AN INTEGRATED COMMUNITY PLATFORM FOR MATERNAL & CHILD HEALTH, POLIO ERADICATION AND GLOBAL HEALTH SECURITY (GHS)

USD 1.1 MILLION FY26 U.S. GOVERNMENT INVESTMENT

FY26 U.S. Government-supported

PARTNERSHIP AT A GLANCE

The CORE Group Partners Project (CGPP) Cambodia brings maternal and child health (MCH), routine immunization and polio eradication, and Global Health Security (GHS) together through a single community-based delivery platform. CGPP is funded by the U.S. Department of State and implemented by World Vision International in Cambodia (WVI-C) in partnership with the Ministry of Health (MOH), health centers, and Village Health Support Groups (VHSGs), drawing on its established Area Program presence to reach vulnerable, mobile, underserved and border populations. The GHS and polio supplement leverages the community platform established under the MCH workplan, maximizing efficiency and community impact.

3 PROVINCES

8 DISTRICTS

463 VILLAGES*

545,831 PEOPLE*

Expanded GHS/Polio platform estimates for FY26 geographic reach. Includes approximately **49,125 children under 5 and **149,557 children** under 15.*

WHERE WE WORK (JUNE 2026 - MAY 2027)

Province	Integrated MCH + GHS + Polio	GHS + Polio Expansion
Preah Vihear Province	Chaom Ksant	Kulen; Chheb
Banteay Meanchey Province	Thmar Pouk; Svay Chek	Phnom Srok; Preah Netr Preah
Battambang Province	Phnom Preuk	

ONE PLATFORM, THREE REINFORCING OUTCOMES

HEALTHIER MOTHERS & CHILDREN - Strengthens antenatal care (ANC), delivery, postnatal care (PNC), child growth monitoring, nutrition, routine immunization, community outreach, referrals and continuity of care, with particular attention to migrants, mobile populations and other vulnerable groups.

FROM ZERO-DOSE TO FULLY IMMUNIZED - Identifies and links zero-dose and under-immunized children to vaccination, strengthens outreach and demand generation, and reinforces acute flaccid paralysis (AFP)/polio surveillance. FY26 targets include at least 90 percent oral polio vaccine third dose (OPV3) coverage among children under one and at least 90% full vaccination among children aged 12-23 months in target areas.

EARLIER DETECTION, FASTER RESPONSE - Trains VHSGs and frontline actors to detect and report AFP, vaccine-preventable diseases, priority zoonotic diseases and unusual health events, linking community signals to health centers, Operational Districts (ODs), Provincial Health Departments (PHDs) and MOH/Communicable Disease Control Department (CDC) systems including CamEWARN and Hotline-115.

WHAT U.S. INVESTMENT DELIVERS

Last-mile access
World Vision uses established Area Program presence and VHSG networks to connect remote, border, migrant and underserved communities with Cambodia's health system.

Community-to-system surveillance
A closed-loop pathway links community detection to health-center verification, OD validation, PHD investigation and MOH/CDC response, with feedback returned to communities.

Preparedness under 7-1-7
Detection/reporting within seven days; notification within one day; and initiation of an effective response within seven days.

Complementarity, not duplication
CGPP focuses on the community-facing layer - signal generation, VHSG detection and reporting, referral, rumor tracking and community engagement - feeding into national systems and complementing other U.S.-supported GHS investments.

STRATEGIC VALUE
CGPP extends early-warning and immunization capacity into mobile, remote and border communities, helping reduce the risk of late or missed detection of cross-border health threats while strengthening existing government systems, local capacity and Cambodia's health-system resilience.

WORLD VISION'S COMPARATIVE ADVANTAGE

- Established field presence and community networks in hard-to-reach and border areas, enabling access to populations often missed by routine systems.
- Implementation through existing Cambodian structures - PHDs, ODs, health centers and VHSGs - rather than parallel delivery systems.
- Integrated programming: the same community platforms, supervision systems and outreach structures support MCH, immunization/polio and GHS, creating efficiency and stronger continuity of care.
- Ability to translate national health priorities into practical community action while feeding local signals and learning back into formal health systems.

FY26 IMPLEMENTATION OVERVIEW

- FY26 MCH implementation covers four districts in three provinces; GHS and polio extend the integrated platform to eight districts.
- FY26 GHS and polio implementation expands the geographic reach while leveraging the shared community delivery platform established through MCH
- The FY26 workplan establishes the community surveillance pathway, 7-1-7 architecture, monitoring framework and performance targets; these are implementation milestones, not outcome results to date.

SELECTED FY26 PERFORMANCE TARGETS

Target	What it means
463 villages	FY26 geographic reach across the expanded GHS/Polio platform.
≥80%	Designated Community-Based Surveillance (CBS) sentinels submitting weekly reports.
≥80%	Community alerts reported within the 7-day detection window.
≥90%	OPV3 coverage among children under one.
≥90%	Full vaccination among children aged 12-23 months in target areas.
≥2 per 100,000	Non-polio AFP surveillance rate among children under 15 in target districts.
≥90%	Pregnant women receiving at least four ANC visits.
20	Number of danger sign cases identified and referred by Village Health Support Groups (VHSGs) to health centers or referral hospitals.

A single community platform can save lives by ensuring mothers receive essential care, identifying zero-dose children, detecting potential outbreaks early, and rapidly connecting households to Cambodia's health system.