Application Form for Cold Chain Equipment Optimisation Platform support in 2019

Document Dated: November 2018

CCE Application Form	**Purpose of this document:** This application form must be completed in order to apply for support related to the CCE Optimisation Platform. Applicants are required to read the **Application guidelines** and **How to request new Gavi support** documents. Thereafter, applicants should complete this CCE Application Form and submit by email to proposals@gavi.org.
CCE TG	**Resources to support completing this application form:** **Technology guide for equipment selection** for counties wishing to request CCE Optimisation Platform support is available here: www.gavi.org/support/hss/cold-chain-equipment-optimisation-platform/
	Extensive technical resources relating to vaccine cold chain equipment management are available on TechNet-21: www.technet-21.org/en/resources/cold-chain-equipment-management
Weblinks and contact information: All application documents are available on the Gavi Apply for Cold Chain Equipment support webpage: http://www.gavi.org/support/process/apply/cceop/. For any questions regarding the application guidelines please contact countryportal@gavi.org or your Gavi Senior Country Manager (SCM).	

☆	Countries are informed that based on post IRC recommendations; **final approved amounts may be different** from what countries have requested. **This final approved amount will be dependent on the availability of funding.** **Gavi will respect countries' equipment selection. However, countries could also receive their 2nd or 3rd preference based on their selection in the budget.**

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PART A: APPLICANT INFORMATION

1. Applicant information	
Country	CAMBODIA
Date	May 2020
Contact name	Vichit Ork (Manager, National Immunization Program)
Email address	Ork Vichit <orkvichit@yahoo.com>
Phone number	(855) 12 830 548
Total funding requested from CCE Optimisation Platform **(US $)**	*This should correspond exactly to the budget requested in the embedded template.* ***$2,060,062***
Does your country have an approved Gavi HSS support on-going?	Yes ☒ No ☐ *Indicate the anticipated **final year** of the HSS:* ***2020***
Proposed CCE Optimisation Platform **support start date** *(please be informed the actual start date should be at least 8-10 months from application date):*	*Indicate the month and year of the planned start date of the support, based on the strategic deployment plan:*
Proposed CCE Optimisation Platform support end date:	*Indicate the month and year of the planned end date of the support, based on the strategic deployment plan:*
Signatures *Include signed (and official) CCE Optimisation Platform application endorsement by:* a) *Minister of Health and Minister of Finance (or delegated authorities)* b) *Members of the Coordination Forum (HSCC/ICC or equivalent body)*	*We the undersigned, affirm the objectives and activities of the Gavi CCE Optimisation Platform proposal are fully aligned with the national health strategic plan (or equivalent) and that the funds for implementing all activities, including domestic funds and any needed joint investment, will be included in the annual budget of the Ministry of Health:* **Minister of Health (or delegated authority)** Date: 23/July/2020 **Deputy Prime Minister Minister of Economy and Finance (or delegated authority)** Name: **Dr. AUN Pornmoniroth** Signature: Date:

PART B: MANDATORY ATTACHMENTS: NATIONAL STRATEGIES AND PLANS

This section provides a list of national strategies, plans and documents relevant to supply chain and requested support, which must be attached as part of the application.

☆	All documents listed in the table below are **mandatory**, must be **attached** to your application, and they must be **final** and **dated**. Only **complete applications** will be assessed.

2. Mandatory attachments					
No.	**Strategy / Plan / Document**	**Attached Yes/No**	**Final version (dated)**	**Duration**	**Comments**
1	Signature sheet for the Minister of Health and Minister of Finance, or their delegates				
2	Minutes of the Coordination Forum meeting (ICC, HSCC or equivalent) endorsing the proposal[1]				
3	National Health Sector Development Plan/ Strategy (or similar)	Yes	May 2016	2016 - 2020	
4	cMYP	Yes	May 2016	2016 - 2020	
5	EVM Assessment	Yes	July 2015		
6	EVM Improvement Plan	Yes	July 2015		
7	EVM Annual Workplan and Progress Report on EVM Improvement Plan[2]	Yes	Mar 2020		
8	WHO CCEI Tool/UNICEF IMT/PATH CCEM Tool/CHAI tool[3,4]	Yes	2020		
9	Inventory Report and Facilities segmentation	Yes	2020		
10	Comprehensive document on CCE needs: Chapter 1: Cold Chain Rehabilitation and Expansion Plan Chapter 2: Projected Coverage and Equity Improvements Chapter 3: Operational Deployment Plan, including deviation plan Chapter 4: Equipment Selection	Yes	2020		
11	Maintenance Plan with financing and source(s)	Yes	2020		
12	Proof of status for CCE tariff exemptions waiver	Yes	2017		
13	a) Gavi HSS Proposal	Yes	2016	2016 - 2020	

[1] In the case of HSS and CCE Optimisation Platform requests, minutes must reflect that both were discussed and endorsed.
[2] The EVM IP and annual work plan progress report must have been updated within three (3) months before applying for Platform support.
[3] The CCE Inventory must have been updated within no more than one (1) year of applying for Platform support.
[4] Tool should allow reviewers to understand targeting of equipment to locations relative to contribution towards improving coverage and equity of immunisation.

2. Mandatory attachments					
No.	**Strategy / Plan / Document**	**Attached Yes/No**	**Final version (dated)**	**Duration**	**Comments**
	b) National Immunization Program Review Report	Yes	2017		

3. How do the above strategies, plans and documents inform the CCE Optimisation Platform support request (initial support and scale-up support)? *(Maximum 1 page)*

Countries are encouraged to reference relevant sections of the above documents as much as possible.

Cambodia is located in the southern portion of the Indochina Peninsula in Southeast Asia, bordering the Gulf of Thailand, between Thailand, Vietnam, and Laos, and in the tropical zone, just 10-13 degrees north of the equator. Like most of countries in Southeast Asia, Cambodia is dominated by the annual monsoon cycle with its alternating wet/rainy and dry seasons, with little seasonal temperature variation; during the wet season it is 27-35 °C (June-October), and the dry season is 17-27 °C (cool: November-February) with high temperatures of 29-38 °C in March-May. The country administrative structure is divided into four levels: i) central (national), ii) provincial (including municipality), iii) district (including cities and Khans) and iv) commune level (including Sangkats).- *Ref: Attachment #3:Health Strategic Plan 2016 – 2020 (HSP3) page 14.*

The HSP3 is the MoH's "strategic management tool" that guides the MoH and all health institutions as well as concerned stakeholders to effectively and efficiently use their available resources, to translate health strategies into action. In pursuit of achieving the defined goals and objectives, the HSP 3 "outlines a strategic framework for strengthening the operation in the entire health sector (both public and private) to address sector priority by refining sector strategies and interventions in order to pursue strategic outcome". *(Ref: attachment #3 page 10 – 11).*

Cambodia also developed a comprehensive Multi-year plan (cMYP) which is referred to as National Immunization Program (NIP) Strategic Plan 2016-2020 (attachment # 4). One of the five objectives of the plan is to "strengthen the immunization supply system by implementing recommended activities in EVM improvement plan" which "will support the achievement of SDGs 3.8 and 3.d, as well as goal 2, 3, 4 and strategic s 3,4 and 4 of e GVAP" as well as " support goals 1 to 8 of WHO's regional framework and objective 5.4 of the Health Sector Strategic Plan 2016-2020".

This objective of the cMYP has three expected outcomes:

i. All facilities have functioning cold chain equipment relevant to their roles, with no more than 15% of that equipment being older than 10 years
ii. Computerized management systems for vaccine stocks and cold chain equipment function effectively at national and provincial levels.
iii. All facilities with cold chain equipment have repair and maintenance systems in place with sufficient budget allocations in Annual Operating Plans.

Cambodia conducted the full scale Effective Vaccine Management Assessment (EVM) in July 2015 which identifies the key strengths and weaknesses at each of the four levels of the vaccine supply chain and makes recommendations to address the identified weaknesses. After the assessment, an improvement plan was developed listed activities

to be carried out to mitigate the issues identified by the assessment and facilitate achieving the overall objectives of achieving equitable access to immunization service in line with the HSP3 cMYP. The EVM assessment report and improvement plan are included as attachments #5 and #6 respectively.

Cold chain inventory assessment conducted in 2019 shows 26% of the CCE in the country obsolete while 34% are PIS comprising more than 90% absorption refrigerators. Reference: annex #9 page 5. If CCEOP support is approve for the country, all non PQS and obsolete CCE will be replaced with efficient and optimized types.

The country also has Gavi HSS plan (attachment 13a) plan which runs from 2016 to 2020 among the strategies adopted to facilitate achievement of HSP 3 goals. Objectives 1 and 2 of the HSS plan respectively aim at "increase in immunization coverage in high risk communities" and "strengthening cold chain system through improved equipment and management". Furthermore, Cambodia conducted National Immunization Programme review (report attached as #13b) with the aim of assessing its progress, strengths and challenges and to a set action points to improve the effectiveness of the program. The National Immunization Program (NIP) Strategic Plan 2016-2020 is aligned with the MOH Health Strategic Plan 2016-2020 and to the goals of the Global Vaccine Action Plan (GVAP) endorsed by the World Health Assembly (WHA) and the Sustainable Development Goals (SDGs) goals set by the UN (ref. attachment 13b).

From the foregoing HSP, cMYP, HSS plan as well as EVM and CCE inventory assessments all converge in having common strategic objective of improving immunization service delivery including strengthening of immunization supply chain specifically the cold chain system. On the other hand the primary objective of the CCE OP is to support countries to build strong and efficient supply chain system equipped with reliable cold chain equipment (CCE) that is vital to increasing immunisation coverage and equity, reaching children with life-saving vaccines and protecting them against deadly diseases. This therefore shows that both CCE OP and country's strategies are in the same direction in terms of strengthening immunization system; hence, CCE OP support to Cambodia will go a long way in facilitating the realisation of the objectives of the country's strategies as planned in HSP, cMYP, EVM assessment, HSS plan etc.

4. Describe how supply chain stakeholders (including Coordination Forum (ICC/HSCC or equivalent), government, NLWG, NITAG, key donors, partners, CSOs and key implementers) have been involved in the application development including if the quorum at the endorsing meeting was m

Does the country have a permanent and functioning National Logistics Working Group (NWLG)? If No, does the country plan to establish one and when?

Gavi and its Alliance partners encourage the establishment of such group that coordinates Government and non-Government partners 'activities and investments related to the health supply chain including immunization.

Were any of Gavi's requirements to ensure basic functionality of Coordination Forums not met? Then please describe the reasons and the approach to address this (refer to section 5.2 of the General Guidelines for the requirements) *(Maximum 1 page)*

There are currently three working groups that review the immunisation programme activities: (i) The National Immunisation Programme working group; (ii) the Sub-Technical Working group for Maternal and Child Health; and (iii) the Technical Working Group on Health, each with different responsibilities as defined by the terms of reference. All working groups include the appropriate key government and development partners (source: Gavi audit report 2019).

a. The Technical Working Group for Health (TWGH) is the ICC and NITAG for immunization program. It is the highest central authority for endorsing all plans and budgets for NIP activities. It plays very strong advisory role in successful implementation of the program throughout the country. It also covers all health-related matters with the clear TORs. The review and endorsement of some NIP plans and activities happen at any time as needed. Thus, the NIP activities didn't specifically include into TWGH's agenda as once in a quarter. Sometimes, NIP included as the agenda for more than one time in one quarter.
b. Sub-Technical working group for MCH also review (technical areas) the NIP plans and activities regularly. Sub-Technical working group for MCH also report to Technical Working Group for Health (TWGH) twice a year. Sub-Technical working group for MCH oversight body for the NIP programme include EPI operational activities as a standing agenda during its meetings.
c. NIP working group had terms of reference, meets monthly weeks and periodically reporting to the Sub TWG for MCH. WHO and UNICEF are members of the NIP working group

To facilitate the development of this application, members of these working groups played various roles to ensure its success. In particular UNICEF hired a consultant that facilitates the process in consultation with participation of the members of the TWG. The member later reviewed the application and endorsed it for submission.

There is no National Logistics Working Group (NWLG). However, there is an Immunization Supply Chain Task Team, led by one of Deputy NIP manager, with key NIP staff responsible for vaccine, cold chain and logistics, Central Vaccine store managers and UNICEF, WHO partners as members. The Task Team meets monthly and as required and report regularly to NIP working group.

PART C: SITUATION ANALYSIS AND REQUESTED SUPPORT

This section gives an overview of the types of information the IRC will anticipate from countries in their application for CCE Optimisation Platform support. This section must be filled with appropriate reference to the country documents listed in Part B. Countries are required to provide a narrative in response to the following questions.

5. Situation analysis of country's supply chain and CCE (number, distribution, functionalities etc.) *(Maximum 3 pages) Please respond to all questions*

Countries are encouraged to cross reference (document title, page number) attached mandatory documents.

Information is required to cover the following areas:

- ***How is the country's immunisation supply chain administered?***

The National Immunization Program in Cambodia is under the National Maternal and Child Center (NMCHC), of Ministry of Health (MOH).The programme provides service against 11 vaccine preventable diseases with 12 vaccines. It is managed by a national manager. Vaccinations are done by staff at service delivery level at fixed and outreach immunization sites.

At national level, there is national programme manager who leads in implementing all programme action plan with support from staff at provincial, district and service level. Service providers report vaccines and injection devices stock situation monthly to the operational district store manager who compiles the reports from all health centres and maternity wards and send it to the provincial vaccine store. The provincial vaccine store officer then compiles the report from all the operational district stores and send the report monthly and quarterly (using two different report formats) to national immunization programme manager. The National program uses the report request from all the provincial stores to develop the quarterly distribution plan for all the provinces which is shared with the Ministry of Health for approval and forward it to the Central Medical Store for implementation of the distribution plan.- Attachment #5 page 25.

- ***What weaknesses have been identified in the country's supply chain?***

The following have been the major weaknesses of iSC system in Cambodia

- Lack of capacity of staff at various level in immunization supply chain and logistics. Although, SOP for immunization supply chain management for sub-national level had been developed, only about 10% of health facilities have two staff trained in 2019.
- Obsolete, non-PQS and aging cold chain equipment
- Inadequate maintenance skills in some provinces
- Inadequate Temperature Monitoring Devices and skills for operating them
- No SOP manual for CCE maintenance.

- ***Through what interventions are these weaknesses currently being addressed?***

Efforts are being made to implement the EVM Improvement plan which is has comprehensive provision for interventions needed to address the weak areas of the iSC. Special attention is being given to training of new/untrained staff especially at HC levels on vaccine stock management and use of electronic cold chain monitoring devices. Scale up training of SOP to other staff nationwide using Gavi-HSS funding is also on-going. All provinces have developed list of designating a second person (alternate staff) responsible for cold chain and logistics which being reviewed annually due to staff turned over. The NIP Task Team review meetings served as both programme implementation reviews and a forum for capacity building and knowledge management. Data and information on programme performance were collected, reviewed and analysed routinely, looking at gaps in immunization coverage and the quality of immunization supply chain management, including temperature monitoring of all cold chain equipment in the area. From 2017, Gavi and UNICEF supported the country to replace obsolete CCE and procure spare parts.

- ***Describe challenges that are hindering the implementation of theses interventions***

Availability of funds is the major challenges and is being addressed through the Gavi-HSS and other sources. There is also insufficient transition plan and enough time period for staff replacement before the skilled staff in immunization supply chain retire and leave the institution. In order to minimize the institutional capacity gap, NIP with support

from partners identified qualified and skilled immunization supply chain officers at the provincial and district level to be part of “the national Immunization Supply Chain Task Team”. NIP involved them in many key supply chain events such as EVM assessment, SOP adaptation/ development exercises and training of staff in cold chain inventory etc.

- ***Describe lessons learnt from recent supply chain related support that inform the current request for CCE Optimisation Platform support.***

Cambodia procured and installed cold chain equipment using Gavi HSS 2016-2020. MOH has a mechanism to clear the equipment from the custom using a contracted private agent. All equipment procured with Gavi fund are tariff exemptions waiver. MOH also has capacity for local distribution the provinces. The new CCE used to replace absorption refrigerators at health facilities at various levels were found to be operating with less maintenance issues and consume less energy. The spare parts are also more readily available. Because of these reasons, the iSC system experience less down time due to maintenance, incur less energy cost and have access to readily available spares which serve a great positive lesson for the country and influence its thought to get more of these types of CCE through the platform.

- ***What percentage of facilities has reliable access to grid electricity for up to or more than 8 hours per day?***

98.3% of the sites where there are CCE have electricity supply from the national grid system. Electricity is available at national store, the 25 provincial store and all the 98 district stores. 1,314 (98.1%) of the 1,339 service points have electricity for more than 16 hours in a day while 25 of them do not have electricity and 14 do not have adequate electricity (less than 8 hours in a day) for cold chain operation. Reference: annex #9 page 9

- ***Please give the quantity and percent of current CCE that is: a) functional; b) PQS-approved; c) non-PQS-approved; and/or d) obsolete?***

From the inventory of CCE in the country 26% of the CCE are obsolete, 34% are PIS, 58.7% PQS and 98.7% are working. Reference: annex #9 page 5 and 14.

- ***What percent of the birth cohort is served by effectively functioning, PQS-approved CCE currently?***

There are 941 PQS approve CCE distributed in 769 sites which account to 61.8% of the birth cohort population

- ***What are the bottlenecks that CCE can address in the current supply chain set-up (for example, capacity and technology constraints)?***

Frequency of breakdown of CCE which causes their downtime and lack of vaccines for service delivery will minimized. Spare parts for maintenance will be readily available due modern technology. Operation cost incurred from purchase and distribution of gas will also drop significantly. The new CCE will also improve storage capacity of the iSC.

- ***Describe any other supply chain challenges that CCE optimization platform will assist in mitigating?***

Service bundle training which the platform provides will assist in improving the knowledge and skills of operators (health workers) and technicians

- ***What are the overall CCE needs?***

A total of 396 CCE are needed as in the table below:

Type of CCE	2021	2022	
On grid ILR without freezer comp.	150	50	
On grid freezers	100	57	
Off grid SDD refrigerators with freezer comp.	39	0	
Total CCE	289	107	**396**
FT 2E for existing CCE	1,550	0	
Voltage Regulator for existing CCE	774	0	
Freeze-Free Vaccine Carrier FFVC-1.7L	1,350		

- ***Is the country policy to use cool water packs or conditioned ice packs?***

The country uses conditioned icepacks for vaccine distribution and outreach service

6. Expected immunisation coverage, equity and sustainability results *(Maximum 2 pages)*
Please respond to all questions

Countries are encouraged to cross reference (document title, page number) attached mandatory documents.

Information is required to cover the following areas:

a) How will the requested Platform support concretely contribute to addressing identified geographic and socio-economic inequities and gender barriers to sustainable improvements in coverage and equity of immunisation? Examples may include (not exhaustive):

- ***Geographically remote districts or those with low coverage***
- ***Poorer communities (e.g. in the poorest 10% of the population)***

Communities where gender barriers are significant and/or where low levels of female education is common (as this is often associated with lower coverage)

Cambodia conducted review of immunization programme with a view to identifying its strengths and weaknesses. The review covered formulation of strategies for addressing equity in immunization service delivery and reaching the under-served and high-risk communities (geographically remote, urban poor communities and those with social barriers). As a result, guidelines were developed and field-tested based on equity in immunization, for reaching every community in selected district in three provinces .-*Ref attachment 13b pages 10 and 45*. The platform support will contribute to realisation of the goals of the NIP review through implementation of the plan it developed for reducing equity issues in under-served communities. NIP plan to install Off-grid SDD refrigerator/freezer in the health facilities with no electricity and health facilities with electricity less than 8 hours as well as those located in geographically challenged areas. Replace all refrigerators that are 10 years old and above. Equip all the refrigerators with no 30 DTR and replace the expired ones, so that all the refrigerators in the country have a functioning 30 DTR.

b) What analyses have been made, or what plans are underway, to optimise the design of the supply chain distribution system in order to improve the efficiency of the supply chain and contribute to achieving coverage and equity goals?

In order to optimize the capacity for immunization supply chain management, NIP developed plan with Gavi HSS funding for scale up SOP for immunization supply chain management to all health facilities nationwide. NIP has strengthened the capacity for updating cold chain

equipment in using web-based cold chain inventory. NIP has plan to expand the numbers of potential staff at the sub-national level to be trained in cold chain equipment repair and maintenance and advocated with the provincial and district level to take responsible role in cold chain equipment repair and maintenance.
In addition to EVM assessment, NIP supply chain Task Team met quarterly to review the progress of EVM improvement plan and annually, conduct in-depth analysis of cold chain equipment to identify the gap and developed the replacement plan. However, no investment for now planned physical redesign the distribution system.

c) How have these system design considerations impacted the choice of CCE to be supported by the Platform?

Though there is no immediate plan to redesign the distribution system, choice of CCE is tailored towards optimizing the current system though equipping the health facilities with no electricity and electricity less than 8 hours will assure capacity of vaccine storage with no interruption of immunization sessions. Replace the old refrigerators with 10 years old and above with assure the vaccine storage at those health facilities more reliable; along with the Government plan to scale up immunization supply chain management (SOP) to all health facility nationwide.

d) Concretely, how will Platform support help improve the sustainability of the supply chain system?

In addition to providing high performing CCE the platform support also comes with others initiatives such as direct installation and Service bundle training to be given to operators of the CCE, stocking of spare parts, provision of voltage regulators and CTMDs. These bundled support coupled with training of operators of the CCE will contribute immensely in minimizing maintenance issues. With reliable CCE, trained operators, spare parts stock etc. the supply chain system is likely to remain functional and stable and sustainable.

7. Maintenance plan (and its source of funding) and equipment disposal *(Maximum 2 pages)*
Please respond to all questions

Countries are encouraged to cross reference (document title, page number) attached mandatory documents.

Information is required to cover the following areas:

a) How will the country ensure that aspects of maintaining the cold chain are addressed (e.g. preventive and corrective maintenance, monitoring functionality, technicians, financing for maintenance, etc.)?

- ***What is the frequency of preventative and corrective maintenance that the country commits to (supported by partners)?***
- ***What technical support is anticipated for maintenance?***

Between 2017 and 2019, a total 16 staff from the sub-national level were trained with basic knowledge and skills in refrigerator maintenance and minor repairs. They were also equipped with set of repair tool kits. Since this initiative started, NIP distributes spare parts to those trained staff to perform the repair and maintenance work in their own provinces and districts. NIP had been able to maintain spare parts with no stock out. The cold chain technician have also been mandated based on their field work experience to identify potential staff at the provincial and district levels with talent and interest, who can be enrolled

into refrigerator maintenance and minor repairs course. The course is divided into four parts combining theory and practical sessions. This will add to the number of persons with technical skills in for maintenance which add strength to maintenance team. Under this arrangement, NIP trained additional 12 new staff from the sub-national level. They completed the first course and will be enrolled for the second phase in 2020 though the plan is affected by the global CoVID-19 situation.
The trained staff conduct maintenance and repair work in the own province using either national budget or Gavi HSS for transportation and DSA.

b) How will the country monitor the completion of preventive and corrective maintenance?

- ***Which source(s) of funding will be used for maintenance, and to what extent are they assured?***

One of the SOP for the sub-national level (SOP-NIP-08-Preventive Maintenance of Refrigerator & freezer) describing daily, monthly tasks which need to be implemented by the staff of the health facility and the annual tasks to be conducted by the trained staff in cold chain maintenance and repair. The annual preventive maintenance only happened in the province and district having trained staff in refrigerator maintenance and repair. The gap is the annual check up to be conducted by the trained technician in the province where this is no rained staff in cold chain maintenance and repair.

c) How will the country dispose of obsolete and irreparable equipment replaced by CCE Optimisation Platform equipment?

Web-based cold chain inventory allows the district level to request for dispose of obsolete and irreparable equipment. In each Provincial Health Department, there is a committee responsible for all assets, including cold chain equipment. The disposal of obsolete equipment requires the approval of the committee. This also apply for cold chain equipment.

8. Other implementation details *(Maximum 1 page) Please respond to all questions*
Countries are encouraged to cross reference (document title, page number) attached mandatory documents.

Information is required to cover the following areas:

a) How will the country facilitate the manufacturer's or representative's role in equipment purchase, distribution and installation?

Project Management Team (PMT) will be constituted which will be responsible for coordinating all matters of the CCE OP project. The team will work hand-in-hand with manufacturer/representative throughout the project implementation. Other key considerations during development of this application include systematic prioritization of CCE deployment and comprehensive operational deployment plan (ODP) which identified and classified health facilities where CCE will be deployed. The ODP contains detail information on facility structures data, site accessibility and readiness as well as designated CCE to the facilities. The plan will be reviewed, updated and shared with the manufacturer/representative. The project management team will be available to work with manufacturers or their representative to facilitate distribution, installation and commissioning of the CCE. The team will also provide immediate response to support mitigation of any deviation from the plan identified in the course of implementation. Furthermore the PMT will identify staff that will be trained at national and facility level to facilitate conduct of the

training by manufacturer or their representative.

b) What is the source of the joint investment and how much from each donor? Is the country's joint investment secured? Please complete the table below

Sources of funding	Amount in US$
Total country joint investment (same amount as cell T34)	$412,012
Government budget	0
Gavi resources[5]	$412,012
Current Gavi HSS	$412,012
Future Gavi HSS	0
Gavi PBF	0
Total Gavi resources	$412,012
Other donor funding (mention the name of donor/s)	0
Donor 1:	0
Donor 2:	0
Donor 3:	0
Total other donor/s funding	0
Other funding (clarify the source)	0
Other 1:	0
Other 2:	0
Other 3:	0
Total other sources of funding	0

c) If the country joint investment is coming from HSS, is this leading to a reallocation of the HSS budget? If yes, please inform which HSS activities are being replaced by this joint investment?

There was agreement between the country and Gavi Senior Country Manager the allocation of Gavi-HSS for CCEOP co-financing. Objective 2: Strengthen cold chain system through improved equipment and management, Activity number/code: No.60051-2-41. Row # 62.

d) Has the country secured import tariff exemptions for CCE? If yes, attach proof.

Yes

[5] The country is informed that Gavi will disburse directly to UNICEF SD the country's joint investment from HSS and/or PBF grants(s) that are not yet disbursed based on the information provided as a response to question 8b.

The Country has informed in its CCEOP proposal that has been endorsed by the ICC and signed by both Ministers of Health and Finance that its joint investment will come from Gavi HSS.

PART D: INITIAL SUPPORT PHASE[6]

This **initial support phase** (through years 1 and 2) is designed to address urgent CCE needs contributing to improvements in coverage and equity, to protect vaccine stocks, complement investments in other supply chain 'fundamentals' and contribute to full scale-up of optimised, sustainable supply chains.

☆	Budgets are **not inclusive** of operational cost. Operational costs must be financed by Ministry of Health or other partners.

CCE	Further information on CCE rehabilitation and expansion plan, equipment selection and strategic deployment plan requirements is provided in Application guidelines Section 5, available at http://www.gavi.org/support/process/apply/cceop/

9. Prioritised (Urgent) CCE needs *(Maximum 3 pages)*

*Provide information on **2 to 4 prioritised (urgent) CCE needs** as identified in the 'CCE rehabilitation and expansion plan, equipment selection and strategic deployment plan requirements'.*

For each prioritised (urgent) CCE need, please provide the following information:

1. ***The need:** Type of activity (e.g. replace obsolete CCE, extend CCE to unequipped facilities, etc.); specific CCE site (facility); type of equipment required; quantity of equipment items.*
2. ***Justification:** Reasons for urgent need (e.g. low CCE and/or immunisation (Penta3) coverage area, gender barriers, mobile population, etc.); current CCE and immunisation (Penta3) coverage in the population area.*
3. ***Expected outcome:** Anticipated increase in CCE and immunisation coverage (Penta3); anticipated progress against identified inequity (describe, in alignment with country Performance framework).*
4. ***Total CCE budget:** includes Gavi and country joint investment share*

Prioritised (Urgent) CCE Need #1	
The need	Here 289 CCE are needed. The number is made up of 250 on-grid ILRs and 39 SDD refrigerators.
Justification	To replace absorption refrigerators and to equip health facilities currently without CCE.
Expected outcome	The new CCE will minimize stock out of vaccines due to equipment break down. Will also reduce maintenance costs due new technology of the CCE and availability of spare parts.
Total CCE budget	Total Budget (Incl. 6% Additional Buffer and International Freight) $1,590,139 Total Country Budget (Incl. 6% Additional Buffer and International Freight) $318,028 Total Gavi Budget (Incl. 6% Additional Buffer and International Freight) $1,272,111
Prioritised (Urgent) CCE Need #2	
The need	107 CCE comprising all of which are on-grid ILRs.

[6] Countries are kindly advised to apply for their full needs regardless of the Gavi CCEOP joint investment ceiling and the funding availability. It is important to inform however how CCEOP will be contributing towards fulfilling the needs identified.

Justification	To replace obsolete CCE and to scale up storage capacity at various sites
Expected outcome	Improved efficiency of the iSC with better performing CCE in terms of reduction in downtime. Capacity for storage will be increased at LD and SN levels of the iSC.
Total CCE budget	Total Budget (Incl. 6% Additional Buffer and International Freight) $469,924 Total Country Budget (Incl. 6% Additional Buffer and International Freight) $93,985 Total Gavi Budget (Incl. 6% Additional Buffer and International Freight) $375,939
Prioritised (Urgent) CCE Need #3	
The need	
Justification	
Expected outcome	
Total CCE budget	
GRAND TOTAL CCE BUDGET: Initial support (Years 1 and 2)	Total Budget (Incl. 6% Additional Buffer and International Freight) $2,060,062 Total Country Budget (Incl. 6% Additional Buffer and International Freight) $412,012 Total Gavi Budget (Incl. 6% Additional Buffer and International Freight) $1,648,050

10. Summary of INITIAL SUPPORT PHASE replacement/rehabilitation, expansion and extension plan

All countries must fill this section to highlight the number of equipment and corresponding number of sites these equipment will serve to meet their replacement/rehabilitation, expansion and extension targets. The values entered below must align with those in Section 9 above and in other parts of the application form.

Replacement/Rehabilitation				**Expansion**		**Extension**	
Existing sites with (non) functional and/or obsolete non-PQS equipment to be replaced with platform-eligible ILR, SDD or long-term passive devices (including equipping sites with a larger equipment)		Existing sites with (non) functional and/or obsolete PQS equipment to be replaced with platform-eligible ILR, SDD or long-term passive devices (including equipping sites with a larger equipment)		Equipping existing sites with ADDITIONAL pieces of equipment for new vaccine introduction and/or to serve an increasing population		Equipping previously unequipped sites (providing immunisation services or not, including existing sites without active devices) and add new service sites	
No of Equipment	*No of sites*	*No of Equipment*	*No of sites*	*No of Equipment*	*No of sites*	*No of Equipment*	*No of sites*
196	196	0		0	0	200	123
Total 196	***Total 196***	***Total 0***	***Total 0***	***Total 0***	***Total 0***	***Total 200***	***Total 123***

11. Ongoing or planned activities around other supply chain fundamentals in the initial support phase	
In this section, linkages must be drawn between requested CCE Optimisation Platform support, on-going Gavi investments (especially through the Health Systems Strengthening support) and other partner supply chain support. *Describe planned or ongoing activities related to other supply chain fundamentals during the initial support phase, including their sources of funding. Responses to this section should be linked to the EVM Improvement Plan.*	
Supply chain managers *Describe all planned or ongoing activities related to improving the availability and performance of supply chain managers, their sources of funding, and partner support.*	The country is planning have an official staff responsible for immunization supply chain role at all levels with trained alternate staff to be identified as back up if the designated person is not at work due to leave or duty travel, etc. Both, the core responsible and an alternated staff will be trained in SOP for immunization supply chain management. The programme is also planning for transition for replacing retirement-age staff without creating a vacuum. A workshop-based training with supportive supervision and follow up actions is planned to developed/customized job-aids are underway. Training and other support are continuing for technicians in order for them to perform routine maintenance and repair of cold chain equipment. Special attention is being given to training of new/untrained staff especially at HC levels on vaccine stock management and use of electronic cold chain monitoring devices.- cMYP
Data for supply chain management *Describe all planned or ongoing activities related to data for management, their sources of funding, and partner support. In particular, provide information explaining how improvements to the functionality of logistics management systems will improve the visibility of up-to-date and accurate vaccine stock records at each level of the vaccine supply chain.*	There is good health management information system (HMIS), which incorporates immunization data management. Web based HMIS system (called HIS) is used to enter immunization data at service point level. All health facilities (SP), Operational Districts (LD) and provincial level (1SN) have access to HIMS and are utilizing it. Capacity building on the HIS is on-going. Focal person for data have also been identified and training. Provinces are grouped into 4 with a

	leader identified at national level for data quality. Regular Data Quality Survey is also planned.
Optimised, efficient design of distribution system *Describe all planned or ongoing activities related to distribution system design optimisation, their sources of funding, and partner support.*	In order to optimize the capacity for immunization supply chain management, NIP developed plan for traning all health facilities in SOP for immunization supply chain management using Gavi HSS funding. however staff are being trained and being equipped with standard tools to operate more efficiently.
Continuous improvement process *Describe all planned or on-going activities related to continuous improvement processes, their sources of funding, and partner support.*	EVM improvement has been developed and is being implemented. The plan covers all levels of the iSC in the country. UNICEF and Gavi are the major financiers of the plan and are willing to continue through collaboration in implementing the HSS. The plan addresses all weaknesses identified during the assessment.
Temperature monitoring *Describe the temperature monitoring devices that are currently available in the country? E.g. central level (CTMS), sub-national, lowest distribution and service delivery levels (30 DTRs and RTM devices), and during transportation (freeze tags).* *Furthermore, describe which measures are in place to* *a) obtain temperature data from the various devices;* *b) act following temperature alarms (curative maintenance);* *c) in case of RTM devices, please elaborate on SOPs for each responder in the temperature monitoring system; and* *d) countries wishing to purchase such devices are required to demonstrate how the recurrent costs, such as HR, data transmission, analysis etc., will be covered in this section.*	Cold rooms at national level have been equipped with RTMDs and are maintained accordingly while 30DTRs are used at SN, LD and service points. Recent survey reveals weak knowledge by personnel at lower level on reading and interpretation of 30DTRs. Plan has been made for and training of health workers and supportive supervision. 30DTR is one of the SOP for immunization supply chain management. Data from the devices are downloaded and saved in back up drive for reference.

PART E: SCALE-UP SUPPORT PHASE[7]

This second phase of Gavi CCE Optimisation Platform support (provided from approximately year 3 onwards) is designed to address additional CCE needs as part of optimising design and increasing the sustainability of the supply chain.

☆	Budgets are **not inclusive** of operational cost. Operational costs must be financed by Ministry of Health or other partners.

12. Prioritised (Additional) CCE needs *(Maximum 3 pages)*	
*Provide information on **2 to 4 prioritised (additional) CCE needs** as identified in the 'CCE rehabilitation and expansion plan, equipment selection and strategic deployment plan requirements'.* *For each prioritised (additional) CCE need, please provide the following information:* *1. **The need:** Type of activity (e.g. replace obsolete CCE, extend CCE to unequipped facilities, etc.); specific CCE site (facility); type of equipment required; quantity of equipment items.* *2. **Justification:** Reasons for urgent need (e.g. low CCE and/or immunisation (Penta3) coverage area, gender barriers, mobile population, etc.); current CCE and immunisation (Penta3) coverage in the population area.* *3. **Expected outcome:** Anticipated increase in CCE and immunisation coverage (Penta3); anticipated progress against identified inequity (describe, in alignment with country Performance framework).* *4. **Total CCE budget:** includes Gavi and country joint investment share*	
Prioritised (Additional) CCE Need #1	
The need	
Justification	
Expected outcome	
Total CCE budget	
Prioritised (Additional) CCE Need #2	
The need	
Justification	
Expected outcome	
Total CCE budget	

[7] Countries are kindly advised to apply for their full needs regardless of the Gavi CCEOP joint investment ceiling and the funding availability. It is important to inform however how CCEOP will be contributing towards fulfilling the needs identified.

Prioritised (Additional) CCE Need #3	
The need	
Justification	
Expected outcome	
Total CCE budget	
Prioritised (Additional) CCE Need #4	
The need	
Justification	
Expected outcome	
Total CCE budget	
GRAND TOTAL CCE BUDGET: "Scale-up support" (Years 3, 4 & 5)	

13. Summary of SCALE-UP SUPPORT PHASE replacement/rehabilitation, expansion and extension plan

All countries must fill this section to highlight the number of equipment and corresponding number of sites these equipment will serve to meet their replacement/rehabilitation, expansion and extension targets. The values entered below must align with those in Section 9 above and in other parts of the application form.

Replacement/Rehabilitation				**Expansion**		**Extension**	
Existing sites with (non)functional and/or obsolete non-PQS equipment to be replaced with platform-eligible ILR, SDD or long-term passive devices (including equipping sites with a larger equipment)		Existing sites with (non)functional and/or obsolete PQS equipment to be replaced with platform-eligible ILR, SDD or long-term passive devices (including equipping sites with a larger equipment)		Equipping existing sites with ADDITIONAL pieces of equipment for new vaccine introduction and/or to serve an increasing population		Equipping previously unequipped sites (providing immunisation services or not, including existing sites without active devices) and add new service sites	
No of Equipment	*No of sites*	*No of Equipment*	*No of sites*	*No of Equipment*	*No of sites*	*No of Equipment*	*No of sites*
Total	***Total***	***Total***	***Total***	***Total***	***Total***	***Total***	***Total***

14. Ongoing or planned activities around other supply chain fundamentals in the scale-up support phase	
In this section, linkages must be drawn between requested CCE Optimisation Platform support, on-going Gavi investments (especially through the Health Systems Strengthening support) and other partner supply chain support. *Describe planned or ongoing activities related to other supply chain fundamentals during the scale-up support phase, including their sources of funding. Responses to this section should be linked to the EVM Improvement Plan.*	
Supply chain managers *Describe all planned or ongoing activities related to improving the availability and performance of supply chain managers, their sources of funding, and partner support.*	Scale up and sustain regular initial support phase activities such as annual training, supervision etc.
Data for supply chain management *Describe all planned or ongoing activities related to data for management, their sources of funding, and partner support. In particular, provide information explaining how improvements to the functionality of logistics management systems will improve the visibility of up-to-date and accurate vaccine stock records at each level of the vaccine supply chain.*	As in the initial support phase, annual trainings on software and data management are maintained
Optimised, efficient design of distribution system *Describe all planned or ongoing activities related to distribution system design optimisation, their sources of funding, and partner support.*	Review, scale up and sustain efforts of the initial support phase
Continuous improvement process *Describe all planned or ongoing activities related to continuous improvement processes, their sources of funding, and partner support.*	To continue as in the initial phase with review and update accordingly as planned in the EVM improvement activities
Temperature monitoring *Describe how the temperature monitoring system will evolve? Which devices will be used?* *Furthermore, describe which measures are in place to* *a) obtain temperature data from the various devices;* *b) act following temperature alarms (curative maintenance);* *c) in case of RTM devices, please elaborate on SOPs for each responder in the temperature monitoring system; and* *d) countries wishing to purchase such devices are required to demonstrate how the recurrent costs, such as HR, data transmission, analysis etc., will be covered in this section.*	To continue as in the initial phase with review and update accordingly. Annual refresher training will be maintained and equipment will be upgraded

PART F: BUDGET TEMPLATES

This section details the number of requested equipment items and equivalent budget. A maximum investment amount (and indicative number of equipment items) corresponding to the phased support request will be considered for recommendation of approval by the IRC and subsequent decision by Gavi.

However, in consultation with the Secretariat and in-country partners, the number of equipment items may be modified when the detailed operational plan is developed subsequent to the Platform proposal and the support may vary within the limit of the approved maximum amount.

Budgets must be completed in the attached budget template, and with reference to the ***CCE Optimisation Platform Guidelines, Gavi CCE Optimisation Platform Technology Guide and CCE planning prices and Total Cost of Ownership (TCO) analysis tool.***

15. CCE Optimisation Platform - Budget Template

*To be filled by **ALL** countries after selection of equipment that best suit their CCE needs (e.g. specific model and make).*

Countries will plan with indicative PQS prices and corresponding service bundle estimates (depending on equipment being on/off-grid and estimated costs of service bundle).

Planning price ranges are provided in this template.

How to fill the attached budget template: Countries should:

- *Select appropriate 'Equipment Model' against the listed equipment types*
- *Fill out the 'Estimated service bundle cost' and 'Number of equipment' requested*
- *(In the last 'Total CCE OP Request' table), fill out second and third preference for each model selected. The second and third preference should be comparable products in the same capacity segment.* **Countries are informed that Gavi, and its Alliance partners principally UNICEF, will try as much as possible to respond to countries' first preference, but manufacturers' lead time could also lead to countries receiving cost estimates for either their second or third preference.**

Completed budget template should be sent as an attachment along with application form.

Budgeting for Buffer and Procurement fees

- *Buffer fees: A 7% buffer on **total equipment cost** is built into country yearly budgets. This will cover currency variations, demurrage and associated costs and will be returned to country, if unused.*
- *Procurement fees: Countries will also need to **pay UNICEF's procurement costs for the country joint investment portion**, estimated to be up to 8.5%. Please obtain actual amounts from the UNICEF country office..*

PART G: PERFORMANCE FRAMEWORK

Countries must include **CCE Optimisation Platform indicators** in the application. The indicators need to be included in the Performance Framework for the current and/or proposed Gavi HSS support, after Platform proposal approval.

According to their specific context, countries are required to consider the most appropriate data sources to report on programme implementation and progress against the targets set. This should be discussed with partners (which may provide technical assistance) and the Gavi Secretariat.

Programmatic reporting updates, as well as targets and indicator updates, will be made as part of the Gavi performance framework and annual Joint Appraisal process. Countries are expected to consider relevant smart indicators to be monitored and reported against, in terms of intermediate results or outcomes/impact.

16. Indicator monitoring and reporting requirements
*As a **minimum**, countries need to monitor and report on:* • ***5 MANDATORY intermediate results indicators;*** • ***1 MANDATORY intermediate result indicators <u>if countries are procuring User independent freeze protected cold boxes and vaccine carriers;</u> and*** • ***1 to 3 ADDITIONAL intermediate results indicator(s).***
1) ***CCE Replacement/Rehabilitation in existing equipped sites**: Percentage of existing sites with (non)functional and/or obsolete non-PQS and PQS equipment to be replaced with platform-eligible ILR, SDD or long-term passive devices (including equipping sites with a larger equipment)* 2) ***CCE Expansion in existing sites:** Percentage of existing sites being equipped with ADDITIONAL pieces of equipment for new vaccine introduction and/or to serve an increasing population;* ***3. CCE Extension in unequipped existing and in new sites:** Percentage of previously unequipped sites (providing immunisation services or not, including existing sites without active devices) and new service sites being equipped with Platform eligible equipment.* ***4. CCE maintenance :** Well-defined indicator proposed by country to reflect appropriate maintenance of equipment; for example percentage of equipped facilities with functioning cold chain,[8] such as demonstrated by remote temperature monitoring; **and***

[8] **Indicator definition**: *% CCE functioning = (# functioning CCE devices) / (total # of CCE devices designated for use)*. CCE devices considered for this indicator include all refrigerators, fixed passive storage devices, walk-in cold rooms and freezers designated for string vaccines. Both the numerator and denominator should be collected from the

3) ***5. Freeze-free to non-freeze-free carrier ratio:*** *Ratio of freeze-free cold boxes/carriers to non-freeze-free cold boxes/carriers in-country?*

USE THE TABLE BELOW TO COMPLETE MANDATORY INDICATORS (please note that indicators should be cumulative, where appropriate)

Indicator *(Provide name of the mandatory indicator as shown above)*	***Definition*** *(Provide definition if not already specified)*	***Data Source*** *(identify data source)*	***Reporting frequency*** *(annual, semi-annual, quarterly etc.)*	***Baseline (2020)*** *(Provide numerator and denominator for calculating percentage)*	***Target 2021*** *(Provide numerator and denominator for calculating percentage)*	***Target 2022*** *(Provide numerator and denominator for calculating percentage)*	***Target Year 3 (If applicable)*** *(Provide numerator and denominator for calculating percentage)*
1. ***CCE Replacement/rehabilitation in existing Equipped sites***	*Percentage of existing sites with (non)functional and/or obsolete non-PQS and PQS equipment to be replaced with platform-eligible ILR, SDD or long-term passive devices (including equipping sites with a larger equipment)*	*IMT*	*Semi-annual*	***Numerator:*** *# of sites replacing non-PQS/obsolete CCE =0* ***Denominator:*** *= Total # of sites replacing non-PQS/obsolete CCE = 196* *Percentage =0*	***Numerator:*** *# of sites replacing non-PQS/obsolete CCE = 111* ***Denominator:*** *= Total # of sites replacing non-PQS/obsolete CCE = 196* *Percentage =71%*	***Numerator:*** *# of sites replacing non-PQS/obsolete CCE = 168* ***Denominator:*** *= Total # of sites replacing non-PQS/obsolete CCE = 168* *Percentage =100%*	*Numerator =* *Denominator=* *Percentage=*
2. ***CCE expansion in existing equipped sites:***	*Percentage of existing sites being equipped with ADDITIONAL pieces of equipment for new vaccine introduction and/or to serve an increasing population;*	*IMT*	*Semi-annual*	***Numerator:*** *# of sites equipped with additional CCE for scale up of storage capacity = 0* ***Denominator:*** *Total*	***Numerator:*** *# of sites equipped with additional CCE for scale up of storage capacity = 66*	***Numerator:*** *# of sites equipped with additional CCE for scale up of storage*	*Numerator =* *Denominator=* *Percentage=*

same geographical area / period in time and should not include decommissioned equipment. Functionality of CCE is broadly defined to mean that the device is operable at a particular point in time for storing vaccine.

				# of sites equipped with additional CCE for scale up of storage capacity =123 *Percentage =0*	***Denominator:*** *=Total # of sites equipped with additional CCE for scale up of storage capacity =123* *Percentage = 54%*	*capacity =123* ***Denominator:*** *=Total # of sites equipped with additional CCE for scale up of storage capacity =123* *Percentage =100%*	

Indicator *(Provide name of the mandatory indicator as shown above)*	***Definition*** *(Provide definition if not already specified)*	***Data Source*** *(identify data source)*	***Reporting frequency*** *(annual, semi-annual, quarterly etc.)*	***Baseline (2020)*** *(Provide numerator and denominator for calculating percentage)*	***Target 2021*** *(Provide numerator and denominator for calculating percentage)*	***Target Year 2*** *(Provide numerator and denominator for calculating percentage)*	***Target Year 3 (If applicable)*** *(Provide numerator and denominator for calculating percentage)*
3. CCE extension in unequipped existing and/or new sites:	*Percentage of previously unequipped sites (providing immunization services or not, including existing sites without active devices) and new service sites being equipped with Platform eligible equipment.*			***Numerator:*** *# of unequipped sites equipped with Platform eligible equipment. = 0* ***Denominator:*** *= Total # of unequipped sites equipped with Platform eligible equipment. =28* *Percentage =0*	***Numerator:*** *# of unequipped sites equipped with Platform eligible equipment. = 28* ***Denominator:*** *= Total # of unequipped sites equipped with Platform eligible equipment = 28* *Percentage=100%*	*Numerator =* *Denominator=* *Percentage=*	*Numerator =* *Denominator=* *Percentage=*
4. ***CCE maintenance***	*Percentage of CCE maintenance requests timely responded to*	*Maintenance reports*	*Semiannual*	***Numerator*** *= # of maintenance request responded to within two weeks of notice.* ***Denominator*** *= Total # of maintenance request*	***Numerator =*** *# of maintenance request responded to within two weeks of notice* ***Denominator*** *= Total # of maintenance request received* ***Percentage = 80%***	***Numerator*** *= # of maintenance request responded to within two week of notice* ***Denominator =*** *Total # of maintenance request received*	***Numerator*** *= # of maintenance request responded to within two week of notice* ***Denominator =*** *Total # of maintenance request received* ***Percentage= 95%***

				received ***Percentage =***		***Percentage= 90%***	
5. ***Freeze-free to non-freeze-free carrier ratio***	*Ratio of freeze-free cold boxes/carriers to non-freeze-free cold boxes/carriers in-country*						

ADDITIONAL intermediate results indicator(s): *Countries are required to suggest 1 to 3 intermediate results indicators to track performance of rehabilitation, expansion, maintenance and/or other supply chain fundamentals (include baseline, data source, targets and frequency of reporting).*

Examples *of additional intermediate results indicators options are:*

1. ***Functional status of cold chain equipment****: Ratio of functional CCE and ratio of districts with at least 90% functional equipment;*
2. ***Closed vial wastage****: Rate at a national, district and facility level;*
3. ***Forecasted demand ratio****: Ratio of actual usage compared to forecast (vaccines);*
4. ***Full stock availability:*** *Ratio of facilities/districts without any stock out;*
    a. *Stocked according to plan: Percentage of facilities/stores/districts that have stocks levels between set minimum and maximum stock levels;*
5. ***Temperature alarms:*** *Frequency and magnitude of heat and cold alarms per monitoring period (i.e., temperature excursion) and number of CCE devices with more than a certain level of temperature excursion;*
6. *Rate of health facilities dashboard use, timely analysis and use for decision making;*
7. ***On-time and in-full (OTIF) delivery****: Ratio of order completely delivered on time;* ***or***
8. *Number of health managers trained and despatched for supply chain oversight function and rate of reported monitoring activities.*

USE THE TABLE BELOW TO COMPLETE ADDITIONAL INDICATORS

Indicator *(Provide name of the* ***additional*** *indicators as shown above)*	***Definition*** *(Provide definition if not already specified)*	***Data Source*** *(identify data source)*	***Reporting frequency*** *(annual, semi-annual, quarterly etc.)*	***Baseline (Year)*** *(Provide numerator and denominator for calculating percentage)*	***Target Year 1*** *(Provide numerator and denominator for calculating percentage)*	***Target Year 2*** *(Provide numerator and denominator for calculating percentage)*	***Target Year 3 (If applicable)*** *(Provide numerator and denominator for calculating percentage)*
Forecasted	*% of doses of vaccines utilized*	*Annual*	*Semiannual*	***Numerator:***	***Numerator:***	***Numerator:***	***Numerator:***

demand ratio	*compared to quantity forecasted*	*forecasting tool and immunization results*		*# of doses of vaccines utilized in the country* ***Denominator:*** *Total # of doses forecasted* ***Percentage =***	*# of doses of vaccines utilized in the country* ***Denominator:*** *Total # of doses forecasted* ***Percentage =*** *85%*	*# of doses of vaccines utilized in the country* ***Denominator:*** *Total # of doses forecasted* ***Percentage =*** *90%*	*# of doses of vaccines utilized in the country* ***Denominator:*** *Total # of doses forecasted* ***Percentage =*** *95%*
Add more indicators HERE if needed.							

PART H: PROJECT MANAGEMENT

The effective and successful implementation of the CCEOP relies heavily on the in-country project management team (PMT) which needs someone to manage the PMT. This project manager, designated by the MoH, will have to:

- Establish the Project Management Team (refer to UNICEF's Project Management Support Package for ToRs)
- Coordinate the planning, rollout and monitoring of the CCE OP
- Mobilise the required resources for the project
- Provide status updates to the NLWG
- Coordinate with all stakeholders including the vendor and UNICEF
- Report on deviations
- Managing risks

17. Project Management
The country is asked to please provide the following information: *a) Name and contact details of the dedicated project manager designated by the MoH* *b) Describe how the project manager will be empowered and supported to ensure the smooth implementation of CCE OP*
a) Project Manager details are presented below: i. First and last Name: Vichit Ork ii. Title: Manager, National Immunization Programme iii. Department/Direction: National Maternal and Child Health Center, MoH iv. E-mail: Ork Vichit <orkvichit@yahoo.com>; orkvichitnip@gmail.com v. Cell phone: (855) 12 830 548