GAVI Alliance

Annual Progress Report 2014

Submitted by

The Government of

Cambodia

Reporting on year: **2014**
Requesting for support year: **2016**
Date of submission: **13/05/2015**

Deadline for submission: 27/05/2015

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

Enquiries to: apr@gavi.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Preventive Campaign Support	JE, 5 dose(s) per vial, LYOPHILISED	Not selected	2016
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016	2016
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2020
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2020

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
ISS	Yes	next tranche: N/A	Yes
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 is available here.

2. Signatures

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

By signing this page, the Government of 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 High Level Review Panel (HLRP) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	DR MAM BUNHENG	**Name**	DR. AUN PORNMONIROTH
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
PROF.SANN CHAN SOUENG	ADVISER TO MINISTER OF 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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

HE Professor Eng Huot, Secretary of State	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

THE GAVI Annual Progress Report will be endorsed by Government and Health partners at the Technical Working Group for health Meeting on May 7th 2015. The Technical Working Gropup for Health (TWGH) performs the role of ICC and HSCC in Cambodia

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), Technical Working Group for Health (TWGH) , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
HE Professor Eng Huot, Secretary of State	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

See previous section on ICC

Comments from the Regional Working Group:

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

Cambodia is not reporting on CSO (Type A & B) fund utilisation in 2015

3. Table of Contents

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

Sections

1. Application Specification
    1.1. NVS & INS support
    1.2. Programme extension
    1.3. ISS, HSS, CSO support
    1.4. Previous Monitoring IRC Report
2. Signatures
    2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
    2.2. ICC signatures page
        2.2.1. ICC report endorsement
    2.3. HSCC signatures page
    2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)
3. Table of Contents
4. Baseline & annual targets
5. General Programme Management Component
    5.1. Updated baseline and annual targets
    5.2. Monitoring the Implementation of GAVI Gender Policy
    5.3. Overall Expenditures and Financing for Immunisation
    5.4. Interagency Coordinating Committee (ICC)
    5.5. Priority actions in 2015 to 2016
    5.6. Progress of transition plan for injection safety
6. Immunisation Services Support (ISS)
    6.1. Report on the use of ISS funds in 2014
    6.2. Detailed expenditure of ISS funds during the 2014 calendar year
    6.3. Request for ISS reward
7. New and Under-used Vaccines Support (NVS)
    7.1. Receipt of new & under-used vaccines for 2014 vaccine programme
    7.2. Introduction of a New Vaccine in 2014
    7.3. New Vaccine Introduction Grant lump sums 2014
        7.3.1. Financial Management Reporting
        7.3.2. Programmatic Reporting
    7.4. Report on country co-financing in 2014
    7.5. Vaccine Management (EVSM/VMA/EVM)
    7.6. Monitoring GAVI Support for Preventive Campaigns in 2014
    7.7. Change of vaccine presentation
    7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015
    7.9. Request for continued support for vaccines for 2016 vaccination programme
    7.10. Weighted average prices of supply and related freight cost
    7.11. Calculation of requirements
8. Health Systems Strengthening Support (HSS)

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

4. Baseline & annual targets

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

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	350,142	359,384	343,968	343,968		336,879		330,235		326,346
Total infants' deaths	0	9,804	0	9,631		9,433		9,247		9,138
Total surviving infants	350142	349,580	343,968	334,337		327,446		320,988		317,208
Total pregnant women	350,142	426,078	343,968	406,600		398,220		390,366		385,768
Number of infants vaccinated (to be vaccinated) with BCG	350,142	359,384	343,968	326,770		320,036		313,723		310,029
BCG coverage*[1]*	100 %	100 %	100 %	95 %	0 %	95 %	0 %	95 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	332,634	343,260	326,769	317,620		311,074		304,939		301,348
OPV3 coverage*[2]*	95 %	98 %	95 %	95 %	0 %	95 %	0 %	95 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*	336,136	355,187	330,209	327,650		320,898		314,578		310,864
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*	332,634	340,763	326,769	317,260		311,074		304,939		301,438
DTP3 coverage*[2]*	95 %	97 %	95 %	95 %	0 %	95 %	0 %	95 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP	5	2	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.05	1.02	1.05	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	336,136	355,187	330,209	327,650		320,898		314,578		310,864
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	336,136	340,763	326,769	317,260		311,074		304,939		301,438
DTP-HepB-Hib coverage*[2]*	96 %	97 %	95 %	95 %	0 %	95 %	0 %	95 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%)	5	2	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.02	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	330,209	327,650		320,898		314,578		310,864

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	0	317,260		311,074		304,939		301,438
Pneumococcal (PCV13) coverage*[2]*	0 %	0 %	0 %	95 %	0 %	95 %	0 %	95 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%)		0	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	327,777	326,769	320,964		314,348				
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	332,634	255,079	326,769	317,260		311,074				
Measles coverage*[2]*	95 %	73 %	95 %	95 %	0 %	95 %	0 %	0 %	0 %	0 %
Wastage*[5]* rate in base-year and planned thereafter (%)	40	40	40	40		40				
Wastage*[5]* factor in base-year and planned thereafter (%)	1.67	1.67	1.67	1.67	1	1.67	1	1	1	1
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %
Pregnant women vaccinated with TT+	315,127	284,213	309,571	309,571		358,398		351,329		347,191
TT+ coverage*[7]*	90 %	67 %	90 %	76 %	0 %	90 %	0 %	90 %	0 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0		0		0
Vit A supplement to infants after 6 months	0	1,093,487	0	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	4 %	1 %	3 %	0 %	3 %	0 %	3 %	0 %	3 %

Number	Targets (preferred presentation)			
	2019		2020	
	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births		322,572		318,622
Total infants' deaths		9,032		8,921
Total surviving infants		313,540		309,701
Total pregnant women		381,307		376,368
Number of infants vaccinated (to be vaccinated) with BCG		306,443		302,691

Number	Targets (preferred presentation)			
	2019		2020	
	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
BCG coverage*[1]*	0 %	95 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3		297,863		294,216
OPV3 coverage*[2]*	0 %	95 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*		307,269		303,507
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*		297,863		294,216
DTP3 coverage*[2]*	0 %	95 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP		5		5
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		307,269		303,507
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		297,863		294,216
DTP-HepB-Hib coverage*[2]*	0 %	95 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%)		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		307,269		303,507
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		297,863		294,216
Pneumococcal (PCV13) coverage*[2]*	0 %	95 %	0 %	95 %
Wastage*[5]* rate in base-year and planned thereafter (%)		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles				
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles				
Measles coverage*[2]*	0 %	0 %	0 %	0 %

Number	Targets (preferred presentation)			
	2019		2020	
	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Wastage*[5]* rate in base-year and planned thereafter (%)				
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1	1	1
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	0.00 %	40.00 %	0.00 %	40.00 %
Pregnant women vaccinated with TT+		343,176		338,731
TT+ coverage*[7]*	0 %	90 %	0 %	90 %
Vit A supplement to mothers within 6 weeks from delivery		0		0
Vit A supplement to infants after 6 months	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	3 %	0 %	3 %

[1] Number of infants vaccinated out of total births

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

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

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

[5] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] 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.

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014.** The numbers for 2015 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  Estimates for births in 2014 and 2015 are based on the latest census projections from the National Institute of Statistics (projections from Census data 2008)

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

  A DHS survey has recently been completed (2014 Preliminary Report see Attachment 2) which reports a decline in infant and child mortality rates.

  The DHS reports that infant mortality rate has declined from 45 per 1000 in 2010 to 28 per 1000 in 2014 (9,804 surviving infants)

  The DHS reports that Under-five mortality has declined from 54 per 1000 in 2010 to 35 per 1000 in 2014.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.** For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.

  Targets for DPT3 (including pentavalent), and OPV and BCG have all been updated based on previous years results.

  The BCG exceeded the number in the reported population denominator. This is attributed to a number of factors including (a) mobility of population including both internal and and external migrations and (b) vaccinations outside the target age group (c) Difficulties with population estimates in provinces. Analysis of sub national data demonstrates that remote area provinces such as Stung Treng, Preah Vihear and Ratanakiri are vaccinating above the estimated population estimates. This is due to internal migration to these provinces.

  Targets for OPV3, DPT3, Pentavalent3 and PCV 3 have all been set at 95% in line with disease prevention and control targets. This targets may need to be adjusted following development of the next cMYP in 2015. It should be noted that, due to census projections, the numbers to be vaccinated in 2015 and 2016 are still less than the numbers vaccinated in 2014.

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

  No changes in vaccine wastage rates are proposed.

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
DHS Survey 2014	2013	83%	84.3%

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

As outlined above, there are no significant differences between vaccination rates between boys and girls that require programmatic interventions.

5.2.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

5.2.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

The DHS Survey indicates that there is a very large gap in immunisation rates between mothers who have no education (69% DPT3 for children in this group) compared to 98.8% for children whose mothers are in in the highest education quintile. This is a 20% coverage gap. (DHS Survey 2014 see attachment). There are similar findings for wealth quintiles (15.5% difference between top and lowest quintiles).

The program proposes to address these gaps through the high risk strategy which is detailed elsewhere in this report, and which the HSS 2 proposal will address in detail.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 4000	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	PATH	LDS	NA
Traditional Vaccines*	844,640	844,640	0	0	0	0	0	0
New and underused Vaccines**	4,431,001	1,045,205	3,317,396	0	0	68,400	0	0
Injection supplies (both AD syringes and syringes other than ADs)	189,498	135,898	53,600	0	0	0	0	0
Cold Chain equipment	129,632	0	108,257	0	0	0	21,375	0
Personnel	1,761,163	1,171,184	589,979	0	0	0	0	0
Other routine recurrent costs	3,820,779	1,687,918	1,795,861	0	337,000	0	0	0
Other Capital Costs	272,813	272,813	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	11,449,526							
Total Government Health		5,157,658	5,865,093	0	337,000	68,400	21,375	0

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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **12**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.3 Overall Expenditures and Financing for Immunisation

The baselines and targets were presented at a sub committee of the Technical Working Group for Health in Phnom Penh in March 2014. At this meeting, the issues of baselines and targets were presented and discussed.

It was agreed that the target of 95% is the most realistic target for Cambodia to support disease control and elimination objectives (based on the result in the previous year of 97% DPT3 with 1% drop out). Based on this result, it was considered that a reasonable approach would be for a target of a 3% drop out in subsequent years (DPT1 98% and DPT3 95%).

These targets were then presented and endorsed at the full Technical Working Group for Health Meeting in Phnom Penh on April 9th 2015 (minutes attached).

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

If Yes, which ones?

List CSO member organisations:
Medicam

5.5. Priority actions in 2015 to 2016

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

The following are the main objectives and strategies for improving program performance in the next two years. These objectives and strategies will be further described in the upcoming development of the cMYP 2016 - 2020

Routine Immunisation - The routine immunisation program will be strengthened in the next 2 years through programs to improve the quality of supervision, as well as improving the capability of middle level and health centre managers to undertake data analysis for the relevant catchment area. As part of the system for strengthening routine services, there will also be emphasis on implementation of the high risk strategy in 2015 and 2016 in 1832 villages across the country.

Disease Control - Maintenance of Measles Elimination will be achieved through strengthening of routine immunisation services as described above and through improving the quality of surveillance. Through collaboration with UNICEF and WHO, the NIP will undertake a survey to confirm Maternal and Neonatal tetanus elimination in Cambodia in 2015.

New Vaccine Introduction: In recent years, both MR and PCV vaccines have been introduced. This program of new vaccine introduction will continue over the next two years. (a) IPV vaccine will be introduced in the second semester of 2015, in order to support both national and global efforts for polio eradication. Efforts to prevent and control Japanese Encephalitis will take place through implementation of nationwide campaign in 2016, following by introduction of JE into the routine vaccine introduction. Finally, a proposal to GAVI for the

pilot introduction of HPV vaccine will be submitted, with this trial likely to take place in Phnom Penh in 2015 - 2016.

Data Quality Strategy: Given the gap between survey coverage and administrative coverage (refer to 2014 DHS Results), there will be increased efforts on **i**mproving Data Quality in 2015 and 2016. This will be through through increasing supervision quality (more integrated EPI supervision and use of supervision checklists). Data quality assessments will be conducted by DPHI in 2015. An EPI Review to be conducted in 2015/2016 will also review current data management practices and make recommendations on improvements to data quality.

Regulation and Sustainability: WHO will support strengthening of core functions of NRA through development of an institutional development plan as well as improving pharmaco-vigilance capacity and AEFI reporting. The cMYP to be developed in 2015 will also undertake an updated costing and financial analysis of the national program (including annual forecasting), as well as identify strategies to sustaining financing of immunisation.

Policy and Planning: It is proposed that the next cycle of the cMYP 2016 - 2020 be developed between April and September 2015, and will link to the development of the next Strategic Health Sector Plan. An EPI Review will also be conducted in 2015/16 to support plan developments and implementation

Vaccine Management and Logistics : An EVM will be implemented in 2015 and an updated Improvement Plan will also be developed based on the findings of this EVM. A temperature monitoring study is taking place between October 2014 and may 2015, with preliminary findings indicating the need for a much stronger focus on temperature monitoring in the cold chain system. and replacement of old cold chain stock (materials older than 10 years) and increase cold chain space at central medical store. Fridge tags will be installed at selected health centres gradually. Also, as per updated progress report on the improvement plan, storage capacity will be gradually increased to accommodate new vaccine introductions (IPV, PCV, JE). Finally, more emphasis in the next 2 years will involve putting in place systems to better assess monitoring of stock out at sub national levels.

Demand Side Strategy: Given the emphasis on equity in immunisation and the high risk strategy, priority actions in 2015 and 2016 will include equipping Village Health Support Groups (VHSG) in all high risk villages with the knowledge regarding vaccine preventable diseases and vaccination services. Working more closely with VHSG will also increase the knowledge of EPI managers of the main demand side factors effectiing low immunisation coverage rates in high risk areas

5.6. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD Syringe	Government
Measles	AD Syringe	Government with GAVI
TT	AD Syringe	Government
DTP-containing vaccine	AD Syringe	Government with GAVI
IPV		

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

There are some issues with destruction of AD syringes. There are issues with maintenance of incinerators at OD levels.

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

At most Operational District, waste is transported by the health centre to the Operational District and waste is disposed in incinerators (where there are functioning incinerators. Operational budget is required for operation and maintenance of the waste disposal system. In some health centres, incinerators have been established at health centre level.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

	Amount US$	Amount local currency
Funds received during 2014 *(A)*	0	0
Remaining funds (carry over) from 2013 *(B)*	243,081	958,954,545
Total funds available in 2014 *(C=A+B)*	243,081	958,954,545
Total Expenditures in 2014 *(D)*	163,079	643,346,655
Balance carried over to 2015 *(E=C-D)*	80,002	315,607,890

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

Financial Management Arrangements

ISS funds are managed through the Department of Budget and Finance. All ISS funds are included in the annual operational planning system (AOP system) of the Ministry of Health. The funds are monitored and reported on through Department of Budget and Finance processes. ISS budget plans are presented for review in the Technical Working Group for Health

Use of ISS Funds

The largest amount of the funding was for Coverage Improvement Planning (CIP) monitoring and supervision as well as supervision for fixed site strategy

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

There have been no major changes to the system of financial management as described in the previous APR. ISS Funds are deposited in a Government Bank Account, and budgets are developed and approved through the Annual Operational Planning System of the Ministry of Health. Activities and finances are monitored sub nationally through the provincial and OD planning systems and systems of quarterly and annual review. At the National level, budgets and reviewed and approved through the Technical Working Group for Health.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2014

Coverage Improvement Planning and Monitoring : Coverage Improvement Planning (CIP) is a routine Immunisation Strategy to focus in on reaching unreached populations, usually in the last quarter of each year. ISS funds were used for this purpose for planning and monitoring in remote area provinces including Ratanakiri, Stung Treng and Preah Vihear. Funds were also used for outreach activities implemented by health centres.

Routine Supervision and Fixed Site Strategy Supervision - A smaller proportion of the funds were utilised for routine supervision and for supervision of the fixed site strategy.

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

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2014 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Not selected**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in 2014 is applicable for Cambodia

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

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

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

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

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

	[A]	[B]	[C]	
Vaccine type	**Total doses for 2014 in Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the country experience any stockouts at any level in 2014?**
Measles second dose	555,500	555,500	0	No
DTP-HepB-Hib	719,700	648,172	0	No
Pneumococcal (PCV13)	0	500,400	0	No

If values in [A] and [B] are different, specify:

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

  The numbers are slightly different for pentavalent vaccine as there was some delay in procurement. The balance of the 719,700 arrived in the country in January 2015 (additional 71,528 doses).

  The numbers for PCV are different as the vaccines were recived in country in December 2014 for distribution and then usage for the introduction in 2015 (vaccine introduced in January 2015).

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  There have been no vaccine management issues in relation to vaccine arrival, transport of shipments and no issues of stock out in 2014.

  Please refer to section on priority actions for next steps in strengthening vaccine management.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

There were no reported stock outs at any level in 2014, although as stated ealier, systems need to be strengthened to improve monitoring of stock outs at sub national level..

7.2. Introduction of a New Vaccine in 2014

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **December 2011**

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	Yes	01/11/2012
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	There was a MR vaccine campaign 2013. This was followed by introduction of a 2 dose schedule into the routine EPI in the same year.

When is the Post Introduction Evaluation (PIE) planned? **July 2014**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	14/01/2015
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	The time and scale of the introduction was as planned. Guidelines were developed and training conducted in 2014. No serious AEFI was reported as of March 2015..

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

7.2.2. If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

The Ministry of Health through the National Immunisation Program (NIP) introduced a second dose of measles (M18) in June 2012 (for children aged 18 months to 23 months).

A Post Introduction Evaluation was conducted by MOH and partners and a report was published in July 2014. This is attached as attchment

The main recommendations were as follows, with action documented as follows:

1. Recommendation: Use only 1 form of measles containing vaccine (eg.MR)

Progress: MR vaccine was introduced in 2013 following a national campaign. The NIP planned to have two dose schedule of MR vaccine (MR1 at 9 months and MR2 at 18 months) from 2015

2. Provide 2 Doses of MR vaccine to children less than 24 months

Progress: As above.

3. Once guidelines are updated, refresh and reinforce training of staff with a focus on timing and recording of MR 1 and MR 2

Progress: Guidelines were developed and training of staff was conducted. The second dose of Measles still remains low, so there will need to be increased emphasis on supervision and training to increase awareness of MR 2 amongst health workers and the population.

4. Consider Establishment of National Immunisation Technical Advisory Group.

Progress: A sub Committee of the Technical Working Group meets weekly to discuss operational and strategic issues relating to immunisation. This has representatives of the NIP and WHO and UNICEF. Significant technical issues and progress reports are raised with the Technical Working Group for Health. A National EPI Committee was established in 2012 by the Ministry of Health, chaired by the Minister with representatives from the MOH and MCH Centre and NIP. The establishment of a National Immunisation Technical Advisory Group (NITAG) with wider representation will be considered during consultations for the next cMYP.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Results of any surveillance findings are normally presented at a Technical Working Group Meeting for Health (sub committee on immunisation) or other specific committee (such as the National Polio Certification Committee). The Technical Working Group for Health sub committee (immunisation) is represented by the NIP and development partners (WHO and UNICEF).

Surveillance data and systems are not extensive enough (specially for PCV and pentavalent vaccines) to assess the impact of the vaccine introductions on public health. A sentinel surveillance system for meningo encephalitis (including JE) has been established, but in 2014, due to lack of funding, only JE testing is taking place at these sites. The NIP is on discussion with Angkor hospital for children to establish sentinal site for pneumococcal disease

Rubella has integrated with measles surveillance system, and a CRS system has been installed which makes it feasible to measure vaccine impacts.

Measles and AFP surveillance have been established over a lengthy period, and measles elimination status was confirmed by WHO in 2015. JRF data indicates that both AFP and measles rubella surveillance systems are operating well.

A survey will be conducted in 2015 with the support of WHO and UNICEF to confirm neonatal tetanus elimination in Cambodia.

Also special studies have been conducted on immune status. Two hepatitis B sero surveys have been conducted in Cambodia.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)	275,500	1,086,847,500
Remaining funds (carry over) from 2013 (B)	727,150	2,868,606,750
Total funds available in 2014 (C=A+B)	1,002,650	3,955,454,250
Total Expenditures in 2014 (D)	961,867	3,794,565,315
Balance carried over to 2015 (E=C-D)	40,783	160,888,935

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

The expenditure of Vaccine introduction Grants are detailed in the annex ((Financial Management Report 2014). Activities were related to remaining grant funds utilisation from Pentavalent, Measles, MR campaign introductions, as well as receipt of funds through PCV vaccine introduction funds received in 2014.

The main activities these funds were expended on in 2014 were as follows:

1. Refresher trainings on routine immunisation
2. Surveillance and Investigation in 5 provinces
3. Social mobilisation and program management activities
4. TOT training on PCV vaccine introduction

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

The launching of PCV and introduction of the vaccine proceeded smoothly. There were some issues with vaccination of children outside the target group or not according to guidelines, but most of these issues were addressed through supervision. No serious AEFI were encountered and there were no problems associated with multiple injections.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

Not applicable

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	165,205	70,300
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	Government	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	79,000	2,000,000
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	

Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	April	Government
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED		Not applicable
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	April	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

*__Note:__ co-financing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not selected**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **March 2012**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

The improvement plan has been updated with increased storage space including refridgerators and cold rooms. Refer to the report on the progress of the EVM implementation plan in 2014 for an update of the EVM status.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for JE Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
0	15/01/2016	0

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

Campaign is due in January 2016. No vaccine received yet

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

Campaign is due in January 2016. No vaccine received yet

7.6.2. Programmatic Results of JE preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
0	0	0	0	0	0	0	0	0

*If no survey is conducted, please provide estimated coverage by indepenent monitors

Has the campaign been conducted according to the plans in the approved proposal?" **No**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

Campaign is due in January 2016

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

Campaign is due in January 2016

What lessons have you learned from the campaign?

Campaign is due in January 2016

7.6.3. Fund utilsation of operational cost of JE preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Total	**0**	**0**

7.7. Change of vaccine presentation

Cambodia does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 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 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2020 for the following vaccines:

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section 7.11 Calculation of requirements.

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2020, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

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

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

Confirm here below that your request for 2016 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don’t confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2010	2011	2012	2013	2014	2015	2016
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID					3.40 %	3.50 %	3.60 %
JE, 5 dose(s) per vial, LYOPHILISED	JE, 5 dose(s) per vial, LYOPHILISED					37.00 %	7.90 %	7.90 %
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose (s) per vial, LYOPHILISED					13.80 %	13.00 %	12.60 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID					4.40 %	4.50 %	3.00 %

Vaccine Antigen	Vaccine Type	2017	2018	2019	2020
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	4.40 %	4.40 %	4.40 %	4.40 %
JE, 5 dose(s) per vial, LYOPHILISED	JE, 5 dose(s) per vial, LYOPHILISED	5.80 %	4.70 %	4.50 %	4.20 %
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose (s) per vial, LYOPHILISED	12.30 %	12.00 %	11.80 %	11.40 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose (s) per vial, LIQUID	4.50 %	4.60 %	3.10 %	3.10 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	350,142	343,968	327,446	320,988	317,208
	Number of children to be vaccinated with the first dose	Parameter	#	336,136	330,209	320,898	314,578	310,864
	Number of children to be vaccinated with the third dose	Parameter	#	336,136	326,769	311,074	304,939	301,438
	Immunisation coverage with the third dose	Parameter	%	96.00 %	95.00 %	95.00 %	95.00 %	95.03 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	436,978				
	Stock across second level Dec 31, 2014 (if available)*		#	196,687				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					

	Number of doses per vial	Parameter	#		1	1	1	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		3.50 %	3.60 %	4.40 %	4.40 %

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

This consists of count of stock in the central store and in the provincial stores as of Dec 31 2014.

A total of 71,528 vials of pentavalent vaccine was delivered on 26 January 2015 instead of December 2014. It was due to the difficulty for flight booking in Dec, 2014

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

4.5

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

	2019	2020
Minimum co-financing	0.20	0.20
Recommended co-financing as per	0.20	0.20
Your co-financing	0.20	0.20

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	649,400	627,000	1,113,100	1,169,200	1,155,600
Number of AD syringes	#	736,200	711,800	1,319,600	1,426,100	1,409,500
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	8,175	7,850	13,725	14,775	14,600
Total value to be co-financed by GAVI	$	1,373,500	1,299,500	2,125,500	1,863,500	1,842,000

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

		2019	2020
Number of vaccine doses	#	1,142,100	1,127,700
Number of AD syringes	#	1,393,000	1,375,900
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	14,450	14,275
Total value to be co-financed by GAVI	$	1,820,500	1,793,000

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	70,300	69,400	134,000	173,800	171,700
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value to be co-financed by the Country *[1]*	$	144,000	139,500	256,000	277,000	274,000

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

		2019	2020
Number of vaccine doses	#	169,700	168,100
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country *[1]*	$	270,500	267,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	336,136	330,209		
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	336,136	330,209		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	1,008,408	985,777		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		1,035,066		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*				
H 1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*				
H 2	**Reported stock on January 1st**	*Table 7.11.1*	582,260	436,978		
H 3	**Shipment plan**	*Approved volume*		696,400		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		696,400		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	*V*	10.74 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	320,898	34,474	286,424
B 1	Number of children to be vaccinated with the third dose	*Table 4*	311,074	33,419	277,655
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	948,843	101,934	846,909
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	996,285	107,031	889,254
G	Vaccines buffer stock	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	- 13,850	- 1,487	- 12,363
H	Stock to be deducted	*H1 - (F (2015) current estimation x 0.375)*	- 264,605	- 28,426	- 236,179
H 1	Calculated opening stock	*H2 (2015) + H3 (2015) - F (2015)*	116,663	12,534	104,129
H 2	Reported stock on January 1st	*Table 7.11.1*			
H 3	Shipment plan	*Approved volume*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,247,050	133,970	1,113,080
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	1,319,558	0	1,319,558
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	13,718	0	13,718
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,240,949	240,744	2,000,205
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	59,117	0	59,117
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	75	0	75
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	80,675	8,667	72,008
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	2,380,816	255,769	2,125,047
U	Total country co-financing	*I x country co-financing per dose (cc)*	249,410		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	10.74 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	*V*	12.94 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	314,578	40,692	273,886
B 1	Number of children to be vaccinated with the third dose	*Table 4*	304,939	39,445	265,494
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	930,144	120,317	809,827
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	976,651	126,333	850,318
G	Vaccines buffer stock	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	366,245	47,375	318,870
H	Stock to be deducted	*H1 - (F (2015) current estimation x 0.375)*			
H 1	Calculated opening stock	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	Reported stock on January 1st	*Table 7.11.1*			
H 3	Shipment plan	*Approved volume*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,342,900	173,708	1,169,192
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	1,426,028	0	1,426,028
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	14,772	0	14,772
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,988,835	257,261	1,731,574
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	63,887	0	63,887
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	81	0	81
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	87,509	11,320	76,189
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	2,140,312	276,855	1,863,457
U	Total country co-financing	*I x country co-financing per dose (cc)*	268,580		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	12.94 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	310,864	40,211	270,653
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	301,438	38,992	262,446
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	919,302	118,914	800,388
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	965,267	124,860	840,407
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	361,976	46,823	315,153
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H 1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
H 3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,327,250	171,683	1,155,567
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,409,406	0	1,409,406
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,600	0	14,600
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,965,658	254,263	1,711,395
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	63,142	0	63,142
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	80	0	80
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	86,489	11,188	75,301
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,115,369	273,628	1,841,741
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	265,450		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	307,269	39,746	267,523
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	297,863	38,530	259,333
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	908,545	117,523	791,022
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	953,972	123,399	830,573
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	357,740	46,275	311,465
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H 1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
H 3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,311,750	169,678	1,142,072
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,392,914	0	1,392,914
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,430	0	14,430
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,942,702	251,294	1,691,408
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	62,403	0	62,403
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	79	0	79
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	85,479	11,057	74,422
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,090,663	270,433	1,820,230
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	262,350		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	Country co-finance	*V*	12.97 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	303,507	39,366	264,141
B 1	Number of children to be vaccinated with the third dose	*Table 4*	294,216	38,161	256,055
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	897,421	116,398	781,023
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	942,292	122,218	820,074
G	Vaccines buffer stock	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	353,360	45,832	307,528
H	Stock to be deducted	*H1 - (F (2015) current estimation x 0.375)*			
H 1	Calculated opening stock	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	Reported stock on January 1st	*Table 7.11.1*			
H 3	Shipment plan	*Approved volume*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,295,700	168,056	1,127,644
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	1,375,860	0	1,375,860
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	14,253	0	14,253
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,913,749	248,219	1,665,530
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	61,639	0	61,639
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	78	0	78
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	84,205	10,922	73,283
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	2,059,671	267,145	1,792,526
U	Total country co-financing	*I x country co-financing per dose (cc)*	259,140		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	12.97 %		

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

Table 7.11.1: Specifications for Measles second dose, 10 dose(s) per vial, LYOPHILISED

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	350,142	343,968	327,446	1,021,556
	Number of children to be vaccinated with the first dose	Parameter	#	0	326,769	314,348	641,117
	Number of children to be vaccinated with the second dose	Parameter	#	332,634	326,769	311,074	970,477
	Immunisation coverage with the second dose	Parameter	%	95.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.67	1.67	1.67	
	Stock in Central Store Dec 31, 2014		#	672,700			

	Stock across second level Dec 31, 2014 (if available)*		#	229,160			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		13.00 %	12.60 %	
fd	**Freight cost as % of devices value**	Parameter	%				

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

This consists of stock in the central medical store and stock remaining in the provincial store as of Dec 31 2014

Co-financing tables for Measles second dose, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low

	2014	2015	2016
Minimum co-financing			
Recommended co-financing as per			
Your co-financing			

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the second dose**	*Table 4*	332,634	326,769		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B x C*	0	326,769		
E	**Estimated vaccine wastage factor**	*Table 4*	1.67	1.67		
F	**Number of doses needed including wastage**	*D x E*		545,705		
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H 2	**Reported stock on January 1st**	*Table 7.11.1*	0	672,700		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		0		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	*V*	10.74 %		
B	Number of children to be vaccinated with the second dose	*Table 4*	320,898	34,474	286,424
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B x C*	948,843	101,934	846,909
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D x E*	996,285	107,031	889,254
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	- 13,850	- 1,487	- 12,363
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	- 264,605	- 28,426	- 236,179
H 2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,247,050	133,970	1,113,080
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	1,319,558	0	1,319,558
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	13,718	0	13,718
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,240,949	240,744	2,000,205
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	59,117	0	59,117
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	75	0	75
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	80,675	8,667	72,008
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	2,380,816	255,769	2,125,047
U	Total country co-financing	*I x country co-financing per dose (cc)*	249,410		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	10.74 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	314,578	40,692	273,886
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	930,144	120,317	809,827
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	976,651	126,333	850,318
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	366,245	47,375	318,870
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,342,900	173,708	1,169,192
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,426,028	0	1,426,028
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,772	0	14,772
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,988,835	257,261	1,731,574
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	63,887	0	63,887
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	81	0	81
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	87,509	11,320	76,189
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,140,312	276,855	1,863,457
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	268,580		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	310,864	40,211	270,653
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	919,302	118,914	800,388
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	965,267	124,860	840,407
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	361,976	46,823	315,153
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,327,250	171,683	1,155,567
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,409,406	0	1,409,406
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,600	0	14,600
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,965,658	254,263	1,711,395
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	63,142	0	63,142
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	80	0	80
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	86,489	11,188	75,301
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,115,369	273,628	1,841,741
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	265,450		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	307,269	39,746	267,523
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	908,545	117,523	791,022
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	953,972	123,399	830,573
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	357,740	46,275	311,465
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,311,750	169,678	1,142,072
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,392,914	0	1,392,914
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,430	0	14,430
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,942,702	251,294	1,691,408
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	62,403	0	62,403
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	79	0	79
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	85,479	11,057	74,422
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,090,663	270,433	1,820,230
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	262,350		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.97 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	303,507	39,366	264,141
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	897,421	116,398	781,023
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	942,292	122,218	820,074
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	353,360	45,832	307,528
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,295,700	168,056	1,127,644
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,375,860	0	1,375,860
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,253	0	14,253
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,913,749	248,219	1,665,530
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	61,639	0	61,639
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	78	0	78
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	84,205	10,922	73,283
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,059,671	267,145	1,792,526
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	259,140		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.97 %		

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	350,142	343,968	327,446	320,988	317,208
	Number of children to be vaccinated with the first dose	Parameter	#	0	330,209	320,898	314,578	310,864
	Number of children to be vaccinated with the third dose	Parameter	#		0	311,074	304,939	301,438
	Immunisation coverage with the third dose	Parameter	%	0.00 %	0.00 %	95.00 %	95.00 %	95.03 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.00	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	500,400				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50 %	3.00 %	4.50 %	4.60 %

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

PCV was introduced in 2015, so this stock level refers to receipt of vaccines in Central Store in 2014.

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing		0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing		0.20	0.20	0.20	0.20

	2019	2020
Minimum co-financing	0.20	0.20
Recommended co-financing as per	0.20	0.20
Your co-financing	0.20	0.20

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the second dose**	*Table 4*	332,634	326,769		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B x C*	0	326,769		
E	**Estimated vaccine wastage factor**	*Table 4*	1.67	1.67		
F	**Number of doses needed including wastage**	*D x E*		545,705		
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H 2	**Reported stock on January 1st**	*Table 7.11.1*	0	672,700		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		0		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	10.74 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	320,898	34,474	286,424
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	948,843	101,934	846,909
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	996,285	107,031	889,254
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	- 13,850	- 1,487	- 12,363
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	- 264,605	- 28,426	- 236,179
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,247,050	133,970	1,113,080
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,319,558	0	1,319,558
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	13,718	0	13,718
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,240,949	240,744	2,000,205
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	59,117	0	59,117
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	75	0	75
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	80,675	8,667	72,008
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,380,816	255,769	2,125,047
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	249,410		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.74 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	314,578	40,692	273,886
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	930,144	120,317	809,827
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	976,651	126,333	850,318
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	366,245	47,375	318,870
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,342,900	173,708	1,169,192
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,426,028	0	1,426,028
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,772	0	14,772
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,988,835	257,261	1,731,574
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	63,887	0	63,887
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	81	0	81
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	87,509	11,320	76,189
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,140,312	276,855	1,863,457
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	268,580		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	310,864	40,211	270,653
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	919,302	118,914	800,388
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	965,267	124,860	840,407
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	361,976	46,823	315,153
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,327,250	171,683	1,155,567
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,409,406	0	1,409,406
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,600	0	14,600
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,965,658	254,263	1,711,395
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	63,142	0	63,142
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	80	0	80
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	86,489	11,188	75,301
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,115,369	273,628	1,841,741
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	265,450		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	307,269	39,746	267,523
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	908,545	117,523	791,022
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	953,972	123,399	830,573
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	357,740	46,275	311,465
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,311,750	169,678	1,142,072
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,392,914	0	1,392,914
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,430	0	14,430
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,942,702	251,294	1,691,408
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	62,403	0	62,403
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	79	0	79
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	85,479	11,057	74,422
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,090,663	270,433	1,820,230
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	262,350		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-finance**	*V*	12.97 %		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	303,507	39,366	264,141
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	897,421	116,398	781,023
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	942,292	122,218	820,074
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	353,360	45,832	307,528
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H 2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,295,700	168,056	1,127,644
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,375,860	0	1,375,860
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	14,253	0	14,253
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,913,749	248,219	1,665,530
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	61,639	0	61,639
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	78	0	78
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	84,205	10,922	73,283
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,059,671	267,145	1,792,526
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	259,140		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.97 %		

8. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014**. All countries are expected to report on:

   a. Progress achieved in 2014

   b. HSS implementation during January – April 2015 (interim reporting)

   c. Plans for 2016

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavi.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 8.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2014

   b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2014 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

8. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

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

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

Existing HSS should be completed by the end of 2015

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

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

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

The DHS Preliminary Report of 2014 is attached which provides data dis-aggregated by location, sex, and wealth and education quintiles.

In the original proposal, there was no plan to directly fund CSOs for HSS implementation. However, the proposal took note that CSOs were involved with monitoring and evaluation, health financing, and through direct support in under-served areas. In the proriginal proposal in 2008, NGO funding was not included as the main barriers detected for immunisation delivery were supply side related. In the original 10 operational districts for HSS, no district had a DPT3 coverage greater than 80%. So the priority for HSS at that time was improvement in coverage through investment in supply side public sector support.

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

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

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

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

Please complete Table 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and 8.1.3.b.

8.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	1010070	1032260	1052865	1071540	1088545	1104205
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	1524793	1532900	1498472	1452639	1314270	1791165
Total funds received from GAVI during the calendar year (*A*)	1509500	1464000	1228000	1121000	1314270	1491230
Remaining funds (carry over) from previous year (*B*)	711280	1085434	1378898	1436496	1454218	1994624
Total Funds available during the calendar year (*C=A+B*)	2220780	2549434	2606898	2557496	2768488	3485854
Total expenditure during the calendar year (*D*)	1136703	1170536	1170402	1103378	775033	1260174
Balance carried forward to next calendar year (*E=C-D*)	1084077	1378898	1436496	1454118	1994624	2256034
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (*as per the originally approved HSS proposal*)	1118980			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	2256034			
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table Table 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	4077	4165	4051	4039	3995	4029
Closing on 31 December	4165	4051	4039	3995	3995	4067

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
1.1 Service Delivery Contracts:Performance Based contracts with health centres	Establish and implement annual operational plans and performance based contracts at health facility level	50	Financial Management Report 2014 GAVI HSS DBF
1.2 Management contracts:performance based management agreements with ODs and provinces	Establish and implement annual operational plans and performance based agreements with managers at central, PHD, OD and health facility level, as well as remote health facilities	100	Financial Management Report 2014 GAVI HSS DBF
1.3 Coverage Improvement Planning	Integrating immunisation coverage improvement into overall MPA planning system to improve overall MCH (reprogramming planned activities 1.3 to 3.5 as per 2013 APR)	50	Financial Management Report 2014 GAVI HSS DBF
1.4 Fixed Site Strategy	Implement, evaluate and scale up fixed site strategy to improve immunisation coverage through increased health centre utilisation	75	Financial Management Report 2014 GAVI HSS DBF
2.1 Financial Management System Development	Develop MPA financial management system health financing guidelines and monitoring effective implementation	75	Financial Management Report 2014 GAVI HSS DBF
2.2 Health Planning Systems	Strengthening MPA Planning at OD and health centers through AOP integration (training in HIS and DQA and spot checks)	94	Financial Management Report 2014 GAVI HSS DBF
2.3 Supervision systems	Strengthening integrated supervision from central to PHD, PHD to OD, OD to health facility levels through inter departmental monitoring	96	Financial Management Report 2014 GAVI HSS DBF
2.4 Health Systems Operations research	Conducting research to support decision making for strengthening demand and delivery of MPA strategy (research on fixed site)	100	Financial Management Report 2014 GAVI HSS DBF
3.1 Strengthening capacity of middle level management	Strengthening financial, planning, management and monitoring capacities of middle level management through development of guidelines, trainings, and supportive supervision	77	Financial Management Report 2014 GAVI HSS DBF
3.2 Child survival monitoring	Strengthening systems for child survival scorecard monitoring (no activity planned in 2014)	0	Financial Management Report 2014 GAVI HSS DBF

3.3 Service Delivery of IMCI	Strengthening capacity of IMCI service delivery to improve immunisation and overall MCH through trainings of HC and OD staff and supportive supervision	95	Financial Management Report 2014 GAVI HSS DBF
3.4 Scaling up and evaluating public/private collaborations to improve quality of immunisations and eventually MCH in private sector	Scaling up monitoring of private sector sites through supportive supervision	29	Financial Management Report 2014 GAVI HSS DBF
3.5 Project management	Support activities to ensure effective implementation of grant activities to reach planned targets	97	Financial Management Report 2014 GAVI HSS DBF

8.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
1.1 Service Delivery Contracts:Performance Based c	Health centre performance based agreements are made with health centres in 10 Operational Districts. These districts were selected based on low performance and lack of NGO support (see original proposal). Although coverage has improved significantly from the baseline, it i still below the national average. This is mainly due to human resource constraints in these districts. Trend analysis is also proving difficult in these 10 Districts, as now three districts have changed from the baseline, and increasingly HSS investments have been focusing on nationwide activities (not just the 10 Districts)
1.2 Management contracts:performance based managem	Funds were provided to Provinces and Operational Districts for supervision. Some express the view that integrated inter departmental supervision is not functioning well. Others stated that immunization supervision is too fragmented according to each technical component of immunization. Some expressed the concern that the supervision program needs to place more emphasis on quality of supervision
1.3 Coverage Improvement Planning	In the whole country, the Coverage Improvement Planning Strategy was implemented in quarter 4. Under the title of this major activity, Guidelines for development of a High Risk tragedy were developed. The high risk strategy was implemented in the second quarter in 19 Provinces, and in 3rd quarter in 4 Provinces and in the 4th quarter in 15 Provinces.
1.4 Fixed Site Strategy	Progress has been significant since the baseline of HSS. Some respondents indicate that this improvement is due to the the implementation of the fixed site strategy (now 61% instead of 25% at baseline), implementation of IMCI, and generally improved accessibility to health centres by the population.
2.1 Financial Management System Development	Dept. Budget and Finance report that the financial management system is operating well and there have been no significant constraints to implementation. Quarterly financing reporting for the first quarter of 2015 may not be available until April 2015, and external financial audits for the year 2014 will commence in the coming month.
2.2 Health Planning Systems	Activities were implemented as planned. HSS activities have been included in the Annual Operational Planning System of the MOH. One constraint has been gaps in data entry in the web based health information system, and also significant gaps between survey coverage and administrative coverage. These gaps were addressed through training on data management by Dept. Planning and Health Information, as well as through supervision on data quality assessment.

2.3 Supervision systems	Supervision systems have been operating at each level of the system and from national level for the various EPI strategies. Constraints to supervision at national level included over verticalised approaches, and lack of sufficient use of checklists. Widening gaps between survey and administrative coverage may relate to the quality of supervision. According to MoH policy, integrated supervision approaches are taken at PHD and OD level. This mostly focuses on administrative and financial aspects of health system management. It can mean that not enough attention if given to the technical aspects of immunisation.
2.4 Health Systems Operations research	There was no implementation in this activity area in 2014. HSS Evaluation is planned for 2015
3.1 Strengthening capacity of middle level managem	Theses activities have focused on consolidation of the decentralized annual operational planning and financial management system (monitoring of financial management system and development of AOPs according to MoH guidelines). Timely release of finance in line the AOP system has supported the achievement of HSS objectives (particularly the service delivery component).
3.2 Child survival monitoring	There was no activity in this area this year. Child health activities have been integrated into the service delivery through IMCI approach.
3.3 Service Delivery of IMCI	Main activities implemented included clinical training and IMCI supervision. A presentation on a strategic planning workshop on IMCI in 2014 found that GAVI HSS ODS outperformed Special Operating Districts (SOAs) and other ODS in terms of application of IMCI strategy (86% of health centres). Main constraints to IMCI implementation include high turnover and retirement rates of health staff, and lack of recording forms.
3.4 Scaling up and evaluating public/private colla	According to existing agreements with the NIP, there are 14 health facilities that are implementing the public/private collaboration strategy for immunisation (hepatitis B birth dose, BCG and tetanus). The main activities of NIP are vaccine supply and supervision. There have been no major constraints with this program, although there has been no opportunity as yet to expand the strategy.
3.5 Project management	No major changes were reported to project management arrangements in 2014, with most of the investment in PHD management agreements to support implementation of the service delivery strategy at OD and health centre levels.

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

Commencing from 2014, and increasingly in 2015, the HSS program has gradually increased its focus on the high risk strategy. back in 2007 when HSS 1 commenced, and then after HSS2 commenced in 2008, coverage has gradually improved, with the majority of districts now having a coverage of greater than 80%, and now 61% of vaccinations now take place at facilities (with IMCI strategy and fixed facility immunisation services promoted earlier in HSS). . This is a major change from the baseline of HSS, when only 20-25% of vaccinations were provided at facilities.

Based on the findings of the EPI Review in 2010, un-vaccinated groups were identified and include internal migrants, the very poor and ethnic minorities. The Preliminary DHS surveys findings also illustrate that there is lower coverage in remote area provinces where ethnic minorities make up a majority of the population (Ratanakiri and Mondulkiri). This required the development of a specific strategy in order to improve supply of services to these groups as well as improve demand.

Given this changed situation, HSS has now refocused its strategy away from health centre payments towards improved outreach services and demand side activities for high risk population groups. With this objective in mind, the High Risk Guidelines were developed in 2014, and a list of high risk villages developed.

The additional challenge recently has been a widening gap between survey coverage and administrative data, which has resulted in increased emphasis on the quality of supervision and data quality assessment in this APR 2015 plan as well as in the recently submitted HSS proposal.

8.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

There has been a long history of GAVI HSS association with human resource incentives systems.

GAVI HSS was the initial trail/pilot for establishment of District contracts fro primary health care with HSS 1 in 2007. This system was continued in HSS 2, but with the performance based contract system shifted to a payment for service model (immunisation and MCH contacts)

Early in HSS, the incentive scheme was aligned with the Merit Based Performance System (MBPI). This then changed to the MOH Policy of "Priority Operating Costs" (POC). One of the requirements of POC is that ""floating health staff"" (un contracted staff) should not recieve incentives. The GAVI HSS followed this MOH policy with only official government staff receiving incentives.

Since the end of the POC initiative, incentives have been provided in alignment with MOH directives and decrees.

During the recent development of the HSS proposal 3, revised and updated guidelines on incentives have been developed. As illustrated by the M & E framework (and by several evaluations) , to date the incentive programs have been effective in improving immunisation and MCH indicators from the baseline.

8.3. General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline	Agreed target till end of support in original HSS application	2014 Target						Data Source	Explanation if any targets were not achieved

	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
1a %DTP-HepB3 Coverage (National)	78%	DHS 2005	90%	95%	92%	94%	95%	95%	97%	WHO UNICEF Estimates JRF2010-2013	
1b %DTP-HepB3 Coverage (10 OD)	74%	MOP-MOP 2006	90%	95%	90%	83%	92%	96%	92%	HIS/DPHI	For all of the indicators measuring 10 HSS ODs no longer measure trends. This is because the ODs at baseline are not the same ODs as in 2014. These are Angkor Chum and Prey Kabass in 2010, and Bakan District in 2014 (which became an SOA in 2014).
2a. #/% OD achieving >= 80% DTP3 Coverage (National)	18 (24%)	NIP 2006	76 (100%)	100%	66%	64%	88%	77%	87%	HIS/DPHI	10 out of 82 districts did not achieve >= 80% in 2014
2b. #/% OD achieving >= 80% DTP3 Coverage	0 (0%)	DPHI/NIP 2007	10 (100%)	10 (100%)	9 (90%)	10 (100%)	9 (90%)	10 (100%)	9 (90%)	HIS/DPHI	9 out of 10 HSS Districts achieved > = 80% in 2014 (Kg Tralach 73%)
3a. % Hepatitis B Birth Dose - 24 hours (National)	25%	MOH-NIP 2006	65%	65%	57%	55%	65%	60%	87%	HIS/DPHI	
3b. % Hepatitis B Birth Dose - 24 hours 10 HSS OD)	25%	MOH-NIP 2006	65%	95%	65%	96%	72%	61%	69%	HIS/DPHI	
4a. Measles Coverage (National)	70% (National)	MOH-NIP 2006	90%	95%	93%	93%	93%	90%	94%	HIS/DPHI	
4b. Measles Coverage (10 HSS ODs))	70% (10 ODs)	MOH-NIP 2006	90%	95%	89%	80%	88%	89%	86%	HIS/DPHI	
5a.% Pregnant Women Attending >=4 ANC (National)								56%	61%	HIS/DPHI	This indicator changed from ANC2 to ANC 4 in 2013, so data before 2013 is recorded
5b.% Pregnant Women Attending >=4 ANC (10 HSS ODs)				88%				65%	65%	HIS/DPHI	This indicator changed from ANC2 to ANC 4 in 2013, so data before 2013 is recorded
6a. % Skilled Birth Attendance (National)	44%	DHS 2005	90%		69%	69%	75%	75%	81%	HIS/DPHI	
6b. % Skilled Birth Attendant (10 HSS OD)	35%	MOH-HIS 2006	90%		67%	67%	52%	52%	54%		
7a. Delivery at facility (National)	14%	MOH-HIS	70%		52%	52%	66%	70%	76%	HIS/DPHI	
7b. Delivery at facility (10 HSS ODs)	14%	MOH-HIS			51%	51%	44%	39%	48%	HIS/DPHI	
8a. % Health Centres trained/implementing IMCI (National)	NA	NA		100%	100%	100%	100%	100%	93%	CDC Spot Checks	

8b. % Health Centres trained/implementing IMCI (10 HSS ODs)	NA	NA		100%	100%	100%	100%	100%	100%	CDC Spot Checks	
9. # ODs reaching performance contracts targets specified in OD contracts (10 HSS ODs)	0	NIP	100%	10%	10%	10%	9%	1%	40%	NIP	Interpretation of this indicator - % HSS districts > 95% coverage DPT3 = 4 out of 10). 4 additional Districts had coverage results between 90 and 95%.
10a # facilities implementing full MPA (national)	470	DPHI	100%	984	997	1004	1042	1088	1105	HIS/DPHI	
10b # facilities implementing full MPA (10 HSS OD)	NA	NA	100% of health centres	127	149	149	155	161	161	HIS/DPHI	
11a % Immunisation at Fixed Site (National)	20%-25%	NIP 2003-2004	40%	37%	45%	39%	42%	48%	61%	HIS/DPHI	Two ODs did not report on fixed site status. Data sourced from JRF
11b % Immunisation at Fixed Site (10 HSS ODs)	20%-25%	NIP 2003-2004	40%	48%	41%	45%	47%	56%	62%	HIS/DPHI	Data sourced from NIP
12. % approved budgets reaching health facilities	AOP allocated budget	AOP Allocated Budget	100%	100%	100%	100%	100%	100%	100%	DBF	

8.4. Programme implementation in 2014

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

1. In 2014, there were 340, 783 administrative doses of DPT3 provided (draft JRF 2014). This was an increase of 14067 additional children from the previous figure of 326,716 vaccinated with DPT3 in the previous year (JRF 2013).

2. Improved coverage has resulted in achievement of measles elimination status in 2015.

3. National DTP coverage has increased to 97% in 2014, and the 10 HSS ODs have maintained coverage above 90% (92%). This is an increase in 18% from the baseline.

4. 9 out of 10 HSS Operational Districts have a a DPT3 coverage greater than 80%, compared to zero ODs at baseline. Nationally, 72 out of 82 ODs in 2014 (87%) achieved greater than 80% coverage for DTP3, compared to 18 out of 76 in 2006 (24%)

5. The fixed site strategy has resulted in significantly increased demand for health services health facilities. Nationally, 56% of DPT3 vaccinations were provided at health facilities, compared with 20-25% at baseline. The same result was achieved for the 10 HSS ODs.

6. The high risk strategy has been implemented in 2014. A national list of high risk villages has been documented. A set of guidelines on high risk strategy has been developed and implemented. The high risk groups have been identified as the poorest populations, remote area villages (including populations in new villages), ethnic minority villages, and internal and external migrants. The implementation of the high risk strategy in 2014 is likley to have been one of the main reasons that there were an additional 14067 children vaccinated in 2014 when compared with the previous year.

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

One of the main challenges with HSS up to this time is that although coverage has improved significantly from the baseline, and measles elimination status was achieved in March 2015, it remains the case that there are major issues with enabling services to reach high risk populations (the last 10-15%). A high risk strategy was documented in 2014 in order to increase the HSS focus on these high risk communities in order to improve the capability of the health system to be more pro equity. This being the case, a list of high risk villages has been generated across the country in order to focus service provision and monitoring on these high risk areas.

This has resulted in some reprogramming of funds from the health centre service delivery contracts (which were based on an incentive system for immunisation and MCH contacts) to investment in outreach services (at least 4 visits per year) for the documented high risk villages across the country, as well as training of VHSG to increase demand for immunisation services in high risk areas.

The wide gaps in coverage between survey results and administrative coverage will also see an acceleration of data quality assessment activities in 2015.

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

The monitoring system of HSS is integrated into the Annual Operational and Sector Planning Systems of the Ministry of Health.

At the Central Level, the Technical Working Group for Health (represented by Ministry of Health and Development Partners), is principally responsible for monitoring progress of the HSS program. There is a central level Program Monitoring Team is responsible for monitoring from central level (comprising Dept. Budget and Finance, Dept. Planning and Health Information, National Immunisation program, Communicable Disease Dept., Preventive Medicine Department.

At the provincial level, management contracts are provided to provincial management to support monitoring of HSS in the designated operation districts.

At the District level, GAVI HSS also supports the Annual Operational Planning system quarterly and annual reviews and planning appraisals which assesses past performance and development annual operational plans. GAVI HSS also supports the functions of the Dept Planning and Health Information supervision system to provide technical support to Districts to develop Annual Operational Plans.

GAVI HSS also supports the DPHI to conduct data quality audits.

In addition to health sector reviews, national immunisation annual and mid review meetings are conducted to assess immunisation performance and make adjustmenst to plans for such strategies as Coverage Improvement Planning and the High Risk Strategy.

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

As outlined above, HSS indicators are aligned with national Health Management Information System indicators.

Also, the various health sector planning and review processes are used to monitor the program. These include the following:

1. Quarterly district reviews
2. Annual Health sector reviews
3. Annual health program Reviews
4. Health Planning appraisal systems
5. Data quality audits conducted through the Department of Planning and Health Information and Provincial Health Departments.

A specific HSS review was conducted in December 2014, but the indicators used to assess progress were indicators from the routine health information system (DTP3, ANC 4, Delivery at Facility etc).

A national Immunisation program review was conducted in April 2015, some of the findings of which are reflected in this APR Report.

8.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

1. The National level MoH and Development partners are involved with monitoring of the proposal through the Technical Working Group for Health at national Level. Monitoring of the overall GAVI investment was enhanced in 2014 through conducting of a Joint Annual Review of the GAVI programby the MOH in conjunction with WHO, UNICEF and a GAVI representative.

2. The Department of Health Planning and Information has been responsible for activities supporting the strengthening of the health planning system (including quarterly and annual review and appraisal processes) as well as supporting capacity building for data quality audit processes at provincial and District level.

3. The Communicable Disease Control Department has been responsible for implementation of IMCI training programs in the 10 HSS Operational Districts (ODs) including the monitoring of implementation.

4. The Department of Budget and Finance has been responsible for funds management and contracts management with Provincial Health Departments. The DBF has also supported financial management systems capacity building, and has supported financial reporting and the arrangements for conducting of external audits.

5. The National Immunisation Program (NIP) has managed coverage improvement planning, development and implementation of a high risk strategy for vulnerable populations, as well as providing oversight of a fixed site strategy (in addition to implementation of other core national program functions including vaccine management, surveillance and new vaccine introductions).

6. Provincial Health Departments and Operational Districts plan, manage and supervise HSS agreements with health centres, and provide oversight of coverage improvement planning, fixed site and high risk strategy implementation.

7. Health centres provide immunisation and maternal and child health care services to populations, with funding dependent on the volume of service contacts provided.

8. Village Health Support Groups (village level volunteers) are involved in dissemination of community knowledge, other demand raising activities and social mobilisation.

8. The role of NGOs is described in the following section.

8.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

1. NGOs are not involved directly in the delivery of immunisation services in Cambodia, although NGOs play various roles in support of primary health care education and health financing initiatives.

2. NGOs are represented through the NGO umbrella organisation called MEDICAM at Technical Working Group for Health Meetings at National level. There is a similar body at provincial level that also involves NGOs in coordination activities.

3. NGO inputs (as are GAVI HSS inputs) are reflected in Joint Annual Operational Plans (AOPs) at each level of the health system.

4. There is no direct funding of NGOs through HSS, although it is planned that a mapping activity be conducted by UNICEF in 2015 of the role of NGOs in high risk villages. This will provide a cleaer picture of the role of NGOs in supporting immunisation.

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

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

1. As per previous HSS years, there has been a high rate of expenditure of HSS planned funds.

2. The funds allocation has been effective in so far that key indicators have lifted from baseline both nationally and in the HSS Districts (refer to M & E framework).

3. There have been some changes to funds management in 2014. In line with the funds management system of the Health Sector Support Program, funds are now disburse monthly to provincial Health Departments rather than annually. The funds management arrangements for operational districts and health centres remains unchanged from the description of funds management in the 2013 APR.

4. The main management issue with HSS in 2014 were transitions to HSS 3 and data quality. There has been an increased focus on the high risk immunisation strategy. The findings of the DHS survey in 2014 with regards to data quality will see a stronger role for the Department of Health Planning and Information in conducting a Data Quality Audit in 2015.

5. It is planned that in 2015 HSS funds will be reprogrammed to focus on the high risk immunisation strategy and improvements to data quality.

6. It is proposed that HSS funds management will shift from the Department of Budget and Finance to the national MCH Centre in 2015 (with the commencement of HSS3).

8.5. Planned HSS activities for 2015

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

Table 8.5: Planned activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
1.1 Service Delivery Contracts	Establish and implement annual operational plans and performance based contracts at health facility level	487175		This activity has been halved to focus on high risk strategy	The proposed budget has been halved as the focus of the last year in HSS 2 will be on implementation of a high risk strategy (coverage improvement planning). However, a sum of $468,536 is included here for health centre payments for 2014 (not yet paid)	624265
1.2 Management Contracts	Establish and implement annuall operational plans and performance based contracts with ODs and provinces and Central Level	196300			This will be implemented for a shorter period of time to refocus funds on high risk strategy	123752

1.3 Coverage Improvement Planning	Integrate CIP Planning into MPA Planning system to improve overall MCH (high Risk)	384750		There is increased emphasis on this activity in the final year of HSS 2.	This activity has been significantly increased in 2015 in order to take up the increase focus on routine services for high risk populations. It also included training of VHSG (VHSG, VHV, Commune Council (35,435)	909485
1.4 Fixed Site Strategy	Implement, evaluate and scale up fixed site strategy to improve immunisation coverage through increased health centre utilisation	0		In 2014 APR, activities here were included in service delivery contracts	This investment gradually reduced to support higher investment in high risk.	17087
2.1 Financial Management system development	Monioring effective implementatio n Workshop/Trai ning	25880			Technical support and monitoring the implementation of financial management (by DBF) and conduct the annual audit on Financial Management and performance of GAVI Grant at the 9 provincial ODs, 10 ODs and Health centres	42642
2.2 Health Planning Systems	Strengthening MPA planning systems at OD and health centres through AOP integration	26315			Technical support on AOP development, Quarterly and annual reviews, planning appraisal (support at National, PHD and OD levels)	63801
2.3 Supervision systems	Strengthening inegrated supportive supervision from central to PHD, PHD to OD and OD to health facility level through interdepartme ntal monitoring	60994			This activity has been significantly increased in order to undertake additional data quality activities in response to increasing gaps between survey and administrative coverage	128002
2.4 Health systems operations research	Conducting research to support decsion making for strengthening demand and delivery of MPA	0		In 2014 APR, included in activity 3.5	This activity added in order to commence planning and implementation of HSS 2 evaluation	37546
3.1 Strengthening capacity of middle level management	Strengthening financial, planning, management and monitoring capacities of middle level management at OD, and health facility level through development of guidelines, trainings and supportive supervision	0		In 2014 APR,	Outreach guidelines monitoring, T Supervision on Tally sheets and reporting forms	14023
3.2 Child Survival Monitoring	Strengthening systems for child survival scorecard monitoring	0				0

3.3 Service Delivery IMCI	Strengthening capacity of IMCI service delivery to improve immunization and overall MCH through trainings of health center and OD staff and supportive	0			Refresher Training course for IMCI	35182
3.4 Private Sector Collaboration	Scaling up and evaluating public/private collaboration to improve quality of immunizations and eventually MCH services in private sector	4750				5000
3.5 Project Management	Support activities to ensure effective implementation of grant activities to reach planned targets, Auditing (external audit & Internal Audit)	433678		APR reprogramm 2014	Funding reprogrammed to support cold room and cold chain maintenence to support NVS	255249
		1619842	0			2256034

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	**Planned Activity for 2016**	**Original budget for 2016** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2016** (if relevant)
Not Applicable					
		0			

8.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavi.org

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Global Fund for HIV, Malaria and TB	7968903	2013-2015	Activities are geared to two objectives, increasing demand for health services at the community level and improving quality of maternal health services at health centres. Specific activities include technical and management support to health centres and commune meetings with VHSGs through trainings, supportive supervision visits and incentives (not currently active since POC abolished). Budget presented includes entities implementing these activities, NGOs: CARE, CRS, HACC< KHANA, MEDICAM and Government: NMCHC, DPHI
Royal Government of Cambodia	20500000	2012-2015	The Ministry of Health budget for Program 4 Health Sector Strengthening in the Health Strategic Plan has allocated budget for the following linked inputs: 4.1 Services delivery 4.2 Health care financing. 4.3 Human resources development 4.4 Health information 4.5 Supportive supervision/monitoring
Second Health Sector Support Program			The Second Health Sector Support Program (HSSP2) operates across 21 of the 24 Provinces in Cambodia, which contracts Operational Districts as “special operating agencies” or SOAs. However, none of the 10 GAVI HSS funds is an SOA. During the lifetime of the the HSS grant of GAVI, three GAVI HSS Districts have graduated into SOA status - these are Angkor Chum, Prey Kabass and Bakan districts. HSSP2 program involves infrastructure development, capacity building programs and extension of health contracting and health equity fund schemes. The activities are linked to HSS GAVI goals and objectives, with all inputs coordinated through the annual operational planning system of the Ministry of Health. Currently the MoH is developing the next Health Sector Strategic Plan in addition to negotiating the next Health Sector Support Project.

8.8.1. Is GAVI’s HSS support reported on the national health sector budget? **Yes**

8.9. Reporting on the HSS grant

8.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Demographic Health Survey Preliminary Report 2014	The DHS Preliminary Report 2014 provides details on methods and data validation http://dhsprogram.com/what-we-do/survey/survey-display-464.cfm Please refer to Annex.	

Health Management Information System Dept. Planning and Health Information Ministry of Health Cambodia 2014	Data for indicators from the M & E framework is sourced from the Health management information system of the MoH Cambodia http://www.hiscambodia.org/public/news_en.php?m=8 Information is validated through implementation of data quality assessments at National, Provincial and District level, as well as conducting systems of quarterly and annual reviews as part of the overall annual operational planning system. A data Quality Improvement Plan is annexed to this APR which describes 5 strategies for data quality improvement in more detail.	1. The major problem is that data quality still remains a concern. The latest DHS survey results show widening gaps between survey coverage (measles 79% in 2013) and administrative coverage (measles 90% in 2013). 2. The issue will be addressed prospectively through increased investment in HSS in 2015 on data quality assessments.
Health Program Review 2014 April 6th and 7th Siem Reap	This annual program review provided the main source of qualitative data for this APR. Data was validated through plenary and group discussion with Provincial and Operational Health District health system and immunisation staff.	
Interviews with National Immunisation Program, Dept Planning and Health Information and Department of Budget and Finance Staff	Information sourced from these meetings was validated through sharing of drafts of APR for comment and feedback.	

8.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

1. There is significant overlap with the Joint Report Form document. It may not be necessary to record the same information twice in the APR.

2. Annual Immunisation Program Review Reports could be a more appropriate review format for GAVI, as this would ensure that GAVI reporting is more aligned with country reporting systems. It may also contribute to building country capacity for immunisation reporting.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?12

Please attach:

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

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

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

Cambodia **has NOT received GAVI TYPE A CSO support**

Cambodia is not reporting on GAVI TYPE A CSO support for 2014

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

Cambodia **has NOT received GAVI TYPE B CSO support**

Cambodia is not reporting on GAVI TYPE B CSO support for 2014

10. Comments from ICC/HSCC Chairs

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

11. Annexes

11.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS *1*

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of MOH and MOEF.pdf **File desc:** Signature of MOH and MOEF **Date/time :** 12/05/2015 04:17:03 **Size:** 975 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of MOH and MOEF.pdf **File desc:** Signature of MOH and MOEF **Date/time :** 12/05/2015 04:17:48 **Size:** 975 KB
3	Signatures of members of ICC	2.2	✓	Participants list of TWGH meeting on April 9, 2015.pdf **File desc:** List of participants in TWGH (ICC/ HSCC)meeting endorsed APR 2014 **Date/time :** 01/05/2015 04:19:02 **Size:** 1 MB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	Minutes for TWGH (ICC and HSCC) meeting April 9, 2015.pdf **File desc:** **Date/time :** 11/05/2015 08:39:59 **Size:** 2 MB
5	Signatures of members of HSCC	2.3	✓	Participants list of TWGH meeting on April 9, 2015.pdf **File desc:** List of participants in TWGH (ICC/HSCC)meeting endorsed APR 2014 **Date/time :** 01/05/2015 04:15:59 **Size:** 1 MB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Minutes for TWGH (ICC and HSCC) meeting April 9, 2015.pdf **File desc:** **Date/time :** 11/05/2015 08:41:40 **Size:** 2 MB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	Financial Report_GAVI-ISS 2014.pdf **File desc:** Financial management report 2014- ISS **Date/time :** 01/05/2015 04:05:22 **Size:** 1 MB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✓	External Audit Report for ISS Funds utilisation in 2014 is currently being implemented.docx **File desc:** Audits for fiscal year for HSS in 2014 are currently being implemented and reports will be available in June **Date/time :** 28/04/2015 01:02:06 **Size:** 11 KB
9	Post Introduction Evaluation Report	7.2.1	✗	4. CambodiaM18_PIE_11JULY2014.doc **File desc:** Post introduction Evaluation of measles 2nd dose vaccine **Date/time :** 27/04/2015 08:36:10 **Size:** 595 KB

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial Report_GAVI-VIG 2014.pdf **File desc:** Financial management report 2014- NVS **Date/time :** 01/05/2015 04:07:39 **Size:** 1 MB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US$ 250,000	7.3.1	✓	External Audit Report for NVS Funds utilisation in 2014 is currently being implemented.docx **File desc:** Audits for fiscal year for HSS in 2014 are currently being implemented and reports will be available in June **Date/time :** 28/04/2015 01:05:21 **Size:** 12 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_report-Cambodia - Final 13 Mar 2012.pdf **File desc:** **Date/time :** 27/04/2015 08:43:03 **Size:** 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM-imp-plan-Cambodia-2012 - Final.xlsx **File desc:** **Date/time :** 27/04/2015 08:47:40 **Size:** 95 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Progress Report on the EVM Improvement Plan 2014_Rev2.docx **File desc:** **Date/time :** 11/05/2015 08:47:09 **Size:** 20 KB
16	Valid cMYP if requesting extension of support	7.8	✓	11. MOH Natl ImmN Plan 2008-15.pdf **File desc:** The new cMYP 2016-2020 is currently under development in line with the new Health Sector Plan **Date/time :** 28/04/2015 12:49:18 **Size:** 255 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP Costing tool for financial analysis - 1 - EN.xlsx **File desc:** The new cMYP 2016-2020 is currently under development in line with the new Health Sector Plan **Date/time :** 28/04/2015 12:50:43 **Size:** 1 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✓	Minutes for TWGH (ICC and HSCC) meeting April 9, 2015.pdf **File desc:** APR was presented in TWGH meeting and endorsed for programme extension **Date/time :** 11/05/2015 08:43:57 **Size:** 2 MB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	Financial Reprot_GAVI-HSS 2014.pdf **File desc:** Financial management report 2014- HSS **Date/time :** 01/05/2015 04:12:27 **Size:** 5 MB

20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	Financial statement Jan-March 2015.pdf **File desc:** **Date/time :** 12/05/2015 04:19:46 **Size:** 2 MB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	Audit report 2013 (2) Internal control report- Cambodia MR & HSS.pdf **File desc:** This includes both HSS and MR campaign audit 2013. Audits for fiscal year for HSS in 2014 are currently being implemented and reports will be available in June **Date/time :** 28/04/2015 12:56:49 **Size:** 968 KB
22	HSS Health Sector review report	8.9.3	✓	MOH_Sector Report Summary 2014.pdf **File desc:** **Date/time :** 27/04/2015 08:39:38 **Size:** 3 MB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	Financial statement January- December 2014.pdf **File desc:** **Date/time :** 11/05/2015 08:48:08 **Size:** 131 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
28	Justification for changes in target population	5.1	✗	3. Population projections National Census 2008.pdf **File desc:** **Date/time :** 27/04/2015 08:46:07 **Size:** 4 MB
	Other		✗	4. Preliminary Report of Demographic and Health Survey 2014.pdf **File desc:** **Date/time :** 27/04/2015 08:52:07 **Size:** 270 KB