note on Table 12 below: This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:		
Activity 1.1:		
Activity 1.2:		
Objective 2:		
Activity 2.1:		
Activity 2.2:		
Objective 3:		
Activity 3.1:		
Activity 3.2:		

5.4. Support functions

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?*

5.4.1. Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

5.4.2. Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

5.4.3. Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year’s report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
TOTAL COSTS					

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
TOTAL COSTS				

5.5. Programme implementation for 2009 reporting year

5.5.1. Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.*

5.5.2. Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

5.6. Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year? [**IF YES**] : please complete **Part A** below.

[**IF NO**] : please complete **Part B** below.

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

Part B: 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 ICC in this process.

5.7. Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N°.....**).

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached (**Document N°.....**).

5.8. General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
Objective 1:						
1.1						
1.2						
Objective 2:						
2.1						
2.2						

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators:**

Provide justification for any changes in **the denominator:**

Provide justification for any changes in **data source:**

Table 16: Trend of values achieved

Name of Indicator (<i>insert indicators as listed in above table, with one row dedicated to each indicator</i>)	2007	2008	2009	Explanation of any reasons for non achievement of targets
1.1				
1.2				
2.1				
2.2				

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

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5.9. Other sources of funding in pooled mechanism for HSS

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

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US\$	Duration of support	Contributing to which objective of GAVI HSS proposal

6. Strengthened Involvement of Civil Society Organisations (CSOs)

Mongolia has been never supported by CSO grant.

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

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.1.1. Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°**

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

6.1.2.Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

6.1.3.Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US\$.....
Remaining funds (carried over) from 2008: US\$.....
Balance to be carried over to 2010: US\$.....

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.2.1. Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved
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6.2.3. Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [**IF YES**] : please complete **Part A** below.

[**IF NO**] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Part B: briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B 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.

6.2.4. Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 4*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your CSO Type B programme during your government's most recent fiscal year, this should also be attached (**Document N°.....**).

6.2.5. Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request	X		X	X
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)	X		X	X
8	Justification of new targets if different from previous approval (section 1.1)	X		X	X
9	Correct co-financing level per dose of vaccine	X		X	X
10	Report on targets achieved (tables 15,16, 20)	X	X		
11	Provision of cMYP for re-applying	X		X	X
OTHER REQUIREMENTS		ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1	X		X	X
13	Consistency between targets, coverage data and survey data			X	X
14	Latest external audit reports (Fiscal year 2009)		X		
15	Provide information on procedure for management of cash		X		
16	Health Sector Review Report	X	X		X
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support	X		X	X
19	Attach the CSO Mapping report (Type A)	X	X	X	

8. Comments

Comments from ICC/HSCC Chairs:

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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of Income and expenditure – GAVI ISS		
	Local Currency (CFA)	Value in USD⁷
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,780	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification⁸ – 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	1,000,000	8,349	1,000,000	2,087	
Maintenance & overheads	2,500,000	5,210	1,000,000	2,087	1,500,000	3,131	
Other expenditure							
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

⁷ An average rate of CFA 179.11 = USD 1 applied.

⁸ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local Currency (CFA)	Value in USD⁹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,865,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification¹⁰ – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
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
TOTAL FOR ACTIVITY 1.1	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854

⁹ An average rate of CFA 479.11 – USD 1 applied.

¹⁰ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES

Non-salary expenditure							
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
Other expenditure							
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTAL FOR ACTIVITY 1.2	18,000,000	37,570	11,792,132	24,613	6,207,868	12,957	
TOTALS FOR OBJECTIVE 1	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

GAVI ANNUAL PROGRESS REPORT ANNEX 4

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO ‘Type B’ grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO ‘Type B’ grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for CSO ‘Type B’ are due to the GAVI Secretariat 6 months following the close of each country’s financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of Income and expenditure – GAVI CSO 'Type B'		
	Local Currency (CFA)	Value in USD¹¹
Balance brought forward from 2008 (<i>balance as of 31 December 2008</i>)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,566	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (<i>balance carried forward to 2010</i>)	60,139,324	125,523

Detailed analysis of expenditure by economic classification¹² – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
Salary expenditure						
Wages & salaries	2,000,000	4,171	0	0	2,000,000	4,171
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
TOTAL FOR CSO 1: CARITAS	24,000,000	50,093	18,800,000	39,239	5,200,000	10,854
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per diem payments	2,500,000	5,213	1,000,000	2,087	1,500,000	3,131

¹¹ An average rate of CFA479.11 = USD 1 applied.

¹² Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure							
	Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure							
	Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN		18,000,000	37,570	11,792,132	24,613	6,207,868	12,957
TOTALS FOR ALL CSOs		42,000,000	87,663	30,592,132	63,852	11,407,868	23,811