



MINISTRY OF HEALTH

NATIONAL CENTERS FOR HIV/AIDS AND DERMATOLOGY AND STD

STANDARD OPERATING PROCEDURES (SOP)

FOR

IMPLEMENTATION OF PROGRAM ACTIVITIES OF US CDC Global AIDS Program COOPERATIVE AGREEMENTS



**NCHADS
PHNOM PENH
Revised in April 2008**

PROCEDURES FOR IMPLEMENTATION OF PROGRAM ACTIVITIES

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ABBREVIATIONS

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ABBREVIATIONS

APW	Agreement to Perform Work
BMC	Banteay Meanchey Province
BTB	Battambang Province
CoAg	Cooperative Agreement
CWO	Cash Withdrawal Order
FSR	Financial Status Report
ICB	International Competitive Bidding
MMM	Mundul Meth Choury Meth : Center for Friends Help Friends
MoH	Ministry of Health
MoEF	Ministry of Economy and Finance
NAA	National AIDS Authority
NCHADS	National Center for HIV/AIDS Dermatology and STD
NGO	Non-Governmental Organization
NIPH	National Institute of Public Health
NMCHC	National Maternal and Child Health Center
OD	Operational District
PAO	Provincial AIDS Officer
PHD	Provincial Health Department
PST	Pursat Province
QA	Quality Assurance
RGC	Royal Government of Cambodia
SoE	Statement of Expenditure
SOP	Standard Operating Procedure
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
US CDC	United States Centers for Disease Control and Prevention
VCCT	Voluntary Confidential Counseling and Testing

PREFACE

With a clear goal in the Strategic Plan:2008-2010 “to increase the survival of people living with HIV/AIDS in Cambodia” and support from the Ministry of Health (MOH) and development partners, the National Center for HIV/AIDS, Dermatology and STD (NCHADS) has made substantial progress toward achieving this goal. The country target for the WHO/UNAIDS “3 by 5” Initiative was achieved and acknowledged by the WHO; since that accomplishment the focus of efforts has changed to the United Nations Universal Access goals and the country’s Millennium Development Goal. In support of these goals, the NCHADS has received funding from the Global Fund, ADB, World Bank, DFID, EUROPAID, UNSW/CTAP, WHO, CHAI, FHI, AHF and US CDC/Global AIDS Programs.

For the last five years, the NCHADS has received funding from the US CDC/Global AIDS Program (GAP) under Cooperative Agreement No U22/CCU021772 for Expansion of HIV/AIDS/STD Prevention and Support Activities in Cambodia. The support from the President’s Emergency Plan for AIDS Relief is continuing for five years 2008-2012 with the following key focus areas:“ improving PMTCT coverage, improving the continuum of care for people living with HIV/AIDS, in particular those with co-existing TB disease, and improving the collection and use of data to inform HIV program activities.”

To effectively manage and comply with the Cooperative Agreement and Office of Global AIDS Coordinator requirements, “The Standard Operation Procedures (SOP) for Implementation of Program Activities of US CDC Cooperative Agreement” is being amended. The teams from the NCHADS and the CDC Cambodia have worked closely to review and change this SOP. Several relevant references and practices of grant and cooperative agreement requirements in and outside of the country have been used and adapted accordingly.

This document will be used as a guide to effectively implement the US CDC Cooperative Agreements. It is a living document, which may be amended as required to meet the needs of the two parties.

The ____ day of _____, 2008

For the National Center for HIV/AIDS,
Dermatology and STD
Ministry of Health, Cambodia

For the US Centers for Disease
Control and Prevention, DHHS,
Cambodia

Director
Mean Chhi Vun, MD, MPH

Director
Carol Ciesielski, MD

PROCEDURES FOR IMPLEMENTATION OF PROGRAMME ACTIVITIES

1. INTRODUCTION

1.1. Purpose of the document

Activities funded from various sources are managed by the National Center for HIV/AIDS, Dermatology and STD (NCHADS) within the Ministry of Health as part of its national Program. To ensure that the Program can achieve its goals and objectives with full transparency and accountability, it is necessary to ensure that decisions are made in a timely fashion, that activities are implemented in an efficient manner, that disbursements keep up with the disbursement plans for the project, that procurements are made effectively, and that activities and disbursements are effectively monitored.

Given the complexity and magnitude of the NCHADS program, the variety of the NCHADS funding sources, a clear, transparent, streamlined system of decision-making and approval for project implementation, disbursement of funds, and regular monitoring and reporting, are necessary.

The purposes of this procedure are to:

- Define a mechanism for the approval of project activities
- Define a financial management model, which outlines the approval processes and the ceilings for disbursement through check or money transfer order (MTO) and for petty cash
- Set the monitoring and reporting schedules
- List and define a set of procurement procedures for goods, services and civil works
- Provide permissible rates for payment of travel per diem, allowance and supervision.

1.2. Main Principles and Key Reference Documents

The main principles for approval, management, procurement, disbursement, accounting and audit are based on Ministry of Health standard procedures, Ministry of Economy and Finance of Asian Development Bank (ADB) and World Bank's Standard Operating Procedures complemented with the NCHADS experience in implementing World Bank, ADB, WHO, DFID and other donor programs.

1.3 Summary of the Implementation Process

The core of the system is a process for planning intervention against an approved proposal to ensure the effectiveness and the accountability of implementation activities and the authorizing expenditure. The process to develop the annual work and spending plans is summarized in table 1.

Table 1: Summary of Implementation Process

Step	Activity	Source	Approval
Planning			
1	Develop annual work plan	Approved annual cooperative agreement budget by US CDC for each project component	Director of NCHADS
2	Develop quarterly and semi-annual work plans	Approved annual work plan	Director of NCHADS
Receipt of funds			
1	Receipt of funds from US CDC - NCHADS Account	Cooperative agreement	Director of NCHADS
Disbursement			
1	NCHADS-withdrawn from account	NCHADS SOP & work plans	Director of NCHADS
2	Subcomponents-funds receipt from NCHADS and withdrawn from accounts	NCHADS SOP & subcomponent work plans	Director of subcomponents
Accounting			
1	Maintain accounts	Records of expenditures and supporting documents	Director of each subcomponent Director of NCHADS,
2	Submit monthly	Expenditure reports & supporting documents	Director of each subcomponent Director of NCHADS,
3	NCHADS consolidates expenditure reports	Monthly expenditure reports	Director of NCHADS
Reporting			
1	Submit quarterly technical reports (Appendix I)	Terms and conditions of CoAg. & semi-annual achievement	Director of each subcomponent Director of NCHADS,
2	NCHADS consolidates semiannual and annual reports	Quarterly technical report from subcomponents	Director of NCHADS

The Final Progress Report summarizes all program activities by the NCHADS and is sent to US CDC Atlanta within 90 days of the end of the project period.

2. ACTIVITY APPROVAL

Prior the start of each budget period, all subcomponents will provide, for approval of the NCHADS, a detailed Annual Work Plan (See **Appendix D**). The Director of NCHADS and the Director or Deputy Director of US CDC/GAP Cambodia will issue approval of these plans. Approval of these work plans will constitute the authority to implement the work plans. Additional approval will only be required if there is significant change in the details of activities or budgets between each budget line items and categories following the ceiling below:

- Below USD 5,000 added to each budget line item: the Director of NCHADS is authorized to approve on all requested changes (from the NCHADS or subcomponents) and will inform the US CDC/GAP Cambodia for reference.
- Above USD 5,000 added to each budget line item: Written approval from the US CDC/GAP Cambodia is required. The NCHADS or subcomponents will submit the request to the US CDC/GAP Cambodia.
- For Personnel and Contractor category: Funds may be redirected but additional funds require written approval
- Any expenditure that represents an activity that hasn't been approved in the work plan requiring written authorization by US CDC/GAP Cambodia..
- If an object class in the Notice of Grant Award (i.e. Personnel, Fringe Benefits, Travel, Supplies, Equipment, Contractual, Other) is listed as having no funding approved, written approval from US CDC PGO must be obtained for a budget amendment.

These Work Plans will include a Summary Disbursement Plan by object class and a Procurement Plan for the budget period (See **Appendix E**). These three plans (Work, Disbursement, and Procurement) will be forwarded to the NCHADS for approval with a copy to US CDC/GAP Cambodia.

Table 2: Summary of Approval Mechanism

Plan	Prepared by	Approved by	Informed to
Annual Work Plan	NCHADS, subcomponents	Director of NCHADS and Director or Deputy Director of US CDC/GAP Cambodia	
Quarterly and Semi-annual Work Plans	NCHADS, subcomponents	Director of NCHADS	US CDC/GAP Cambodia

3. FINANCIAL APPROVAL

3.1 Bank Accounts

Each subcomponent should maintain project funds in a local bank account for the project. The bank account should be at the Foreign Trade Bank or National Bank of Cambodia or ACLEDA Bank. (ACLEDA Bank applies only for the subcomponents that are located in the provinces.) CoAg funds must be able to be accounted for independently of any other funds. If the accounting system in use does not allow for this, funds must be maintained in a separate bank account from other funds.

3.2 Disbursement Approval

Actual disbursements (for a transaction) of USD 500 or more for all object classes of expenditures require the approval from the Director of the NCHADS.

Actual disbursements (for a transaction) of less than USD 500 for all object classes of expenditures require the approval from the Deputy Director of NCHADS or the Director of NCHADS.

Checks should be cosigned by the NCHADS Director and the Senior Accountant. For the Subcomponents, the co signatures from the Subcomponent Director and Accountant or PAO manager are required.

Approval of requests made by the NCHADS and subcomponents will be based on the following criteria:

- Availability of money in the account;
- Consistency of the expenditure with project budget plans;

- Consistency of the expenditure with US Government procurement policies
- Transparency of transaction;
- Disbursement guidelines followed; and
- Adequate documentation for audit purposes.

All disbursements, at all thresholds, will be monitored monthly and the Financial Status Report (FSR) (**Appendix H**) will be sent to CDC Atlanta within 90 days of the end of the grant period by the NCHADS. For the purposes of monitoring, monthly accounting reports will include expenditures by disbursement summary, and balance sheet (**Appendix G**).

3.3 Petty Cash disbursements

Disbursements by means of petty cash are inherently more difficult to manage, especially when the number of expenditures and requesters are large. For the purposes of audit, the use of disbursement voucher more easily allows verification. For these reasons, disbursements will be made by disbursement voucher whenever possible. For those cases in which the use of petty cash is more practical, the following procedures will be used:

Table 3: Petty Cash Limits

Petty cash ceiling

Subcomponents located in the provinces and the city*	USD 3,000
NCHADS, and subcomponents located in Phnom Penh	USD 1,000

Maximum expenditure per transaction

Subcomponents located in the provinces and the city*	USD 2,000
NCHADS, and Subcomponents located in Phnom Penh	USD 500

*. Besides Phnom Penh City

The maximum amount that may be disbursed from petty cash account of the NCHADS and the subcomponents located in Phnom Penh for any one transaction is USD 500. All disbursements will be submitted by the technical staff or project accountants, and approved by the Director or Deputy Director of the NCHADS or the Director of subcomponents. All petty cash expenditures will be certified at least monthly prior to replenishment of the petty cash fund, by the Director or Deputy Director of NCHADS or the Director of subcomponents.

The maximum amount that may be disbursed from petty cash account of the subcomponents located in the provinces and city* for any one transaction is USD 2,000. All disbursements will be submitted by the technical staff or project accountants, and approved by the Director of the subcomponent. All petty cash expenditures will be certified at least monthly prior to replenishment of the petty cash fund by the Director of the subcomponent.

For the purposes of monitoring, the project and subcomponent accountants are responsible for ensuring that all bank accounts and petty cash accounts are reconciled monthly. The detail of petty cash expenditures since the last replenishment request will be provided with each new replenishment request.

Table 4: Summary of Financial Approvals

Threshold	Approval Authority	Check signing Authority	Cash signing Authority	Request
For NCHADS				
= >USD 500	Director of NCHADS	Director and Senior Accountant of NCHADS	Director of NCHADS	NCHADS units or Director of subcomponents
< USD 500	Director or Deputy Director of NCHADS	Director or Deputy Director of NCHADS and Senior Accountant of NCHADS	Director or Deputy of NCHADS	NCHADS units or Director of subcomponents
For Subcomponents				
< USD 10,000	Director of each subcomponent	Director and the accountant or PAO Manager of each subcomponent	Director of each subcomponent	Accountants of each subcomponent
= > USD 10,000	Director of NCHADS	Director and Senior Accountant of NCHADS	Director of NCHADS	Accountants of each subcomponent

3.4 Initial advance for project operations

The initial advance for project operations to subcomponents will follow revolving funds procedures. Three months before the budget year ends, revolving fund procedures will be discontinued, and funds will be replenished as needed to meet the approved budget for the last quarter.

The maximum amount of the initial advance for implementation of the project may not exceed **20%** of the annual budget of the subcomponent.

3.5 Advance for training and other

Advance for training and other activities will be reconciled not more than 60 days after ended of each activity.

3.6 Replenishment

At the end of each month or when the balance of the initial advance is less than 50 percent of the ceiling, subcomponents will submit to the NCHADS the Statement of Expenditure (SOE) and other supporting documents to justify the expenses that were incurred during the month (See **Appendix F**). The NCHADS will review and release the replenishment.

3.7 Audit

To ensure transparency, accountability and compliance with the terms and conditions of the US CDC CoAg., project accounts are audited annually if the NCHADS expends a total of **USD 500,000** or more under one or more DHHS awards during a fiscal year (as a direct recipient and /or as a sub recipient).

4. MONITORING AND REPORTING SCHEDULES

Financial Reports and Progress Reports are prepared by the NCHADS and subcomponents and submitted to the Director NCHADS with a copy to US CDC/GAP Cambodia for review. . NCHADS is responsible for compiling all the progress reports submitted from each of the subcomponents and sending them to US CDC Atlanta.

Table 5: Summary of Reporting Requirements

Report	Type	Prepared by	Submitted to	Deadline for submission	Forwarded to
Monthly Financial Report	Financial	NCHADS/ subcomponents	Director of NCHADS	15 working days after the end the reporting month.	
Annual FSR	Financial	NCHADS	US CDC Atlanta	90 days after the end of the budget period	US CDC/GAP Cambodia
Annual Audit Report	Financial	US-based audit firm	Director of NCHADS/ US CDC Atlanta	Within 9 months of the end of the budget period	US CDC/GAP Cambodia
Quarterly Progress Report	Activity	NCHADS/ subcomponents	Director of NCHADS/ US CDC Atlanta	30 days after the end of the quarter	US CDC/GAP Cambodia
Annual Progress Report	Activity	NCHADS	US CDC Atlanta	90 days after the end of the budget period	US CDC/GAP Cambodia

5. PROCUREMENT PROCEDURES AND CEILINGS

All procurements will be made in accordance with the following procurement procedures.

5.1 Procurement of Goods

All procurements under US CDC Cooperative Agreement funds must be done by the NCHADS. The procurement officer (US CDC/GAP contract staff) at the NCHADS is responsible for procuring the goods, services and works according to the procurement plans within the Cooperative Agreement period. He/she routinely reports the procurement activities to the NCHADS Accountant and informs US CDC/GAP on a monthly basis

All subcomponents are allowed to use simple purchase procedures (purchase valued less than USD 500.

5.1.1 Ceiling for approval

For goods valued less than USD 500, a simple purchase without quotations may be used.

For goods valued USD 500 to less than USD 80,000 direct purchase procedures will be used: at-least three quotations will be required, following appropriate guidelines and formats for letters requesting quotations, evaluation of quotations, contracts, etc. (see **Appendix A: Summary of the Procurement Process and Sample Formats for Procurement of Goods**).

For goods valued USD 80,000 to less than USD 100,000 the National Competitive Bidding (NCB) procedures will be applied.

From USD 100,000 and above, the International Competitive Bidding (ICB) procedures will be followed.

The NCB and the ICB procedures follow the Procurement Standard Operational Procedures of MoEF for ADB and World Bank funded project.

For goods and services valued below USD 25,000, the Director of the NCHADS will approve and select the supplier.

For goods and services valued from USD 25,000, a representative from US CDC/GAP Cambodia will participate in the bidding evaluation and selection of the supplier.

Table 6: Ceilings for Procurement of Goods

The ceilings for procurement of goods are as in the table below:

Value	Approval	Method
< USD 500	Director of NCHADS/ subcomponents	Simple purchase
USD 500 to < USD 25,000	Director of NCHADS	At-least 3 quotations
USD 25,000 to < USD 80,000	NCHADS & US CDC/GAP Cambodia Joint bid evaluation	At-least 3 quotations

USD 80,000 to < USD 100,000	NCHADS & US CDC/GAP Cambodia Joint bid evaluation	National Competitive Bidding (NCB)
= > USD 100,000	NCHADS & US CDC/GAP Cambodia Joint bid evaluation	International Competitive Bidding (ICB)

5.1.2 Assets and Inventories Register

All non-expendable items procured by the project funds must be labeled and recorded in the “Assets and Inventories Register” (See Appendix J. The following information must be recorded in the register:

- Class of asset
- Tag number
- Description
- Purchase date
- Amount acquired
- Location and condition of asset

New assets should be recorded in the register as soon as possible (within one month period). In addition, the registration and labeling of assets must be review and up-dated twice a year before the audit field work conduct.

5.2. Procurement of Services: Individuals, Firms

5.2.1. Key Reference Materials:

Agreement to Perform Work (APW)

For services valued at USD 900 or less, such as translation, typing, data entry, photocopying, supply of materials, maintenance or repair, etc, an Agreement to Perform Work (APW) may be used. The format in Appendix B should be followed, specifying the name and address of the contractor, the services to be provided, and the amount of the APW. The APW may be approved and signed by the Director NCHADS or Director of each subcomponent.

5.2.2. Individual Consultant

International consultants and local consultants will be recruited by the NCHADS and each subcomponent with participation in the process of evaluation and selection by the US CDC Cambodia. The following procedure should be used:

Table 7: Summary of Recruitment Procedure - Domestic Consultants

Step	Activity	Performed	Approved
1	Prepare Terms of Reference and Evaluation Criteria	NCHADS and subcomponents	US CDC/GAP Cambodia
2	Advertise TOR: - Local newspapers or NCHADS web site - International newspapers, NCHADS	NCHADS and subcomponents	NCHADS and subcomponents
3	Collect CVs & make long list	NCHADS and subcomponents	NCHADS and subcomponents
4	Appoint selection panel	NCHADS and subcomponents	NCHADS
5	Evaluate CVs and make short-list (2-3 candidates)	Committee: NCHADS and subcomponents	NCHADS and subcomponents and joint bid evaluation and selection consultant by US CDC Cambodia (for Int. Consultant)
6	Interview	Committee: NCHADS and subcomponents	NCHADS and subcomponents and joint bid evaluation and selection consultant by US CDC/GAP Cambodia technical officer.
7	Select, negotiate availability, etc	Committee: NCHADS and subcomponents	NCHADS and subcomponents and joint bid evaluation and selection consultant by US CDC Cambodia technical officer
8	Draft contract, set rate	NCHADS,	NCHADS
9	Sign the contract	NCHADS and subcomponents	NCHADS / US CDC/GAP Cambodia

Direct selection procedures may be applied in cases where only one qualified individual is available to undertake particular activity or position. A single source report must be prepared to justify direct selection, and submitted to the Director of the NCHADS and the US CDC/GAP Cambodia for approval. The contract format to be used is in **Appendix B**.

5.2.3 Consultancy Firms

The procedures for recruiting consultancy firms are shown in the table 8 below

Table 8: Summary of Recruitment Procedure – Consulting Firms

Step	Activity	Performed	Approved
1	Prepare Terms of Reference and Evaluation Criteria	NCHADS and subcomponents	US CDC/GAP Cambodia
2	Advertise: request Expressions of Interest or TOR <ul style="list-style-type: none"> - Local newspapers or NCHADS web site - International newspaper, NCHADS web site 	NCHADS	NCHADS
3	Make long list	NCHADS	NCHADS
4	Appoint selection panel	NCHADS	NCHADS
5	Evaluate	Committee: NCHADS and subcomponents	NCHADS and joint bid evaluation and selection contractor by US CDC/GAP Cambodia technical staff
6	Select, negotiate availability, etc	Committee: NCHADS and subcomponents	NCHADS and joint bid evaluation and selection contractor by US CDC/GAP Cambodia technical staff
7	Draft contract, set rate	NCHADS	NCHADS and US CDC/GAP Cambodia
8	Sign contract	NCHADS / subcomponent	NCHADS

5.3 Procurement of Works

For renovations and small civil works projects (under USD 25,000) the following procedure should be applied.

1. The renovation must be in the annual and semi-annual work plan
 - Set up an assessment team; this should comprise the civil works engineer from the MOH or engineer hired from outside, the NCHADS Procurement Officer and representative(s) of the NCHADS or subcomponent.
 - The assessment team should visit the proposed site and make an assessment report; this must be endorsed by ALL team members, and then submitted to the Director of the NCHADS. The report should include a description of the existing facilities/structure (if any), plans for the proposed renovation/construction, and a Bill of Quantities, specification of each item with proposed brand name based on the plan. The proposed plan must be endorsed by the subcomponents.
 - At least three quotations will then be requested (see **Appendix C1: Request for Quotation**).
 - Quotations will be evaluated and the contract awarded. The terms of the contract will include 20% of the total contract cost on signing, 70% paced over the course of the work, and 10% retained until the completion certificate is issued by the NCHADS or subcomponent.
 - The local PHD/PAO/OD and related institutions (if any) will supervise the work; and the assessment team will visit on completion. On the report, the NCHADS and subcomponents will issue a certificate of completion.
 - Payment of the final 10% to the contractor may be paid after 6 months of completion of all works for the renovations, and after 12 months for new construction.

Note: a company that is contracted to prepare a specification or design for a renovation or construction project should be specifically prohibited in its contract from bidding on the renovation or construction project.

Table 9: Summary of Steps in Procurement of Small Works

Step	Activity	Performed	Approved
1	Prepare proposal as mentioned in the annual & quarterly work plan	NCHADS / subcomponent	NCHADS
2	Appoint assessment team	NCHADS / subcomponent	NCHADS
3	Assessment visit and report	NCHADS	NCHADS
4	3 quotations requested	NCHADS	NCHADS
5	Evaluation and contract award	Committee: NCHADS / subcomponent	NCHADS and joint bid evaluation and selection contractor by US CDC/GAP Cambodia (for contract over USD25,000)
6	Supervision of work	Committee: NCHADS / subcomponent's renovation / construction committee and related institutions (if any)	NCHADS or subcomponents
7	Certificate of completion	NCHADS / subcomponent's renovation / construction committee	NCHADS and chair of each subcomponent's renovation / construction committee
8	Final Payment	NCHADS / subcomponent	NCHADS and subcomponents

5.4 Procurement evaluation

Evaluation of quotations, bids and proposal for procurement will be conducted by a procurement evaluation committee (or selection panel in case of procurement of services). The committee/panel member will be approved by the NCHADS.

5.5 Insurance

The Royal Government of Cambodia currently makes no provisions for insurance of

persons, travel or vehicles and equipment. Where required, however, persons, travel, vehicles and equipment may be insured using the relevant funds with an approval for the US CDC/GAP Cambodia.

6. PERMISSIBLE RATES FOR LOCAL TRAVEL PER DIEM, ALLOWANCES, SUPERVISIONS

Table 10: Daily Allowance to Government Staff for In-country Travel

Location	Rate (USD)	
	Overnight	More than 6 hours (no overnight)
Province to Phnom Penh	25	5
Phnom Penh to all Provincial Capitals	20	5
Province to Province	20	5
District to Provincial Capital	15	5
Province to district/village	15	5

- Actual transportation fee will be applied
- These can be applied unless individual or group has a travel authorization from the Director of the NCHADS/ his Officer-in-Charge or the Director of subcomponents.

Table 11: Allowance to Training/Workshop Participants

Allowance	Rate (USD)
Speech for opening or closing ceremony by senior level of MoH or Local Government	50 per work shop
Facilitator (if no per diem paid)	12.5 per day
Trainee (if no per diem paid)	5 per day
Stationery, etc (flat rate)	2 per head per workshop
Refreshment (flat rate)	1.5 per head/day

Note:

1. The allowance for stationery or refreshment for training/workshop is not paid to the participants in cash. It is for the estimation of the cost of the workshop / training for accountants or organizers only.
2. The extra 2 days per diem will be added for the facilitator for the preparation and the report writing.
3. The facilitator for this context refers to the course director or trainer or coordinator.
4. The intent for this SOP is to harmonize local per diem rates with those allowable under the Global Fund. Should Global Fund rates change, this SOP should be updated to reflect the change.

Table 12: Rates for work

Work	Rate (USD) per page
Translation	5
Editing	3
Typing	2
Photocopy	0.02

For services such as typing, translation and editing at USD 900 or less,, direct contracting may be used.

Size of the translation below will be applied:***The size of translation texts:***

English version

Average of 300 to 500 words per page (5 letters per word)

Font size 11 (Arial)

Font size 12 (Time New Roman)

Margin 1 inch for top, bottom, left and right

Pictures and graphics:

For pictures or graphics covering less than 50% of the page, use the above rate.

For pictures or graphics covering over 50% of the page, the rate of USD 2 per page will be applied and no other costs such as typing, drawing and translating will be applied.

Table 13: MMM rate for PLHA

Allowance	Rate (USD)
Lunch (One day per month only)	\$2
Travel (One day per month only) Maximum reimbursement	\$2
Food for children accompanying mothers/fathers (One day per month only)	\$2

Travel reimbursement for PLHA who are living within 1 km of the location of the meeting (<=1 Km) will not be allowed.

7. PER DIEM AND TRAVEL FEE FOR INTERNATIONAL TRAVEL

For international travel, US Government hotel and per diem rates will be used. International travel must have the prior approval of the Director, the NCHADS and the Director of US CDC/GAP Cambodia.

International travel is not subject to the three quotations requirement. Travel must be in compliance with US Government travel regulations.

The traveler is responsible for obtaining approval for additional travel expenses such as conference fees, rental car, etc, by the Director of NCHADS prior to incurring such expenses.

A flat rate per diem USD 127 per day is allowed for travel to Bangkok, Thailand.

Except where the flat rate per diem applies, documentation required includes a daily delineation of costs for all expenses claimed. Receipts required include airline ticket stubs, hotel receipts, fees for obtaining a visa required for the travel, conference registration fees, and any taxi fees.

BY: _____
Dr. Mean Chhi Vun
Director, NCHADS

BY: _____
Dr. Carol Ciesielski
Director, US CDC Cambodia

Date: _____

Date: _____

Appendix A

Attachment A1: Simplified Procedures for Procurement of Goods

Direct Purchase:

Direct Purchase Procedures require:

- A Purchase Request including the quantity required and a full description and technical specifications of the items required is prepared.
- All potential suppliers will receive a written invitation to submit quotations and a full description of the goods being procured (see Request for Quotations, below). Potential suppliers may be identified by the Requestor or Procurement Officer. A minimum of 5 working days will be allowed for all potential suppliers to submit quotations. A minimum of three potential suppliers will be required to submit quotations.
- At the end of the quotation period an Evaluation Committee, established as per the NCHADS SOP will meet to open all quotations and select a supplier. The Evaluation Committee will comprise not less than 3 people.
- Formal Minutes of the Evaluation committee's discussions and decision must be recorded.

If there are fewer than 3 quotations received despite adequate dissemination of invitations to submit quotations the NCHADS Director may approve either: a single source supplier contract for a period of not more than 1 year, or proceed with the awarding of a contract to supply the goods if there is a quotation that is acceptable to the Evaluation Committee.

Sourcing of Quotations:

Sourcing of quotations should be requested from all available vendors (if reasonable).

This is to give assurance that all possible vendors in the market have been considered.

The source of qualified vendors, normally found from:

- NCHADS experience in procurement,
- NCHADS partners who implement a similar program,
- Yellow Page, Journals, Newspapers

Reorders or Repeat orders

If a purchase request specifies goods or services identical to or substantially similar to those which have been purchased through a competitive bidding process in the previous 12 months the Purchase Request may be approved by the NCHADS Director as a "reorder" or "repeat order" and be procured without repeating a competitive bidding process. The quantity of goods or services requested may differ from the previous order. This procedure may be used for consumable goods which are purchased regularly, such as stationery and office supplies, laboratory reagents, clinic consumables, cleaning products etc. Goods and services may be procured from the successful supplier selected by the Evaluation Committee during the competitive bidding process.

Frequently purchased items

For frequently purchased items, the NCHADS will establish an Approved Supplier Listing and negotiate an annual contract with the most qualified vendors. This is to eliminate the need to compile quotations for each repeat purchase. Further, a contract may enable better bargaining power due to commitment to purchase large amount of goods.

Single source

Where there is only one supplier available, single source procurement may be used. Approval must be sought from US CDC/GAP Cambodia.

Appendix A

Attachment A2: Request for Quotations

MINISTRY OF HEALTH
National Centre for HIV/AIDS,
Dermatology and STD
CDC CoA. #1U2GPS001092
No.....

Phnom Penh, Dated (D/M/Y).....

To: (Full vendor name and address).....

Subject: Request for quotation for the supply of to the National Centre for HIV/AIDS, Dermatology and STD (hereinafter referred to as NCHADS).

5. You are kindly invited to send us your quotation for the supply of as described in the attached "Technical Specifications and Price Schedule". A sample Form of Contract is also provided. In preparing your quotation, you are requested to observe the following:
1. Your quotation will be addressed to:
National Centre of HIV/AIDS, Dermatology and STD (NCHADS)
.....,Blvd, Phnom Penh, Cambodia.
Fax/Phone (855-23)

Attn: Name.....
NCHADS Director

2. Your quotation will be delivered to the above address before or by...(D/M/Y).....

3. The source of funds is CDC CoA. CDC CoA #1U2GPS001092-01

4. Delivery of Goods

Goods must be delivered at the Purchaser's premises at the National Centre of HIV/AIDS Dermatology STD, #,, Phnom Penh, Cambodia, within days after signing of the Contract.

5. Taxes, Duties, License Fees.

The Supplier shall provide necessary documents (Invoice, Bill of Lading or Air Way Bill, packing list, etc) for tax exemption and registration, to the Purchaser to ensure timely delivery. All prices must be exclusive of VAT and other import duties, and expressed in US Dollars.

The Supplier will be responsible for all demurrage fees at Customs warehouse.

6. Payment

Payment will be made by cheque representing the full amount of the contract value within 1 week after the goods have been received and delivered in good condition to the National Centre for HIV/AIDS, Dermatology and STD/NIPH, Ministry of Health, after receipt by the Purchaser of the original supplier's invoice showing goods description, quantity, unit price and total amount, and after the issuance of the purchase receipt by the NCHADS. In your quotation, you should state the name of your representative authorized to collect payment.

7. Evaluation of quotations

The NCHADS will determine which quotations respond to the specifications of the goods and, accordingly, are acceptable from a technical point of view. The quotations which are not responsive will be rejected and will be eliminated from further consideration.

The NCHADS reserves the right to accept or reject any quotation and annul this process of inviting quotations at any time prior to award of the contract, without thereby incurring any liability to the affected supplier or suppliers or any obligation to inform the affected Suppliers or Suppliers of the grounds for the NCHADS's action.

The NCHADS further reserves the right to extend the deadline for submission of quotations.

If there is a discrepancy in the total price stated in the quotation and that obtained by multiplying the unit price and quantity, the latter shall prevail, and the total price shall be corrected. If there is a discrepancy between words and figures, the amount in words will prevail.

We look forward to receiving your quotation before the time limit stipulated above. Quotations received after this date will not be considered.

Yours Sincerely,

Dr. Mean Chhi Vun
Director
National Centre for HIV/AIDS
Dermatology and STD

Appendix A

Attachment A3: Contract

MINISTRY OF HEALTH
National Centre for HIV/AIDS,
Dermatology and STD
CDC CoA. #1U2GPS001092
Contract No.....
CONTRACT

This agreement is made on in Phnom Penh, Cambodia, between the National Centre for HIV/AIDS, Dermatology and STD (hereinafter called the "Purchaser") of the one part and (hereinafter called the "Supplier") of the other part.

Whereas the purchaser wishes to buy hereinafter referred to as "the goods" in accordance with technical specifications and price schedule attached to this contract and has accepted an offer by the supplier dated (see Quotation) for the supply and delivery of the said items against payment in the amount of US\$ (.....);

NOW THIS AGREEMENT WITNESS AS FOLLOWS:

1. The offer by the supplier and its acceptance by the purchaser constitute the contract. The parties to the contract further agree:

2. Specifications

The goods supplied shall conform to the quality and technical standards mentioned in the technical specifications and price schedule, and in the quantities stated in the supplier's offer (see Quotation) and in accordance with good commercial standards and practice.

3. Delivery

The delivery of the goods shall be made at the National Centre for HIV/AIDS, Dermatology and STD at, Phnom Penh within days after signing the contract.

4. Penalty for late delivery

In the event of a delay by the supplier in the performance of its delivery obligations, a penalty of half percent(0.5%) per week of the contract value of the undelivered goods will be imposed by the purchaser, subject to the maximum penalty of ten percent(10%).

Appendix B

Attachment B1: Agreement to Perform Work (APW)

MINISTRY OF HEALTH
National Centre for HIV/AIDS,
Dermatology and STD
CDC CoA. #1U2GPS001092

AGREEMENT TO PERFORM WORK (APW)

BETWEEN

National Centre for HIV/AIDS Dermatology and STDs

AND

.....(name)
.....(address)

The National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) wishes to engage the services of (name) for(title of work).

Description of Services
Background:

Activities:
-

Cost: US\$.....

Payment: The payment for the will be paid when the work is completed to the satisfaction of the NCHADS, upon submission of an invoice.

Thus agreed, drawn in duplicate and signed, in Phnom Penh, on(date)

Signed:
(.....)

Signed:
(For the National Centre for HIV/AIDS,
Dermatology and STDs)

Appendix B

Attachment B2: Personal Contract Format

MINISTRY OF HEALTH
National Centre for HIV/AIDS,
Dermatology and STD
CDC CoA. #1U2GPS001092

CONTRACT

To:

Dear

We are pleased to offer you a contract of domestic consultant appointment as to the National Center for HIV/AIDS, Dermatology and STD, Ministry of Health (MOH). This position is funded by the CDC CoA.# 1U2GPS001092 Attached, please find your Terms of Reference.

The duty station will be Phnom Penh, Cambodia. You will report to the and the Director of the National Center for HIV/AIDS, Dermatology and STD.

The starting date of this contract is This contract and terms contained therein refer to an appointment ofmonths starting from until, [renewable annually subject to written agreement between you and the NCAHDS/Ministry of Health]. During the period of this contract, the Ministry of Health may terminate the engagement at any time upon giving you the reasonable advance notice in writing.

You will be remunerated in the amount of US\$per month, inclusive of all allowances. Your salary will be paid on the monthly basis, in US Dollars.

Leave

You will be entitled to annual/vacation leave at the rate of five (5) working days for every three (3) months during which services are performed. Such leave must be taken during the period of engagement with the prior knowledge and approval of the Ministry of Health.

You will be entitled to sick leave at the rate of four (2) working days for every three (3) months during which services are performed. Entitlement sick leave is conditional upon your inability to perform the services and you shall provide to the Ministry of Health any such medical and other evidences certifying the inability to work that the Ministry of Health may reasonably requires.

Hours of Work

Normal workweek is from 07:30 hours to 12:00 hours and from 14:00 hours until 17:30 hours, Mondays through Fridays. Official Royal Cambodian Government holidays apply.

Overtime

No additional payment for overtime work.

Travel and transportation

Duty travel within Cambodia will be done with NCHADS/MOH vehicle(s).

A daily travel allowance of USD 20.00 will be paid in accordance with NCAHDS/MOH policy for service outside Phnom Penh that requires the spending of night(s) away from Phnom Penh; and USD 5 travel allowance will be paid for duty travel which does not involve spending the following night away from home.

By accepting this appointment, you agree not to seek or accept work connected with projects or operations that were your direct concern, nor make use of material acquired during this assignment for a period of one year after termination of your employment, unless prior written consent of the NCHADS/Ministry of Health has been obtained.

Your also agree that all knowledge and information not within the public domain which you may acquire from the project shall for all time and for all purposes be regarded by you as strictly confidential and held by you in confidence, and shall not be directly or indirectly disclosed by you to any person whatsoever except with the NCHADS/Ministry of Health's written permission. Please indicate your agreement with the foregoing by signing and returning the enclosed copy of this letter to Dr. Mean Chhi Vun, at the NCAHDS/Ministry of Health.

We hope that you will enjoy working with us.

Yours sincerely,

Name (print) & stamp

By the Consultant

I hereby accept my appointment to the NCHADS/Ministry of Health, Kingdom of Cambodia as, under the terms and conditions of employment set forth in my letter of appointment and the policies and procedures of NCHADS/MOH presently in effect and as they may be amended from time to time.

Signature:

Name (print)

Date:

cc:

Encl: Terms of Reference

Appendix C

Attachment C1: Request for Quotation

MINISTRY OF HEALTH
National Centre for HIV/AIDS,
Dermatology and STD
CDC CoA. #1U2GPS001092
Phnom Penh, Dated (D/M/Y)

To: (Full name and address of contractor)..... ,

Subject: Request for quotation for the renovation of an under
the CDC CoA.# 1U2GPS001092

You are kindly invited to provide us with your quotation for the renovation of an as described in the attached “ Plan (Annex I) and Bill of quantities” (See Annex II) . A sample form of Contract is also provided (Annex III). In preparing your quotation, you are requested to observe the following:

1. Your quotation will be addressed to:

National Centre of HIV/AIDS Dermatology and STD (NCHADS)
#....., StreetPhnom Penh Thmey, Khan Russey Keo.
Fax/Phone (855-23)

Attn: Dr Mean Chhi Vun
NCHADS Director

2. Your quotation will be delivered to the above address before or by On the outer envelope shall be stated: Do not open before

3. The source of funds is

4. Delivery of Services.

The Contractor shall perform the work according to attached plan and bill quantities.

5. Taxes, Duties, License Fees.

The Contractor shall be entirely responsible for all taxes, duties, license fees, etc., incurred until completion of work

6. Payment

Payment will be made by check according to the following schedule:

* Advance payment of 20% of contract price for mobilization will be made up on signing of the contract.

* Payment of 70% of the contract price will be made after completion of the whole work and upon submission by the Contractor, of an invoice certified by the Provincial Health Department and NCHADS.

* 10% of the contract price will be kept as retention money (6 to 12 months) and will be paid to the Contractor when the work is satisfied by NCHADS.

In your quotation, you should state the name of your representative authorized to collect payment.

7. Evaluation of quotation

NCHADS will determine which quotations are acceptable from a technical point of view. Quotations, which are not responsive will be rejected and will be eliminated from further consideration.

NCHADS reserves the right to accept or reject any quotation and annul this process of inviting quotations and reject at any time prior to Award of the Contract, without thereby incurring any liability to the affected Employer or Employers of the grounds for the Employer's action.

NCHADS further reserves the right to extend the deadline for submission of quotations.

If there is a discrepancy in the total price stated in the quotation and that obtained by multiplying the unit price and quantity, the latter shall prevail, and the total price shall be corrected. If there is a discrepancy between words and figures, the amount in words will prevail.

We look forward to receiving your quotation before the time limit stipulated above. Quotations received after this date will not be considered.

Yours Sincerely,

Dr. Mean Chhi Vun
Director
National Centre for HIV/AIDS
Dermatology and STD

Appendix C

Attachment C2: Contract format

MINISTRY OF HEALTH
National Centre for HIV/AIDS,
Dermatology and STD
CDC CoA. #1U2GPS001092

CONTRACT

This agreement is made on in Phnom Penh, Cambodia, between the National Centre for HIV/AIDS, Dermatology and STD (herein referred to as "the Employer") of the one part and(herein referred to as "the Contractor") on the other part.

Whereas the Employer is desirous that the renovation of the in ...(Location)..... (herein referred to as "Works") should be executed by the Contractor viz. and has accepted the offer for by the Contractor dated for the execution and completion of such Works and the remedying of any defects therein;

NOW THIS AGREEMENT WITNESS AS FOLLOWS:

1. The offer by the contractor and its acceptance by the employer constitute the contract. The two parties further agree:

Performance of the Works

2. The contractor shall perform the renovation of the (herein referred to as "the Works") as specified in the "bill of quantities and plan" attached to this contract, and which is made an integral part of this contract.

3. The contractor shall perform the services during the period commencing to or any other period as may be subsequently agreed by the two parties.

4. The employer, through its provincial network, will monitor work progress, check the contractor's work, and notify the contractor of any defects, which are found. The contractor shall correct the notified defect at no cost to the employer within a period agreed between both parties.

5. A certificate of completion will be issued by the employer to the contractor when he decides that the works are completed and all defects satisfactorily corrected.

6. Payment

6.1. The contractor will be paid a lump sum amount of US\$ (.....) for the execution and completion of the aforementioned performance of works.

Appendix D: Work Plan

National Center for HIV/AIDS, Dermatology and STD
 US CDC Coop. Agreement No.:
 Sub Component

Annual/Quarterly work plan for year 5 activities

Object Class	Acct. Code	Descriptions	Annual Budget	Time frame				Expected output
				Q1	Q2	Q3	Q4	
PERSONNEL			\$ 0.00					
TRAVEL			0.00					
		Domestic	0.00					
		International	0.00					
EQUIPMENT			0.00					
SUPPLIES			0.00					
CONTRACTUAL			0.00					
OTHER			0.00					
TOTAL			0.00					

Appendix E: Procurement Plan

National Center for HIV/AIDS, Dermatology and STD
 US CDC Coop. Agreement No.:
 Sub Component

PROCUREMENT PLAN FOR YEAR 5

No	ITEMS TO BE PROCURED (Detail Technical Specification)	NEED												Budget Code	Budget Approved	Remarks	
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul				
GOODS																	
	Sub total																\$ -
SERVICES																	
	Sub total																\$ -
CIVIL WORKS																	
	Sub total																\$ -
Total Procurement for year 5															\$ -		

Appendix F: Replenishment

Ministry of Health
NCHADS - US CDC/GAP
Cooperative Agreement No.:
Sub-Component:

Documents for Monthly Liquidation/Replenishment For.....

1. Withdrawal Application
2. Statement of Expenditure Sheet(s) (SOE)
3. Advance Account Reconciliation Statement
4. Withdrawal Application Register (Copy)

Attachment F1: Withdrawal Application

MINISTRY OF HEALTH
National Centre for HIV/AIDS,
Dermatology and STD
CDC CoA. #1U2GPS001092
WITHDRAWAL APPLICATION

Date: (D/M/Y)
Application No. 0001

To: National Center for HIV/AIDS,
Dermatology and STD (NCHADS)
Phnom Penh

Type of Disbursement

Initial Advance

Replenishment

Liquidation

Attn: Dr. Mean Chhi Vun,
Director of NCHADS

In the connection to the agreement between the US CDC/GAP and MOH/NCHADS for implementation of Expansion of HIV/AIDS/STD Prevention in Cambodia, and the Procedures for Implementing Program Activities of US CDC/GAP, please pay from the Cooperative Agreement funds at NCHADS account for the purpose of replenishing/liquidation the project account USD (in word).

The above mentioned amount is required for payment of eligible expenditures as describes in the attached Statement of Expenditures Sheet(s) (SOE) for the period ofD/M/Y to ...D/M/Y..... to our bank as following:

Bank Name:

Bank Address:

Payee's Account Number:

Payee's Account Name:

Payee's name:

This application consist of page (s) including 1 page of Statement of Expenditures Sheets (SOE) and 1 page of Amount Advanced for operation reconciliation.

Name, title and stamp

Appendix F

Attachment F2: Statement of Expenditure Sheet (SOE)

National Center for HIV/AIDS, Dermatology and STD
 US CDC Coop. Agreement No.:
 Sub Component

STATEMENT OF EXPENDITURES (SOE) For the period of (D/M/Y) to (D/M/Y)

Withdrawal Application No.000 (3 Digits)
 Summary Sheet No. 1 of ...
 Replenishment

Item No. (1)	Date (2)	Voucher No. (3)	Description of project Expenditures (4)	Expenditure Code (5)	Amount Requested CDC Financing (6)	Amount Requested Gov. Financing (7)	Total (US\$) (8)
<i>Object Class 1</i>	-						\$ -
1							\$
<i>Object Class 2</i>	-						\$
1							\$
<i>Object Class 3</i>	-						\$
1							\$
				Total			

Approved by:

Checked by:

Prepared by

Appendix F

Attachment F3: Advance Account Reconciliation Statement

MOH, NCHADS / US CDC

ADVANCE ACCOUNT RECONCILIATION STATEMENT

For

Application No.0 0XX

PRESENT OUTSTANDING AMOUNT ADVANCED NOT YET RECOVERED \$ 5,000

- 1. Amount in 2nd.Generation Account as of ... Per Bank Statement, copy attached
2. Deduct: Outstanding Check: Check no... written to ... on ... , not yet clear the bank as at ...
3. Add: Petty Cash Balance as at .../.../.... \$ 5,000
4. Add: Amount of eligible expenditure documented / claimed in attached application number .../.../.... 0.00
5. Add: Amount claimed in previous application not yet credit at date of bank statement xxxx
6. Add: Total expenditures not yet claim for replenishment xxxx

TOTAL ADVANCE ACCOUNTED FOR \$5,000

Date _____

Signature _____ Signature, Stamp of NCHADS Director

Appendix F

Attachment F4: Withdrawal Application Register

National Center for HIV/AIDS, Dermatology and STD
 US CDC Coop. Agreement No.:
 Sub Component

**KINGDOM OF CAMBODIA
 NATION-RELIGION-KING**

Withdrawal Application Register as of, 200..

W/Appln.		Description (Replenishment or Liquidation)	Amount Requested US\$	Received in to Project Account			Post in Ledger Y/N
Date	No.			Date	Ref. No.	Amount US\$	

Approved by:

Checked by:

Prepared by:

Appendix G: Monthly Financial Report

Ministry of Health

NCHADS- US CDC/GAP

Cooperative Agreement No.:

Sub-Component:

Documents for Monthly Reporting

For

1. Bank Reconciliation (Attached Bank Statement and Project Bank Book)
2. Petty Cash Book,
3. Bank Book
4. Cash Count Sheet
5. Expenditures by Program Component
6. Advance Account Reconciliation Statement
7. Advance Book

Appendix G

Attachment G1: Bank Reconciliation Statement

**Ministry of Health
NCHADS- US CDC/GAP**

Cooperative Agreement No.:

Sub-Component:

Bank Reconciliation Statement

Bank:, Account Name:, Account No.....

For the month of.....

<u>DATE</u>		<u>AMOUNT</u>	
(D/M/Y) Balance per Bank Statement			line 1
(D/M/Y) Balance per project record (Bank Book Balance)			Line2
Bank balance is higher or lower than project Record	\$0.00		line 1
minus line 2			

Explanation of Difference

Bank Balance \$0.00

_ Check number _____ written to _____

Adjusted Balance

Equal to balance of Project record

Approved by:

Date

Checked by:

Date

Prepared by:

Date

Appendix G

Attachment G2: Petty Cash Book

Ministry of Health

NCHADS- US CDC/GAP

Cooperative Agreement No.:

Sub-Component:

Petty Cash Book

Account code.....

Date	Voucher No	Descriptions	Object Class	Expenditures Code	Cash Debit	Cash Credit	Cash Balance
1	2	3	4	5	6	7	8
							\$ -
							\$ -
							\$ -
							\$ -
		<i>Month End</i>					
		Total Current Month			\$ -	\$ -	\$ -
		Total as of Last Month			\$ -	\$ -	
		Total as of Current Month			\$ -	\$ -	\$ -

Approved by:

Checked by:

Prepared by:

Appendix G

Attachment G3: Bank Book

Ministry of Health

NCHADS- US CDC/GAP

Cooperative Agreement No.:

Sub-Component:

Bank Book (Second Generation Account)

Bank's Name:, Account Number.....

Account (Code):

Date	Voucher No.	Descriptions	Object Class	Account Code	Debit	Credit	Balance
1	2	3		4	5	6	7
							\$ -
							\$ -
							\$ -
		<i>Month End</i>					
		Total Current Month			\$ -	\$ -	\$ -
		Total as of Last Month			\$ -	\$ -	\$ -
		Total as of Current month			\$ -	\$ -	\$ -

Approved by:

Checked by:

Prepared by:

Appendix G

Attachment G4: Cash Count Sheet

Ministry of Health

NCHADS- US CDC/GAP

Cooperative Agreement No.:

Sub-Component:

Cash Count Sheet

As at.....

Currency	Note	Quantity	Amount
<u>US Dollar (I)</u>			
	100		-
	50		-
	20		-
	10		-
	5		-
	2		-
	1		-
Sub total (I)			US\$ \$ -
<u>Khmer Riel (II)</u>			
	100,000		-
	50,000		-
	10,000		-
	5,000		-
	2,000		-
	1,000		-
	500		-
	200		-
	100		-
Sub total (II)			Riel -
Exchange rate 1 USD =			
Riels			
Sub total (II)			US\$

Approved by:

Checked by:

Cashier/accountant:

Appendix G

Attachment G4: Expenditures by Program Components

Ministry of Health
 NCHADS- US CDC/GAP
 Cooperative Agreement No.:
 Sub-Component:

Project Expenditures Report by Program Activities For Year:

Cat.	Expenditure code	Descriptions	Budget Plan	Accumulative Expend. as of last month	Expend. (US\$)	Expend. (US\$)	Expend. (US\$)	Expend. (US\$)	Balance of Budget plan (US\$)	Committed as of project period ended *	Plan for next Year (US\$) **
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
								\$ -	\$ -		
								\$ -	\$ -		
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
								\$ -	\$ -		
								\$ -	\$ -		
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
								\$ -	\$ -		
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
								\$ -	\$ -		
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
								\$ -	\$ -		
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Approved by:

Checked by:

Prepared by:

Appendix G
Attachment G6: Financial Report by Objects Class

Ministry of Health
 NCHADS- US CDC/GAP
 Cooperative Agreement No.:
 Sub-Component:

Financial Report by Object Class
 For Year:.....

Object Class	Acct. Code	Descriptions	Annual Budget	Accumulative expenditure as of last month	Expenditures				Budget Balance
PERSONNEL				0.00	\$ -	\$ -	\$ -	\$ -	
TRAVEL			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
		Domestic	0.00	0.00	0.00	0.00	0.00	0.00	\$ -
		International	0.00	0.00	0.00	0.00	0.00	0.00	\$ -
EQUIPMENT			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
								\$ -	\$ -
SUPPLIES			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
CONTRACTUAL			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
OTHER			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
TOTAL			\$ 0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00

Approved by:

Checked by:

Prepared by:

Appendix G

Attachment G7: Advance Account Reconciliation Statement

NCHADS- US CDC/GAP

PPU ADVANCE ACCOUNT RECONCILIATION STATEMENT

For.....

Application No.0 0XX

**PRESENT OUTSTANDING AMOUNT ADVANCED
NOT YET RECOVERED** **\$ 5,000**

- | | | |
|----|---|------------------------|
| 1. | Amount in 2nd.Generation Account as of
Per Bank Statement, copy attached | <u>XXXXXX</u> |
| 2. | Deduct: Outstanding Check:
Check no..... written to on , not yet
clear the bank as at | |
| 3. | Add: Petty Cash Balance as at .../.../..... | <u>\$ 5,000</u> |
| 4. | Add: Amount of eligible expenditure documented / claimed in
attached application number .../.../..... | 0.00 |
| 5. | Add: Amount claimed in previous application not yet credit at
date of bank statement | xxxx |
| 6. | Add: Total expenditures not yet claim for replenishment | xxxx |

TOTAL ADVANCE ACCOUNTED FOR **\$5,000**

Date _____

Signature _____
Signature, Stamp of NCHADS Director

**Appendix G
Attachment G8: Advance Book**

Ministry of Health
NCHADS/US CDC
Grant No.:

KINGDOM OF CAMBODIA
NATION-RELIGION-KING

ADVANCE BOOK

For Year

Date	Voucher No	Descriptions	Category	Component / Expenditure Code	Cash		
					Debit	Credit	Balance
Beginning forward from September 2007							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL					\$ -	\$ -	\$ -

Approved by:

Checked by:

Prepared by:

Appendix H : Financial Status Report

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number 1900216742-A1	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Recipient share of outlays			0.00
c. Federal share of outlays			0.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share(Sum of lines c and f)			0.00
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds(Line h minus line g)			0.00
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed		
	b. Rate	c. Base	d. Total Amount
e. Federal Share			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.			
Typed or Printed Name and Title		Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official		Date Report Submitted	

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

Appendix I

Annually and Quarterly Progress Report Format



NCHADS – US CDC/GAP Cooperative Agreement Year 6



Reporting Agency:

(Click to check the appropriate box)

NCHADS

NMCHC

Banteay Meanchey PHD

Battambang PHD

Pursat PHD

Pailin MHD

Reporting Period:

(Click to check the appropriate box)

01 January – 31 March 2008

01 April – 30 June 2008

01 July – 30 September 2008

01 October – 31 December 2008

Annual Report 2008

Executive Summary

Provide a **one-page summary** of achievements and constraints encountered implementing activities supported by CDC/GAP during the reporting period and plans for the next reporting period.

For each of the program areas listed below, please describe Accomplishments, Constraints and Plans for the next reporting period. See attachment for activity examples supported by CDC under each program area.

- 1. Accomplishments** - Describe significant accomplishments and impact of activities conducted with CDC/GAP support, as applicable. Relevant activities include:
 - a. Policies, standards, guidelines and materials development
 - b. Meetings, reviews, workshops
 - c. Training programs (details must be reported in the annex)
 - d. Monitoring, supervision and field visits relevant to the program area
 - e. Activities supported and services provided (details on selected services must be provided in the annex)
- 2. Constraints** - Describe limitations and problems encountered in implementing program activities supported by CDC. Include solutions identified or plans for resolving the identified constraints.
- 3. Plans for the next reporting period** - Describe all activities planned for the next CDC Cooperative Agreement reporting period.

1. Quality improvement program

This includes activities to develop and implement a national quality improvement program, in particular in the CDC supported provinces. It includes other activities that support quality improvement for HIV services.

Accomplishments

Constraints

Plans for next reporting period

2. PMTCT program

This includes support for a pilot of improved PMTCT practices in Battambang province, as well as activities to improve PMTCT in other supported provinces, and at the national level with NMCHC.

Accomplishments

Constraints

Plans for next reporting period

3. HIV surveillance

This includes work with NCHADS, WHO and other partners to design items for STI surveillance, HIV sentinel surveillance and at-risk population size estimations, as well as other activities in support of HIV surveillance.

Accomplishments

Constraints

Plans for next reporting period

4. TB-HIV

Includes activities to ensure proper diagnosis of persons co-infected with TB and HIV, including PITC, feedback to health centers, training for updates in patient management, introduction of decentralized screening and other activities.

Accomplishments

Constraints

Plans for next reporting period

5. Routine support for the Continuum of Care

Particularly in CDC supported provinces, these activities include support for attendance at clinical meetings.

Accomplishments

Constraints

Plans for next reporting period

6. Procurement

Describe equipment and supplies procured with CDC support and the benefit to the program

Accomplishments

Constraints

Plans for next reporting period

7. Financial Report

On the separate form provided, enter expenditures by category and submit with this report.

Annexes to submit with the progress report:

1. Training conducted and attended (Table one attached)
2. Routine Monitoring data (see tables below or attach your own form with at least the same information)

Table two: OI/ART clinic

Table three: PMTCT

Table four: TB-HIV

(Note – laboratory performance is reported through NIPH)

Appendix J

Assets Inventory Register

Ministry of Health
NCHADS/US CDC

KINGDOM OF CAMBODIA
NATION-RELIGION-KING

Grant No.:

For

Class of Assets	Asset Identity No.	Description/Specification (include serial/model no. & country of origin)	Purchase date DV reference (M/D/Y)	Quantity	Unit Price	Amount	Location	Condition
National Center for HIV/AIDS Dermatology and STD								
		Sub Total				\$ -		
National Merternity Child Health Center (MNCHC)								
		Sub Total				\$ -		
Bantey MeanChey Provincial Health Department (BMC)								
		Sub Total				\$ -		

Battambang Provincial Health Department (BTB)							
		Sub Total				\$ -	
Pursat Provincial Health Department (PST)							
		Sub Total				\$ -	
Pailin Municipality Health Department (PLN)							
		Sub Total				\$ -	
Grand total							

Approved by:

Checked by:

Prepared by:

