



GAVI/13/595/ap/rk

The Minister of Health and Family Welfare
Ministry of Health and Family Welfare
151-153 Avenue Kampuchea Krom
Phnom Penh
Cambodia

18 November 2013

Dear Minister,

Annual Progress Report submitted by Cambodia

I am writing in relation to Cambodia's Annual Progress Report (APR) which was submitted to the GAVI Secretariat in May 2013.

In July 2013 your APR was reviewed by the GAVI Independent Review Committee (IRC) which recommended "Approval with Clarifications" of your APR. We have since received your response to these clarifications/to the programmatic clarifications, that were deemed satisfactory, and consequently are pleased to inform you that the GAVI Alliance has approved Cambodia for GAVI support as specified in the Appendices to this letter.

The Appendices includes the following important information:

Appendix A: Description of approved GAVI support to Cambodia

Appendix B: Financial and programmatic information per type of support

Appendix C: A summary of the IRC Report

Appendix D: The terms and conditions of GAVI Alliance support

The following table summarises the outcome for each type of GAVI support for Cambodia:

Type of support	Appendix	Approved for 2014
NVS Pentavalent	B 1	US\$1,373,500
NVS Measles Second Dose	B 2	US\$201,500
HSS	B 3	US\$938,000



Please do not hesitate to contact my colleague rajkumar@gavialliance.org if you have any questions or concerns.

Yours sincerely,

PP 

Hind Khatib-Othman
Managing Director, Country Programmes

cc: The Minister of Finance
 The Director of Medical Services
 Director Planning Unit, MoH
 The EPI Manager
 WHO Country Representative
 UNICEF Country Representative
 Regional Working Group
 WHO HQ
 UNICEF Programme Division
 UNICEF Supply Division
 The World Bank



Appendix A

Description of GAVI support to *Cambodia* (the “Country”)

New Vaccines Support (NVS)

The GAVI Alliance has approved the Country’s request for supply of vaccine doses and related injection safety material which are estimated to be required for the immunization programme as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

- The GAVI Alliance Guidelines governing «Country»’s Annual Progress Report (APR); and
- The APR as approved by the the Independent Review Committee (IRC), including any subsequent clarifications.

The vaccines provided will be used as the country has proposed. The principles of the WHO-UNICEF-UNFPA joint statement on safety of injections (WHO/V&B/99.25) shall apply to all immunisation provided with these vaccines.

Item number 11 of Appendix B summarises the details of the approved GAVI support for vaccines in the years indicated.

Any required taxes, customs, toll or other duties imposed on the importation of vaccines and related supplies can not be paid for using GAVI funds.

GAVI is not responsible for any liability that may arise in connection with the distribution or use of vaccines and related supplies after title to such vaccines and related supplies has passed to the country, excluding liability for any defect in vaccines and related supplies, which remain the responsibility of the applicable manufacturer.

Country Co-financing

In accordance with the GAVI Co-financing Policy, the Country has agreed to make the required contribution to co-financing vaccine doses as indicated in Appendix B. Item number 14 of Appendix B summarises the budget and the quantity of supply that will be procured with country’s funds in the corresponding timeframe. The total co-financing amount indicates costs for the vaccines, related injection safety devices (only applicable to intermediate and graduating countries) and freight.

Countries may select to co-finance through UNICEF Supply Division, PAHO’s Revolving Fund, or self-procure their co-financing requirement following their own procedures, except for the Pneumococcal vaccine that needs to be procured through UNICEF.

If the purchase of the co-financed supply is carried out through UNICEF or PAHO, the payment is to be made to UNICEF or PAHO (whichever is applicable) as agreed in the Procurement Services Memorandum of Understanding between UNICEF or PAHO (whichever is applicable) and the country, and not to the GAVI Alliance. Please keep in contact with UNICEF or PAHO (whichever is applicable) to understand the availability of the relevant vaccine(s) and to prepare the schedule of deliveries.



The total co-financing amount expressed in item number 14 of Appendix B does not contain costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees.

Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the country. UNICEF/PAHO will share information with GAVI on the status of purchase of the co-financed supply. In accordance with the GAVI Co-financing Policy (<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>), the co-financing contribution is payable annually to UNICEF/PAHO.

If the purchase of the co-financed supply is carried out by the Government, following its own procurement procedures and not procuring from UNICEF Supply Division or PAHO's Revolving Fund, the Government must submit to GAVI satisfactory evidence that it has purchased its co-financed portion of the vaccines and related supplies, including by submitting purchase orders, invoices, and receipts to GAVI. GAVI encourages that countries self-procuring co-financed products (i.e. auto-disable syringes and syringe and needle disposal boxes) ensure that products appear on the applicable WHO list of pre-qualified products or, for syringe and needle disposal boxes, that they have obtained a certificate of quality issued by a relevant national authority.

GAVI support will only be provided if the Country complies with the following requirements:

Transparency and Accountability Policy(TAP): Compliance with any TAP requirements pursuant to the GAVI TAP Policy and the requirements under any Aide Memoire concluded between GAVI and the country.

Financial Statements & External Audits: Compliance with the GAVI requirements relating to financial statements and external audits.

Grant Terms and Conditions: Compliance with GAVI's standard grant terms and conditions (attached in Appendix D).

Country Co-financing: GAVI must receive proof of country co-payment from the Country such as invoices or shipment receipts if neither UNICEF nor PAHO is the procurement agent for country co-financed vaccine for the prior calendar year.

Monitoring and Annual Progress Reports: «Country»'s use of financial support for the introduction of new vaccinations with the vaccine(s) specified in Appendix B is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance and other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor and report on the numbers of children immunised and on co-financing of the vaccine.

«Country» will report on the achievements and request support for the following year in the Annual Progress Report (APR). The APR must contain information on the number of children reported to have been vaccinated with DTP3 and 3 doses of pentavalent vaccine by age 12 months, based on district monthly reports reviewed by the Immunisation Coordination Committee (ICC), and as reported to WHO and UNICEF in the annual Joint Reporting Form (JRF). The APRs will also contain information on country's compliance with the co-financing



arrangements outlined in this letter. APRs endorsed by the ICC, should be sent to the GAVI Secretariat no later than 15 May every year. Continued funding beyond what is being approved in this letter is conditional upon receipt of satisfactory Annual Progress Reports and availability of funds.

Cambodia VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Cambodia				
2. Grant Number: 1015-KHM-04a-X				
3. Date of Decision Letter: 18 November 2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Pentavalent				
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				
8. Programme Duration¹: 2010 -2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2010-2013	2014	2015	Total ²
Programme Budget (US\$)	US\$13,713,290 ³	US\$1,373,500	US\$1,981,000	US\$17,067,790
10. Vaccine Introduction Grant: Not applicable				
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁴ The Annual Amount for 2014 has been amended.				
Type of supplies to be purchased with GAVI funds in each year	2010-2013	2014		
Number of Pentavalent vaccines doses		-	649,400	
Number of AD syringes		-	736,200	
Number of re-constitution syringes		-	-	
Number of safety boxes		-	8,175	
Annual Amounts (US\$)	US\$13,713,290 ⁵	US\$1,373,500		
12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.				

¹ This is the entire duration of the programme.

² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

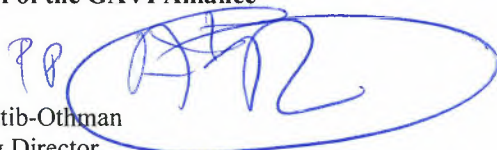
³ This is the consolidated amount for all previous years.

⁴ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

⁵ This is the consolidated amount for all previously approved years.

13. Self-procurement: Not applicable.		
14. Co-financing obligations: Reference code: 1015-KHM-04a-X-C According to the Co-Financing Policy, the Country falls within the group Low Income. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.		
Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	70,300	101,900
Number of AD syringes	-	-
Number of re-constitution syringes	-	-
Number of safety boxes	-	-
Value of vaccine doses (US\$)	US\$136,906	-
Total Co-Financing Payments (US\$) (including freight)	US\$144,000	US\$208,500
15. Operational support for campaigns: Not applicable.		
Additional documents to be delivered for future disbursements: Annual Progress Report 2013 must be delivered by 15 May 2014.		
16. Financial Clarifications: Not applicable.		
17. Other conditions: Not applicable.		

Signed by,
 On behalf of the GAVI Alliance



Hind Khatib-Othman
 Managing Director,
 Country Programmes
 18 November 2013



Cambodia VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Cambodia				
2. Grant Number: 1215-KHM-09a-X				
3. Date of Decision Letter: 18 November 2013				
4. Date of the Partnership Framework Agreement: Not applicable				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Measles Second Dose				
7. Requested product presentation and formulation of vaccine: Measles, 10 dose(s) per vial, LYOPHILISED				
8. Programme Duration⁶: 2012-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2012-2013	2014	2015	Total ⁷
Programme Budget (US\$)	US\$524,000 ⁸	US\$201,500	US\$205,500	US\$931,000
10. Vaccine Introduction Grant: Not applicable				

⁶ This is the entire duration of the programme.

⁷ This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

⁸ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁹ The Annual Amount for 2014 has been amended.

Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014
Number of Measles vaccines doses	-	555,500
Number of AD syringes	-	365,900
Number of re-constitution syringes	-	61,200
Number of safety boxes	-	4,750
Annual Amounts (US\$)	US\$524,000 ¹⁰	US\$201,500

12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.

13. Self-procurement: Not applicable.

14. Co-financing obligations: Not applicable.

15. Operational support for campaigns: Not applicable.

16. Additional documents to be delivered for future disbursements: Annual Progress Report 2013 must be delivered by 15 May 2014.

17. Financial Clarifications: Not applicable.

18. Other conditions: Not applicable.

Signed by,
On behalf of the GAVI Alliance



Hind Khatib-Othman
Managing Director, Country Programmes
18 November 2013

⁹ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

¹⁰ This is the consolidated amount for all previously approved years

This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Cambodia
2. Grant number: 0815-KHM-10a-Y
3. Date of Decision Letter: 18 November 2013.
4. Date of the Partnership Framework Agreement: Not applicable.
5. Programme Title: Health Systems Strengthening (HSS).
<p>6. HSS terms:</p> <p>The ultimate aim of HSS support is to ensure increased and sustained immunisation coverage through addressing health systems barriers in Country, as specified in:</p> <ul style="list-style-type: none"> • The relevant GAVI HSS guidelines. Please contact your CRO at raj कुमार@gavialliance.org or email gavihss@gavialliance.org for the guidelines. • The relevant GAVI HSS form. Please contact your CRO at raj कुमार@gavialliance.org or email gavihss@gavialliance.org for the form. • Country’s approved grant proposal and any responses to the HSS IRC’s request for clarifications. <p>Any disbursements under GAVI’s HSS cash support will only be made if the following requirements are satisfied:</p> <ul style="list-style-type: none"> • GAVI funding being available; • Submission of satisfactory Annual Progress Reports (APRs) by the Country; • Approval of the recommendation by an Independent Review Committee (IRC) for continued support by GAVI after the second year; • Compliance with any TAP requirements pursuant to the TAP Policy and under any Aide Memoire concluded between GAVI and the Country; • Compliance with GAVI’s standard terms and conditions (attached in Appendix [D]); and • Compliance with the then-current GAVI requirements relating to financial statements and external audits, including the requirements set out for annual external audit applicable to all GAVI cash grants as set out in GAVI’s grant terms and conditions.
7. Programme Duration¹¹: 2007-2015

¹¹ This is the entire duration of the programme.

8. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement, if applicable):

	2007-2013	2014	2015	Total ¹²
Programme Budget (US\$)	US\$8,824,270	US\$938,000	US\$553,230	US\$10,315,500

9. Indicative Annual Amounts (indicative) (subject to the terms of the Partnership Framework Agreement):

The following disbursements are subject to the conditions set out in sections 6, 10, 11 and 12:

Programme Year	2007-2013	2014	Total ¹³
Annual Amount (\$US)	US\$8,824,270	US\$938,000	US\$9,762,270

10. Financial Clarifications: The Country shall provide the following clarifications to GAVI¹⁴:

If the bank account information most recently provided to GAVI has changed or changes prior to disbursement, the country will need to complete a bank account information form. Please contact gavihss@gavialliance.org for the form.

11. Documents to be delivered for future HSS cash disbursements:

The Country shall deliver the following documents by the specified due dates as part of the conditions for approval and disbursements of the future Annual Amounts.

Reports, documents and other deliverables	Due dates
Annual Progress Reports (APRs). The APRs shall provide detail on the progress against milestones and targets against baseline data for indicators identified in the proposal. The APRs should also include a financial report on the use of GAVI support for HSS (which could include a joint pooled funding arrangement report, if appropriate).	15 May 2014 or as negotiated with Secretariat
Interim unaudited financial reports. Unless stated otherwise in the existing Aide Memoire between GAVI and the Country, the Country shall deliver interim unaudited financial reports on the HSS cash support no later than 45 days after the end of each 6-month reporting period (15 February for the period covering 1 July – 31 December and 15 August for the period covering 1 January – 30 June). Failure to submit timely reports may affect future funding.	15 February and 15 August
In order to receive a disbursement for the second approved year of the HSS grant (2014), Country shall provide GAVI with a request for disbursement, which shall include the most recent interim unaudited financial report.	As necessary

¹² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table..

¹³ This is the amount approved by GAVI.

¹⁴ Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements

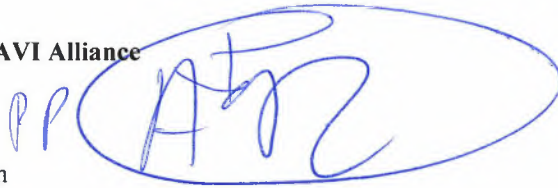
12. Other conditions: The following terms and conditions shall apply to HSS support.

Cash disbursed under HSS support may not be used to meet GAVI's requirements to co-finance vaccine purchases.

In case the Country wishes to alter the disbursement schedule over the course of the HSS programme, this must be highlighted and justified in the APR and will be subject to GAVI approval. It is essential that Country's Health Sector Coordination Committee (or its equivalent) be involved with this process both in its technical process function and its support during implementation and monitoring of the HSS programme proposal. Utilisation of GAVI support stated in this letter will be subject to performance monitoring.

Signed by,

On behalf of the GAVI Alliance



Hind Khatib-Othman
Managing Director, Country Programmes
18 November 2013

IRC NVS COUNTRY REPORT

Type of report: Annual Progress Report
Country: Cambodia
Reporting period: 2012
Date reviewed: July 2013

1. Background Information

Surviving Infants (2012): 355,268 (WHO pre-assessment)

DTP3 coverage (2012):

- JRF Official Country Estimate: 95% (WHO pre-assessment)
- WHO/UNICEF Estimate: 95% (WHO pre-assessment)

Table 1. NVS and INS Support

NVS and INS support	Approval Period
DTP-HebB	2001-15
DTP-HepB-Hib (1 dose(s) per vial)	2010-15
Measles (10 dose(s) per vial, lyophilised)	2012-15
INS	2002-04

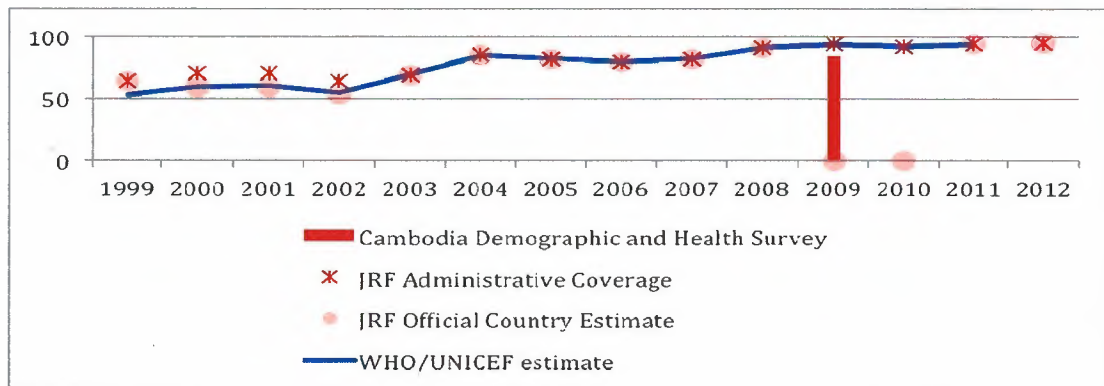
Table 2. Cash Support

Cash support	Approval Period
ISS	2013-15
HSS	2007-15

2. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)

There is a functioning Technical Working Group for Health (TWGH) that performs the functions of the ICC/HSCC. It coordinates health activities with other sectors and immunization is a regular item on the agenda. Five minutes of meetings were presented. Matters relating to GAVI support discussed included: tetanus and measles SIA, GAVI APRs, and HSS support. The draft APR 2012 was presented and endorsed at a meeting on April 13 2013. Signatures of attending members are submitted. Difficult to confirm CSO representation on the ICC/HSCC.

3. Programme and Data Management



High immunization coverage rates are increasingly uniform across all districts. Targets for BCG, OPV and measles vaccine were either achieved or exceeded. Wastage targets for DTP-HepB-Hib are better than projected (target 5%; achieved 3%). Measles 2nd dose was introduced in the whole country in June 2012. An assessment of health facility data quality was conducted in 2011 and concluded that data quality and internal consistency are good at the national level. An EVM was conducted in early 2012. Cambodia has a well functioning reporting system but problems exist with denominators at the national and sub-national levels as they sometimes are too low with inconsistencies between facility and survey data. WHO is providing technical assistance in this regard. The estimates for the number of births for 2013-2015 have been updated according to the latest census projections and reflect a reduction in birth estimates which will be reflected in the next cMYP (2015 to 2020). The country plans to achieve measles elimination and validation in 2014 and successfully introduce Rubella and MR SIA in 2013 as well as expand the high risk community strategy linked to the Measles 2nd dose.

4. Gender and Equity Analysis

The APR stated that there were no discrepancies between coverage in boys and girls, quoting DHS 2010. The country does not routinely collect sex disaggregated data. There are plans for additional immunization rounds in high risk communities. There are no plans to analyse if there are any gender or equity related barriers relating to those communities.

5. Immunisation Services Support (ISS)

The main activities conducted included: planning for coverage improvement, additional immunization rounds in high risk areas/communities as well as strengthening fixed site immunization to support better collaboration between staff and village health support groups, with supervision by higher level staff on performance for the implementation of measles 2nd doses. About 64% of funds are carried over. No explanation was given for this. There is also an error concerning the use of funds in 2012, as the local currency equivalent is not shown. It is mentioned that ISS funds are reviewed through the TWG for health, but unfortunately none of the meeting documents presented with the APR reflect those discussions. The country is eligible for ISS reward in 2012 but not entitled as it immunized fewer children in 2012 than previously.

6. New and under-utilised Vaccines Support (NVS)

Procurement and shipment for both DTP-HepB-HiB and Measles were according the projections. Among the main activities related to the introduction of new vaccines were - training of the health staff, social mobilization on the 2nd measles dose and workshops on the same issues. Country co-financing for DTP-HepB-HiB vaccine is around 9.23%, and is not changing for the coming years. Measles 2nd dose is being fully supported by GAVI. There are no reported problems with the delivery of vaccines, and no stock outs. Wastage



levels are at the recommended levels. An EVM assessment showed the weakest points to be: maintenance of buildings, cold chain equipment/vehicles, storage temperature and management. There is an improvement plan and most of the activities are "in progress" except for a training activity for some staff.

The total doses confirmed received by the country (1,072,700) does not correspond with the 1,161,100 confirmed by UNICEF as delivered. This needs to be clarified. A PIE was conducted in 2011 and was deemed positive. Constraints relate to cold chain capacity especially in remote areas. All the recommendations have been fully implemented and the experience will guide the introduction of pneumococcal vaccine in 2013. Cambodia has dedicated national pharmacovigilance capacity but there is no national AEFI expert review committee. There is an institutional development plan for vaccine safety. No information was provided on surveillance.

MCV2 was introduced in the second half of 2012. The EVM (2012) reported that the intention to replace the current measles vaccine with MR (Measles and Rubella) vaccine during 2013 (both first and second dose) will reduce the required space per dose in the freezer rooms of the central medical stores and the fridges at all other levels. The government is planning review available cold chain storage space at all levels for future needs to introduce new vaccines, and review options including procurement of new equipment and modification of stock management policies and vaccine distribution frequencies. The report, due in September 2013, will be important for the future decision on vaccine supply. Other plans for 2013-2014 include introduction of rubella vaccine and MR SIA in 2013; the achievement of measles and maternal neonatal tetanus elimination and validation in 2014; expanding the NIP high risk community strategy linked to measles 2nd dose; improving HepB vaccine timely birth dose; updating the cMYP to reflect introduction of new vaccines (pneumococcal, HPV and rotavirus); and further supervision of measles 2nd dose introduction with a focus on high-risk areas. There is no change in the vaccine presentation. Cambodia should be able to meet its 2014 targets. The number of children immunized with DTP3 in 2012 (336,860) and the number of children to be immunized in 2014 (332,634) are within the GAVI 10% limit.

7. Vaccine Co-financing, Financial Sustainability and Financial Management

The country is in the low co-financing group and finances all the traditional vaccines needs. There has not been default. It is expected to meet its co-financing obligations through government allocation. No partners are named to contribute to this. The trend is the wish of Government of Cambodia to increase the health sector funding; it is not however currently clear how this will reflect on immunization services. An FMA was conducted in 2012 and the aide memoire was signed in May 2013. GAVI is providing most of the support for the NVS and country co-financing proportion is <10% across the board. The audit report for 2012 has not been submitted.

8. Injection Safety Support (INS) and Adverse Events Following Immunisation Systems

Cambodia has an injection safety plan and has not encountered any obstacles in the implementation policy. Used AD syringes are disposed of in safety boxes at all immunization sites and are burnt in special incinerators in all provinces.

9. Health Systems Strengthening (HSS)

The main objectives of the HSS support is to strengthen minimum package of services with a focus on health service delivery, management at the district level and planning for coverage improvement, as well as capacity building especially at the middle management level.

Progress continues to be good. Immunization coverage has increased significantly for DTP3 and Measles in priority districts. There have been changes in incentive schemes as a result



of ending the government guideline for Priority Operational Cost (POC) in July 2012. In all but 5 of the 14 activity areas there is 100% achievement. Some have not been implemented to a satisfactory level (less than 50%). The most problematic areas relate to the fixed site strategy, which was attributed to inadequate funding for travel. Others include activities related to health planning and service delivery of IMCI (coverage of 70%) also attributed to inadequate transportation resulting in fewer supervisory visits. Additionally, the GAVI HSS focal point left their position creating of coordination of activities across all levels. Studies for the health systems operations research have been postponed until 2013 while working on the new incentive scheme. The performance based incentive was introduced, but problems of delivery immunization services in the high risk areas that may require more efforts to reach adequate coverage, is posing some challenges.

Activities that were proposed for 2012 (in the APR 2011) are consistent with the activities reported in APR 2012. The country did not use the APR 2012 table 9.5 but used the table in the original proposal instead. This should be noted for ease of future reviews. There have been consistent budget revisions for almost all of the activities for both implemented (2012) and planned activities (2013 & 2014). However, the nature of the activities remains the same and the revisions were not major.

Indicators are in line with the approved HSS proposal with improvements from the baseline for several of them (DPT3, measles in the ten operational districts (ODs). However, some indicators are significantly decreased from 2011 level. For example, the hepatitis birth dose-24 hours decreased from 96% to 72%. Other maternal health indicators also decreased, for example: % pregnant women attending ≥ 2 ANC visits (100% to 78%); % skilled birth attendance (67% to 52%); and % delivery at facility (51% to 44%). There is no information provided for the under five mortality. Outcome and impact indicators are provided for both the national level and for the 10 operational districts being funded. There was no information provided for the decrease. When compared to the 2005 baseline levels for all of these indicators, the progress has been impressive.

The closing balance in APR and FS is US\$ 1'454'118 and expenditure appears eligible. The country needs to submit the HSS audit report for 2012. The country is requesting another tranche of US\$ 1,314,270 for HSS.

10. Civil Society Organization Type A/Type B (CSO)

CSOs have been involved in the implementation of health system strengthening with activities funded by other donors.

11. Risks and mitigating factors

Due to the current world economic situation, major donors may be unable to fulfil their promises, and as a result, the country may face some financial problems to implement important activities to improve M&E and capacity building which are crucial to success of the programmes. This is a problem of sustainability. The human resources situation is also a threat, especially financial support to maintain and retain adequate levels and capacity. Absence of a coordinator/focal point for the GAVI HSS also poses a threat.

12. Summary of 2012 APR Review

Cambodia is requesting approval for NVS support for Measles, DPT-HepB-Hib and the next tranche of the HSS support. The country continues to co-finance its traditional vaccines. The country continues to improve its coverage including to hard-to-reach areas. The measles 2nd dose efforts are yielding fruits as no lab confirmed case of measles has been recorded since the efforts started. Several issues raised in the EVM are being addressed. Persistent problems with data issues have also been addressed and the data aligns better with the WHO/UNICEF estimates. The HSS support seems on track.

13. IRC Review Recommendations

- **ISS** NO Rewards (less children immunized in 2012)
- **NVS**
Measles: (10 doses per vial)



Approval of the 2014 NVS support based on country request target.

DPT-HepB-Hib (1 dose per vial, liquid)

Approval of the 2014 NVS DPT-HepB-Hib support based on country request target.

- **HSS**

Approval of the country funding request for \$US1,314,270 with the disbursement subject to satisfactory clarifications detailed in Section 14.

14. Clarification Required with Approved Funding

Short-term clarifications:

- **HSS:**

Clarify the discrepancy between your original planned budget of US\$ 942,327 (Table 9.6) and the revised budget for 2014 of US\$1,314,814

Financial clarifications/outstanding TAP issues:

- **HSS/ISS/NVS:**

Explain the difference of \$26'272.30 between the balance on the bank statement of \$ 1'496'287.28 as at December 31, 2012 and the total balance of "cash in bank" per Financial Statements of \$1'469'652.70 comprising of \$1'112'690.71 (HSS), \$286'272.30 (ISS), \$55'370.34 (VIG-Hep-B) and \$15'319'35 (VIG Measles).

- **HSS**

Submit audit report for 2012.

15. Request Re-submission of APR HSS Section: N/A

16. Other issues

N/A

17. Other issues

N/A



Appendix D

GAVI Alliance Terms and Conditions

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this 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 this 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 this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this 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 this 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 government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

ARBITRATION

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

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

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in this 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 this application.

USE OF COMMERCIAL BANK ACCOUNTS

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.