Annual Progress Report 2008

Submitted by

The Government of

[*CAMBODIA*]

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: 02 June 2009

Deadline for submission: 15 May 2009

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

and any hard copy could be sent to :

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

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

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [*CAMBODIA*]..

Minister of Health:

Title: Prof. ENG HUOT SECRETARY OF STATE

Signature: ....

Date: 11th May 2009

Minister of Finance:

Title: KEAT CHHON

Signature: Deputy Prime Minister Minister of Economy & Finance

Date: 02 JUN 2009

This report has been compiled by:

Full name: Professor Sann Chan Soeung

Position: Deputy Director General for Health

Telephone: 85512933344

E-mail: workmoh@gmail.com

ICC Signatures Page

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

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
MICHAEL O'LEARY/REPRESENTATIVE	WHO.	[signature]	12.05.09
RICHARD BRIDLE, REPRESENTATIVE	UNICEF	[signature]	12/05/2009
SHOKO SATO / Advisor	JICA	[signature]	14-May-09
HARA MIHAILEA	PATH	[signature]	12-May-09
Sun Nary / DED	RACHA	[signature]	12 May 09
KATE CRAWFORD	USAID	[signature]	13 May 09
Sin Somuny	MEDICAM	[signature]	13 May 09
Dr. VETH SRENG	RHAC	[signature]	13 May 09

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

As this report been reviewed by the GAVI core RWG: y/n

HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, Health Sector Steering Committee (HSSC) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC/HSSC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
MICHAEL O'LEARY/REPRESENTATIVE	WHO.	[signature]	12-05-09
RICHARD BRYCE, REPRESENTATIVE	UNICEF	[signature]	14-May
SHOKO SATO / Advisor	JICA	[signature] 佐藤 祥子	14-May-09
HIARA MIHALEA	PATH	[signature]	12-May-09
KATE CRAWFORD	USAID	[signature]	13 MAY 09
Sin Somuny	MEDICAM	[signature]	13/05/09

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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

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

Name: ....

Post: ....

Organisation: ....

Date: ....

Signature: ....

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

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: ....

Post: ....

Organisation: ....

Date: ....

Signature: ....

We, the undersigned members of the National Health Sector Coordinating Committee, ... (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
Sun Nary	RACHA	[signature]	12/05/09
Sin Somuny	MEDICAM	[signature]	18/05/09
Dr. VETH SRENG	RHAC	[signature]	13 May 09

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

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (*From the most recent submissions to GAVI - **HIB Proposal 2008***)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	419126	427091	436013	442845	449754			
Infants' deaths	24309	23063	23109	21699	21138			
Surviving infants	385420	394817	404028	412904	428616			
Pregnant women	409935	419453	427493	443006	450068			
Target population vaccinated with BCG	381405	392924	405492	416275	427267			
BCG coverage*	91	92	93	94	95			
Target population vaccinated with OPV3	331646	347464	363356	379031	385754			
OPV3 coverage**	84	86	88	90	90			
Target population vaccinated with DTP (DTP3)***	331646	347464	363356	379031	385754			
DTP3 coverage**	84	86	88	90	90			
Target population vaccinated with DTP (DTP1)***	355335	367665	379872	391666	398613			
Wastage[1] rate in base-year and planned thereafter	1.33	1.33	1.05	1.05	1.05			
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of Pentavalent ………….			363356	379031	385754			
…………. Coverage**			88	90	90			
Target population vaccinated with **1st dose** of …………….			379872	391666	398613			
Wastage[1] rate in base-year and planned thereafter								
Target population vaccinated with **1st dose** of Measles	302006	316344	331530	345545	360055			
Target population vaccinated with **2nd dose** of Measles								
Measles coverage**	77	79	81	84	86			
Pregnant women vaccinated with TT+	72	74	76	78	80			
TT+ coverage****								
Vit A supplement – Mothers (<6 weeks from delivery)								
Vit A supplement – Infants (>6 months)								
Annual DTP Drop out rate [(DTP1 - DTP3) / DTP1] x100	7	5	4	3	3			
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

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

Table B: Updated baseline and annual targets (with Updated 2008 Census information)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	353439	361780	370318	379058	388003	397160	406533	416127
Infants' deaths	23327	23877	24441	25018	25608	26213	26831	27464
Surviving infants *(JRF did not calculate)*	330112	337903	345877	354040	362395	370948	379702	388663
Pregnant Women	380907	390658	400659	410916	421435	432224	443289	454637
Target population vaccinated with BCG	346967	354545	362912	371477	380243	389217	398403	407805
BCG coverage*	98	98	98	98	98	98	98	98
Target population vaccinated with OPV3	322048	310871	321666	332798	344276	352401	360717	369230
OPV3 coverage**	91	92	93	94	95	95	95	95
Target population vaccinated with DTP (DTP3)***	321688	343691						
DTP3 coverage**	91	92						
Target population vaccinated with DTP (DTP1)***	336971	354002						
Wastage[2] rate in base-year and planned thereafter	1.3	1.3	1.05	1.05	1.05	1.05	1.05	1.05
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of Pentavalent			321666	332798	344276	352401	360717	369230
Pentavalent Coverage**			93	94	95	95	95	95
Target population vaccinated with **1st dose** of Pentavalent.			362912	375267	388003	397160	406533	416127
Wastage[1] rate in base-year and planned thereafter								
Target population vaccinated with **1st dose** of Measles	316184	304113	314749	329258	344276	352401	360717	369230
Target population vaccinated with **2nd dose** of Measles								
Measles coverage**	89	90	91	93	95	95	95	95

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Pregnant women vaccinated with TT+		219144	234395	248409	262987	278148	293913	310303	327339
TT+ coverage****		58	60	62	64	66	68	70	72
Vit. A supplement	Mothers(<6 weeks from delivery)	289037 (68%)							
	Children 6-59 Months (Round1)	1290048 (88%)							
	Children 6-59 Months (Round2)	1263919 (87%)							
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Not applicable for 2008 (no ISS in this year)

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Not applicable

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance ***Immunization Services Support*** *contribution.*

Funds received during 2008 _______________$ 0
Remaining funds (carry over) from 2007 ________________
Balance to be carried over to 2009 _________________

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	**Total amount in US $**	**AMOUNT OF FUNDS**			
		PUBLIC SECTOR			**PRIVATE SECTOR & Other**
		Central	**Region/State/Province**	**District**	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training(10 ODs only)					
IEC / social mobilization(WS on Communication)					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other …………. *(specify)*					
Total:					
Remaining funds for next year:					

1.1.3 ICC/ICSC meetings

How many times did the ICC meet in 2008? The ICC met three times in 2008.

Please attach the minutes (DOCUMENT N° 1,2,3) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: ***[Yes]***
if yes, which ones?

List CSO member organisations

1. RACHA (national NGO)
2. RHAC (national NGO)
3. PATH Cambodia (international NGO)
4. MEDICAM (NGO umbrella organization)

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

The major activities to strengthen immunization in Cambodia in 2008 were as follows:

1. *Health System Strengthening* – the GAVI funded program is being implemented in 10 operational districts (out of 76 in Cambodia). Refer to HSS section for details.
2. *Coverage Improvement Planning* – this micro-planning program for improving coverage in harder to reach areas has been implemented in 2 quarters of 2008 in the catchment areas of 187 health centres (out of 1000 health centres in Cambodia.
3. *Fixed Site Strategy* – Up until 3 years ago, up to 80% of vaccinations in Cambodia were provided by outreach services. In order to improve the sustainability of the program, the NIP commenced a "fixed site" strategy to increase demand for immunization services at healthy facilities. This strategy (with support for social mobilization and meetings with local authorities and volunteers) was implemented in 191 health centres (56 health districts) in 2008. 41% of vaccinations are now provided at health facilities at these sites.
4. *MNTE Elimination* – TT SIAs were conducted in high risk areas.
5. *Meningitis- Encephalitis Surveillance* - Integrated M/E surveillance has now commenced at 6 sentinel sites in Cambodia

No major problems were encountered with management of the program in 2008. In 2008, Cambodia achieved the highest coverage rate for DPT3 in the history of the program. This was assisted in part because of release of census information lowering the population denominator. However, the figure of 321, 688 was the highest number ever vaccinated for DPT-HepB3.

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (DOCUMENT **N° 4**) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (DOCUMENT N°……) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
c) Detailed Financial Statement of funds (DOCUMENT N°……) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

n/a (no activity)

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES [X] *NO* [ ]

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

The last external DQA was conducted in Cambodia in 2003. A Demographic Health Survey was conducted in 2005, with coverage rates very similar to those administratively reported. A repeat DHS is planned for 2010. The HSS program (funding through GAVI) has commenced DQA activities, but the report is not yet available. An EPI coverage survey (30 cluster methodology) is proposed for 2009 in Cambodia. This report will be available with the next APR.

The DQA methodology for HSS (which includes EPI) is attached.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC*. [mm/yyyy]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted: No studies were conducted in 2008.

List challenges in collecting and reporting administrative data: No major problems have been documented. However, there is a continuing challenging of matching population projections centrally and provincial estimations by health and local authorities. The central census data is used the calculate coverage nationally, but health staff and local authorities use local estimates for planning purposes. The census data became available in 2008, which has meant a re-estimation of coverage targets and vaccine requests for this APR (see tables for details). The following studies are proposed for 2009 (1) A 30 cluster coverage survey (national) (2) EVSM self assessment (3) Study on EPI/MCH access for at risk populations in Phnom Penh.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

Nil.

[List any change in doses per vial and change in presentation in 2008]

There has been no change in doses per vial or vial presentation.

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DTP Hep B vaccine	**10**	**50,000**	**2005**	**May 2008**
DTP Hep B vaccine	**10**	**50,000**	**2005**	**Aug 2008**
DTP Hep B vaccine	**10**	**39,140**	**2005**	**Nov 2008**

Please report on any problems encountered.

No problems were encountered with shipments

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

[*List activities*]

1. Please see 1.1.3 for details on service strengthening.
2. There is still concern about immunization services and coverage for at risk populations in remote areas and slum populations. A study is being implemented in 2009 in order to identify strategies to improve service reach for these populations.
3. In the last quarter of 2009, introduction training will take place for national introduction of pentavelent vaccine
4. The MOH and technical advisory group recommends introduction of Japanese encephalitis vaccine in 2009/2010, but concern is expressed about lack of prequalification and licensing of vaccine.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: *[23/03/2009]*

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems
2009	131,000		131,000	This fund will be utilized in the 3rd and 4th qtr of 2009 for training of staff and communication strategy for pentavelent vaccine introduction in the 1st quarter of 2010.	

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[2003]*

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

Not applicable

Was an action plan prepared following the EVSM/VMA? Yes 2003

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

- Two sets of new central vaccine cold stores were installed (-25°C to -15°C and +2°C to +8°C) including one near the airport
- Revised stock card to include vaccine in dose were used at all levels (including manufacturer and VVM status).
- Conducting EVSM 2009 (Assisted self assessment with external assistance from UNICEF). There may be one or two more self assessments leading to external EVSM accreditation by WHO at a later date
- All health centres now have gas powered refrigerators
- A system of vaccine arrival report form has been set up at all levels
- Status of temperature monitoring devices such as VVM and CCM and freeze watch are now recorded on vaccine arrival forms
- Long term training and strengthening of supervision for EPI managers and cold chain specialists is required
- A national quality plan for vaccines will be developed in 2009

When will the next EVSM/VMA* be conducted? *[EVSM self assessment in April and May 2009*

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

Table 1.2

Vaccine 1: Pentavelent vaccine	
Anticipated stock on 1 January 2010	750,000 doses (Hib Application)
Vaccine 2:	
Anticipated stock on 1 January 2010	**..........................**
Vaccine 3:	
Anticipated stock on 1 January 2010	**..........................**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? Supplies, bundled with DPT-HepB vaccine.

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
AD Syringes 0.5 ml	1,006,000	July 2008
Safety Boxes	11,200	April 2008

Please report on any problems encountered.

[List problems]
No problems.

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

Sources of injection safety support include:

Government of Cambodia (AD syringes and safety boxes)
GAVI (injection safety equipment bundled with DPT-Hep B vaccine)

Please report how sharps waste is being disposed of.

In 2007 51 high temperature incinerators were installed (At least one incinerator in one province). Used safety boxes were collected from the health facilities on a regular basis and are taken to the incinerator sites at the Provincial or District Hospital. 1 additional incinerator (stella) was installed at Kandal Province in 2008 through JICA. This is a pilot introduction of this kind of incinerator, with potential for expansion following evaluation of pilot.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

No problems encountered.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

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

No cash contribution received from GAVI for injection safety support.

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	**Reporting Year + 1**	**Reporting Year + 2**
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	*$679,764*	*$945,292*	*$865,342*
New Vaccines	*$1,318,488*	*$1,294,416*	*$6,280,184*
Injection supplies	*$380,920*	*$320,518*	*$436,372*
Cold Chain equipment	*$820,000*	*$283,274**	
Operational costs	*$2,455,909*	*$2,578,776*	*$2,412,238*
Other (please specify)			
Total EPI	*$5,655,081*	*$5,442,276*	*$9,632,533*
Total Government Health	$73,750,792	$83,614,537	N/A

Exchange rate used	*JPY102
Exchange rate used	Riel 4100

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

There are four main problems with financing of the NIP in Cambodia:

1. The difficulty of maintaining financing of operational costs for health centers, especially for health outreach and social mobilization for fixed site utilization.
2. The difficulty of maintaining timely payments for vaccine through Vaccine Independence Initiative
3. Increasing dependence on external forms of support for vaccine financing
4. Inability to identify a funding source for JE vaccine campaigns

(1) In terms of point 1, the NIP is implementing a fixed facility EPI strategy to attract clients to health centers for EPI. This can reduce operational costs of outreach. (2) In terms of point 2, regular communication is occurring between MOH, MOEF and UNICEF to streamline vaccine request and supply system. (3) In terms of point 3, the Government is now increasing its financial commitment to vaccine financing to $1.4 million by 2010. (4) In terms of point 4, the government is currently discussing with partners and UN agencies options for prequalification and financing of JE introduction in 2009 and 2010.

Future Country Co-Financing (in US$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

Ø Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

Ø Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st *vaccine:* ***Pentavelent vaccine***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		.20	.30	.30	.30	.30	.30
Number of vaccine doses	#	1,199,595	1,236,839	1,258,778	1,306,254	1,325,046	1,342,776
Number of AD syringes	#	1,566,971	1,292,497	1,315,423	1,365,035	1,384,673	1,403,201
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	17,237	14,217	14,470	15,015	15,231	15,435
Total value to be co-financed by country	**$**	239,919	371,052	377,634	391,877	397,514	402,833

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US$)

2nd *vaccine:……………………………………………*		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US$)

3rd *vaccine:……………………………………………*		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (DPT-Hep B)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (DPT-Hep B)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

No.

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

Are there changes between table A and B? Yes

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes ***in births**:*

The updated figures are based on 2008 census figures which have resulted in a reduced birth rate. This has resulted in changes to coverage rates and estimated number of infants and pregnant women for 2009.

*Provide justification for any changes **in surviving infants**:*

JRF did not include surviving infants. This has now been included, calculated at the 2005 DHS infant mortality rate of 66/1000

*Provide justification for any changes **in Targets by vaccine**:*

Targets are different between Tables A and B due to the fact of the altered census results, which means that some of the coverage targets have been increased.

In the JRF, the polio 3 figure was included instead of polio 1. This has now been amended to polio 1.

*Provide justification for any changes **in Wastage by vaccine**:*

No Change

Vaccine 1: Pentavalent

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

Ø Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

Ø Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).

Ø Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; ......)

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	*Table B*	#	412,904	421,146	428,616	435,418	441,682	447,592
Target immunization coverage with the third dose	*Table B*	#	94%	95%	>95%	>95%	>95%	>95%
Number of children to be vaccinated with the first dose	*Table B*	#	436,013	442,845	449,754	454,982	461,046	465,757
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.20	0.30	0.30	0.30	0.30	0.30

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	1,199,595	1,236,839	1,258,778	1,306,254	1,325,046	1,342,776
Number of AD syringes	#	1,566,971	1,292,497	1,315,423	1,365,035	1,384,673	1,403,201
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	17,237	14,217	14,470	15,015	15,231	15,435
Total value to be co-financed by GAVI	**$**	239,919	371,052	377,634	391,877	397,514	402,833

Vaccine 2: ....

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunization coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

Vaccine 3: ....

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunization coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

a) Fiscal year runs from January to December.

b) This HSS report covers the period from January 2008 to December 2009

c) Duration of current National Health Plan is from 2008 to 2015

d) Duration of the immunisation cMYP: 2008 - 2015

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

This report was prepared by the MOH and National Immunization program, with the participation of National Immunization Program, Department of Budget and Finance and Department of Planning and Health Information. It was then submitted and presented to the ICC/ICSC and the Technical Working Group for Health (TWGH) on the 5th and 7th of May 2009. The TWGH is the peak coordination body for health and includes UN agencies and NGOs. The report was then sent to the Health Sector Steering Committee (HSSC) for final review. Approval was obtained at the meeting of the HSSC on 11th May 2009. Minutes of the above meetings have been included as annexes to this report.

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Professor Sann Chan Soeung	MOH	Co-ordination	workmoh@gmail.com sanns@nip.gov.kh
Other partners and contacts who took part in putting this report together			
Dr. Chea Sokhim	MOH HSSP	Co-ordination	Sokhimc_dr@yahoo.com

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

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

The main sources of information are as follows:

1. National Health Information Reports Dept. Planning and Health Information
2. Financial Statements Dept. Budget and Finance.
3. Contractual data from signed contracts for MCH between provinces/districts and health centers
4. Verbal feedback from provinces and Districts at mid-year and national HSS program review
5. Interim report of independent evaluation

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

1. HSS is a new way of working between national programs and central departments.
2. Because it is a new way of working, information flow between programs and departments does not always operate smoothly towards obtaining objectives.
3. More planning is needed on the central strategy to harmonizing information flow between central departments and national programs for health system strengthening.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	201 3	2014	2015
Amount of funds approved	**1,850,000**	**337,500** **(HSS 2)**	**1,509,500** **131,000**	**14637** **68**	**1228142**	**1120838**	**1029483**	**938128**	**838093**
Date the funds arrived	**11.4.07**	**7.10.08**	**30.1.09** **23.3.09**						
Amount spent	**146,987**	**1,380,062**							
Balance	**1,703,013**	**660,451**							
Amount requested	**1,850,000**	**337,500**	**1,509,500**						

Amount spent in 2007 and 2008: $ 1,527,049.40
Remaining balance from total: $ 660,450.60

Table 4.3 notes: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

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

Table 4.3 HSS Activities in report year 2008

Major Activities in 2008	Planned Activity for reporting year	Report on progress (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance into 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1 SERVICE DELIVERY						
Activity 1.1: HEALTH CENTRE SERVICE DELIVERY CONTRACTS	Establish and Implement Health Centre MPA Annual Operational Plans & Performance Agreements (using supply and demand side approaches) (MCH)	139 health centre contracts have been signed and have been implemented for a package of MCH primary care services. In 2008 the package of services in all districts was extended to include family planning, post natal care and referral through co financing by UNFPA/AusAID	595,761	597,914	-2,153	**Main achievements -** (1) acceleration of concept of internal contracting as a management methodology (2) Improved performance in immunization and maternal and child health indicators from baseline (see following M & E table for details (3) co financing of strategy by UNFPA and AusAID.(4) Reported higher motivation of health centre staff (5) Expanded opening hours by most health centers. **Differences:** (1) MOH decided on fee for service system of contracts instead of capitation based model of funding. This was due to the fact the model was not sufficiently developed and the MOH considered the fee for service system would be easier to manage. This is under review (2) remote area allowances have been introduced for remote area staff to compensate for lower consultation numbers (3) Contracts have been extended to include more MCH services (birth spacing, referral, post natal care) as a result of UNFPA/AusAID co financing

Activity 1.2: DISTRICT MANAGEMENT CONTRACTS	Establish and Implement Annual Operational Plans & Performance Based Management Agreements for ODS and Provinces (MCH)	10 management contracts have been signed with 10 Operational Districts. As from the last quarter of 2008, contracts are integrated for MCH including GAVI and UNFPA/AusAID financing.	48,000	59,200	-11,200	**Main Achievements:** Improved health outcome indicators as outlined in M & E framework Main **Differences**: (1) In 2008, there was not enough emphasis and financial support for District and provincial management system. (2) The ending of Global Fund management support in 2008 means that GAVI HSS and Govt. will need to fill this gap.
Activity 1.3: COVERAGE IMPROVEMENT PLANNING	Integration of Immunization Coverage Improvement Planning into MPA Planning Systems (MCH) (gradual scale down of CIP))	This micro-planning program for improving coverage in harder to reach areas has been implemented in 2 quarters of 2008 in the catchment areas of 187 health centers (out of 1000 health centers in Cambodia.	230,271	192,971	37,300	**Main Achievements:** In 2008, Cambodia vaccinated the highest number of DPT3 in its history - 321,111
Activity 1.4: DEMAND SIDE STRATEGY	Implement, Evaluate and Fixed Site Strategy (MCH) (including demand side activities)	This strategy (with support for social mobilization and meetings with local authorities and volunteers) was implemented in 191 health centers (56 health districts) in 2008. 41% of vaccinations are now provided at health facilities at these sites.	75,137	52,537	22,600	**Main Achievements:** The numbers of children being vaccinated at health centers is increasing, reflecting grater demand for health services. At baseline, it was estimated that 21% of children were vaccinated at facilities, but this has now increased to 41% at trial sites
Objective 2 SYSTEMS						

Activity 2.1: FINANCE SYSTEMS	Develop MPA Financial Management Systems & health financing guidelines	Financial management guidelines for decentralized management of operational funds have been implemented in all 10 operational districts. Provinces and Districts in the 10 HSS areas have been trained in use of the guidelines. Supervision has been conducted for financial management in 5 ODs, and joint supervision with the monitoring team on two occasions in each of the 10 ODs. Objectives now are to facilitate improvements to the financial management system. This will mean increasing the financial management capacity of the OD staff. This will also require strengthening of supervision of health centers, districts and provinces.	17,529	5,953	11,576	**Main Achievement:** The financial management guidelines and management system means that finances are reaching facilities on time. This is without doubt a major contributing factor to improved performance.
Activity 2.2: PLANNING SYSTEMS	Strengthening of AOP planning systems and implementation of MPA Planning guidelines	No of 6 training courses in Planning Procedure in AOP for 296 for PHDs/ODs/HCs staff in 10 ODs.	99,575	43,393	56,182	Achievements: All GAVI HSS programs and activities have been integrated within the AOPs of 10 operation Districts. The supervision conducted for evaluation of planning process according to the MoH-Manual On Planning. Most PHDs and ODs have prepared and implemented all planning steps according to MoH guideline on planing.But still HCs and RHs have not yet prepared their own quarterly report by themselves unless having initiative from ODs. However, only few ODs have conducted spot check for quality of data, the rest have not yet pay attention on DQA. Post training follow-up at OD/HC has to continue

						till the year of 2009.For technical support from OD planning team to RH and HC has not yet conducted regularly due to the time constraint.
Activity 2.3: SUPERVISION	Strengthening of integrated supportive supervision programs from central to PHD, and OD to HC level	No of 2 integrated supervision visits conducted by central level to Provinces (Costs included in project management)				Two integrated supervision visits conducted by Program Monitoring Team(NIP, DBF, DPHI and CDC,DPM) to provincial level.
Activity 2:4: RESEARCH	Conduct Health Systems Operational Research Programs	No activity	0	0		No activity
Objective 3 Capacity Building						
Activity 3.1: MLM	Conduct capacity building programs for Middle Level Management	Training workshops middle level management (250 HC staff and OD staff in each 5 days training)	55,000	41,525	13,475	No of 250 HCs has received training on management course in 5 days at PHD level.
		Outreach guidelines review (as part of MPA): Consultative workshop with national programs and key implementaters and supporters	17,750	17,643	107	Outreach guidelines has reviewed and distributed.

		National Communication Strategy MPA/EPI: Production/Airing/printing and communication workshop	50,000	32,950	17,050	The National Communication Strategy on MPA/EPI will continue to conduct in 2009.
		Document Publication: 1- Printing revised planning manual / financial system manual / MPA Guideline	20,000	0	20,000	Document already finalized and approved and will print in 2009.
Activity 3.2: CHILD SURVIVAL	Strengthen systems for child survival scorecard monitoring (include in 3.3)	No11 times of monitoring-spot check visits conducted in 10 ODs in 2008.	13,400	12,579	821	Monitoring activities was conducted according to schedule.

Activity 3.3: IMCI	Conduct capacity Building & supportive supervision programs for IMCI and immunization	-No 11 of IMCI Clinical Training were conducted in 10 OD with participant 234 of health workers from HCs/ODs and PHDs level. -No 4 IMCI Facilitators Training/TOT training were conducted in 4 of 10 ODs with39 participants. - No 2 IMCI Follow up. Training/ IMCI Monitoring Strengthen the facilitating supervision of OD level Strengthen monitoring and spot-checking form national level IMCI planning workshop to introduce IMCI related activities in planning cycle of OD IMCI Workshop-IMCI Annual Review Meeting 2008. Child Survival Scorecard Monitoring Immunization Training (10 OD TOT training Cold Chain/Vaccine Management/IIP and training of HC staff)	278,581	212,688	65,893	Monitoring-Spot Check, IMCI Clinical training, TOT and Follow-up training activities were conducted according to schedule in 2008.
Activity 3.4 : RMNCH Training and Quality Improvement (co financing AusAID UNFPA)		(activity through UNFPA)	0	0		
Activity 3.5 : Private Sector	Implement, Evaluate and Scale Up Public / Private Collaboration (immunization with	The privates sector collaboration strategy is being implemented in 14 private clinics		0		

	potential integration with MCH)					
Support Functions						
Project Management, M&E and Technical Support and Miscellaneous.	Office support, evaluation workshops, transportation, technical support	1 full time project officer employed. International TA 6 weeks. 2 national workshops conducted mid -year and end of year evaluations	324,473	130,337	194,136	1 full time project officer has employed. International TA for 6 weeks also employed. 2 national workshops conducted at mid-year and the end of the year.
	Other logistics	vehicle 2 units, 10 motorcycle, fuel, maintenance system for cold chain	95,900	127,359	-31,459	Due to the price increased during the time of purchasing.
Total Budget for 2008			**1,921,377**	**1,527,049**	**394,327**	
Q4/08 Remaining Fund			**266,123**	**0**	**266,123**	
Total Fund Balance as at 31 Dec/08			**2,187,500**	**1,527,049**	**660,451**	

<u>Table 4.4 notes:</u> This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January And April 2009

Major Activities 2009	Planned Activity for reporting year	Planned expenditure in coming year	Balance available To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1 SERVICE DELIVERY					
Activity 1.1: HEALTH CENTRE SERVICE DELIVERY CONTRACTS	Establish and Implement Health Centre MPA Annual Operational Plans & Performance Agreements (using supply and demand side approaches) (MCH)	555,474	-2,153	690,131	Funding has been reduced from $770,051 to $555,474 due to the fact that GAVI HSS funding has been halved (ie.HSS 2 funding is at 50 cents per capita, why eras HSS 1 $1 per capita) Health centre funding can still be maintained at $555,474 because of reduced central expenditures. In terms of activity, post natal care, birth spacing and referral has been added to the MCH contracts, with UNFPA/AusAID supporting the complementary financing. Currently being implemented.
	Remote area allowance payment	79,920		79,920	**This is a new activity**. This activity was introduced following a mid- year evaluation by participants in 2008. What this demonstrated is that income for remote area staff is too low because client's contacts are lower. Currently being implemented.

Activity 1.2: DISTRICT & PROVINCE MANAGEMENT CONTRACTS	Establish and Implement Annual Operational Plans & Performance Based Management Agreements for ODS and Provinces (MCH)	117,600	-11,200	136,220	Reduced from $136,220 in proposal. It is proposed that the funding gap be addressed by integrated supervision and funding from other donor and national program sources. The Project Monitoring Team is trying to focus HSS funds on the health centre level. (Province 7$4,000 and OD $43,200)
Activity 1.3: COVERAGE IMPROVEMENT PLANNING	Integration of Immunization Coverage Improvement Planning into MPA Planning Systems (MCH) (gradual scale down of CIP))	134,666	37,300	134,667	No change
Activity 1.4: DEMAND SIDE STRATEGY	Implement, Evaluate and Fixed Site Strategy (MCH) (including demand side activities)	43,442	22,600	25,000	This area has been increased from proposal plan (25,000) as it is considered central to HSS strategy (strengthening utilization of fixed facility so that clients can access other services) (ie consolidation of trial in 100 provinces) Currently being implemented.
Objective 2 SYSTEMS					
Activity 2.1: FINANCE SYSTEMS	Technical Support and Monitoring the implementation of financial management tool and revised planning manual of OD and HC and planning implementation: 1- Post Training follow up at OD/HC (For PMD = Dissemination workshop for outreach guideline) (joint funding Dept. Finance and Dept. Planning	32,500	11,576	30,000	Slightly above budget ($2,500). Activities maintained (strengthening in supervision and management of new financial management guidelines)
Activity 2.2: PLANNING SYSTEMS	Regional dissemination workshop on revised planning manual	10,000			

	Revise the Guideline for Developing Operational District:	0			
	- Conduct OD assessment	4,000			
	- Consolidate and analyze the result of OD assessment	3,000			
	- Regional Consultative of Guideline for Developing Operational District (4WS)	10,000			
	Strengthen OD capacity in Quarterly review & Plan preparation: On-site supervision and monitoring	16,539			
	Strengthen OD capacity in Annual review & Plan preparation: 1- Annual review (OD, RH and HC) & preparation according to Planning Manual	11,205			
	1- Technical Support from OD planning team to RH and HCs in AOP development	8,983			
	2- Conduct appraisal on AOP of Health Facilities and provide feedback	9,365			
	Joint supervision on data validation	20,000			
	Document Publication: Printing revised planning manual / financial system manual / MPA Guideline	1,000		0	
Sub Total-Planning		**94,092**	**56,182**	**45,000**	

Activity 2.3: SUPERVISION	Strengthening of integrated supportive supervision programs from central to PHD, and OD to HC level (see			69,776	Supervision budgets are included in PHD/ODs contract and central M&E
Activity 2:4: RESEARCH	Conduct Health Systems Operational Research Programs			30,000	See project management feasibility study
Sub Total				**99,776**	
Objective 3 Capacity Building					
Activity 3.1: MLM	Training workshops middle level management (150 HC staff and OD staff in each 5 days training	29,000		38,000	
	Training workshops middle level management to Referral Hospital (On Planning)	8,000		8,000	
Sub total MLM		**37,000**	**50,631**	**46,000**	
Activity 3.2: IMCI	IMCI Clinical Training/IMCI Refresher Training Course	60,000			
	Strengthen the facilitating supervision of OD level	34,897			
	Strengthen monitoring and spot-checking form national level	22,000			
	Capacity building for local trainers to conduct cascade training to HC staff and to VHSG on 12 keys family and community practices of IMCI	15,000			
	IMCI Annual Review Meeting 2009	15,000			

	Immunization Training (10 OD TOT training Cold Chain/Vaccine Management/IIP and training of HC staff)	27,050			
Sub Total IMCI		173,947	65,893	104,000	
Activity 3.3: CHILD SURVIVAL	Strengthen systems for child survival scorecard monitoring (include in 3.3)	12,000	821	10,000	
Activity 3.4 : RMNCH Training and Quality Improvement (co financing AusAID /UNFPA)		0		0	Not applicable - UNFPA funding
Activity 3.5 : PRIVATE SECTOR	Implement, Evaluate and Scale Up Public / Private Collaboration (immunization with potential integration with MCH)	10,000	0	10,000	No change from proposal. Evaluation and support for trial of public private collaboration for immunization in 15 private clinics in Cambodia. Evaluation workshop with private sector clinics is proposed for may 2009. No spent in 2008, but activity still proposed for 2009
Project Management	Office support, evaluation workshops, transportation, technical support				
	Sub Total Other logistics	20000			Includes fuel costs ($10,000) and feasibility study of 24 hour opening for health centers ($10,000) This latter activity is left over from year 1. The PMT would still like to implement this study in 2009.
	Performance Agreements for Monitoring Team (Planning, Finance, NIP central) Monitoring and Supervision Specialists central level	51,840			This is a new activity to improve communication and coordination between departments centrally for integrated supervision by Dept Planning, Dept Finance, NIP and CDC. This supervision is taking place quarterly, with first missions to 10 HSS ODs having taken place in April 2009.

	Per-diem, allowances, transportation cost for PHD staffs (From Province to Phnom Penh)	22,312			This is a new activity to assist mobility of staff between province and central level for financial management and monitoring reports
	Annually Audit (External Audit)	20,000			Data collection is taking place currently through external audit (Price Water House Coopers)
	Miscellaneous 5%	50,000			
	HSS proposal Revision and Development 2007				
	Implement research or evaluation studies to guide HSS program implementation (Mid-Year Review)	20,000			
	M&E support costs and Evaluation Study (including 2 workshops)(Annual Review & Consultant Operation Cost)	30,000			
	TA 3% (Planning, financing,PBMA)	20,000			
Sub Total project management	Project management activities which included supervision PHD/ODs contract and central M&E PMT	214,152	162,678	98,614	
Total		**1,524,793**	**394,327**	**1,509,328**	
Q4/2008 Remain Budget			**266,123**		
Saving from 2008			**660,451**		

NOTE: 2009 proposal is based on the application for GAVI HSS (March 2008).
We didn't make adjustment on 2009 request against 2008 budget saving.
We will make (this 2008 budget saving) adjustment in 2010 budget request.

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) this information will help GAVI's financial planning commitments

Major Activities 2010	Planned Activity for reporting year	Planned expenditure in coming year (2010)	Balance available	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1 SERVICE DELIVERY			**(To be automatically filled in from previous table)**		
Activity 1.1: HEALTH CENTRE SERVICE DELIVERY CONTRACTS	Establish and Implement Health Centre MPA Annual Operational Plans & Performance Agreements (using supply and demand side approaches) (MCH)	770,051	-2,153	772,204	
Activity 1.2: DISTRICT MANAGEMENT CONTRACTS	Establish and Implement Annual Operational Plans & Performance Based Management Agreements for ODS and Provinces (MCH)	136,220	-11,200	147,420	
Activity 1.3: COVERAGE IMPROVEMENT PLANNING	Integration of Immunization Coverage Improvement Planning into MPA Planning Systems (MCH) (gradual scale down of CIP))	100,000	37,300	62,700	
Activity 1.4: DEMAND SIDE STRATEGY	Implement, Evaluate and Fixed Site Strategy (MCH) (including demand side activities)	25,000	22,600	2,400	
Sub Total		1031271	46546.53	984724.47	
Objective 2 SYSTEMS					

Activity 2.1: Finance Systems	Develop MPA Financial Management Systems & health financing guidelines	20,000	11,576	8,424	
Activity 2.2: Planning Systems	Strengthening of AOP planning systems and implementation of MPA Planning guidelines	45,000	56,182	-11,182	
Activity 2.3: Supervision	Strengthening of integrated supportive supervision programs from central to PHD, and OD to HC level	69,776	0	69,776	Supervision budgets are included in PHD/ODs contract and central M&E
Activity 2:4: Research	Conduct Health Systems Operational Research Programs	30,000	0	30,000	See project management feasibility study
Sub Total		164,776	67,758	97,018	
Objective 3 Capacity Building					
Activity 3.1: MLM	Conduct capacity building programs for Middle Level Management	46,000	50,631	-4,631	
Activity 3.2: IMCI	Conduct capacity Building & supportive supervision programs for IMCI and immunization	104,000	65,893	38,107	
Activity 3.3: Child Survival	Strengthen systems for child survival scorecard monitoring (include in 3.3)	10,000	821	9,179	
Activity 3.4 : RMNCH Training and Quality Improvement (co financing AusAID/UNFPA)		0	0	0	Not applicable - UNFPA funding

Activity 3.5 : Private Sector	Implement, Evaluate and Scale Up Public / Private Collaboration (immunization with potential integration with MCH)	10,000	0	10,000	No change from proposal. Evaluation and support for trial of public private collaboration for immunization in 15 private clinics in Cambodia. Evaluation workshop with private sector clinics is proposed for may 2009. No spent in 2008, but activity still proposed for 2009
Sub Total		170,000	117,345	52,655	
Project Management	Office support, evaluation workshops, transportation, technical support and other logistics	97,721	162,678	-64,957	
Sub Total		**97,721**	**162,678**	**-64,957**	
TOTAL COSTS		**1,463,768**	**394,327**	**1,069,441**	
Net Request for 2010				**803,317**	
Remarks: Total cost is 1,069,441. Saving from 2008 is 266,123; Net request for 2010 is 803,317.					

4.6 Programme implementation for reporting year:

a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

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

Performance

The program performed well in 2008, with most indicators (including EPI) demonstrating improvements. DPT3 numbers reached over 321,000 nationally, which is the highest number of children ever vaccinated in a year in Cambodia. In the 10 HSS ODs specifically, measles has increased by 11% and DPT Hep B coverage increased by 9% in 2008 when compared with 2007 (GAVI HSS started in the last quarter of 2007) in the 10 HSS ODs. At baseline in 2006, 0/10 HSS ODs had > 80% coverage. By the end of 2008, 5 of the ODs have now reached 80% DPT3 or greater. Similar improvements have been noted for maternal indicators including ANC coverage (16%) and delivery at facility (13%).

The 10 HSS ODs started from a much lower base. They were deliberately selected based on lower coverage and absence of NGO support, as well as more remote and poor populations. This being the case, these improvements in immunization and related maternal and child health indicators is an important outcome. It should be noted that there are also improvements nationally to immunization and MCH indicators. The HSS support is assisting these more difficult to ODs to keep up with national development of the health system.

The *financial management guidelines* and contract system has been effective in moving funds in a timely and accountable manner to the primary level of care. An independent evaluation has reported that health workers report higher levels of staff motivation and that most facilities are now open for 24 hours. The *IMCI strategy* has now been extended to all of the 10 ODs.

Problems

(1) The independent evaluation indicates that there is insufficient emphasis in the program on quality improvement. All the contractual outcomes relate to service contacts rather that service quality. (2) Coordination of supervision and planning at central level is sometimes difficult as most managers are accustomed to working within their own departments and programs with their own budgets, rather than working collectively on a common strategy. (3) Overall the GAVI budget is just a small component of a wider health system strengthening strategy through the MOH and other partners. So the GAVI program will need to link with wider HSS strategy and programming in order to be sustainable.

Issues

In the original design, it was proposed that service contracts were linked to a capitation based funding model. As this model was not sufficiently developed (waiting for the World Bank design Health Sector Support program 2) the MOH decided to adopt a fee for service model for health centre contracts. This will be reviewed in 2009 once the HSSP 2 program commences.

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

NGOs collaborate in GAVI HSS programs in *area of RH (RHAC and RACHA) of the 10 HSS districts.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes? If not, why not and how will it be ensured that funds will be on-budget? Please provide details.

At the HSS review meeting in August 2008, the Department of Planning and Health Information provided an overview of the planning system and the strategy/procedure for integration of HSS program activities into annual operational plans (AOPs) of the Ministry of Health. All HSS activities are integrated in this planning system in the 10 HSS operational districts. This means that activities and GAVI funds are reflected and described in annual operational plans rather that in a separate "project budget" at each district.

The financial management manual developed through the HSS program is resulting in timely disbursal of funds to district and health centers. The yearly advance to provinces means that districts can access their budget on a monthly basis. Health centre staff access their budgets by providing a monthly report on outcomes to the district. This system provides timely budget disbursal.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

Due to unexpected delays, the financial audit for 2008 is delayed. The MOH has recently awarded a tender to Price Water House Coopers Company to conduct an external audit of the GAVI HSS program. The audit is for the period October 2007 to December 2008. Data collection is taking place in May and will be completed by mid June

General overview of targets achieved

Table 4.8 Progress on Indicators included in application 10 HSS ODS												
Strategy	**Objective**	**Indicator**	**Numerator**	**Denominator**	**Data Source**	**Baseline Value**	**Source**	**Date of Baseline**	**Target**	**Date for Target**	**Current status**	**Explanation of any reasons for non achievement of targets**
	1,2,3	1. National DPT – HEPB 3 coverage (%)	Children vaccinated DPTHepB3	Children < 1 in 10 HSS ODs	MOH	74.2	MOH	2006	90	2015	79.9	N/A
	1,2,3	2. Measles Coverage	Children vaccinated with measles	Children < 1 in 10 HSS ODs	MOH	70.4	MOH	2006	90	2015	77.9	N/A
	1,2,3	2. Number of districts achieving ≥80% DTP3 coverage	No of District in 10 HSS ODs with > 80% DPT3	10 HSS ODs	MOH	0	MOH	2006	10	2015	5	N/A
	1,2,3	3. % pregnant women who have at least 2 ANC visit from a trained health professional	# pregnant women with 2 ANC visit	Expected pregnant women	MOH	49	MOH	2006	90	2015	71.7	N/A
	1,2,3	4. Proportion of deliveries attended by trained health staff	# delivery by professional staff	expected pregnancy	MOH	35.3	MOH	2006	90	2015	47.2	N/A
	1,2,3	5. % Delivery at Facility	# delivery at health centre or hospital	expected pregnancy	MOH	21	MOH	2007	34.4	2015	35.80	N/A
	1,2,3	6. % Hepatitis Birth Dose	Children vaccinated with hepatitis B	Children < 1 in 10 HSS ODs	MOH	25	MOH	2005	65	2015	46.9	N/A

	1,2,3	7. Total User Birth Spacing Method								97,2	
	1,2,3	8. Post Natal care numbers								111,2	
	1,2,3	9. % Immunization at Fixed Site	# children vaccinated with DPT3 at facility	Total # children vaccinated with DPT3	NIP	21	NIP	2006	37.3	2015	40%	N/A
	1,2,3	10.% of OD that have reached performance targets specified in the OD Contracts	# ODs with contracts that reached 100% of targets	Total # ODs with performance contracts	MOH	30%	MOH	2008	50%	2015	100%	N/A

Notes:

Data has not been able to be collected and analyzed on the following:

2. % of facilities implementing full MPA
3. Number of new case of general consultation per inhabitant per year for children under the age of 5 *
4. No. of Health Sector Plan 2 Policy Package Approved
6. % of approved budget reaching health facilities

Sources of data; DPHI annual statistics report.

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to
d. Financial statement of funds spent during the reporting year (2008)
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Controller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organizations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support[3]

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

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

Not applicable

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

[3] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

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

5.1.2 Nomination process

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

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

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

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[4]

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

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

5.2.1 Programme implementation

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

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

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

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

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

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

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

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

5.2.4 Monitoring and Evaluation

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

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

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

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

6. Checklist

Checklist of completed form:

Form Requirement:	**Completed**	**Comments**
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

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.

Please refer to minutes of ICSC, TWGH and HSSC. And other comments from central, field level cites below:

- 2009 Broaden contractual indicators to include MCH (post natal care, delivery, referrals, birth spacing) through support from the Government and AusAID – UNFPA(Currently be implemented)
- 2009 Conduct in depth evaluation of contracting system in mid-year.(Currently be implemented through UNFPA and GAVI)
- 2009 Introduce data quality audit system in order verify contract outcomes
- 2009 Strengthen more coordinated team management at central , provincial and district levels
- 2009 Strengthen process indicators, quality indicators in performance contract and M&E System.

~ End ~