GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Cambodia*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **09.05.2011 05:09:05**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php*

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 IRC processes and the availability of funds.

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

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

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

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

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

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2015
HSS	2015

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Cambodia 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 Cambodia

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	H.E. Dr. MAM BUN HENG	**Name**	H.E. KEAT CHHON
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Prof. Sann Chan Soeung	Deputy Director General for Health	855-12 933 344	workmoh@gmail.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

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.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
H.E. Dr.Mam Bun HengMinister of Health	Ministry of Health			
H.E. Prof. Eng Huot,Secretary of State for Health	Ministry of Health			
Pieter Van Maaren,Country Director	WHO			
Marion Kelly Representative of AusAID	AusAID			
Viorica Berdaga,Chief of Health	UNICEF			
Sok Sokun,Program Officer	UNPFA			
Pema Lhazom, Senior Operations Officer	WB			
Yumiko SaSaKi,Project Formulation-Advisor	JICA			
Monijul Modolf,Director of Health	USAID			
Dr.Sao Sovanratnak, Program Manager	MEDICAM			
Dr.Tung RathavyProgram Manager of NRHP	Ministry of Health			
Dr.Lak LengDeputy of NCHP	Ministry of Health			
Delio Fernandes, Deputy Coordinator Program	GTZ			
Marcel Regras,TC Volunteer for BH Services	EPOS			

Name/Title	Agency/Organisation	Signature	Date	Action
Paul WeelenHSDA	WHO			
Richard DucanEPI	WHO			
Dr. Sok TouchDirector of CDC	Ministry of Health			
H.E.Prof. Koeut MeachDirector of General for Admine and Finance	Ministry of Health			
Dr. Hem SarethDirector of	Provincial Health Department of Takeo Province			
Dr. Ung RatanaDeputy Director of PHD Ratanak Kiry Province	Provincial Health Department of Ratanakiry Province			
Prof. Sann Chan Soeung,Deputy General for Health/MoH	Ministry of Health			
Robin Martz,Health Officer	USAID			
Dr.Phom Sam Song,Deputy Director of HRD	Ministry of Health			
Mrs.Them Viravann,Chief of NGO Relation Office/MoH	Ministry of Health			
Ms.Pau Ann Sivutha,Deputy of DIC	Ministry of Health			
Pengly Dina,AID Coordinator of CRDB	Concil Development of Cambodia (CDC)			
Kojima Shinichi,HRD Coordinator	JICA			
Ramji Dhakal,Consultant	SBK			
John Grandy,Consultant HSSP2/HSS	Ministry of Health			
Michael Thigpen,Medical Officer	US-CDC			
Ms.Pich Thyda,P.O.	JICA			
Dr. Khiev Samros,Deputy Director of	PHD Takeo Province			
Mr. Chea Chhiv Srong,Director of CMS	Ministry of Health			

Name/Title	Agency/Organisation	Signature	Date	Action
Dr.Lor Sivin,Deputy Director of Personnel Department	Ministry of Health			
Dr. Moeung Vannarom,Deputy Director of DIC/MOH	Ministry of Health			
Dr. Chi Mean Hea,Deputy Director General for Health/MoH	Ministry of Health			
Dr.Ok Sophal,Deputy Director of DDF/MOH	Ministry of Health			
H.E. Heng Tay Kry,Secretary of State for Health	Ministry of Health			
H.E.Tep Lun,Director General for Health	Ministry of Health			
DR.Chheng Morn,Deputy Manager of NIP	Ministry of Health			
Dr.Chea Sokhim,M&E Offcicer/HSSP2/HSS	Ministry of Health			
Mr. Kiv Sonisay,National Pro-TWGH Coordinator/DIC	Ministry of Health			
Mrs.Nhim Maliny,DIC Staff	Ministry of Health			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - 26/04/2011, 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.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
H.E. Dr. MAM Bun Heng,Minister of Health	Ministry of Health			
H.E. Heng Tay Kry,Secretary ofState for Health	Ministry of Health			
Mr. Kim Phalla, Representative of MEF	Ministry of Economy and Finance			
Mrs. Neang Sopheavy, Representative of MEF	Ministry of Economy and Finance			
Prof. Koeut Meach, Director General for Admine & Finance	Ministry of Health			
Prof. Sann Chan Soeung,Deputy Director General for Health	Ministry of Health			
Mr. Mam Borath, Representative of MOP	Ministry of Planning			
Mr. Lay Huorn, Director of Budget and Finance	Ministry of Health			
Dr. Chheng Morn,Deputy Manager of National Immunization Prog.	Ministry of Health			
Dr. Chea Sokhim, M&E Officer,HSSP2/HSS	Ministry of Health			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

2.4.1. CSO report editors

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
N/A				

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - 26/04/2011, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
N/A				

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

3. Table of Contents

This APR reports on Cambodia's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	364,865	379,058	388,003	397,160	406,533	416,127
Total infants' deaths						
Total surviving infants	364,865	379,058	388,003	397,160	406,533	416,127
Total pregnant women	364,865	379,058	388,003	397,160	406,533	416,127
# of infants vaccinated (to be vaccinated) with BCG	344,619	356,315	388,003	397,160	406,533	416,127
BCG coverage (%) *	94%	94%	100%	100%	100%	100%
# of infants vaccinated (to be vaccinated) with OPV3	335,144	352,524	368,603	377,302	386,206	395,206
OPV3 coverage (%) **	92%	93%	95%	95%	95%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	340,410	352,524	368,603	377,302	386,206	395,321
# of infants vaccinated (to be vaccinated) with DTP3 ***	334,901	352,524	368,603	377,302	386,206	395,321
DTP3 coverage (%) **	92%	93%	95%	95%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	340,410	352,524	368,603	377,302	386,206	395,206
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	334,901	352,524	368,603	377,302	386,206	395,206
3rd dose coverage (%) **	92%	93%	95%	95%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	338,172	333,571	368,603	377,302	386,206	395,320
Measles coverage (%) **	93%	88%	95%	95%	95%	95%
Pregnant women vaccinated with TT+	222,551	345,545	360,054	364,395	369,073	372,853
TT+ coverage (%) ****	61%	91%	93%	92%	91%	90%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	2%	0%	0%	0%	0%	0%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

No changes in birth denominators. Our birth figures are from joint reporting form [WHO,UNICEF 2010]. Note that NIP uses the official figures from the Ministry of Planning based on the 2008 Census.

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

N/A

Provide justification for any changes in **targets by vaccine**

Regarding drop out for DTP1-DTP3, the data submitted by Cambodia for 2010 has 340,410 DTP1 doses and 334,901 DTP3 doses giving a drop out rate of approximately 2%. For the years 2011 – 2015, the figures for DTP3 coverage are taken from the cMYP costing tool which has been updated for the submission of the 2nd dose of measles vaccines (submitted as part of the measles new vaccine application). Please note that this costing tool only has first dose coverage and wastage rates, but does not allow a drop out rate between DTP1 and DTP3. However, to keep the GAVI APR and the Cambodia cMYP costing tool data consistent, we have enter the number of dose of DTP1 and DTP3 as the same. The actual drop out rate will be reported in the 2011 APR for the 2011 drop out as reported in the WHO/UNICEF JRF.

Provide justification for any changes in **wastage by vaccine**

N/A

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

MAIN ACTIVITIES CONDUCTED 2010

1.Immunization coverage reached targets. In 2010, there were 334,901 children under the age of 1 vaccinated with DPT-Hep B 3 which is lower number of children vaccinated in 2009[339,196] . A DHS survey has be conducted in 2010 to confirm overall coverage results and will be released soon.
2.The number of districts with coverage greater than 80% for DTPHepB3 has increased to 66 (out of 77 Operational Districts). A remaining 9 operational districts are below this rate, and will be the focus for coverage improvement planning activity in 2011.
3.The percentage of vaccinations at facilities (compared to health outreach) has increased nationally from an estimated 20% in 2006 to 45% in 2010, indicating that population demand for immunization services is increasing substantially.
4.New introduction activities for nationwide pentavalent vaccine successfully introduced in 2010, in preparation for

vaccine introduction in the first quarter of 2010.
5.The national program reports successful conducting of maternal and neonatal tetanus elimination activities including supplementary Immunization programs at garment factories and in high risk operational districts. Cambodia expects to achieve validation of MNT elimination in 2012.
6.TT SIA were conducted in more than 400 garment factories targeting women of child bearing age.TT SIAs were also conducted in 48 villages of OD Ochrov and Pailin. The target 15-44 years old(CBAW) of 20713. Number of persons vaccinated for Tetanus: TT1(9743);TT2(11786);TT3(5794) and TT4 more than(6570) were vaccinated in 2010.
7.H1N1 campaigns were conducted in country wide over 2 ,384968 doses administrated to children[6-24 months),pregnant women and high risks group
8.Effective collaborations have been maintained between MoH and development partners and local NGOs especially at the service delivery level where community and local authority participation is high.
9.International EPI review conducted in 2010 with participation from MoH, WHO, UNICEF, CDC-USA and PATH. EPI review report attached. Key recommendations from the EPI review and its push to a focus on high risk communities is being implemented in 2011.

5.2.2.

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

The target in 2010 was DTP3 coverage of 94%,the achievement in 2010 was 92% The main reason for not meeting target were continued challanges reaching mobile population, hard to reach remote areas, slums ,minorities.[refer to EPI Review 2010]

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

Based on result of DHS 2010, indicates that 85.1 for female and 84.6 for male received DPT3, therefore it is considered there is no sex preference for immunization.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting?

If Yes, please give a brief description on how you have achieved the equal access.

Cambodia already achieved the equal access with female immunization rates higher than male.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

The program maintain its activities to make sure all female and male are equal access to immunization service country wide.

5.3. Data assessments

5.3.1.

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

More recent survey data through the DHS survey 2010 suggests that offical reported coverage rates are slightly higher than those from survey results. There is a 10% gap between reported measles coverage and coverage as

reported by the DHS survey, and a 9% gap in DPT3 reporting. Action is being undertaken by the Ministry of Health to improve data quality, mainly fouusing on efforts to improve denominator estimates that are seen as the prime cause of discrepencies here.

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

In 10 health system strengthening (HSS) districts (GAVI supported) a strategy for health system data quality self assessment (including EPI) is being trialled with a view to national scale up of the approach. MOH and district staff have been trained in conducted DQA for all 10 OD-HSS and have started implemention from late 2010 and will complete this in mid 2011. Preliminary results are attached. Further national expansion is planned for 2012.

5.3.3.

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

1. Training in hte DQA to PHD/OD/HCs staff in the 10 GAVI HSS supported ODs.
2. Regularly Technical Supervision Support from HIS/DPHI/MoH
3. Study on denominator was conducted by WHO and CDC-USA in 2010. This information has been used in 2011 by NIP to improve data quality (report attached).

5.3.4.

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

Training as describe above
Technical Supervision
Maintaining DQA System through Health Information System of Department of Planning and Health Information department[HIS-DPHI]/Ministry of Health

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 $US =	Enter the rate only; no local currency name

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** JICA	**Donor name** PATH	**Donor name** SWAp [HSSP2]	
Traditional Vaccines*	843,632	843,632							
New Vaccines	2,161,230	271,656	1,876,160				13,414		
Injection supplies with AD syringes	1,398,345	1,204,350	35,675		142,898		15,422		
Injection supply with syringes other than ADs	8,502								
Cold Chain equipment									
Personnel									
Other operational costs									
Supplemental Immunisation Activities									
Measles Vaccine	436,000					436,000			
A H1N1 Vaccine	5,500,000				5,500,000				
A H1N1 Operational Costs	1,669,000				100,000		299,000	1,270,000	
Measles Vaccine Injection Safety	108,845					117,347			
TT Vaccine	31,450			31,450					

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name JICA	Donor name PATH	Donor name SWAp [HSSP2]	
Injection devices for TT SIA	19,379			19,379					
Total Expenditures for Immunisation	*12,176,383*								
Total Government Health		2,319,638	1,911,835	50,829	5,742,898	553,347	327,836	1,270,000	

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

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	769,307	1,007,317	
New Vaccines	4,176,407	3,679,126	
Injection supplies with AD syringes	318,276	382,324	
Injection supply with syringes other than ADs	78,847	80,053	
Cold Chain equipment	256,727	245,186	
Personnel	1,197,485	1,191,298	
Other operational costs	1,446,628	1,456,920	
Supplemental Immunisation Activities	2,045,919	0	
	0	0	
Total Expenditures for Immunisation	10,289,596	8,042,224	

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

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

The MOH is committed to meeting the obligations of the immunization programme both in terms of operational expenditure and vaccine procurement. All financial estimates have been included in budget requests to the Ministry of Finance. No immediate challanges in funding gaps over the next three years are envisaged.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010?

Please attach the minutes (Document number XXXXX) from all the ICC meetings held in 2010, including those of the meeting 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 5.4 Overall Expenditures and Financing for Immunisation

Follow up action:

1.Annual NIP Review Workshop and Report 2009 (6-7 April)
2.Joint WHO/UNICEF Annual report 2009 (15 April)
3.GAVI Annual Progress Report 2009 (15 May)
There was request to compare the HepB birth dose with Health Facility Delivery rates to see if it reflect the practice of providing HepB birth dose within 24 hours for health facility delivery because there two indicators are moving at the same direction (some OD with high hepB birth dose but low health facility delivery).

A.CO-FINANCING:

•Co-financing has been agreed as one of the important agenda for pantavalent vaccine. 2010 is the first year for Cambodia to co-finance with GAVI for DPT-HepB-Hib.
•Based on the successful achievement; the Government of Cambodia started to share cost for traditional vaccines for routine activities (BCG,OPV,DPT,MV,TT) in 2000 and fully covered in 2008 (including HepB Birth dose). It takes

almost 10 years for the Government to fully covered traditional vaccines.
•For co-financing; the Government (MoH & MoEF) signed for co-financing with GAVI in May 2007; two years after tetravalent vaccine (DPT-HepB) was introduced nationwide and submitted the proposal to GAVI for pantavalent (DPT-HepB-Hib) vaccine in Feb. 2008.
•Gov't will co-finance in the amount of about US$300,000 (while $4,120,000 for GAVI will be paid by GAVI).
•GAVI developed "Default Policy" for country co-financing required Cambodia to pay co-financed amount by end of June 2010.
•A country will be out of default once the co-financing commitment is achieved.
if a country does not fulfill their co-financing commitment (payment of the full co-financing amount of the agreed upon number of doses, AD, SB) by 31 December of the concerned year (2010 for Cambodia), that country goes into default status.
•Proposed actions after a country goes into default status can be found in the GAVI website http://www.gavialliance.org
•Both traditional vaccines and co-financing vaccine will be procured using UNICEF Procurement Service (PS) mechanism. Procurement Service required the following steps:
•Government Requests for Cost Estimation (CE)
•UNICEF send CE to Government
•Government transfers budget as indicated in CE to UNICEF Trust Account.
•Procurement and deliveries if vaccines and supplies.
•UNICEF provides Final Invoices
•Liquidation

B.Data Quality Assessment (DQA):

To assure the data quality data quality assessment was conducted in 10 OD with GAVI-HSS by random sport check at health facility levels by monitoring teams. The team choose each village in which a patient or client resides, and track him or her down to conduct a face to face interview. Monitoring team's entries in patient or client registers that originate from villages using checking questionnaire for health centers. Collecting data from the registers maintained at the health centers such as:
•Outpatient consultation register
•Antenatal care register
•Immunization register
•Birth spacing register
•Post natal care register
by counting all the number of cases in the each registers during the last week (Monday to Friday) of the last month to select 10% of the total (total number of 5 registers) for field visits, calculating the selected number from each registers, random selection (random interval) for field visits.

Expected Findings:

•Reliable Data when cross checking in monthly report of hard copy (HC1) have consistency with registers and tally sheets.
•Electronic files sent to PHD and MoH / DPHI / HIS office have consistency with hard copy.
Follow up action:
•Strength Health Information must be improved data collection and recording, data analysis and use of data.
•If the Data in HC1, Registers and Tally Sheet are not equal must be feedback to health centers checking and filling up again.
•If the Electronic file is not correct must be feedback to PHD, OD to verify again.
•To confirm quality Data more, to propose conducting sport check.

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

If Yes, which ones?
Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
MEDICAM; PATH;RACHA;RHAC	
Other Local NGOs in Provincial and District levels.	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

Main objectives for the EPI as per the cMYP are:

•Maintain Polio free

•Elimination of measles by 2012
•Eliminate MNT by 2012 (>80% PAB for TT)
•Reduce HepB prevalence to <2% by 2012
•Over 95% DTP-HepB-Hib coverage every district by 2015
•Maintain high coverage rate of routine immunization(needs>95% coverage)
•Measles Campaign
•Outreach immunization activities
•Fixed site immunization in some selected HCs
•CIP activities in selected villages with high number of unimmunization children
•Provide special vaccination campaign in the remote villages and hard to reach villages
•Identify the silent ODs and HCs for surveillance activities and provide special supports
•Private and public collaboration for immunization activities
•Communication workshop with local authority for improving immunization activities and surveillance
•Logistic and cold chain management and supply
Network or Integration with other sector:
•The TT vaccination at the secondary and High school
•The TT campaign in selected high risk ODs for MNTE
•Applying Incentive Routine Immunization Services at high risks districts
•Child Bearing Aged Women [CBAW] registration and Monitoring on the CBA registration for TT vaccination
•Special TT vaccination integrate with outreach activities in the high risk villages for MNTE
DATA QUALITY
•Improve quality of data[HIS]
Fund and Logistic Support:
•Limited funding
•Inappropriate staff allocation
•Human resource
•Technical assistance
•Logistic and supplies
•High staff turn over
•Communities and local authorities participation
•Reaching missed children
•Strengthening both fixed or outreach sessions according to village needs and situation
•Supportive supervision for service delivery
•Regular supervisory visits to all health centers to find solutions for improving access
•Collaborating with local authorities to update static of children and CBAW.
•Working with communities to improve their access to services
•Mapping the unimmunized and missed cases
•Active health surveillance to show location of unimmunized children and unreported cases
•Equity for service delivery

–Adequate resources available at every HC for equity of access to service delivery
–Motivate HC,CW to performance well to reach the target
–Incentive to routine immunization Services IRIS(GAVI)
–Seeking strong support from both high level managing and Development Partners
–Networking with relevant actors in ISS/HSS (Immunization Services Strengthening and Health System Strengthening)

5.7. 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 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD Syringe	Govt	
Measles	AD Syringe	Govt	
TT	AD Syringe	Govt, UNICEF	
DTP-containing vaccine	AD Syringe	GAVI co finance	

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? (Please report in box below)

IF No: When will the country develop the injection safety policy/plan? (Please report in box below)

There is no any obstacles during the implementation of the injection safety plan.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Safety boxes at health facilities [Referral Hospitals, Health Centres] and incinerators disposal of waste [SICIM] at each level .

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 141,000
Remaining funds (carry over) from 2009	US$ 0
Balance carried over to 2011	US$ 65,370

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

Cambodia has spent ISS and NVS funds for the following major activities:
- Prepared and conducted training of new vaccine DPT-HebB-Hib
- Prepared TOT[Training of Trainer] training on Hib Vaccine

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.
If No, please complete Part B below.

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

N/A

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

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

Is GAVI's ISS support reported on the national health sector budget? Yes

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number Document 8(Doc8)) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US$ amount by filling **Table 3** below

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

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3***** (from JRF) **specify**			339,196	334,901
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-4,295
3	Calculating	$20	per additional child vaccinated with DTP3		-85,900
4	**Rounded-up estimate of expected reward**				**-85,500**

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	250,000	250,000	0	
DTP-HepB-Hib	250,000	250,000	0	
DTP-HepB-Hib	92,800	92,800	0	
DTP-HepB-Hib	86,300	86,300	0	

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

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

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

N/A

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)

N/A

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last? N/A

Please describe the reason and impact of stock-out

N/A

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	Pentavalent	
Phased introduction	No	**Date of introduction** 01.04.2010
Nationwide introduction	Yes	**Date of introduction** 01.04.2010
The time and scale of introduction was as planned in the proposal?	No	**If No, why?** Introduction was delayed several months due to remaining stocks of Tetra-valent vaccine that had been supplied through JICA support

7.2.2.

When is the Post introduction Evaluation (PIE) planned? May to August 2011

If your country conducted a PIE in the past two years, please attach relevant reports (Document No N/A)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

N/A in 2010

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	131,000
Receipt date	03.11.2009

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

- Training
- Communication (including TV spot)
- IEC
- Launching
- Supervision follow up

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

No problems with introduction.

Is there a balance of the introduction grant that will be carried forward? Yes

If Yes, how much? US$ 21,686

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

Continued support and training for penatavalent vaccine introduction and monitoring and supervision in 2011 (including PIE).

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No Documment 8 (Doc8)). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	271,656	92,800
2nd Awarded Vaccine	0	0
3rd Awarded Vaccine	0	0
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor	No	
Other	No	
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1.	Co-financing has been agreed as one of the important agenda for Pantavalent vaccine. 2010 is the first year for Cambodia to co-finance with GAVI for DPT-HepB-Hib. Based on the successful achievement; the Government of Cambodia started to share cost for traditional vaccines for routine activities (BCG,OPV,DPT,MV,TT) in 2000 and fully covered in 2008 (including HepB Birth dose). It takes almost 10 years for the Government to fully covered traditional vaccines.	
2.	For co-financing; the Government (MoH & MoEF) signed for co-financing with GAVI in May 2007.	
3.	GAVI developed “Default Policy” for country co-financing required Cambodia to pay co-financed amount by end of June 2010.	
4.	Both traditional vaccines and co-financing vaccine will be procured using UNICEF Procurement Service (PS) mechanism.	

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	
2nd Awarded Vaccine	
3rd Awarded Vaccine	

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

N/A

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 20.04.2009

When was the last Vaccine Management Assessment (VMA) conducted? 20.04.2009

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 4)

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

Please note that EVSM and 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/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

The last cold chain assessment was undertaken in the late 2009. This assessment The EVSM 2009 reported major improvements in the Cambodian Cold Chain system since the last EVSM in 2003. These improvements include the following:

•Completeness of vaccine arrival reports for international shipments
•Regular calculation of vaccine volume estimates and required store capacity
•Installation of 3 new cold rooms and one new freezer room
•Regular and reliable delivery of stock to provinces
•Very good stock forecasting and procurement
•Implementation of new computerized stock management program since 2006

Main recommendations in the 2009 the vaccine management assessment were:

•Train customs staff in the handling of vaccines

•Train all staff of CMS on the new international shipping temperature indicators
•Train more CMS staff on the handling of vaccines according to WHO and UNICEF guidelines.
•Introduce the manual recording of all temperature recordings on a daily basis according to WHO guidelines
•Introduce a monthly temperature records review system
•Conduct annual temperature recording device validations
•Introduce the new Fridge-tag and Freeze-tag to all cold/freezer rooms
•Prepare and introduce a system and guidelines for the handling of discarded vaccines

In 2010 the following activities were undertaken to address the recommendations in the EVSM:

Training on Vaccine Management to Central medical Store Staff[CMS]
Training on Temperature Monitoring Devices for PHD/ODs staff for
Developed Standard Operational Procedure for Vaccine Management
Introduced Fridge tag to PHD/ODs refrigerators
Maintaining refrigerators for health facilities
Installation of solar refrigerators[30] for remote Health Centres
Installation of Stela incinerators [24] at referral hospitals.
Conducted supervision for cold chain management

When is the next Effective Vaccine Management (EVM) Assessment planned? 01.03.2012

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

N/A

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No N/A) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for N/A vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of N/A vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of N/A vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No N/A).

The country ICC has endorsed this request for extended support of N/A vaccine at the ICC meeting whose minutes are attached to this APR (Document No N/A).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: Yes

If you don't confirm, please explain

N/A

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	379,058	388,003	397,160	406,533	416,127		1,986,881
Number of children to be vaccinated with the third dose	Table 1	#	352,524	368,603	377,302	386,206	395,206		1,879,841
Immunisation coverage with the third dose	Table 1	#	93%	95%	95%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	352,524	368,603	377,302	386,206	395,206		1,879,841
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		1,084,400	1,098,700	1,110,900	1,125,900	4,419,900
Number of AD syringes	#		1,147,000	1,161,800	1,174,700	1,190,500	4,674,000
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		12,750	12,900	13,050	13,225	51,925

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		2,848,000	2,715,000	2,412,000	2,234,500	10,209,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		89,400	96,800	112,800	126,200	425,200
Number of AD syringes	#		94,600	102,400	119,200	133,500	449,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,050	1,150	1,325	1,500	5,025
Total value to be co-financed by the country	*$*		235,000	239,500	245,000	250,500	970,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.62%			8.09%			9.21%			10.08%		
B	**Number of children to be vaccinated with the first dose**	Table 1	352,524	368,603	28,070	340,533	377,302	30,538	346,764	386,206	35,580	350,626	395,206	39,827	355,379
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	1,057,572	1,105,809	84,208	1,021,601	1,131,906	91,612	1,040,294	1,158,618	106,738	1,051,880	1,185,618	119,479	1,066,139
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	1,110,451	1,161,100	88,419	1,072,681	1,188,502	96,192	1,092,310	1,216,549	112,075	1,104,474	1,244,899	125,453	1,119,446
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		12,663	965	11,698	6,851	555	6,296	7,012	646	6,366	7,088	715	6,373
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		1,173,763	89,383	1,084,380	1,195,353	96,747	1,098,606	1,223,561	112,721	1,110,840	1,251,987	126,167	1,125,820
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		1,241,504	94,542	1,146,962	1,264,021	102,304	1,161,717	1,293,850	119,197	1,174,653	1,323,904	133,414	1,190,490
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		13,781	1,050	12,731	14,031	1,136	12,895	14,362	1,324	13,038	14,696	1,481	13,215
N	**Cost of vaccines**	I x g		2,899,1	220,776	2,67	2,773,2	224,452	2,54	2,483,8	228,824	2,25	2,316,1	233,408	2,082,

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed			95		8,419	19		8,767	29		5,005	76		768
O	Cost of AD syringes needed	K x ca		65,800	5,011	60,789	66,994	5,423	61,571	68,575	6,318	62,257	70,167	7,071	63,096
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		8,820	672	8,148	8,980	727	8,253	9,192	847	8,345	9,406	948	8,458
R	Freight cost for vaccines needed	N x fv		101,472	7,728	93,744	97,063	7,856	89,207	86,935	8,009	78,926	81,067	8,170	72,897
S	Freight cost for devices needed	(O+P+Q) x fd		7,462	569	6,893	7,598	615	6,983	7,777	717	7,060	7,958	802	7,156
T	Total fund needed	(N+O+P+Q+R+S)		3,082,749	234,754	2,847,995	2,953,854	239,071	2,714,783	2,656,308	244,713	2,411,595	2,484,774	250,398	2,234,376
U	Total country co-financing	I 3 cc		234,753			239,071			244,713			250,398		
V	Country co-financing % of GAVI supported proportion	U / T		7.62%			8.09%			9.21%			10.08%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

Follow up action:

1.Annual NIP Review Workshop and Report 2009 (6-7 April)
2.Joint WHO/UNICEF Annual report 2009 (15 April)
3.GAVI Annual Progress Report 2009 (15 May)
There was request to compare the HepB birth dose with Health Facility Delivery rates to see if it reflect the practice of providing HepB birth dose within 24 hours for health facility delivery because there two indicators are moving at the same direction (some OD with high hepB birth dose but low health facility delivery).
A.CO-FINANCING

•Co-financing has been agreed as one of the important agenda for pantavalent vaccine. 2010 is the first year for Cambodia to co-finance with GAVI for DPT-HepB-Hib.
•Based on the successful achievement; the Government of Cambodia started to share cost for traditional vaccines for routine activities (BCG,OPV,DPT,MV,TT) in 2000 and fully covered in 2008 (including HepB Birth dose). It takes almost 10 years for the Government to fully covered traditional vaccines.
•For co-financing; the Government (MoH & MoEF) signed for co-financing with GAVI in May 2007; two years after tetravalent vaccine (DPT-HepB) was introduced nationwide and submitted the proposal to GAVI for pantavalent (DPT-HepB-Hib) vaccine in Feb. 2008.
•Gov't will co-finance in the amount of about US$300,000 (while $4,120,000 for GAVI will be paid by GAVI).
•GAVI developed "Default Policy" for country co-financing required Cambodia to pay co-financed amount by end of June 2010.
•A country will be out of default once the co-financing commitment is achieved.
if a country does not fulfill their co-financing commitment (payment of the full co-financing amount of the agreed upon number of doses, AD, SB) by 31 December of the concerned year (2010 for Cambodia), that country goes into default status.
•Proposed actions after a country goes into default status can be found in the GAVI website http://www.gavialliance.org
•Both traditional vaccines and co-financing vaccine will be procured using UNICEF Procurement Service (PS) mechanism. Procurement Service required the following steps:
•Government Requests for Cost Estimation (CE)
•UNICEF send CE to Government
•Government transfers budget as indicated in CE to UNICEF Trust Account
.
- Procurement and deliveries if vaccines and supplies.
- UNICEF provides Final Invoices
- Liquidation

B. Data Quality Assessment (DQA):

To assure the data quality data quality assessment was conducted in 10 OD with GAVI-HSS by random sport check at health facility levels by monitoring teams. The team choose each village in which a patient or client resides, and track him or her down to conduct a face to face interview. Monitoring team's entries in patient or client registers that originate from villages using checking questionnaire for health centers. Collecting data from the registers maintained at the health centers such as:

- Outpatient consultation register
- Antenatal care register
- Immunization register

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		21	Yes
Signature of Minister of Finance (or delegated authority)		22	Yes
Signatures of members of ICC		1	Yes
Signatures of members of HSCC		2	Yes
Minutes of ICC meetings in 2010		3, 4	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		27	Yes
Minutes of HSCC meetings in 2010		11	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		19, 20	Yes
Financial Statement for ISS grant in 2010		28	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		5, 10	Yes
EVSM/VMA/EVM report		13, 23, 24, 25	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		14, 15	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signatures of members of ICC * **File Desc:** Doc2-Signatures List TWGH of Participants	**File name:** Doc2-Signatures List of TWGH Participants.pdf **Date/Time:** 29.04.2011 02:30:43 **Size:** 305 KB		
2	**File Type:** Signatures of members of HSCC * **File Desc:** Doc3-Signatures List of Participants HSSC	**File name:** Doc3-Signatures List of Participants HSSC.pdf **Date/Time:** 29.04.2011 02:34:12 **Size:** 57 KB		
3	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Minutes of ICC meetings in 2010 * **File Desc:** Doc4a-Minutes of ICSC Meeting 11th March 2010	Doc4a-Minutes of ICSC Meeting 11th March 2010.pdf **Date/Time:** 29.04.2011 02:37:02 **Size:** 110 KB		
4	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Doc4b-Minutes ICSC April 22.2010	**File name:** Doc4b-Minutes ICSC April 22.2010.pdf **Date/Time:** 29.04.2011 02:40:19 **Size:** 386 KB		
5	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:** Doc8-Financial Statement of HSS-ISS	**File name:** Doc8-Financial Statement of HSS-ISS.pdf **Date/Time:** 29.04.2011 02:51:53 **Size:** 303 KB		
6	**File Type:** other **File Desc:** APR HSS Section	**File name:** Doc9-Attach HSS-Final 26th_Apr-11-Part_5_of_APR_HSS_2010_@_18_Feb_2011.pdf **Date/Time:** 29.04.2011 04:25:53 **Size:** 248 KB		
7	**File Type:** other **File Desc:** TWGH meeting Agenda 13-Apr-11	**File name:** TWGH meeting Agenda 13-Apr-11.pdf **Date/Time:** 29.04.2011 04:28:44 **Size:** 58 KB		
8	**File Type:** other **File Desc:** Updated 2006-2011 M&E Frame-Work 2011-APRIL-11	**File name:** Updated 2006-2011-M&E_Frame-Work_2011-APRIL-19th.xls **Date/Time:** 29.04.2011 04:36:35 **Size:** 558 KB		
9	**File Type:** other **File Desc:** Draft of Summary Report of Assessment GAVI HSS 19-04-11	**File name:** Dratf of Summary_Report_assess_GAVI_HSS_19-04-11.pdf **Date/Time:** 29.04.2011 04:39:39 **Size:** 69 KB		
10	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:** Document 8-Financial Statement of HSS	**File name:** Doc8-Financial Statement of ISS.pdf **Date/Time:** 01.05.2011 23:17:01 **Size:** 303 KB		
11	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** Document4c: HSSC Minutes Meeting 2010	**File name:** Document4c-HSSC Minutes Meeting 2010.pdf **Date/Time:** 03.05.2011 03:34:50 **Size:** 298 KB		
12	**File Type:** other **File Desc:** Doc12-2010 CDHS Preliminary Reprort	**File name:** Doc12-2010_CDHS_preliminary_report_v3.pdf **Date/Time:** 03.05.2011 04:23:17		

ID	File type Description	File name Date and Time Size	New file	Actions
		Size: 773 KB		
13	**File Type:** EVSM/VMA/EVM report **File Desc:** Doc10-Cambodia EVSM Report April 2009	**File name:** Doc10-Cambodia_EVSMReport_Apr2009.pdf **Date/Time:** 07.05.2011 23:19:20 **Size:** 624 KB		
14	**File Type:** new cMYP starting 2012 **File Desc:** Doc16-UPDATED+cMYP+NIP+[2011]+2008-2015	**File name:** Doc16-UPDATED+cMYP+NIP+[2011]+2008-2015.pdf **Date/Time:** 07.05.2011 23:56:21 **Size:** 683 KB		
15	**File Type:** new cMYP starting 2012 **File Desc:** Doc17-UPDATED+2011+COSTING+cMYP+for+Cambodia+EPI+	**File name:** Doc 17-UPDATED+2011+COSTING+cMYP+for+Cambodia+EPI+2000-2015+Final.xls **Date/Time:** 08.05.2011 00:01:36 **Size:** 288 KB		
16	**File Type:** other **File Desc:** Doc18-Draft1 of DQA GAVI Report [Will Finalise in June-11]	**File name:** Doc18-Draft1 of DQA_GAVI_Report[Will Finalise in June-11].pdf **Date/Time:** 08.05.2011 00:10:27 **Size:** 200 KB		
17	**File Type:** other **File Desc:** Doc 19 - NIP/WHO/CDC EPI Denominator Review 2010	**File name:** Doc 19 - EPI Denominator Review 2010.pdf **Date/Time:** 08.05.2011 23:25:17 **Size:** 658 KB		
18	**File Type:** other **File Desc:** Doc 20 - EPI Review Report 2010	**File name:** Doc 20 - EPI Review 2010 Final Report.pdf **Date/Time:** 08.05.2011 23:27:14 **Size:** 773 KB		
19	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** Doc4d-TWGH-Minutes-Meeting -13-April-11	**File name:** Doc4d-TWGH-Minutes-Meeting-13-April-11.pdf **Date/Time:** 09.05.2011 00:30:51 **Size:** 376 KB		
20	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** Doc4e-Minutes of HSSC-Meeting-26th-April-11	**File name:** Doc-4e-Minutes of HSSC-Meeting-26th-April-11.pdf **Date/Time:** 09.05.2011 02:24:24 **Size:** 405 KB		
21	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** Doc1-MoH Signature-APR	**File name:** Doc1-Signatures of MOH-MEF For APR 2010.pdf **Date/Time:** 14.06.2011 04:04:47 **Size:** 88 KB		
2	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
2	Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature of Minister of Finance to be obtained	Doc1-Signatures of MOH-MEF For APR 2010.pdf **Date/Time:** 14.06.2011 04:05:04 **Size:** 88 KB		
23	**File Type:** EVSM/VMA/EVM report **File Desc:** EVM Quality Improvement Plan	**File name:** EVM Quality Improvement.zip **Date/Time:** 25.05.2011 03:59:18 **Size:** 4 MB		
24	**File Type:** EVSM/VMA/EVM report **File Desc:** EVSM REPORT 2009	**File name:** Doc10-Cambodia_EVSMReport_Apr2009.pdf **Date/Time:** 14.06.2011 04:08:29 **Size:** 624 KB		
25	**File Type:** EVSM/VMA/EVM report **File Desc:** EVSM NATIONAL QUALITY PLAN	**File name:** DOC11-Cambodia-EVSM__National_quality_plan.pdf **Date/Time:** 14.06.2011 04:09:12 **Size:** 990 KB		
26	**File Type:** other **File Desc:** list of TWGH participants	**File name:** Doc2-Signatures List of TWGH Participants.pdf **Date/Time:** 17.06.2011 09:07:03 **Size:** 305 KB		
27	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** TWGH minutes	**File name:** Doc4d-TWGH-Minutes-Meeting-13-April-11.pdf **Date/Time:** 17.06.2011 09:07:44 **Size:** 376 KB		
28	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** financial statement for 2010	**File name:** Doc8-Financial Statement of ISS.pdf **Date/Time:** 17.06.2011 09:08:39 **Size:** 303 KB		