



GAVI Alliance

Annual Progress Report **2014**

Submitted by

The Government of
Mongolia

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **15/05/2015**

Deadline for submission: 27/05/2015

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.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: 2014

Requesting for support year: 2016

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
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2019

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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	No extension
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2020	No extension

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 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 High Level Review Panel (HLRP) 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	ATARMAA Dashdorj	Name	PUREV Surenjav
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
DASHPAGAM Otgonbayar	Head of Immunization department, NCCD	+976-11-451158(office) +976-88081464	Dashka_as@yahoo.com

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
ATARMAA Dashdorj, Chairperson of ICC, Vice Minister of Health	Ministry of Health and Sports (MoHS)		
OYUNTSETSEG.P	Acting director , Public Health Unit, MoHS		

DORJ Narangerel	Policy implementation and coordination for the prevention and control of communicable diseases		
OYUNBILEG.J	Public Health Institute		
Soe Nyunt U	Representative of WHO		
Roberto De Benes	Resident representative of UNICEF		
SODBAYAR.D	Technical officer in charge for EPI, WHO country office		
SURENCHIMEG.V	Health specialist, UNICEF country office		
MUNKHTUUL. B	Ministry of Finance		
NARYAD.S	Health-Immunization NGO		

ICC may wish to send informal comments to: apr@gavi.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
------------	---------------------	-----------	------

N/A	N/A		
-----	-----	--	--

HSCC may wish to send informal comments to: apr@gavi.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 2015

3. Table of Contents

This APR reports on *Mongolia's* activities between January – December 2014 and specifies the requests for the period of January – December 2016

Sections

[1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous Monitoring IRC Report](#)

[2. Signatures](#)

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

[2.2. ICC signatures page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC signatures page](#)

[2.4. Signatures Page for GAVI Alliance CSO Support \(Type A & B\)](#)

[3. Table of Contents](#)

[4. Baseline & annual targets](#)

[5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Monitoring the Implementation of GAVI Gender Policy](#)

[5.3. Overall Expenditures and Financing for Immunisation](#)

[5.4. Interagency Coordinating Committee \(ICC\)](#)

[5.5. Priority actions in 2015 to 2016](#)

[5.6. Progress of transition plan for injection safety](#)

[6. Immunisation Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2014](#)

[6.2. Detailed expenditure of ISS funds during the 2014 calendar year](#)

[6.3. Request for ISS reward](#)

[7. New and Under-used Vaccines Support \(NVS\)](#)

[7.1. Receipt of new & under-used vaccines for 2014 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2014](#)

[7.3. New Vaccine Introduction Grant lump sums 2014](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2014](#)

[7.5. Vaccine Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2014](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015](#)

[7.9. Request for continued support for vaccines for 2016 vaccination programme](#)

[7.10. Weighted average prices of supply and related freight cost](#)

[7.11. Calculation of requirements](#)

[8. Health Systems Strengthening Support \(HSS\)](#)

- [8.1. Report on the use of HSS funds in 2014 and request of a new tranche](#)
- [8.2. Progress on HSS activities in the 2014 fiscal year](#)
- [8.3. General overview of targets achieved](#)
- [8.4. Programme implementation in 2014](#)
- [8.5. Planned HSS activities for 2015](#)
- [8.6. Planned HSS activities for 2016](#)
- [8.7. Revised indicators in case of reprogramming](#)
- [8.8. Other sources of funding for HSS](#)
- [8.9. Reporting on the HSS grant](#)
- [9. Strengthened Involvement of Civil Society Organisations \(CSOs\) : Type A and Type B](#)
 - [9.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)
 - [9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)
- [10. Comments from ICC/HSCC Chairs](#)
- [11. Annexes](#)
 - [11.1. Annex 1 – Terms of reference ISS](#)
 - [11.2. Annex 2 – Example income & expenditure ISS](#)
 - [11.3. Annex 3 – Terms of reference HSS](#)
 - [11.4. Annex 4 – Example income & expenditure HSS](#)
 - [11.5. Annex 5 – Terms of reference CSO](#)
 - [11.6. Annex 6 – Example income & expenditure CSO](#)
- [12. Attachments](#)

4. Baseline & annual targets

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

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	82,971	81,228	86,290	84,477		87,856		91,370		95,025
Total infants' deaths	1,049	1,251	944	1,264		1,276		1,289		1,268
Total surviving infants	81922	79,977	85,346	83,213		86,580		90,081		93,757
Total pregnant women	82,546	81,228	94,884	94,884		98,680		102,627		106,732
Number of infants vaccinated (to be vaccinated) with BCG	82,141	81,039	84,564	82,788		86,099		89,543		93,125
BCG coverage[1]	99 %	100 %	98 %	98 %	0 %	98 %	0 %	98 %	0 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	80,482	77,311	84,564	82,788		86,099		89,543		93,125
OPV3 coverage[2]	98 %	97 %	99 %	99 %	0 %	99 %	0 %	99 %	0 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1 [3]	81,312	78,501	84,564	82,788		86,099		89,543		93,125
Number of infants vaccinated (to be vaccinated) with DTP3 [3][4]	81,312	77,311	84,564	82,788		86,099		89,543		93,125
DTP3 coverage[2]	99 %	97 %	99 %	99 %	0 %	99 %	0 %	99 %	0 %	99 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	1	1	1	1		1		1		1
Wastage[5] factor in base-year and planned thereafter for DTP	1.01	1.01	1.01	1.01	1.00	1.01	1.00	1.01	1.00	1.01
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	77,650	78,501	84,564	82,788						
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	76,856	77,311	84,564	82,788						
DTP-HepB-Hib coverage[2]	94 %	97 %	99 %	99 %	0 %	0 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)	1	1	1	1						
Wastage[5] factor in base-year and planned thereafter (%)	1.01	1.01	1.01	1.01	1	1	1	1	1	1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0		0		44,246		0		0

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0		0		44,246		0		0
Pneumococcal (PCV13) coverage[2]	0 %	0 %	0 %	0 %	0 %	51 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)		0		0		5		0		0
Wastage[5] factor in base-year and planned thereafter (%)	1	1	1	1	1	1.05	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	79,652	74,383	82,838	81,098		85,221		88,629		93,125
Measles coverage[2]	97 %	93 %	97 %	97 %	0 %	98 %	0 %	98 %	0 %	99 %
Pregnant women vaccinated with TT+	0	0	0	0		0		0		0
TT+ coverage[7]	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0		0		0
Vit A supplement to infants after 6 months	0	0	0	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	2 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %

Number	Targets (preferred presentation)	
	2019	
	Previous estimates in 2014	Current estimation
Total births		98,826
Total infants' deaths		1,280
Total surviving infants		97,546
Total pregnant women		111,001
Number of infants vaccinated (to be vaccinated) with BCG		97,838
BCG coverage[1]	0 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3		96,850
OPV3 coverage[2]	0 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]		96,850
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]		96,850

Number	Targets (preferred presentation)	
	2019	
	Previous estimates in 2014	Current estimation
DTP3 coverage[2]	0 %	99 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP		1
Wastage[5] factor in base-year and planned thereafter for DTP	1.00	1.01
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		
DTP-HepB-Hib coverage[2]	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)		
Wastage[5] factor in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0
Pneumococcal (PCV13) coverage[2]	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)		0
Wastage[5] factor in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		96,850
Measles coverage[2]	0 %	99 %
Pregnant women vaccinated with TT+		0
TT+ coverage[7]	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery		0
Vit A supplement to infants after 6 months	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 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 a difference in birth this year's APR due to total birth has been increased compared to those predicted birth numbers in previous year.

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

Number of surviving infants in 2014 increased compared to those in 2013 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

There is no change.

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

No change

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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

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

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

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

5.2.4. 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

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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\$ = 1958	Enter the rate only; Please do not enter local currency name
---------------------------	---------------	--

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	336,990	336,990	0	0	0	0	0	0
New and underused Vaccines**	749,147	475,712	273,435	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	16,670	10,129	6,541	0	0	0	0	0
Cold Chain equipment	103,318	0	83,908	19,410	0	0	0	0
Personnel	136,976	136,976	0	0	0	0	0	0
Other routine recurrent costs	411,710	0	52,128	59,582	300,000	0	0	0
Other Capital Costs	7,294	0	7,294	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	1,762,105							
Total Government Health		959,807	423,306	78,992	300,000	0	0	0

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **1**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#)

N/A

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

If Yes, which ones?

List CSO member organisations:

Immunization-Health domestic NGO

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

1. To maintain measles elimination status by (i) revising national measles strategy and (ii) containing the current measles outbreak including MSL SIAs campaign
2. To conduct EVM and EPI review
3. To introduce new vaccines (IPV and PCV)

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
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
IPV	N/A	0
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)

Injection safety practices are regulated according to Health Minister's order # 313 dated Dec 13 2003. There were not observed or reported any major obstacles in the reporting year.

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

All hospitals of UB city dispose waste vaccination sharps by a private company named "Element". The Company disinfects wastes first and process in a breaking device. Provincial and soum hospitals burn their 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 2014

Mongolia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Mongolia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Mongolia is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
DTP-HepB-Hib	268,100	268,100	0	No
Pneumococcal (PCV13)		0	0	Not selected

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.

-Supportive supervision was conducted in 5 provinces with WHO support namely Khuvsgul, Bayan-Ulgii, Dornod, Arkhangai, Uvurkhangai

-In order to expand cold chain capacity, one cold room with 40m³ was installed at national level with Government fund.

-Set of cameras and fire alarming system were installed at national vaccine store.

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 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	01/01/2008
Phased introduction	No	01/05/2005
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	N/A

When is the Post Introduction Evaluation (PIE) planned? **December 2016**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	01/05/2017
Phased introduction	No	01/05/2016
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	PCV pilot introduction date has been postponed till May 2016 due to (i) necessity to obtain baseline data on X-ray confirmed pneumonia and (ii) lack of fund from the Government for the vaccine procurement.

When is the Post Introduction Evaluation (PIE) planned? **December 2018**

7.2.2. 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)

No

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? **Yes**

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:

- There were enrolled and tested 2,421 children from 8 pediatric hospitals in the UB city into IBD sentinel surveillance in 2014 and 9 samples were positive for pneumococci and 6 were positive for meningococci.
- There were enrolled and tested 775 children from two sentinel pediatric hospitals in the capital city and 351 samples were positive for rotavirus in 2014.
- Decision on PCV introduction were discussed by NITAG several times and NITAG was advising to conduct country-specific special studies in order to obtain evidence for decision making. Thus, economic burden of pneumococcal diseases and CEA for PCV were done.
- Currently, PCV impact study is ongoing in collaboration with Murdoch Research Institute, Australia.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	0	0
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	0	0
Total Expenditures in 2014 (D)	0	0
Balance carried over to 2015 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 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 2015 onwards

N/A

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	749,147	268,100
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	

Government	475712	
Donor	273435	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	March	Budget line for Immunization
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	Budget line for Immunization
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	None	

*Note: co-financing is not mandatory for IPV

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/programmes_systems/supply_chain/evm/en/index3.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? **August 2012**

Please attach:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- 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? **June 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

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 2015

Renewal of multi-year vaccines support for Mongolia is not available in 2015

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 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 Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID							
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							

Vaccine Antigen	Vaccine Type	2014	2015	2016	2017	2018	2019
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2.60 %	2.70 %	2.80 %	3.30 %	3.30 %	3.30 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5.90 %	6.00 %	5.90 %	6.00 %	6.10 %	3.10 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	TOTAL
	Number of surviving infants	Parameter	#	81,922	85,346	167,268
	Number of children to be vaccinated with the first dose	Parameter	#	77,650	84,564	162,214
	Number of children to be vaccinated with the third dose	Parameter	#	76,856	84,564	161,420
	Immunisation coverage with the third dose	Parameter	%	93.82 %	99.08 %	
	Number of doses per child	Parameter	#	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.01	1.01	
	Stock in Central Store Dec 31, 2014		#	297,705		
	Stock across second level Dec 31, 2014 (if available)*		#			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#		1	
	AD syringes required	Parameter	#		Yes	
	Reconstitution syringes required	Parameter	#		No	
	Safety boxes required	Parameter	#		Yes	
cc	Country co-financing per dose	Parameter	\$		1.99	
ca	AD syringe price per unit	Parameter	\$		0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	
cs	Safety box price per unit	Parameter	\$		0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		2.70 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text 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	
	2014	2015
Minimum co-financing	1.58	2.00
Recommended co-financing as per APR 2013		
Your co-financing	1.58	1.99

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

		2014	2015
Number of vaccine doses	#	112,600	16,500
Number of AD syringes	#	122,900	17,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1,375	200
Total value to be co-financed by GAVI	\$	307,000	43,000

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

		2014	2015
Number of vaccine doses	#	155,500	55,200
Number of AD syringes	#	169,500	58,500
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1,900	675
Total value to be co-financed by the Country [1]	\$	424,000	143,000

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

		Formula	2014	2015		
				Total	Government	GAVI
		V				
B	Number of children to be vaccinated with the first dose	Table 4	77,650	84,564		
B1	Number of children to be vaccinated with the third dose	Table 4	76,856	84,564		
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	231,831	253,692		
E	Estimated vaccine wastage factor	Table 4	1.01	1.01		
F	Number of doses needed including wastage	$D \times E$		256,229		
		<p>Buffer on doses needed + buffer on doses wasted</p> <p>Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.5$</p> <p>Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.5$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.5 \geq 0$ 				
		$H1 - (F (2015) \text{ current estimation} \times 0.5)$				
		$H2 (2015) + H3 (2015) - F (2015)$				
H2	Reported stock on January 1st	Table 7.11.1	53,900	297,705		
H3	Shipment plan	Approved volume		71,700		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		71,700		
		Vaccine Parameter				
		$(D + G - H) \times 1.10$				
		$(I / J) \times 1.10$				
		$(I / 100) \times 1.10$				
		$I \times \text{vaccine price per dose (g)}$				
		$K \times \text{AD syringe price per unit (ca)}$				
		$L \times \text{reconstitution price per unit (cr)}$				
		$M \times \text{safety box price per unit (cs)}$				
		$N \times \text{freight cost as of \% of vaccines value (fv)}$				
		$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
		$(N+O+P+Q+R+S)$				
		$I \times \text{country co-financing per dose (cc)}$				
		U / T				

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 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	81,922	85,346	86,580	90,081	93,757
	Number of children to be vaccinated with the first dose	Parameter	#	0	0	44,246	0	0
	Number of children to be vaccinated with the third dose	Parameter	#			44,246	0	0
	Immunisation coverage with the third dose	Parameter	%	0.00 %	0.00 %	51.10 %	0.00 %	0.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.00	1.00	1.05	1.00	1.00
	Stock in Central Store Dec 31, 2014		#	0				
	Stock across second level Dec 31, 2014 (if available)*		#	0				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		1	1	1	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	Country co-financing per dose	Parameter	\$		0.00	3.63	3.57	3.52
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	0

cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%			5.90 %	6.00 %	6.10 %

ID		Source		2019	TOTAL
	Number of surviving infants	Parameter	#	97,546	535,232
	Number of children to be vaccinated with the first dose	Parameter	#	0	44,246
	Number of children to be vaccinated with the third dose	Parameter	#	0	44,246
	Immunisation coverage with the third dose	Parameter	%	0.00 %	
	Number of doses per child	Parameter	#	3	
	Estimated vaccine wastage factor	Parameter	#	1.00	
	Number of doses per vial	Parameter	#	1	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	No	
	Safety boxes required	Parameter	#	Yes	
cc	Country co-financing per dose	Parameter	\$	3.39	
ca	AD syringe price per unit	Parameter	\$	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$	0	
cs	Safety box price per unit	Parameter	\$	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%	3.10 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

We have not yet received PCV vaccine.

Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

Co-financing group	Graduating
--------------------	------------

	2014	2015	2016	2017	2018
Minimum co-financing		3.37	3.63	3.57	3.52
Recommended co-financing as per			3.63	3.57	3.52
Your co-financing			3.63	3.57	3.52

	2019
Minimum co-financing	3.39
Recommended co-financing as per	3.39
Your co-financing	3.39

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	77,650	84,564	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	231,831	253,692	
E	Estimated vaccine wastage factor	Table 4	1.01	1.01	
F	Number of doses needed including wastage	$D \times E$		256,229	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1	53,900	297,705	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		71,700	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	100.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	44,246	44,246	0
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	132,738	132,738	0
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	139,375	139,375	0
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	34,844	34,844	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	174,600	174,600	0
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	184,341	184,341	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	1,921	1,921	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	589,799	589,799	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,259	8,259	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	11	11	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	34,799	34,799	0
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	$(N+O+P+Q+R+S)$	632,868	632,868	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	633,798		
V	Country co-financing % of GAVI supported proportion	U / T	100.00 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)**

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	100.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00		
F	Number of doses needed including wastage	$D \times E$	0	0	0
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	- 1,659	- 1,659	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	- 1,824	- 1,824	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	- 81	- 81	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
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	$(N+O+P+Q+R+S)$	- 81	- 81	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	U / T	100.00 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)**

	Formula	2018			
		Total	Government	GAVI	
A	Country co-finance	V	100.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00		
F	Number of doses needed including wastage	$D \times E$	0	0	0
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	0	0	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	0	0	0
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	$(N+O+P+Q+R+S)$	0	0	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	U / T	100.00 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 5)

		Formula	2019		
			Total	Government	GAVI
A	Country co-finance	V	100.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00		
F	Number of doses needed including wastage	$D \times E$	0	0	0
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	0	0	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
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	$(N+O+P+Q+R+S)$	0	0	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	U / T	100.00 %		

8. 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 2014**. All countries are expected to report on:

- a. Progress achieved in 2014
- b. HSS implementation during January – April 2015 (interim reporting)
- c. Plans for 2016
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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@gavi.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

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 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 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

8. 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.

8.1. Report on the use of HSS funds in 2014 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 ? **Yes**

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

none

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.

N/A

Please see <http://www.gavialliance.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).

8.1.1. Report on the use of HSS funds in **2014**

Please complete Table 8.1.3.a and 8.1.3.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 8.1.3.a and 8.1.3.b.

8.1.2. 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 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	0	164542	167832	171187	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	164542	167832	0	0	0
Total funds received from GAVI during the calendar year (A)	0	165000	0	168000	171500	0
Remaining funds (carry over) from previous year (B)	0	0	148943	291243	2303	0
Total Funds available during the calendar year (C=A+B)	0	165000	148943	291243	173803	0
Total expenditure during the calendar year (D)	0	16057	25700	220976	173802	0
Balance carried forward to next calendar year (E=C-D)	0	148943	123243	70267	1	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	167832	170561	170561	0	0

	2015	2016	2017	2018
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 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	0	216596507	220927331	225343719	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	216596507	220927331	0	0	0
Total funds received from GAVI during the calendar year (A)	0	217199400	0	221148480	289835000	0
Remaining funds (carry over) from previous year (B)	0	0	196062607	403662798	3892070	0
Total Funds available during the calendar year (C=A+B)	0	217199400	196062607	403662798	293727070	0
Total expenditure during the calendar year (D)	0	21136792	33830452	306272273	293725042	0
Balance carried forward to next calendar year (E=C-D)	0	196062607	162232155	97390062	2028	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	220927331	224519678	236397546	0	0

	2015	2016	2017	2018
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 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	1333	1455	1256	1395	1392	1659
Closing on 31 December	1442	1256	1374	1395	1674	1888

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

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)

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
N/A	N/A	0	N/A

8.2.1 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
N/A	N/A

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

We have no fund in 2014

8.2.3 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

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: 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	2014 Target	2010	2011	2012	2013	2014	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	N/A	N/A

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

N/A

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

N/A

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

N/A

8.4.4. 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.

N/A

8.4.5. 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.

NA

8.4.6. 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.

N/A

8.4.7. 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

N/A

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned 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)	2015 actual expenditure (as at April 2015)	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	0	None	N/A	0
		0	0			0

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. 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 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (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 2016 (if relevant)
N/A	0	0	N/A	0	0
		0			

8.7. 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@gavi.org

8.8. 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 8.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
None	0	N/A	N/A

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

8.9. Reporting on the HSS grant

8.9.1. 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 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
N/A	N/A	N/A

8.9.2. 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.

None

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?0

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

9.1. 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 2014

9.2. 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 2014

10. 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

none

11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	1.Signatures of MoH and MoF.pdf File desc: Date/time : 14/05/2015 10:08:34 Size: 258 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	2.Signatures of MoH and MoF.pdf File desc: Date/time : 14/05/2015 10:08:57 Size: 258 KB
3	Signatures of members of ICC	2.2	✓	3.Signatures of ICC members.pdf File desc: Date/time : 15/05/2015 05:30:31 Size: 372 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	4.ICC meeting minutes.docx File desc: Date/time : 15/05/2015 04:04:53 Size: 21 KB
5	Signatures of members of HSCC	2.3	✓	5.Signatures of members of HSCC.docx File desc: Date/time : 15/05/2015 04:07:23 Size: 10 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	6.Minutes of HSCC meeting in 2015 endorsing the APR 2014.docx File desc: Date/time : 15/05/2015 04:08:58 Size: 12 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	7.Financial statement of ISS.pdf File desc: Date/time : 14/05/2015 10:09:49 Size: 249 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	8.External audit report for ISS grant (Fiscal Year 2014).docx File desc: Date/time : 15/05/2015 05:21:06 Size: 10 KB
9	Post Introduction Evaluation Report	7.2.1	✗	9. Mongolia PIE.docx File desc: Date/time : 15/05/2015 03:18:43 Size: 9 KB
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	10.NVS grant-3-1.docx File desc: Date/time : 14/05/2015 10:12:52 Size: 10 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1	✓	11. External audit for NVS grant.docx File desc: Date/time : 14/05/2015 10:13:08 Size: 10 KB

12	Latest EVSM/VMA/EVM report	7.5	✓	12.Mongolia EVM report in Mongolia,2012.doc File desc: Date/time : 14/05/2015 10:14:12 Size: 6 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	13.The Improvement plan EVM.docx File desc: Date/time : 14/05/2015 10:14:38 Size: 21 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	14.The Improvement plan implementation,EVM 2014.doc File desc: Date/time : 14/05/2015 10:15:07 Size: 54 KB
16	Valid cMYP if requesting extension of support	7.8	✗	16.MYP MONGOLIA FINAL.docx File desc: Date/time : 14/05/2015 10:15:23 Size: 279 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	17.MYP Mongolia tool 2011-2015.xlsx File desc: Date/time : 14/05/2015 10:15:40 Size: 94 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	18.Minutes ICC meeting endorsing change of vaccine presentation.docx File desc: Date/time : 14/05/2015 10:16:08 Size: 10 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	19.Financial statement of HSS.pdf File desc: Date/time : 14/05/2015 10:16:50 Size: 249 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	20.Financial statement for HSS Jan-Apr 2015.docx File desc: Date/time : 15/05/2015 05:18:29 Size: 9 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	21.External audit report for HSS grant (Fiscal Year 2014).docx File desc: Date/time : 15/05/2015 05:19:45 Size: 10 KB
22	HSS Health Sector review report	8.9.3	✓	22.Mongolia Health Systems Review 2013.pdf File desc: Date/time : 15/05/2015 05:53:16 Size: 1 MB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	23.Report for Mapping Exercise CSO Type A.docx File desc: Date/time : 14/05/2015 10:20:43 Size: 9 KB

24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	X	24.Financial statement for CSO Type B grant (Fiscal year 2014).docx File desc: Date/time : 15/05/2015 05:23:17 Size: 9 KB
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	X	25.External audit report for CSO Type B (Fiscal Year 2014).docx File desc: Date/time : 15/05/2015 05:23:59 Size: 9 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	26.Bank statements.pdf File desc: Date/time : 15/05/2015 05:31:04 Size: 257 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	27.Minutes ICC meeting endorsing change of vaccine presentation-1.docx File desc: Date/time : 14/05/2015 10:22:03 Size: 10 KB
28	Justification for changes in target population	5.1	X	28.Justification for changes in target population.docx File desc: Date/time : 14/05/2015 10:22:16 Size: 9 KB
	Other		X	Explanation for GAVI colleagues.docx File desc: Date/time : 14/05/2015 10:26:24 Size: 10 KB