GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION
Partnering with The Vaccine Fund

Updated February 2004

Progress Report

to the
bal Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund
By the Government of the

COUNTRY: **Kingdom of Cambodia**

Date of submission: 28 May 2004
Reporting period: 1 January to 31 December 2003

(Tick only one) :

Inception report	
First annual progress report	
Second annual progress report	
Third annual progress report	XX
Fourth annual progress report	
Fifth annual progress report	

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

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

There were no problems with the receipt of ISS funds in 2003.

For the 3rd instalment of $668,600 allocated in 2004 (50% which was disbursed in January 2004), it is requested that the remaining 50% be delivered in September 2004. This enables the government to have funds available prior to 1st quarter 2005, a critical time for outreach activities when many children can be reached, but also a period when release of government funds to province level is traditionally slow.

The funds continue to be managed in a separate bank account with the National Immunization Program (NIP) responsible for developing and submitting plans to the MOH for use of these funds, as well as tracking the accounting of expenditures. The NIP develops the plans in consultation with the Technical Working Group (TWG), which meets every two weeks, and the Immunization Coordination Sub-Committee (ICSC), which meets quarterly.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Remaining funds (carry over) from year 2002: $211,264
Funds received June 2003: $334,300

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
FUNDS AVAILABLE 1 January 2003	$545,564				
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training	$18,699	$3,600	$10,940	$4,159	
IEC / social mobilization	$164,411	$164,411			
Outreach	$235,670		$11,783	$223,886	
Supervision	$33,031		$30,200	$2831	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
National EPI workshop and quarterly EPI staff meetings	$36,217	$6,648	$28,889	$680	
National program office telecommunications & internet	$790	$790			
Total spent over 2003:	$488,818				
Remaining funds 1 January 2004	**$56,746**				

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

In January 2003, a national level Reaching Every District (RED) workshop was conducted by the NIP, with facilitation by WHO (global, regional and country) and in partnership with country level partners including UNICEF and PATH/CVP. As an outcome of this workshop, the NIP developed a coverage improvement planning (CIP) process to strengthen routine immunization performance. Using a combination of micro-planning with strict monitoring and performance contracts, 10 districts were selected to apply the strategy in the last 2 quarters of 2003. Funds were disbursed to provincial and district level based on approved plans, commitment to achieving targets, and demonstrated performance. The CIP process resulted in an 8.3% rise in coverage in targeted districts, and contributed to the overall national increase in DPT3 contacts. Nationally, an additional 24,943 infants were reached in 2003 as compared to DTP3 contacts in 2002; this is an extraordinary achievement given that immunization contacts in 2002 were smaller than those in 2001 by 14,843 infants.

Two additional service delivery strategies were applied to improve coverage: 1) In the first quarter of 2003, outreach funds from ISS were disbursed to all districts in Cambodia, as was similarly executed in 2002 2) under a program referred to as Chapter 11, funds were disbursed to eleven districts in Cambodia in the last 2 quarters of 2003 to finance outreach programs conducted from health centres. These districts were selected on the basis of typically low disbursal of government funds for these health centres to implement outreach.

ISS funds were used to train provincial level staff in all provinces regarding new cold chain policy and guidelines, particularly in anticipation of the 2004 introduction of over 500 gas powered refrigerators in health centres.

ISS funds were also used to conduct extensive training and IEC activities, as outlined in more detail in the section for new vaccine introduction, 1.2.2.

In 2004, an external visit was conducted in April by GAVI consultants to review main achievement of ISS funds in the Kingdom of Cambodia.

1.1.3 Immunization Data Quality Audit (DQA) (*If it has been implemented in your country)*

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

YES [ ] NO [xx]

A DQA was conducted in June 2003 and the verification factor was 98%, which is a further improvement from the last DQA conducted in 2001.

In 2003, the use of 'spot-checks' or Post-Activity Assessments (PAAs) was expanded, which has reinforced the importance of accurate reporting at district level. The purpose of these PAAs is to validate reported data (numerators and denominators) from selected health centres against household data compiled from visits to villages. These PAAs are being used to verify outcomes that are used in performance-based contracts for improved immunization coverage.

Additionally, routine supervision is conducted from central, provincial and district staff, with quarterly EPI meetings held at the operational district level. At these meetings, performance of health centres is reviewed and implementation and reporting issues are addressed.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

No nationwide evaluations were conducted in 2003.

Specific studies undertaken in the province of Kampong Chhnang include an evaluation of the hepatitis B birth dose in 8 health centres. Additionally, a study to review wastage rates of DTP-Hep B and TT vaccines during outreach was undertaken during November-December 2003. In Kampong Cham province, a coverage survey was conducted in December 2003.

An evaluation of the Central Medical Store was conducted in November 2003 using the WHO/UNICEF joint tool for Effective Vaccine Store Management.

A review of the outcomes of the Coverage Improvement Planning process as implemented in 2003 was drafted.

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of vaccinations with the new and under-used vaccine: MONTH YEAR 2001

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

Received 554,100 doses of DTP-Hep B, 10 dose vials in 2003. There were no problems with receipt of vaccines.

1.2.2 Major activities

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

In March 2003, DTP-Hep B vaccine was expanded from the province of Kampong Chhnang to include Phnom Penh municipality, Kandal and Takeo province and five National hospitals in Phnom Penh such as Calmet, National Paediatric hospital, Kuntheabopha, Sihanouk hospital and National Maternal and Child Health Center (NMCHC). These areas constitute about 25% of the population. In April 2003, Hepatitis B birth dosing began in 8 health centres in Kampong Chhnang. This was expanded in July 2003 to all health centres in Phnom Penh municipality, three national hospitals (NMCHC, Calmet and Sihanouk hospitals) and some selected health centres located near referral hospitals. The birth dose was further expanded to some health centres in Kandal and Takeo in October 2003. Other major activities included: **Training** -- From January to early February 2003, a training of trainers (TOT) workshop was conducted in preparation of the expanded introduction of DTP-HepB, which included topics on Hepatitis B disease, DTP-HepB vaccine, reporting and recording, monitoring and evaluation on immunization coverage. Total participants were 42 staff from provincial and operational district level from Phnom Penh, Takeo, Kandal. -- During the course of February, 1290 health centre staff and 10 national hospital staff were trained in preparing for DTP-Hep B introduction. The training methods used were group discussion, lectures, presentations, demonstrations, and question and answer sessions.

-- Over the course of July-October 2003, several trainings on Hepatitis B birth dosing were conducted in the provinces of Phnom Penh, Takeo, Kandal, plus three national hospitals selected for Hep B birth dose introduction. Pre-training meetings, TOT workshops and training of health centre staff were conducted in sequence. The total number of health center staff trained was 302 in Phnom Penh, 37 in Takeo and 61 in Kandal, with 9 staff from the national hospitals.

Information, Education, Communication Activities (IEC)

-- Trainings were conducted from April to June 2003 in Kampong Chhnang province directed at traditional birth attendants and feedback committees to promote community participation (participants 309). A Community workshop was also held in December 2003 and included the provincial governor, district chief and commune chief. Total participants: 140 (NIP Central: 5, Health staff: 48, Local authority: 76 and NGOs: 11)

-- A National level IEC workshop was held in June 2003 to prepare an IEC strategy for expansion in 2004

-- Media, radio, TV spots on general EPI info, Hepatitis B, immunization schedule and AEFIs. Development of banners, posters, leaflets.

-- Development of Mobile Health Education Teams to conduct health promotion activities at the village level

Supervisory Visits

-- Staff from the National Immunization Program (NIP), Provincial Health Department (PHD) and Operational Districts (ODs) conducted supervisory visits regularly from January through December. Activities during the supervisory visit included reviewing quality of reporting on tally and monthly sheets, helping health centre staff fill out forms properly, following up on problem areas identified in previous visits, and monitoring cold chain, vaccine and stock management. Immunization sessions were observed and communication skills evaluated.

Meetings

--Monthly: Regional supervisors from the NIP and PHD/OD supervisors attended EPI meetings regularly to hear reports from OD and health centre staff on coverage, drop-out rates and vaccine wastage for DTP-Hep B. The purpose was to identify on-going problems and create solutions. One of the biggest challenged identified is controlling the level of vaccine wastage.

-- National workshop: Held on 18-19 December 2003 at the National Maternal and Child Center to discuss lessons learned to date from the Hepatitis B expansion (DTP-Hep B and birth dosing) and to identify constraints in prepration for expanstion to 50% of provinces in 2004. Roles and responsibilities of regional supervisors were clarified, the guidelines for “Hepatitis B introduction” were finalised, and components of the Hepatis B Training Manual were reviewed, including the section on monitoring and evaluation.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

The US $100,000 funds received for new vaccines were budgeted for use after completion of a 2003 assessment of pilot activities for introduction. This new vaccine introduction assessment was delayed until early 2004. The funds will therefore be expended in 2004 and 2005 to support national expansion of DTP-HepB vaccine from 12 provinces to the remaining 12.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

No problems were encountered with injection safety support.

26 incinerators will be installed in 2004. GAVI/Vaccine Funds will be used to support construction of housing for incinerators. Efforts to improve coordination of management of waste at provincial level are ongoing.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
1. % of Health Centres with 100% AD use for all EPI vaccines and safe disposal practices	100%	100%	Transport of full safety boxes difficult in some areas. Waste management remains a challenge due to transport and distribution system.	Achieved

2. % of Operational Districts with adequate access to appropriate disposal system, including exchange mechanism for new and used injection equipment	80% by 2003 and 100% by 2005	--All provinces and 100% of ODs have access to a functioning incinerator. 25/75 ODs have an incinerator in-place and an additional 26 incinerators will be added in 2004. -- A waste management workshop was organised at national level. Injection safety subcommittees have been created at provincial level to address waste management.	Full safety boxes remain at the health facility because transportation to the incinerator sites remains a problem (long distance, large quantity). Coordination of integrated waste management has been devolved to the provincial level.	Unchanged
3. % of Operational Districts with adequate stocks of injection equipment for the whole year	80% by 2003 and 100% by 2005	100%. No stock-outs reported. Supervision checklist includes information on stock usage.	Storage of reconstitution syringes (5ml) at all levels is combined for both curative care and immunization, which makes stock management problematic.	Unchanged
4. (%) of AD syringe wastage	10% nationwide	10%	Package seals can be broken, problems during aspiration	Unchanged

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

Only injection safety supplies were received in 2003, no cash support was received.

2. Financial sustainability

The FSP for Kingdom of Cambodia was updated in 2003 using new tools as produced by the GAVI Financing Task Force. It is the intent to continue to use the plan as a dynamic document to guide strategic decisions on long-term financing for the NIP. Finance staff at the NIP have been continually upgrading their skills in updating and adapting the FSP. The progress on key indicators for Cambodia is outlined in the table below.

Over the course of the year, ongoing high-level discussions were held with the Department of Finance and Ministry of Finance to identify more secure funding sources from central level for outreach activities and to support the NIP program overall. This advocacy on the part of NIP and Ministry of Health will continue in 2004 in order to negotiate Ministry of Finance commitment to multi-year financing for the NIP.

In March 2004, Tore Godal of GAVI visited the Kingdom of Cambodia to discuss financial sustainability issues and in particular, underline options about phasing out GAVI/Vaccine Fund support for new vaccines. One potential timeline being considered is outlined in Table 2. Discussions are still ongoing among the NIP, ICSC, MOF and key donors concerning alternative schedules for phase-out and strategies to mobilise funds to fill the upcoming gaps, depending on how GAVI support for 5 full-year birth cohorts is spread over time. The most critical challenge before the Kingdom of Cambodia at this time is to identify how to finance the DTP-Hep B combination vaccine once GAVI support ceases, as the costs are substantial. The primary donor at this time is favourable to funding of monovalent Hepatitis B in future years, assuming the prices of DTP-Hep B do not decrease.

	INDICATOR ONE	INDICATOR TWO	INDICATOR THREE	INDICATOR FOUR
	Level of Government Expenditure on NIP, US $	**% Government Expenditure as a proportion of total NIP costs**	**Level of Government Commitment to Vaccines, US $****	**% Government Expenditure as a proportion of total vaccine costs US $**
2001	$1,176,586	32.5%		
2002	$1,329,58	28.1%	$ 150,000	6%
2003	$1,704,037	32.7%	$ 314,000	8%
2004			$533,778 (PLANNED)	

** Government commitment in a calendar year may not be consistent with actual expenditures in that same calendar year as payments are only disbursed at the time of arrival of vaccine shipments.

Table 2 : Sources (planned) of financing of new vaccine DTP-Hep B

Proportion of vaccines supported by	Annual proportion of vaccines									
	2002..	2003..	2004	2005..	2006..	2007..	2008..	2009..		
Proportion funded by GAVI/VF (%)	5%	25%	50%	100%	90%	90%	75%	65%		
Proportion funded by the Government (%)					10%	10%	25%	35%		
Total funding for DTP-Hep B **(without freight) 100% cost*	$135,500	$277,000	$678,300	$2,295,133	$2,138,438	$2,009,045	$1,900,680	$1,808,864		

** Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine*

3. Request for new and under-used vaccines for year 2005

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

	Achievements				Targets				
	2000	**2001**	**2002**	**2003**	**2004******	**2005**	**2006**	**2007**	**2008**
DENOMINATORS									
Births	459,635	457,730	477,287	489,172	400,670	410,674	420,757	430,765	441,266
Infants' deaths	48,383	48,182	50,241	51,492	42,176	43,229	44,290	45,344	46,449
Surviving infants*	411,252	409,548	427,046	437,680	358,494	367,445	376,467	385,421	394,817
Infants vaccinated / to be vaccinated with 1st dose of DTP (target 90%)				261,940	99,958	n/a	n/a	n/a	n/a
Infants vaccinated / to be vaccinated with 3rd dose of DTP (target 80%)	252,390**	289,952	266,193	242,418	88,851	n/a	n/a	n/a	n/a
NEW VACCINES									
Infants vaccinated / to be vaccinated with 1st dose of DTP-Hep B (target 90%)				61,933	222,687	330,701	338,820	346,879	355,335
Infants vaccinated / to be vaccinated with 3rd dose of DTP-Hep B (target 80%, 85% in 2007)***		479	8,916	57,834	197,944	293,956	301,174	327,608	335,594
Wastage rate of DTP-Hep B			52%	50%	45%	40%	35%	30%	25%
INJECTION SAFETY									
Pregnant women vaccinated / to be vaccinated with TT (target 70%, 75% in 2007)*****	196,068	200,349	207,519	211,165	280,469	287,472	294,530	323,073	330,950
Infants vaccinated / to be vaccinated with BCG (target 90%)	342,472	319,836	318,761	332,239	322,645	330,701	338,820	346,879	355,335
Infants vaccinated / to be vaccinated with Measles (target 80%, 85% in 2007)	283,827	284,925	265,540	283,364	286,795	293,956	301,174	327,608	335,594

* Surviving infants for Years 2000 and 2001 are amended from previous GAVI progress reports to be consistent with numbers that were reported in WHO/UNICEF JRFs for those respective years.
** Consistent with previous submissions to GAVI, the number from 2000 is reported data adjusted by the DQA conducted in 2001. The unadjusted number for 2000 as reported in JRF is 290,104.
*** For 2003, DTP-Hep B3 contacts are from phased introduction in provinces of Kampong Chhnang (all year), and for last 3 quarters in Kandal, Phnom Penh, Takeo. For 2003, total aggregated immunization contacts DTP3 and DTP-HepB3 equals 300,252 infants.
**** Starting in 2004, the surviving infants denominator will not longer be from the department of Planning and Statistics of the MOH. All sections of the Ministry of Health will use population figures as directed from the Ministry of Planning, based on 1998 census figures and revised through 2020. These denominators are signficiantly reduced. Immunization targets are based on DTP-Hep B introduction in 50% of provinces (12/24) and on original programme coverage targets; aggregated targets for 2004 (DTP and DTP-Hep B) for 1st dose contacts is 322,645 and 3rd contacts is 286,795.
*****For TT, births are used as a proxy for pregnant women.

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

Please see footnotes attached to Table 3 for explanation of specific numbers used. Additionally, please refer to Annex One, which outlines figures used in prior reports and summarises main conclusions.

Official correspondence dated 24 January 2004 on the target population changes to be used by the Ministry of Health commencing in 2004 is attached to this report. These numbers, as provided by the Planning and Health Information Department of the Ministry of Planning significantly reduce the approved denominator to be used for surviving infants and will impact absolute numbers based on NIP's previous immunization targets. These future immunization coverage targets are in process of being reviewed by the NIP.

While it is recognised that GAVI's policy permits a maximum vaccine wastage of 25% for liquid vaccines in 10-dose, this is a target that is unattainable by Cambodia at this time, where the health system and terrain demands that over 80% of immunization contacts are made through outreach sessions. A two-month study conducted in 2003 of eight health centers in Kampong Chhnang demonstrated that because of this constraint, DTP-Hep B wastage is 52%. While Cambodia adopted the multi-dose vial policy in August 2003, in the context of outreach, the national policy only permits the use of remaining doses in subsequent immunization sessions if a vaccine vial monitor is attached to the vial. The current DTP-Hep B vaccine is not supplied with vaccine vial monitors. From the March 2003 WPRO Technical Advisory Group meeting, a recommendation was formulated that articulated the priority of safety concerns and protection from contamination over monetary loss due to wastage.

The Kingdom of Cambodia recognises the seriousness of this problem and is taking steps to train health workers to maximise opportunities during outreach sessions, but this is an on-going and lengthy process of behaviour change, both for workers and for families. The highest priority for the NIP is to ensure that the quality of vaccine doses can be secured in a safe cold chain, as well as strive to maintain/increase coverage levels. This will not be possible if health workers are inclined to turn away children out of concerns for controlling vaccine wastage. For this reason, the Kingdom of Cambodia submits the following requests to the GAVI/Vaccine Fund: A) to supply DTP-Hep B in vials with vaccine vial monitors as soon as available on the global market; B) to supply DTP-Hep B in vials with smaller-doses as soon as available on the global market; and C) to re-consider providing Cambodia with DTP-Hep B vaccines based on a wastage rate that is more consistent with the realities faced in-country.

If the latter request cannot be met, it is likely that Cambodia will have an insufficient amount of vaccines to supply 100% of the country, as is planned for year 2005, and will be unable to reach all target children as there will be an estimated vaccine shortage of 15%. The Kingdom has no alternative funding sources to cover the gap for combination vaccine.

3.2 Confirmed/Revised request for new vaccine **for the year 2005** *(indicate forthcoming year)*

Table 4: Estimated number of doses of *DTP-Hep B* vaccine

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1st dose of DTP-HepB (new vaccine)		330,701
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	A x B/100 x C	992,102
E	Estimated wastage factor	(see list in table 3)	1.67
F	Number of doses (incl. wastage)	A x C x E x B/100	1,656,810
G	Vaccines buffer stock	F x 0.25	275,702
H	Anticipated vaccines in stock at start of year **2005**		209,300
I	Total vaccine doses requested	F + G - H	1,723,212
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	(D + G - H) x 1.11	1,174,939
L	Reconstitution syringes (+ 10% wastage)	I / J x 1.11	0
M	Total of safety boxes (+ 10% of extra need)	(K + L) / 100 x 1.11	13,042

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

The request outlined above exceeds Cambodia's projected forecast 2004-2008 as submitted to UNICEF (dated 29 January 2004) by 146,936 doses. This is because UNICEF forecast was based on DTP3 numbers rather than DTP1 as above, and because the wastage rate being requested in this calculation is higher. The Kingdom of Cambodia asks for consideration by GAVI/Vaccine Fund and UNICEF for the additional doses

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 3.*

3.3 Confirmed/revised request for injection safety support for the year …… *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with …… *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*
If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

Per the letter from GAVI dated 2 April, 2004 marks the end of the three-year support for injection safety granted by GAVI/Vaccine Fund.

In forthcoming years, the government of the Kingdom of Cambodia will finance a proportion of AD and reconstitution syringes for BCG and measles, as well as AD syringes for TT and DTP. This will be complemented by AD syringes, reconstitution syringes and safety boxes for measles as supplied through a grant aid from JICA and a three year technical assistance agreement with the Government of Japan to cover other injection safety needs for routine immunization.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
DTP1-DTP3 drop out	5% drop-out by 2003 3% drop-out by 2005	7% in 2003	Intensified IEC needed to counter mother's fears of side effects, especially fever after DTP	No change
AFP cases reported per 100,000 under 15 year olds	1 per 100,000 under-15 year-olds	2.93 per 100,000 161 cases (55 expected)	Delayed shipments of stool samples up to central level	Achieved annually

% of health centers using only AD syringes for all EPI vaccines and with safe disposal	80% by 2003; 100% by 2005	100%	Transport of safety boxes difficult in some areas. Waste management remains a challenge.	Achieved

5. Checklist

Form Requirement:	Completed	Comments
Date of submission	28 May 2004	
Reporting Period (consistent with previous calendar year)	Completed	
Table 1 filled-in	Completed	
DQA reported on	Completed	
Reported on use of 100,000 US$	Completed	
Injection Safety Reported on	Completed	
FSP Reported on (progress against country FSP indicators)	Completed	
Table 2 filled-in	Completed	
New Vaccine Request completed	Completed	
Revised request for injection safety completed (where applicable)	Not applicable	
ICC minutes attached to the report	Completed	
Government signatures	Completed	
ICC endorsed	Completed	

6. Comments

ICSC comments: We commend the National Immunization Programme in its successful efforts to reach an additional 24,943 infants with DTP3 or DTP-Hep3 in 2003 as compared to the previous year, as well as simultaneously strengthening its reporting system (as has been validated by the DQA). The partners are committed to working with the NIP and Ministry of Health in building on past successes and strengthening the long-term sustainability of the nation's immunization program.

7. Signatures

For the Government of **Kingdom of Cambodia**

Signature: ……...……...

Title: ……..…….

Date: 26 May 2004

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date Signature
WHO	Jim Tulloch, WHO Representative	
UNICEF	Rodney Hatfield, UNICEF Representative	
JICA	Tsuhoshi Yusa, ARR	
PATH/CVP	Stephen Croll, Country Program Leader	
USAID	Mark White, OPH Chief	