



Annual Progress Report 2007

Submitted by

The Government of

THE SOCIALIST REPUBLIC OF VIETNAM

Date of submission 15 May 2008

Deadline for submission 15 May 2008

(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, raj कुमार@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of Vietnam.....

Ministry of Health:

Ministry of Finance: *Phu*

Title: *Director, Department of Planning and Finance*
 Signature: *[Handwritten Signature]*
 Date: *06 May 2008*

Title: *Vice Director, External Finance Department*
 Signature: *[Handwritten Signature]*
 Date: *15 May 2008*

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. 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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. Jean-Marc Olivé, WHO Representative in Viet Nam	WHO	<i>[Handwritten Signature]</i>	<i>23/4/08</i>
Mr. Jesper Morch, UNICEF Representative in Viet Nam	UNICEF	<i>[Handwritten Signature]</i>	<i>25.04.08</i>
Mrs. Michelle Gardner, PATH Representative in Viet Nam	PATH	<i>[Handwritten Signature]</i>	<i>25.04.08</i>
Mr. Yosuke KOBAYASHI, Deputy Resident Representative, JICA Vietnam	JICA	<i>[Handwritten Signature]</i>	<i>25.04.08</i>

Signatures Page for HSS

For the Government of ... *Vietnam*

Ministry of Health:

Title: *Director, Department of Planning and Finance*

Signature: *[Signature]*

Date: *06 May 2008*

Ministry of Finance:

Title: *Vice Director, External Finance Department*

Signature: *[Signature]*

Date: *15 May 2008*

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme. 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 Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. Jean-Marc Olivé, WHO Representative in Viet Nam	WHO	<i>[Signature]</i>	23/4/08
Mr. Jesper Morch, UNICEF Representative in Viet Nam	UNICEF	<i>[Signature]</i>	25.04.08
Mrs. Michelle Gardner, PATH Representative in Viet Nam	PATH	<i>[Signature]</i>	25.04.08
Mr. Yosuke KOBAYASHI, Deputy Resident Representative, JICA Vietnam	JICA	<i>[Signature]</i>	25.04.08

Progress Report Form: Table of Contents

1. Report on progress made during 2007

- 1.1 Immunization Services Support (ISS)**
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
 - 1.1.4 ICC Meetings
- 1.2 GAVI Alliance New and Under-used Vaccines (NVS)**
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use of GAVI Alliance financial support (US\$100,000) for introduction of the new vaccine
 - 1.2.4 Evaluation of Vaccine Management System
- 1.3 Injection Safety (INS)**
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI Alliance injection safety support (if received in the form of a cash contribution)

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

3. Request for new and under-used vaccine for 2009

- 3.1 Up-dated immunization targets**
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year 2009 and projections for 2010 and 2011**
- 3.3 Confirmed/revised request for injection safety support for the year 2009 and 2010**

4. Health System Strengthening (HSS)

5. Checklist

6. Comments

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

The fund was transferred to the account of the Ministry of Health then it was transferred to the account of National Institute of Hygiene and Epidemiology (NIHE) in the part for EPI expenditures.

The Ministry of Finance acknowledged the fund as they involved in confirming the support plan and had signed in the application form.

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.

Base on the requirement and necessary of EPI situation the national EPI and ICC working group developed the plan of action for EPI. It will be approved the spending for each activity through ICC meetings.

The progress of activities implementation will be reported in EPI quarterly meeting between EPI staff at national, regional and ICC member or/and ICC meetings.

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007: US\$ 510,750

Remaining funds (carry over) from 2006: 0

Balance to be carried over to 2008: US\$ 510,750

Table 1: Use of funds during 2007* (this fund will be used from April 2008 instead, as the approval from Government was late in 2007).

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	8,000	4,000	4,000		
Maintenance and overheads	20,000	10,000	10,000		
Training	200,000		45,000	155,000	
IEC / social mobilization	50,000		15,000		35,000
Outreach					
Supervision	152,000	15,000	72,000	65,000	
Monitoring and evaluation	32,000	15,000	17,000		
Epidemiological surveillance	48,000	18,000	30,000		
Vehicles					
Cold chain equipment					
Other (specify)	750	750			
Total:	510,750	62,750	193,000	220,000	35,000
Remaining funds for next year:					

**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 and utilization of funds were discussed.

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

Strengthening Routine Immunization through conduct Micro-planning workshops, Supervisory follow-up in priority districts, Training on Immunization In Practice include Adverse event following immunization (AEFI) for communes health workers, Include AEFI national database for district monitoring. Some of these workshop and training courses will be conducted with the fund from ISS for Vietnam. It will be from April 2008 after approving from Government.

Advocacy and communications: Develop key message for strengthening routine immunization. 15,000 posters on EPI regulation for health workers and 15,000 posters for mother will be printing and distribution in the first quarter 2008 with the fund from ISS.

Programme management: Build financial planning and management capacity

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for 2008

**If no DQA has been passed, when will the DQA be conducted?*

**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

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

YES NO

If yes, please report on the degree of its implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **Please attach all minutes.**
Are any Civil Society Organizations members of the ICC and if yes, which ones?*

One ICC meeting was conducted in 2007. The 14th ICC in November 2007 (please see attach the minute of the meeting at the end of this report).

Up to now, ICC includes one member from Society Organizations (PATH).

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hep B	2 doses/vial	1,073,850	Jan. 2002	24 July 2007
		1,073,850		18 September 2007

Please report on any problems encountered.

a) Hepatitis B vaccine:

There was a problem for Hep.B vaccine single dose per vial for birth dose that the vaccine was manufactured by the Indian company which hasn't applied for the MoH's licensing for use in Vietnam so it could not be purchased and used in Vietnam according to MoH's licensing regulation. Therefore, Vietnam EPI requested UNICEF to buy Hep.B vaccine 2 doses/vial instead.

The total amount of 2,147,700 million doses of Hep.B vaccine (2 doses/vial) from Berna B Company were received in July and September 2007.

b) Measles 2nd dose:

The plan of introduction for measles 2nd dose was developed and submitted to the government. However, the procedures for vaccine tender approval in Vietnam was slow. Therefore, the fund from government for routine EPI has been temporarily mobilized for introducing the 2nd dose of measles vaccine for 17 provinces so far, for 233,114 target children.

Other provinces are introducing measles 2nd dose vaccination with GAVI fund and will complete by end of the 2nd quarter 2008.

The fund for measles 2nd dose vaccine for 2008 has not been received.

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 the year 2007, hepatitis B vaccine has been continuing to be used for children under 1 year old nation-wide. Nationally, 1,065,604 children under 1 year old (67%) were vaccinated with three doses of Hep B. Coverage with Hep B1 reached 63.6%, of which 26.9% was given during the first 24 hours of life.

The severe AEFI cases after birth dose Hep.B injection happened in 2007 has affected the

coverage of Hep. B vaccination. The situation will be improved in 2008 with involvement of MoH and WHO support for mass media and community's advocacy.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: 30 July, 2007

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

USD 100,000 USD will be used for training, workshops and IEC in 2008.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in 2005

Please summarize the major recommendations from the EVSM/VMA

Vietnam has implemented many of the indicators of effective cold store management with reasonable success. Recommendations were also listed in each of the sections, in order to improve further and expand this coverage to reach the minimum recommended score of 80% and to enhance it further. The key areas to focus as first priority may be summarized as follows.

1. Govt. needs to insist on local manufacturer equipping all vaccines with VVM, the incremental cost is by far justified as compared the assurance of vaccine quality. This is of immediate urgency for OPV.
2. Install continuous computerised temperature monitoring system and acoustic alarms on all freeze rooms and cold rooms.
3. Install shelves in cold rooms to optimise storage space utilisation
4. Regularly carry out physical stock verification, particularly for freeze dried vaccines / diluents and adjust stock records.
5. Introduce preventive maintenance procedures for building, equipment and vehicles
6. Implement systematic use of the new stock register.
7. Use freeze tags with every despatch of freeze sensitive vaccines.

Implement recording of status of all temperature indicators during despatch and arrival of vaccines.

Was an action plan prepared following the EVSM/VMA: Yes

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

Hep B vaccine local production will be attached with VVM from 2008.

With support from UNICEF, 30 temperature recorders were distributed. All freeze rooms and cold rooms at national and regional levels were installed in 2006.

With support from JICA, 9 cold rooms were set up in 2006. Up to now, all cold rooms and freeze rooms were set up shelves.

Physical stock verification for EPI vaccines were done every 6 months from 2006.

A new store house was built in 2006. Two more cold vehicles will be supported by JICA in 2007.

New stock register was printed and distributed to all levels of EPI system

With support from JICA, 25,000 freeze tags were distributed to all levels of EPI system in 2005.

The next EVSM/VMA* will be conducted in: 2010

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support: Not Applicable

Received in cash/kind

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

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

If support has ended, please report how injection safety supplies are funded.

Please report how sharps waste is being disposed of.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

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

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability: Not Applicable

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<i>Expenditures by Category</i>				
Vaccines				
Injection supplies				
Cold Chain equipment				
Operational costs				
Other (please specify)				
<i>Financing by Source</i>				
Government (incl. WB loans)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
Total Expenditure				
Total Financing				
Total Funding Gaps				

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

Table 2.2: Country Co-Financing (in US\$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

Table 2.3: Country Co-Financing (in US\$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF			
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule (month/year)	Date of Actual Payments Made in 2007 (day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	
National health sector plan	
National health budget	
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	
Annual immunization plan	
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
2.
3.
4.
5.

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

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. Targets for future years **MUST** be provided.

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 Joint Reporting Form in the space provided below.

National target for children to be immunized second dose of measles (6 years old)				
2007	2008	2009	2010	2011
1,512,578	1,535,266	1,558,295	1,581,670	1,689,889

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	1,597,085	1,623,078	1,645,357	1,670,037	1,695,093					
Infants' deaths	28,428	28,891	29,287	29,727	30,173					
Surviving infants	1,568,657	1,594,187	1,616,070	1,640,310	1,664,920					
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	1,467,801	1,468,539	1,551,427	1,574,698	1,598,323					
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	1,470,290	1,469,089	1,535,266	1,558,295	1,581,674					
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of HepB* (<i>new vaccine</i>)	1,483,323	1,013,725	1,535,266	1,574,698	1,598,323					
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of HepB..... (<i>new vaccine</i>)	1,401,360	1,065,604	1,454,463	1,558,295	1,581,674					
Wastage rate till 2007 and plan for 2008 beyond*** HepB..... (<i>new vaccine</i>)	18%	18%	15%	15%	15%					
Infants vaccinated / to be vaccinated with Measles (2 nd dose)		275,343*****	1,535,266	1,558,295	1,581,670					
INJECTION SAFETY****										

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

***** data from 17 provinces only. Other provinces will complete by end of the 2nd quarter 2008.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

Support should be in cash - same as in 2007 for purchasing vaccine in Vietnam.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
<ul style="list-style-type: none"> ▪ Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ Wastage of vaccines: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes, to cater for areas where one box will be used for less than 100 syringes

Table 7: 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

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years ... (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
A	Target if children for Vaccination (for TT: target of pregnant women) (1)	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number ofdoses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock (2)	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		
1	Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)			
2	The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.			
3	Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF			

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: 14 September 2007

Current Health Systems Support will end in: December 2010

Funds received in 2007:	Yes
	Date received: 08/08/2007
	Total amount: US\$ 3,648,000.00
Funds disbursed to the end of 2007:	US\$ 55,501.97
Balance of installment left:	US\$ 3,592,498.03
Requested amount to be disbursed for 2009	US\$ 5,832,475.00

Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not? How will it be ensured that funds will be on-budget? Please provide details.

The funds was transferred to the account of the Ministry of Health

The Ministry of Finance acknowledged the funds as they involved in confirming the support plan and had signed in the application form.

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

In order to implement the HSS program, the cost norm must be approved first by the GAVI and then by the Minister of Health. The MOH drafted the cost norm in consultation with the Ministry of Finance and submitted to GAVI on 10 October 2007 for endorsement. On 13 December 2007, the MOH received GAVI's no objection letter on the cost norm.

As soon as the HSS program was approved, MOH have cooperated with related stakeholders and provinces to carry out the following activities in 2007:

1. Organization and management :
 - Project Management Unit (PMU) established in the MOH (office space, equipment and furniture; recruitment of staff and officers);
 - Provincial staff being responsible for implementation of project activities at provinces identified (including a leader of provincial health bureau, an planning-coordinating officer and an accountant);
 - A separate bank account for the project opened in the Maritime Bank and a stamp registered;
 - The list of office equipment and furniture completed for procurement
2. Developing official documents to support the project implementation
 - Regulations on project management drafted
 - The cost norm developed and get the approval from GAVI

- Regulations on financial management drafted
 - The memorandum of understanding between the MOH and Provincial People's committee of 10 project provinces on project arrangements signed.
3. Technical Activities:
- A kick-off workshop with project provinces, some related government agencies such as MOF, MPI and relevant stakeholders organized in Lam Dong province in October 2007;
 - Training curricula for commune and village health workers collected from project provinces and some other projects.
 - Proposal for baseline survey drafted
 - One car for the purpose of project monitoring and supervision by the PMU procured through UNOPS (formerly named IAPSO), expected to deliver in July 2008.

Some main activities accomplished up to April 2008 are as follows:

- Regulations on financial management (including the cost norm) approved by the Minister of Health
- Overall Plan of Action of HSS program in 2008 approved by the Minister of Health
- A dissemination workshop on Plan of Action as well as Regulations on financial management organized in Hanoi with the participation of PMU, 10 project provinces, representatives from MOH, MOF and other relevant stakeholders.
- The kick-off workshops organized in 10 project provinces with the participation of Provincial People's Committee, Provincial Health Bureau, District Health Centers, Commune Health Stations, hospitals and other relevant stakeholders
- Plan of Action of 10 project provinces developed and approved by the Chairman of Provincial People's Committee.
- Plan of Procurement and Recruitment of local consultants in 2008 developed and submitted to the MOH for approval
- Training curricula for commune and village health workers in the process of updating and revising.
- Nine-month training courses organized in 10 project provinces
- List of basic equipments in VHW kit drafted
- Additional monthly allowance for the first quarter of 2008 provided to all VHWs
- Plan of monitoring and supervision visits developed by 10 project provinces
- Monthly support for recurrent costs for the first quarter of 2008 provided to all CHCs

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

In the implementation of the HSS program, the involvement of civil society organizations are highly welcomed. The innovation fund under the objective 4- to develop and introduce new policies and innovative solutions to strengthen the basic health care system- open a window for the involvement of different stakeholders in the health sector on 10 project provinces. The fund could be used to study the potential of social organizations (youth union, women union, etc.) including NGOs to participate in project's activities in particular as well as health activities in general. It also could be used to study the effect of different communication strategies with the results to be fed back to the project and used to improve its performance.

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Because of the long approval process by the Government on HSS program and the GAVI on the cost norm, the HSS project could not implement some activities as scheduled. Therefore, these activities have to be shifted to 2008, such as long-term training courses for VHW and CHW, monthly allowance for VHWs, recurrent costs for CHCs, recruitment of international consultants, etc.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (In case there is a change in the 2009 request, please justify in the narrative above)

	Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
	Activity costs			
	Objective. 1. Village Health Workers	0		3,539,503
1.1	Training curriculum and materials update			
1.2	Training materials printings			50,000
1.3	Long-term training courses for VHWs			2,330,895
1.4	Basic equipment kits for VHWs			
1.5	Monthly allowance for VHWs			688,608
1.6	Supervisory visits for VHWs			
1.6.1	Monitoring manual/guideline			
1.6.2	TOT courses for provincial trainers			24,000
1.6.3	Short courses for district officers			146,000
1.6.4	Support for monitoring and supervision			300,000
	Objective. 2. Commune Health Workers	34,336.40		1,090,220
2.1	Short courses for CHWs on MCH			390,000
2.2	Short courses for CHWs on EPI in practice			182,000
2.3	Monitoring and supervision for CHCs			
2.3.1	Monitoring manual/guideline for CHCs			
2.3.2	A car to support monitoring & supervision	34,336.40		
2.4	Recurrent costs for difficult CHCs			518,220
	Objective 3. Management Capacity	0		690,000
3.1	Health Planning and Magt Manuals			
3.2	Training for provincial and district officers			
3.2.1	TOT courses for prov trainers			
3.2.2	Courses for district officers			146,000
3.3	HMIS support			
3.3.1	Pilot and update HMIS software			8,000
3.3.2	TOT course on Software for district staff			20,000
3.3.3	Training courses for CHWs			120,000
3.3.4	Computers for prov, districts and pilot CHCs			396,000
	Objective 4. Policy development	14,684.23		247,500
4.1	Innovative fund			150,000
4.2	Workshops, seminars	14,684.23		67,500

4.3	To implement policy-oriented studies			30,000
	Project Management costs	6,481.34		214,002
	- Office equipment and furniture			
	- Allowances for PMU (Director, Vice-Director, Chief Accountant, Coordinator)	4,200.00		29,000
	- Contracted and admin staff	800.00		90,000
	- Running costs	1,481.34		86,002
	- Financial audit (two times)			9,000
	- Baseline and post-project surveys			
	Technical support	0		51,250
	- Local consultants (30 per-mths)			11,250
	- International consultants (6 per-mths)			40,000
	TOTAL	55,501.97	3,592,498.03	5,832,475

Table 10. HSS Activities in 2007	
Major Activities	2007
Objective 1:	Village Health Workers
Activity 1.5:	Monthly allowance for VHWs
Objective 2:	Commune Health Workers
Activity 2.3.2:	A car to support monitoring & supervision
Activity 2.4:	Recurrent costs for difficult CHCs
Objective 3:	Management Capacity
Objective 4:	Policy development
Activity 4.2:	Workshops, seminars
	Project Management costs
	Office equipment and furniture
	Allowances for PMU (Director, Vice-Director, Chief Accountant, Coordinator)
	Contracted and admin staff
	Running costs
	Baseline and post-project surveys
	Technical support
	- Local consultants

Table 11. Baseline indicators (Add other indicators according to the HSS proposal)						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline (Plan)	Target	Date for Target
Sexual and reproductive health						
Contraceptive prevalence rate:	Regular report on M&C care at CHCs			2-3 th 2008 Qtr	80% in all project provinces	2010
Births assisted by skilled Birth attendant:	Regular report on M&C Care at CHCs			2-3 th 2008 Qtr	85% of delivery	2010
TB						
Cases detection of AFB (+):	Regular report of TB program			2-3 th 2008 Qtr	75%	2010
DOTS cure rate:	Regular report of TB program			2-3 th 2008 Qtr	80% of detected cases	2010
Nutrition						
Malnutrition rate of children < 5 weight for age:	Regular report on malnutrition of provinces			2-3 th 2008 Qtr	reduced 4% in each project province	2010
Utilization of CHCs	Regular report by CHCs			2-3 th 2008 Qtr	Increased utilization of health services at CHCs	2010

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

Immunization						
Sustain high DTP3 coverage of at least 90% in each project provinces	Annual EPI report			2-3 th Qtr 2008	at least 90% in each project provinces	Annual
Routine 2 nd dose of measles vaccine coverage of at least 90% in each project provinces	Annual EPI report			2-3 th Qtr 2008	at least 90% in each project provinces	Annual

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

We plan to do the baseline survey in the 2-3th Quarter of 2008.

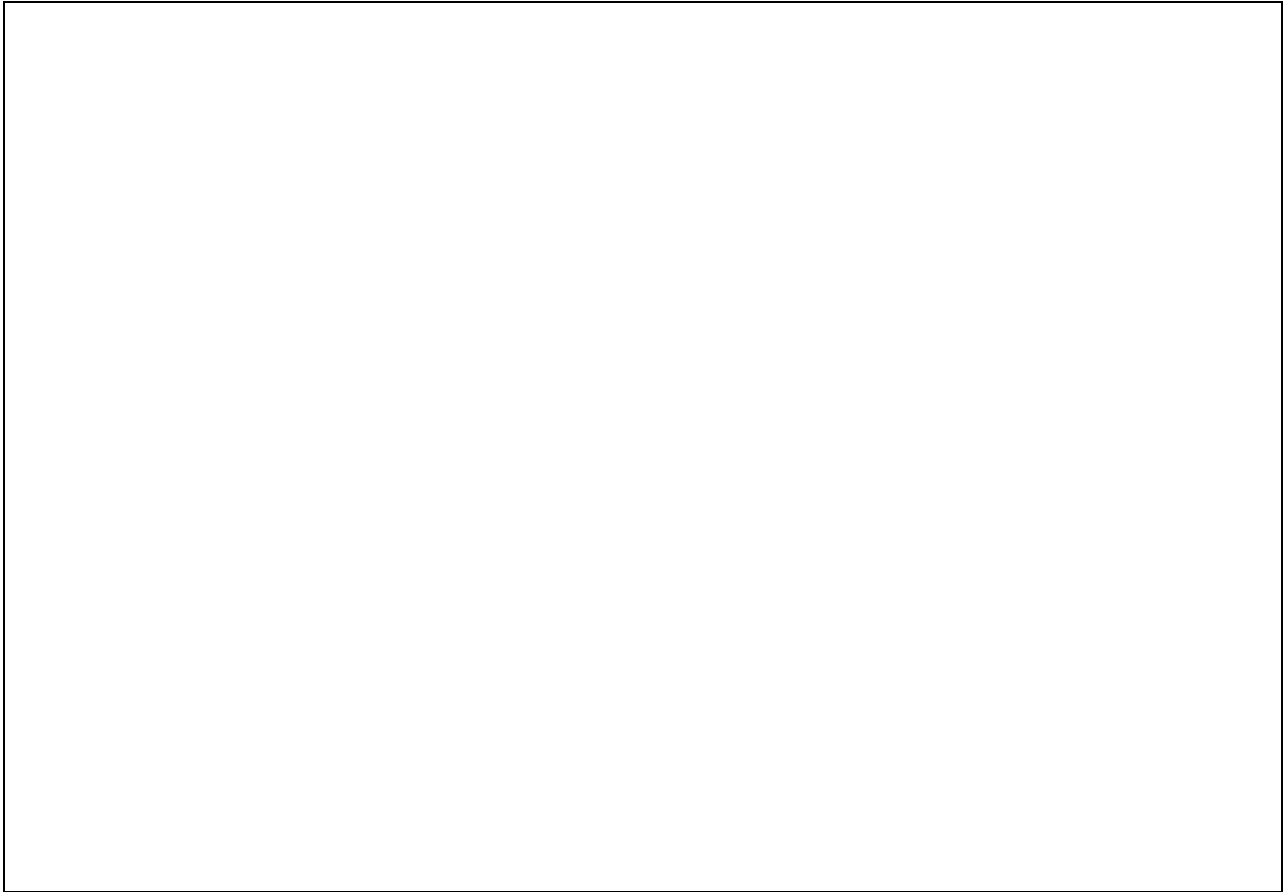
5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Government signatures	X	
ICC endorsed	X	
ISS reported on	X	
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached	x	For measles 2 nd dose only
Revised request for injection safety completed (where applicable)		
HSS reported on	X	
ICC minutes attached to the report	X	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:



~ End ~