GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Viet Nam

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **16/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSFP	Yes	Next tranch of HSFP Grant Yes	N/A
VIG	Yes	Not applicable	N/A
COS	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Viet Nam hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Viet Nam

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Nguyen Thanh Long, Vice Minister	**Name**	Tran Van Hieu, Vice Minister
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
Nguyen Van Cuong	Deputy NEPI Manager	+84 4 39725745 or +84 0915342223	cuongepi@yahoo.com
Nguyen Hoang Long	Director, Vietnam Administration of HIV/ADIS Control (Ministry of Health) Director, HSS Project	+84-903503255	longmoh@yahoo.com
Duong Duc Thien	Officer, Planning and Finance Dept. (Ministry of Health) Vice Director, HSS Project	+84-904393705	dducthien@yahoo.com

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

Craig Burgess, Chief, Child Survival and Development Section	UNICEF		
Toda Kohei, EPI Medical Officer	WHO		
Ramona Byrkit, PATH Country Representative	PATH		
Dorothy Leab, Country Director, Human Resourcer for Health Programme – Programme Leader	AMP		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), MoH (Leaders of MoH, Representatives from involved departments), NIHE, WB, WHO, UNICEF, UNFPA , 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.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Prof., Dr. Nguyen Thanh Long	Vice-Minister, Ministry of Health, Chair of HSSCC		
Assoc. Prof., Dr. Pham Le Tuan	Vice-Minister, Ministry of Health, Director - Planning and Finance Department, MOH		
Dr. Nguyen Hoang Long	Director, Vietnam Administration of HIV/AIDS Control, MoH		
Dr. Pham Van Tac	Director, Manpower and Organization Department, MOH		

Assoc.Prof., Dr. Luu Thi Hong	Director, Maternal and Child Health Department, MOH		
Dr. Tran Thi Mai Oanh	Director, Health Strategy and Policy Institute, MOH		
Prof., Dr. Nguyen Cong Khan	Director, Science, Technology and Training Administration, MOH		
Prof., Dr. Nguyen Tran Hien	Director, National Institute for Hygiene and Epidemiology		
Dr. Dao Lan Huong	Health System Specialist, World Bank (WB) in Viet Nam		
Dr. Takeshi Kasai	Representative, World Health Organization (WHO) in Viet Nam		
Dr. Nguyen Huy Du	Maternal and Neonatal Specialist , United Nations Children's Fund in Viet Nam (UNICEF)		
Dr. Duong Van Dat	Team Leader, Reproductive Health, United Nations Population Fund (UNFPA) in Viet Nam		

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Viet Nam is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

This APR reports on Viet Nam's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	1,696,510	1,782,720	1,716,869	1,716,869	1,737,471	1,737,471
Total infants' deaths	0	0	0	0	0	0
Total surviving infants	1696510	1,782,720	1,716,869	1,716,869	1,737,471	1,737,471
Total pregnant women	1,696,510	1,805,294	1,716,869	1,716,869	1,737,471	1,737,471
Number of infants vaccinated (to be vaccinated) with BCG	1,611,685	1,697,226	1,631,025	1,631,025	1,650,597	1,650,597
BCG coverage	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,628,650	1,650,678	1,648,194	1,648,194	1,667,972	1,667,972
OPV3 coverage	96 %	93 %	96 %	96 %	96 %	96 %
Number of infants vaccinated (to be vaccinated) with DTP1	16,116,850	1,476,296	16,310,260	16,310,260	16,505,970	16,505,970
Number of infants vaccinated (to be vaccinated) with DTP3	1,595,568	1,058,240	1,614,715	1,614,715	1,634,091	1,634,091
DTP3 coverage	94 %	59 %	94 %	94 %	94 %	94 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	0	5	0	0	0	0
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	1,611,685	1,476,296	1,631,026	1,631,026	1,650,597	1,650,597
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	1,611,685	1,058,240	1,631,026	1,631,026	1,634,091	1,634,091
DTP-HepB-Hib coverage	95 %	59 %	95 %	95 %	94 %	94 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,628,650	1,742,371	1,648,194	1,648,194	1,667,972	1,667,972
Measles coverage	96 %	98 %	96 %	96 %	96 %	96 %
Pregnant women vaccinated with TT+	1,526,859	1,638,861	1,545,182	1,545,182	1,563,729	1,563,729

TT+ coverage	90 %	91 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	1,116,521	0	1,116,521	0	1,116,521	0
Vit A supplement to infants after 6 months	4,843,830	5,732,232	4,843,830	4,843,830	4,843,830	4,843,830
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	90 %	28 %	90 %	90 %	90 %	90 %

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  The number of surviving infants reported in 2013 (1,782,720) in JRF are slightly higher than 2012 (1,775,657). It is note that number of surviving infants reported in 2013 from 63 Preventive Medicine Centres of 63 provinces in Viet Nam.
- Justification for any changes in **surviving infants**

  No change.
- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  No change intargets by vaccine.
- Justification for any changes in **wastage by vaccine**

  No change.

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

High coverage was maintained for all antigens: FIC for child under one: 91.4%; However, number of children vaccinated with DPT3 were 1,058,240 (59.36%). It is note that FIC is the child under one year were received BCG, OPV3, DPT-HepB-Hib3, HepB3 and measles (not include Hep B birth dose) in the year. The reason for the rate of DPT3 very lower in 2013 (59.36) was stoped to use DPT-HepB-Hib for 5 monhts (from May to September 2013). It may be efectived for the rate of FIC in 2014.

TT2+ for PW: 90.78 % and Protection at birth (PAB) again neonatal tetanus: 90.54%

Hepatitis B birth dose within 24 hours in 2013 is 59.16% (in 2012 was 75.6%).

MNTE status still maintain in Vietnam. 46 neonatal tetanus cases from 40 districts were reported in 2013. No district with more than 1 NNT case/1000 live birth was reported

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

The reason for the rate of DPT3 very lower in 2013 (59.36) was stop to use DPT-HepB-Hib for 5 monhts (from May to September 2013).

It is note that in July 2013, there are 3 AEFI cases with Hepatitis B vaccine birth dose in one district were efectived for this.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
EPI Rewiew in Viet Nam 2009	April 2009	99%	98%

5.3.2. How have any discrepancies in reaching boys versus girls been addressed

programmatically?

In Viet Nam, both boys and girls have equal rights for health care, education and other basic rights. Findings from many EPI programme review evaluation show that nosignificant difference for boys and girls for their access to vaccination.Results from 2009 EPI review indicated that gender is not a significant factor affecting immunization service utilization, i.e 1% is the difference in DPT3 and FIC coverage between boys and girls (99% for boys and 98% for girls and 96%for boys and 95% for girls respectively)

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

Immunization coverage for children was high in EPI (FIC: more than 90%). There was nosignificant difference in coverage level between boys and girls as mention above. However, DPT3 in remote districts is very low (<50%). With support from UNICEF and WHO and activities in HSS project for EPI activities in this area we hope it will be changed in future.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

1,800 copies Handbook on guidelines forcollection, calculation and use of EPI data were printed and distribution forEPI staff. Training courses for EPI staff to use this document are conducted during 2012.

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

63/63 provincial PMCs were used the software forEPI data management in 2013.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 20713	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	PATH	AMP	0
Traditional Vaccines*	3,785,000	3,785,000	0	0	0	0	0	0
New and underused Vaccines**	12,479,830	3,340,000	9,139,830	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	2,095,900	1,800,000	295,900	0	0	0	0	0

Cold Chain equipment	148,953	100,000	0	0	48,953	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	4,434,553	3,635,000	330,350	61,827	304,576	35,800	67,000	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	234,416	100,000	0	0	134,416	0	0	0
No		0	0	0	0	0	0	0
Total Expenditures for Immunisation	23,178,652							
Total Government Health		12,760,000	9,766,080	61,827	487,945	35,800	67,000	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

The Gov't total approved budget in2013 (240 billion VND) represented an increase of 69% from 2009 approved budget (142 billion VND). Support from WHO, UNICEF, GAVI, PATH and AMP helped tocover different EPI activities in 2013. Funding is secured for all the activities planned in 2013, and government will co-finance the cost of Hib vaccine.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
PATH, AMP

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

A c-MYP has been developed for years 2011-2015. The objectives and priority actions are fully linked with thecurrent c-MYP (for year 2011). Following are in brief main objectives and priority actions for 2014 to 2015:

1) Maintain more than 95% coverage of the eligible population with all the vaccines included in the national immunization program with special efforts made to increase the coverage with hepatitis B vaccine birth dose within 24hours.

2) Maintain polio-free and Maternal Neonatal Tetanus Elimination status

3) Training and retraining for EPI staft at all levels onmanagement and technical skills.

4) Introduce booster doses of DPT at 18 months of age and meales seconddose for children at 18 months of age

5) Maintenance system for cold chainequipment at all levels

6) Maintain high HepB birthdose vaccination coverage and reducemissed opportunity for HepB vaccination in hospitals and healthfacilities.

7) Conduct MR campaign for target children from 1 to 14 years old.

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	Single use syringe	Gov.
Measles	AD syringe	Gov.
TT	AD syringe	Gov.
DTP-containing vaccine	AD syringe	GAVI and Gov.
JE	AD syringe	Gov.
Typhoid	AD syringe	Gov.
Measles	AD syringe	Gov.

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

The practice for disposal of immunization wastein 2013 were: incineration for urban area, open burning for rural area and burialin mountainous area.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	480,723	0
Total funds available in 2013 *(C=A+B)*	480,723	0
Total Expenditures in 2013 *(D)*	330,350	0
Balance carried over to 2014 *(E=C-D)*	150,373	0

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

The fund was transferred to the account of National Instituteof 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.

National EPI staft working with EPI officer from WHO, UNICEF to prepaire planof action base on priorities for EPI during the year. This plan will be sumited to Planning Department, MOH for approve.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Based 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 fund was transferred from theaccount of National Institute of Hygiene and Epidemiology (NEPI) to the accountof regional levels.

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.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

Training on EPI management for new national, regional andprovincial EPI staff.Training on vaccine - material management and EPI statistic for EPI staff from 63 provinces.Training on causality assessments of adverse events following immunization for professional advisory board in 63 provinces. Meeting on reviewing EPI implementation. Workshop on immunization safety and benefit of vaccination for journalists

Organize mobile immunization teams for 04 difficult and mountainous provinces Support for maintaining neonatal tetanus elimination achievement in high-risk provinces.Support for training on surveillance of adverse events following immunizationfor 2 provinces.Supervision EPI activities, adverse events following immunization and implementation Hep B birth dose in difficult provinces and provinces have low immunization rate.

Develop EPI communication messages, video clips, film ...and broadcast on Vietnamese TV and radio.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial

statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Viet Nam is not applicable for 2013

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	5,078,700	4,291,000	0	Yes

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

From June 2010 to April2013 total 43 AEFI cases were reported. More reports of serious AEFI were hapent during December 2012 and fist 4 months of 2013. One WHO team was invited for supporting to analyst these 43 cases in April 2013. Together with the national EPI and theUnited Nations Children's Fund country office, the WHO team reviewed all 43 AEFIcases. Based on the team's review, it appears that nine cases could be causally related to Quinvaxem vaccination. Some of those cases had signs of severeallergic reactions but all recovered. Seventeen cases were not associated withthe vaccine (coincidental events). For the remaining 17 cases it was not possible to conclude (undetermined events) as the evidence available was insufficient or inconclusive. The 12 deaths documented since October 2012 were considered either coincidental or undetermined.

The following activitiesare offered:

1. Continuously review and investigate serious AEFI reports andupdate analysis.
2. Propose standard procedures for investigating serious AEFI.
3. Develop communication strategies and materials for public (media), health care workers and decision makers to explain the risks of AEFI related to pentavalent vaccine. A risk communication expert from WHO will visit Vietnam from 13rd to 24th May, 2013 to support for this.
4. Review Viet Nam experience together with other Asiancountries at the GACVS meeting on 12 June 2013.
5. Three lots of vaccine which were associated with recent AEFIwill be re-tested for quality at National Institute for Biological Standard andControl (NIBSC) in United Kingdom.

On 4 May 2013, the Ministry of Health announced the temporary suspension of Quinvaxem use in Vietnam national immunization programme.Vietnam will continues close work with WHO to provide technical support to the national immunization programme of Viet Nam and its partners in preparing and implementing plans to reduce any gap in vaccination that could result from thesuspension of Quinvaxem vaccine and to identify any other option to minimizeany possible risk related to vaccine preventable diseases during this temporarysuspension.

Quinvaxem vaccine was stop to use for 5 months (from May to September 2013)

because AEFI cases. 354,264 doses of Quinvaxem was destroyed from mould during 2013. The coverage of Quinvaxem (DPT3) in 2013 is only 59.36%. It is note that number of children received Quinvaxem vacccine when reintroduce from October 2013 was high. Hope the children are not receive Quinvaxem 2013 will be cove in early 2014.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

AEFI system in Viet Nam was stengthning with support from WHO. Six training courses for members of provincial AEFI committee ware conducted in 2013.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	01/06/2010
Nationwide introduction	No	01/06/2010
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	DPT-HepB-Hib vaccine was introduced in 2010

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2015**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Sentinel surveillance for rota virus was set up in 04 health facilities for children under 5 years old. Total 2,470 caeses with speciment tested in the Lab in 2013. Nunber of caeses with positive tests are 1,305. Sentinel surveillance for Bacterial meningitis was set up in 03 health facilities for children under 5 year old. Total 278 cases with speciment tested in the Lab in 2013. Number of cases with positive tests with Hib is 15; with pneumococus is 30 and Meningococus is 3.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	1,357,500	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	1,357,500	0
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	1,357,500	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Funds was received for introduction of MR vaccine on May 2013. How every it will be used in 2014.

Please describe any problem encountered and solutions in the implementation of the planned activities

MR campaign will be conducted in 2014 and 2015. It is take time for prepaire a lot of thing before conduct the campaign include register of MR vaccine in Viet Nam. However, it will be conducted in 2014.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Traning courses for EPI staff and other health workers at all levels on new vaccine introduction in EPI. It is include production of guidelines and EIC materials for community and other target population. Monitring and supportive supervission will be conducted at all levels.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		760,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	Yes, 100% of funding for co-financing in 2013 from Government.	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		800,000

	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	October	
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2012**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **April 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Viet Nam does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Viet Nam does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Viet Nam is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,696,510	1,716,869	1,737,471	5,150,850
	Number of children to be vaccinated with the first dose	Table 4	#	1,611,685	1,631,026	1,650,597	4,893,308
	Number of children to be vaccinated with the third dose	Table 4	#	1,611,685	1,631,026	1,634,091	4,876,802
	Immunisation coverage	Table 4	%	95.00 %	95.00 %	94.05 %	

	with the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,920,030			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,920,030			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.40	0.46	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

No difference between the stock on 31st December 2013 and 1st January 2014.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

6

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2013	2014	2015
Minimum co-financing	0.34	0.40	0.46
Recommended co-financing as per APR 2012			0.46
Your co-financing	0.34	0.40	0.46

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015
Number of vaccine doses	#	4,181,700	4,845,400

Number of AD syringes	#	4,382,100	5,117,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	48,225	56,300
Total value to be co-financed by GAVI	$	8,762,500	10,279,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015
Number of vaccine doses	#	986,600	1,341,700
Number of AD syringes	#	1,033,900	1,417,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	11,375	15,600
Total value to be co-financed by the Country [1]	$	2,067,500	2,846,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	19.09 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,611,685	1,631,026	311,352	1,319,674
B1	Number of children to be vaccinated with the third dose	*Table 4*	1,611,685	1,631,026	311,352	1,319,674
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	4,835,055	4,893,078	934,055	3,959,023
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		5,137,732	980,758	4,156,974
G	Vaccines buffer stock	*((D - D of previous year) x 0.5) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.5)*		30,463	5,816	24,647
H	Stock to be deducted	*H1 - F of previous year x 0.5*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	1,920,030		
H3	Shipment plan	*UNICEF shipment report*		4,793,200		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		5,168,200	986,574	4,181,626
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		5,415,896	1,033,857	4,382,039
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		59,575	11,373	48,202
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		9,948,785	1,899,154	8,049,631
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		243,716	46,524	197,192
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		298	57	241
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		636,723	121,546	515,177
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		10,829,522	2,067,280	8,762,242
U	Total country co-financing	*I x country co-financing per dose (cc)*		2,067,280		
V	Country co-financing % of GAVI supported proportion	*U / T*		19.09 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	21.68 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,650,597	357,926	1,292,671
B1	Number of children to be vaccinated with the third dose	*Table 4*	1,634,091	354,346	1,279,745
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	4,928,518	1,068,729	3,859,789
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	5,174,944	1,122,166	4,052,778
G	Vaccines buffer stock	*((D - D of previous year) x 0.5) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.5)*	18,606	4,035	14,571
H	Stock to be deducted	*H1 - F of previous year x 0.5*	- 993,367	- 215,407	- 777,960
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	1,575,498	341,641	1,233,857
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	6,186,950	1,341,615	4,845,335
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	6,534,540	1,416,988	5,117,552
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	71,880	15,587	56,293
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	12,058,366	2,614,807	9,443,559
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	294,055	63,765	230,290
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	360	79	281
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	771,736	167,348	604,388
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	13,124,517	2,845,997	10,278,520
U	Total country co-financing	*I x country co-financing per dose (cc)*	2,845,997		
V	Country co-financing % of GAVI supported proportion	*U / T*	21.68 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

The first shipment will be in April or May and the next shipment will be inform to UNICEF when nessessery.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

The first shipment will be in April or May and the next shipment will be inform to UNICEF when nessessery.

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

   b. HSS implementation during January – April 2014 (interim reporting)

   c. Plans for 2015

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

Anticipated time for completion of the HSS grant is June 2016

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

No funds were provided to CSOs under HSS scheme.CSOs have been participating in the implementation of HSS grant as key stakeholders. List of CSOs and types of activities contributed by CSOs to HSS implementation are presented in section 9.4.6.

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

Please provide data sources for all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **7810164** US$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)					3689552	12900284
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						

Total funds received from GAVI during the calendar year (*A*)					3689552	12900284
Remaining funds (carry over) from previous year (*B*)						3604962
Total Funds available during the calendar year (*C=A+B*)					3689552	16505246
Total expenditure during the calendar year (*D*)					84590	2565346
Balance carried forward to next calendar year (*E=C-D*)					3604962	13939900
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	5139000	4186000	0	3689552	12900287	4247712

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)	4247712	3562452		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)	13939900			
Total Funds available during the calendar year (*C=A+B*)	13939900			
Total expenditure during the calendar year (*D*)	2251756			
Balance carried forward to next calendar year (*E=C-D*)	11688144			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	7810164	0	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)					76845989	268687115
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)					76845989	271370374
Remaining funds (carry over) from previous year (*B*)						75084146
Total Funds available during the calendar year (*C=A+B*)					76845989	346454520
Total expenditure during the calendar year (*D*)					1761843	53431030
Balance carried forward to next calendar year (*E=C-D*)					75084146	293023491
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	87224247	77634456	0	76845989	268687115	88471346

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)	88471346	74939740		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)	293023491			
Total Funds available during the calendar year (*C=A+B*)	293023491			
Total expenditure during the calendar year (*D*)	47151693			
Balance carried forward to next calendar year (*E=C-D*)	245871798			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	163411086	0	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	16106	16106	16973	18544	20828	20828
Closing on 31 December	16106	16973	18544	20813	20828	21036

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements

at both the sub-national and national levels; and the overall role of the HSCC in this process.

The PMU opens accounts in a commercial bank to receive funding from GAVI. All Provincial Health Departments opened an account in Provincial State Treasury to receive funding from the PMU. The PMU has responsibility to report to the Ministry of Health (MOH) and Provincial Health Department (PHD) reports to Provincial Finance Department on the utilization of funds.

Annually,GAVI transfers funding to the project account, then the PMU prepares a report to Ministry of Finance (MOF) with information on amount of funds, account number, name of bank, and date of receiving funds. MOF will verify information and register GAVI HSS fund in national health sector plans and budgets, and give feedback to the Ministry of Health and the PMU.

Annually,basing on the approved HSS proposal, the PMU sends the guidelines to 10 PHDs to prepare the implementation and financial plan for activities carried out at provincial level. 10 PHDs send the draft plans to the PMU for review. The PMU will consider and prepare the implementation plan and budget plan of whole project to submit to the Minster of Health for approval. Basing on the approved plans of MoH, Provincial People's Committees endorse implementation and financial plan for activities carried by their own provinces. The approved provincial plans are the core documents for Provincial Finance Departments to manage and follow up the use of funds at provincial level.

In order to disburse the funds, basing on approved cost norms and annual approved plans,PHDs prepare estimated detailed budget for each activity and send to the PMU for review. The PMU verifies the contents and transfers funds to PHDs through an account opened at Provincial State Treasury. Treasury office checks information and releases funds for implementing activities.

Quarterly,basing on data from the accounting software, 10 PHDs prepare financial reports to submit to the Provincial Finance Departments for expenditure control and approval, and send PMU for reporting. The PMU collects all quarterly financial report from provinces and reports to HSSCC, Ministry of Health and GAVI.

The project's Financial Management Manual was developed, reviewed and agreed by the Ministry of Finance and approved by the Minister of Health in the Decision Number 365/QD-BYT dated 30 January 2013, which regulates accounting system,procurement activities, management and use of assets, internal control mode,the use of accounting software etc…. The BRAVO software, which was developed basing on national accounting standards, is used by the PMU and all 10 PHDs. All GAVI-HSS transactions are uniquely coded, cross-referenced for documentation and retained for external audit purposes and accounting controls.

Regarding procurement, the PMU collects all the needs of 10 PHDs. PMU prepares the procurement plan, and then submit to the HSSCC. After this plan is reviewed and approved by HSSCC, the PMU and PHDs submit procurement plans to the Ministry of Health and Provincial People's Committee respectively to be officially endorsed.Whole procurement process is conducted in accordance with the Law on Public Procurement of Vietnam.

The HSSCC has an important role to review and approve annual HSS work plan and financial plan, review quarterly financial statements of the PMU, follow-up actions after external audit reports. HSSCC also reviews and endorses the APR to be submitted to GAVI each year, monitors,oversees project activities to ensure that the project activities are carried out in compliance to the government regulations and GAVI requirements.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Objective 1: Support Human Resource Development for Health			
Act 1. Provide 6-9 month training courses for VHWs	Organize 23 training courses for 874 VHWs.	39	Report of 10 PHDs
Act 2. Training courses on EPI for district health staff	Organize 6 training courses for about 228 DHWs.	100	Report of 10 PHDs
Act 3. Training courses on EPI in Practice for CHWs	Organize 40training courses for about 1,520 CHWs.	23	Report of 10 PHDs
Act 4. Training courses on MCH for CHWs	Organize 40 training courses for 1,520 CHWs.	18	Report of 10 PHDs
Objective 2: To strengthen management capacity to deliver basic health services through ensuring adequate supply of essential equipment for health facilities			
Act 5. Supply of essential equipment to DHCs, CHCs and VHWs	Provide essential equipments to 30 DHCs, 500 CHCs. Provide 10,000 VHW kits	10	Report of 10 PHDs and the PMU
Act 6. Support outreach immunization spots in mountainous communes	2,372 outreach immunization spots were approved in annual plan for 2013.	95	Report of 10 PHDs
Objective 3: To strengthen capacity in response to the needs for health sector reform and development in the new situation			
Act 7. Training courses on health planning and M&E for provincial and district health managers	Organize 10 training courses for provincial health managers	10	Report of 10 PHDs and the PMU
Act 8. Support for Joint Annual Health Review (JAHR)	Support to develop JAHR in 2013	100	Report of the PMU
Act 9. Support for M&E and supervisory visits	M&E visits of central level, provincial level and district level.	100	Report of 10 PHDs and the PMU
Act 10. Support for initiatives and policies to strengthen the basic health network	The project will support departments, institutes, research agencies and provinces to conduct research, policy researches and innovations to strengthen grassroots health care system	0	Report of the PMU
Act 11. International workshops, training, study tours	Support staff of line ministries, sectors to attend international conferences, workshops and short-term study visits overseas	0	Report of the PMU
Project management			
Act 12. Local training/ workshops	Support annual project workshops in the central and provincial levels.	100	Report of 10 PHDs and the PMU
Office equipment and	Provide office equipment and	100	Report of 10 PHDs and the PMU

supplies	supplies for running PMU and 10 PHDs offices		
Recurrent operation costs (including office running costs, allowance and salary for staff etc…)	Provide budget for PMU and 10 PHDs operation and management.	75	Report of 10 PHDs and the PMU
Baseline survey	Hire a consulting firm to conduct baseline survey	100	Report of the PMU
International and national consultants	Hire consultants to support the implementation of the project (M&E, training, procurement of equipment etc…)	0	Report of the PMU

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Objective 1: Support Human Resource Development...	
Act1. Provide 6-9 month training courses for VHWs	By 31 December 2013, only 9 courses for 361 trainees were conducted, accounting for 39% against the target of year 2 because on 30th November 2013, PMU received funds for implementing activities of 2013 workplan. From January to April 2014, the remaining 14 courses of 2013 workplan were organized for 560 VHWs (achieving 70%). By 30 April 2014, target of this activity in 2013 was achieved. 2 courses of 2014 plan were organized. Totally, 25/23 courses were held, obtaining 109% in progress.
Act 2. Trainings on EPI for district hospitalstaff	As 2013 workplan, 6 training courses are conducted. In 2013, all 6 courses for 253 district HWs were held, achieving 100% target.
Act3.Training courses on EPI in Practice for CHWs	Workplan for 2013 was endorsed in 2012 but GAVI transferred fund for 2013 activity implementation in November 2013. Thus, only 9 courses for 357 CHWs were organized in December 2013. From January to April 2014, the remaining 31 courses were held for 1,240 CHWs. By 30 April 2014, target of this activity in 2013 was achieved. New 6 courses of 2014 plan were organized. Accumulative courses held from Jan 2013 to April 2014 are 46/40 (achieving 115%)
Act4.Training courses on MCH for CHWs	As 2nd tranche from GAVI was made in late November 2013, only 7 courses for 279 CHWs were organized in December 2013, getting 18% in compared with the plan. From January to April 2014, 32 courses were held for 1,280 CHWs, obtaining 80%. By 30 April 2014, target of this activity in 2013 achieved 98%.
Objective 2: To strengthen capacity...	
Act 5. Supply of essential equipment	In 2013,PMU and 10 project provinces reviewed, updated and identified needs for equipment as well as list of supplied DHCs, CHCs. From January to April 2014, the PMU synthesized needs proposed by DHCs, CHCs. Procurement packaging has been conducted. Development of technical specifications has been ongoing. Tentatively, procurement activity will basically be accomplished and equipment will be supplied to DHCs, CHCs and VHWs in quarter 4/2014.
Act 6. Support outreach immunization spots	In 2013, 2,256 outreach immunization spots were supported. The target of this activity achieved 95% because of some delays in organizing outreach spots due to problems related to adverse effects after immunization. From January to April 2014, 2,330 outreach immunization sports have been supported.
Objective 3: To strengthen management capacity...	
Act7. Training courses on health planning and M&E	In 2013, one course for 40 provincial health workers were conducted in December, achieving 10% of the target as the project received fund for this activity on 30 November 2013. Since the funds were transferred, the PHDs finished the remaining 9 courses for 360 provincial health workers from January to April

	2014. Overall, by 30 April 2014, targets of this activity were entirely achieved.
Act8.Support for Joint Annual Health Review (JAHR)	JAHR 2013 with the topic Toward Universal Health Coverage was published. The report was disseminated through distribution of reports in annual meeting of Consultative Group, in workshops and seminars of MoH and other relevant ministries/agencies, on website of MoH and JAHR (www.jahr.org.vn). Development of JAHR 2014 with the topic "Strengthening Prevention and Control of Non-Communicable Diseases" has started since January 2014. Some chapters have been composed. First draft will be available in June 2014.
Act9. Support for M&E and supervisory visits	In 2013 all project provinces were supervised by central level. M&E visits have been paid regularly as planned by provincial and district levels. From January to April 2014, 7/10 provinces were supervised. M&E and supervisory visits focus not only on project activities but also covers all health care activities at grassroots level, such as: CHCs accredited with national health benchmark standards, health manpower, EPI, MCH, performance of VHWs…
Act10. Support for initiatives and policies	In 2013, due to insufficient budget transferred from GAVI, this activity was carried forward 2014. From January to April 2014, 8 research proposals were developed by PMU, Institute of Health Strategy and Policy, Department of Organization and Personnel (MoH), and 4 PHDs. The researches have been ongoing with development of research tools for data collection and data analysis. Research reports will be finalized before December 2014.
Act 11. International workshops, study tours	To be implemented in Quarter 3-4/2014
Project Management	
Local training/workshops	In 2013, PMU and PHDs organized 11 launching workshops. PMU also organized 01 planning workshop, 01 training workshop on project management, 01 biannual workshop. From January to April 2014, PMU and PHDs organized 11 workshops to summarize activity progress in 2013 and implement workplan for 2014.
Office equipment and furniture	Office equipment and furniture were purchased and provided to PMU and PHDs.
Baseline survey	In 2013, a consultant firm was selected to do a baseline survey for the project. The survey was conducted in 10 project provinces. Baseline survey report was developed in both Vietnamese and English and sent to related stakeholders. The indicators collected in the report will be foundation for the project for comparison of project indicators as well as impact evaluation after the project ends.
Recurrent operation costs	PMU and PHDs recruited project coordinators and officers at central and provincial level. Running costs have been transferred to PMU on quarterly basis In 2013, because of the slightly turnover in PMU personnel, the progress of this activity achieved 75%. From January to April 2014, 8/9 officers have been recruited and working for PMU

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

2013 annual workplan was endorsed by the Minister of Health in 2012, on 30th November 2013 GAVI made the 2nd tranche of US$12,900,284 for implementation of 2013 activities. Thus, until December 2013, a small proportion of 2013 activities were implemented. The remaining activities of 2013 has been carried forward to 2014 and accomplished before April 2014.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

The project does not provide monthly incentives for HWs. The project only provides HWs with allowances/per diems when they participate in short-term and long-term trainings, organization of outreach immunization spots and M&E visits, specifically as follows:

- - Support 6-9 training for village health workers (per diems for VHWs as trainees in the training

courses).

- - Support short-term trainings on immunization practice and maternal and child health care for district and commune health workers (per diems for HWs in training days).
- - Support training courses on planning,management, monitoring, evaluation and supervision for provincial and district health managers (HWs are supported with per diems and traveling costs).
- - Provide financial assistance for commune health workers for the service of out-reach immunization in mountainous and difficult areas: The project provides US$ 12/outreach spot for allowances,traveling cost, hiring tables & chairs to organize immunization at outreach spots.

All the incentives are in-line with current guidelines, policies and regulations of the government of Vietnam, Ministry of Health and National EPI program

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
Impact indicators											
1. Maternal mortality ratio (per 100,000 lbs)	68	2010	58.3	64					66	JAHR 2013	Compared to the baseline value, this result is a bit lower, however if we look into this year target, this result is already obtained. Reasons for this are: - Due to disadvantageous socio-economic development and economic crisis in the past few years. - Epidemic diseases and obstetric complications have not been fully controlled. - Mother's knowledge and skills on maternal health care in far, remote and mountainous areas are limited. - Difficulties facing by vulnerable groups in access to health care services, especially far, remote and mountainous areas.

2. Under five mortality rate (per 1,000 lbs)	25	2010	19.3	22					23.2	JAHR 2013	- Due to disadvantageous socio-economic development and economic crisis in the past few years. - Epidemic diseases are increasing, particularly diseases induced by insufficient immunization such as pneumonia, diarrhea, foot and mouth, dengue fever and accidents. - Knowledge and skills on children health care of people in far, remote and mountainous areas are limited. - Vulnerable groups in disadvantaged areas face difficulties in accessing health care services.
Outcome indicators											
3. Percentage of <1 yr children fully vaccinated	96	2011	>90	>90					91.4	EPI/NIHE	- Due to pausing of Qinvaxem (5 in 1) vaccines for several months. - People are anxious about immunization complications leading to their hesitance to access EPI services. - New regulations of MoH on EPI (safety and quality) cause slightly reduced coverage of EPI services. - National budget for EPI has been remarkably cut down.
4. Percentage of communes achieving new national benchmark of commune health care	76.8	2011	60	45					74.1	JAHR 2013	
5. Percentage of villages with VHWs	82.9	2011	90	87					81.2	JAHR 2013	- According to Decision No. QD75/2009/QĐ-TTg, on allowances for VHWs, VHWs working in towns/urban areas are not paid allowances

											As a result, some VHWs in towns and urban areas quilted their jobs. - Circular No. 07/2013/TT-BYT on functions and responsibilities of VHWs regulates that VHWs must trained for 3 months or more. Thus, number of standardized HWs has been decreased. - Due to the separation of administrative areas (district, commune, village). - Due to job turnover; VHWs' migration to other places, old age…
Process indicators											
6. Number of Village Health Workers having under gone 6-9 month training	0	2012	3268	1634					1787	Reports from project provinces	
7. Number of Commune Health Workers having undergone update training on EPI in practice	0	2012	5396	2660					3047	Reports from project provinces	
8. Number of Commune Health Workers having undergone update training on MCH	0	2012	5396	2660					2752	Reports from project provinces	
9. Number of District Health Centers (DHCs) and Commune Health Centers (CHCs) having received additional essential equipment	0	2012	530	30 DHCs 500 CHCs					0	Reports from project provinces and the PMU	Budget was transferred in late 2013. The activity has been carried forward 2014.
10. Number of health managers having undergone update training on health planning and M&E	0	2012	684	456					400	Reports from project provinces and the PMU	Budget was transferred in late 2013. The activity has been carried forward 2014.

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

In 2013, PMU and 10 project provinces focused on the implementation of activities belonging to 2012 workplan (year 1) with the budget of US$ 3.6 million which was transferred from GAVI in late November2012.

To 26 November 2013,upon the endorsement of APR2012, GAVI made the second transfer of US$ 12.9 million (of which procurement of essential equipment accounts for US$ 8.5 million) for conduction of 2013 activities. Thus, duration for implementation of activities under 2013workplan were from December 2013 to April 2014.

Hereunder is the narrative report on project implementation in 2013 (year 2) from January to December 2013 and from January to April 2014.

Activity 1. Provide 6-9 month training course for VHWs:

Situation of village/hamlet health in Vietnam: Human resources working in health sector at village/hamlet work part-time and are called village health workers.In each village/hamlet, there are 1-2health workers. VHWs are trained and granted certificates to provide healthcare for local residents at village/hamlet level. VHWs are managed and supervised by CHCs and local authorities. Responsibilities of VHWs include: Health education and communication activities; community hygiene and disease prevention; MCH care; first aid and basic curative care; public health programs (EPI, TB, malaria,malnutrition, etc.); vital registrations (births, deaths); guide people cultivating and using traditional medicine at home…The most two important duties of VHWs are to manage EPI target groups and MCH care at village/hamlet.

Village/hamlet HWs receive monthly allowances according to current national regulations and other benefits(if any) from legitimate sources as regulated by authorized agencies (pursuant to Decision 46/2009/QĐ-TTg). Allowances for VHWs can account for 30% to 50% of the basic wage depending on level of geographical difficulties in the areas where HWs are working. The Government regulates that allowance for VHWs is 0.5times and 0.3 times of basic wage in difficult areas and other areas respectively. These incentives encourage VHWs work for health care at villages/hamlets. This helps promote the project's sustainability.

In order to strengthen capacity of VHWs in providing health care services at village/hamlet level, PMU and PHDs organized 6-9 month training courses for VHWs. Provincial Secondary Medical Schools signed contracts with PHDs to conduct the courses. Trainees are selected as satisfying criteria on age, educational standards, good health, being VHWs or committing to be VHWs.

Training curriculum includes issues related to functions of the VHWs: (i) Carry-out health education and communication activities; (ii) Community hygiene and health prevention (food safety, clean water, hygiene latrine, participate in immunization activities, nutrition, etc); (iii) MCH care (pregnancy checks, support normal delivery,child home-care, family planning, etc); (iv) First aid and basic curative care (accidents and injuries; simple and common diseases,home care for TB, HIV/AIDS, leprosy,etc); (v) Other public health programs (TB, malaria, malnutrition, EPI, etc.)and vital registrations (births,deaths). In 2013, so as to promote roles of VHWs in EPI, the PMU coordinated with EPI to revise and update EPI contents, particularly increasing 2-4 sessions to 8 sessions on EPI. Thus, knowledge and skills on EPI of VHWs are improved leading to the VHWs' active participation in EPI at their villages/hamlets. VHWs are positively involving in management of EPI targeted groups, IEC, coordination to carry out immunization campaigns, early reporting on epidemics in the community.

At present, the proportion of villages/hamlets nationwide having active VHWs is 82.9%. According to five-year plan of MoH, by 2015 that proportion is targeted to increase to 90%. Thus, this activity of the project contributes to the achievement of the target for active VHWs at villages.The provision of qualified VHWs (VHWs are trained for six months or more) in the situation that national budget can only meet the demands for 1-3 month training has greatly benefited the provinces. After the training, VHWs' skills and knowledge are improved.Local authorities commit to recruit VHWs after being trained.In addition, the project provides VHWs with medical kits.

As 2013 (year2) workplan: 23 courses for 874 VHWs will beheld. The results of this activity from January 2013 to April 2014 are as followings: In 2013, 9 training courses were held (6 courses were organized in Quarter 1-2/2013 and 3 courses in December 2013) for 361 VHWs, totally 9 courses were held, accounting for 39% against the target of 2013.

From January to April 2014, 16 courses in 6-9 months for 640 VHWs were held achieving 70% against 2013 target. Thus, by the end of April 2014, the implementation of 2013 target obtained 25/23 courses for 1,001 VHWs (attaining 109%). Proportion of female and ethnic participants account for 70% and 66.4%respectively. By the end of April 2014, 81.1% of the districts and 60.1% of communes in the project provinces are covered

by the project's training for 6-9 months for VHWs. According to reports from project provinces, GAVI supported project has trained 13.2% against the actual needs of 72.6%.

Baseline survey report reveals that approximately 9,500 VHWs need training to meet the standards as regulated by MoH. However, project is able to provide 6-9 month training courses for around 3,300 VHWs (meeting 35% of training needs)upon its closure. So as to contribute to the standardization of VHWs, the project will utilized the funds allocated for this activity and mobilize remaining funds of other project activities (if available) to continue and promote this activity.

▪·····**Activity2. Training courses on EPI for district staff**:

Facing the situation of the decreasing proportion and low coverage of hepatitis B vaccines for newborns within 24 hours after birth,the MoH requested health sector at all levels nationwide including 10 project provinces to promote IEC activities to increase people's awareness on the importance of hepatitis B vaccination for newborns. The PMU and 10 PHDs actively responded to MoH's request by continuing organizing training courses on EPI.

Following the success of 10 courses in 2012 (year 1), further 6 two-day training courses were organized for 253 DHWs in the first 6months in 2013. Trainees are HWs from obstetric, pediatric departments of district hospitals and DHCs, who are in charge of management and steering EPI activities. These training courses meet demands of HWs to better perform their EPI duties.

After these courses, health workers at district health centers and district hospitals had better awareness and understanding about importance of HepB birth dose, AEFI (adverse events following immunization) management, vaccination safety as well as practice on HepB. At the end of the course, each participant was awarded with a training certificate, which allows her/his to give vaccination as the MOH's regulation. This activity helps improve the percentage of newborns being vaccinated with HepB birth dose during first 24 hours at project provinces.

In reality, not all HWs at district hospitals in charge of giving HepB birth dose to newborns 24 hours after birth are trained or updated on immunization in general and HepB vaccines in particular.Thus, this activity is supported and appreciated by district hospitals and HWs.

By the end of 2013, this activity achieved 100%against 2013 (year 2) target. Regarding number of participants, this activity exceeded the plan with percentage of 109%. All trainees are granted with EPI certificates. Proportions of female and ethnic trainees make up 64% and 45.4%respectively. Regarding activity coverage, as in each province 2-4 HWs from district hospital participated in the trainings organized by the project, almost all districts of 10 project provinces have trained HWs on EPI.

Project provinces still have needs for EPI training for district HWs in order to increase the coverage of district HWs participating in EPI activities as well as guiding commune level to organize EPI activities.

Activity 3. Training courses on EPI in practice for CHWs:

As required by the MoH, CHWs must have a training certificate on EPI practices to be able to provide vaccination. These training courses are essential for the implementation of EPI activities. This activity plays a crucial role in building qualified human resources for grassroots health sector in Vietnam, especially in difficult and mountainous areas.

After training, health workers have better knowledge and skills of immunization, on types and use of vaccines in EPI programme, cold chain,vaccination safety, AEFI management, collection and management of data in EPI, skills on EPI in practices, and how to organise an immunization campaign.

As 2013 (year 2) workplan, 40 courses for around 1600 are conducted. From January to December 2013, the project provided technical and financial support to organize 9 courses for 357 CHWs (accomplishing 23%against 2013 plan). These trainings are mainly held in December 2013 upon the funds transferred from GAVI in late November. Regarding the implementation of2013 targets from January to April 2014, the project organized 37 courses for1480 trainees, of which 72% of trainees are female and 46.2% are ethnic. 100% trainees completed and received certificates. Post-test results show that knowledge and skills of trainees are significantly improved (out-standing and good grades make up more than 80%).

So, compared to 2013 workplan 46/40 courses were held(achieving 115%), of which 6 courses belong to

2014 workplan (year 3 of the project). Training on EPI for CHWs directly contributes to EPI activities to be conducted monthly in the commune (at CHCs and at outreach spots). Furthermore, trained CHWs actively participate in IEC and counseling activities at the communities.

Averagely , each CHC have 5-8 HWs (7-8 HWs in Mekong River Delta) trained on EPI. In immunization days at CHC, all CHWs are mobilized to organise immunization activities. CHWs trained on EPI practices has actively contributed to the management and organisation of immunization at the CHCs. 92.8% of districts and 85.5% of communes per each project province have HWs trained onEPI. By the end April 2014, 26.5% of total commune HWs (1-2 HW/commune health centre) in the project provinces has been trained by GAVI supported project.

With limited national budget for EPI training for CHWs, this activity of the project is very crucial to improve capacity of HWs, especially help the EPI achieve targets on coverage, quality and safety of immunization.

Activity 4. Training courses on MCH:

As the national budget is limited for provision of new and refresh trainings for HWs at grassroots level, number of HWs who have not re-trained for 2 years account for large proportion. Thus, this activity of the project is indispensible.

The training courses provided for CHWs: updated skills on MCH such as essential obstetric care, essential newborn care, immediate skill-to-skill contact and delay cord clamping, use of misoprotosol for prevention of post delivery hemorrhage, necessity of tetanus vaccination for newborns, linkage between MCH and EPI etc…

In 2013, as receiving fund from GAVI in late November,PMU could only organize 7 courses in December 2013, achieving 18% against plan. 100% trainees are granted with certificates.

From January to April 2014, the project conducted 32courses. Thus, 39/40 courses of 2013 plan were completed (attaining 98%). Total number of trainees are 1599 (85% are female and 41% are ethnic).100% trainees completed the courses and received certificates. Post-test results show more than 80% of trainees get out-standing and good grades. Proportion of districts and communes have HWs trained on MCH in project provinces account for 74.8% and 82.4%respectively. By the end for April 2014, 24.6% of total commune HWs (one HW/commune health centre) in the project provinces has been trained on MCH by GAVI supported project.

Trainees are CHWs in charge of MCH who have not received refresh trainings in the last two years. In addition, leaders of CHCs, nurses and midwives were also invited to the training so that they can provide MCH services when the staff in charge is away. Training topics facilitated CHWs with new and updated knowledge and skills for MCH program management including pregnancy check, delivery, referral, prevention of obstetric complications,newborn care, and maternal care.

Baseline report reveals that the proportion of DHWs and CHWs have participated in refresh trainings on MCH in the period 2009 –2011 makes up only 20%, while GAVI project can meet 60-70% training needs.Contribution of the project increases capacity of HWs at grassroots level,leading to improved quality of MCH services and health management.

Activity 5. Supply of essential equipment to DHCs, CHCs and VHWs.

This activity is planned to undertake in the year 2014. In 2013, The PMU and 10 project provinces reviewed, updated and identified needs for equipment as well as list of supplied DHCs, CHCs. The progress of this activity in 2013 achieved 10%.

From January to April 2014, this activity progress obtained 30%. The main activities conducted from January to April 2014 include: development of process for implementation of procurement plan; recruitment of procurement officers who have great experiences in managing procurement activities of projects funded by GF, WB, GAVI (phase 1); recruitment of national consultants to develop technical specifications, develop bidding documents and monitor the usage of equipments upon delivery; reviewing standard list of essential equipments; assessment of needs and capacity to receive equipments by 500 CHCs and 30 DHCs; procurement packaging; development of technical specifications; and development of bidding invitation. Especially, PMU greatly concentrated on the needs of DHCs, CHCs,VHWs. Thus, the assessment process

has been done thoroughly. By the end of April 2014, the assessment has been done 3 times. Assessments focus also on the capacity of HWs (certificates of HWs to be able to use machines or commitment from PHDs to train HWs to use the machines when supplied) to use equipment and facilities to install them (supplied facilities well prepare in advance infrastructures to install and use equipment).

Supplied equipment include: cold chain equipment to support the implementation of EPI, MCH care equipment and equipment for the health services at village, commune, district levels and VHWs' kits. The project has regularly shared with EPI, MCH department, related stakeholders about types of equipments and facilities to be supplied with equipments to avoid overlapping and concentrate on the disadvantaged localities. Recommendations from EPI, MCH department and related stakeholders were taken into consideration by the project.

In 2014, tentatively 80% of procurement packages will be accomplished and delivered to provinces. Cold chain equipments will be given priorities in procurement plan to assist ISS to carry out immunization campaign in October 2014.

Activity 6. Support outreach immunization spots in mountainous communes

The GAVI-HSS project planned to support 2,372outreach spots outside CHCs, which are organized in accordance with guidelines of the MOH (Decision 23). Only mountainous and very difficult communes according to the Prime Minister's decision received this support. For each commune, the project supports up to 5 outreach immunization spots. Priority is given to the spots furthest from CHC, at least 3 kilometers from CHCs. After conducting outreach immunization spot, health staff are required to prepare a report on how the spot is arranged, number of mothers and children receive vaccination. This support helps 10 project provinces improve coverage and quality of immunization, especially in the hard-to-reach communes and villages, and also contribute to equity in immunization and health care in general. This support has been started since January 2013.

The results of support for immunization spots: To December 2013, 2,256/2,372 (95% spots compared to plan) were supported.Organization of outreach immunization spots were done averagely for 10 months/province.

Beneficiaries: 177,950 children were immunized and 52,894 women were vaccinated against tetanus. At one outreach spot, averagely 8.7 children and 2.6 women are vaccinated monthly. The majority of beneficiaries are ethnic children and women. IEC, counseling activities were integrated into immunization days.

Number of outreach immunization spots which are endorsed in 2014 workplan are 2,330. This number is reduced in compared with the planed spots in 2013 (2,372 spots). The reason is that on 12 August 2013, MoH enacted Decision No.3029/QD-BYT on the promotion of immunization safety. Accordingly, provinces had reviewed conditions to perform immunization for safety and quality. Since January2014, project provinces have continued organizing immunization at outreach spots. Major beneficiaries from outreach spots are ethnic children and women in difficult and mountainous areas.

With this activity, the project aims to assist children and women to easily access to EPI services, full immunization and to increase immunization coverage. In the present situation that diseases induced by insufficient immunization are increasing and the immunization coverage in 2013 at 91.4% is lower than that of the last year at 96% due to such reasons as shortage of Quinvaxem vaccines, people's concern about immunization complications, MoH's new regulations on safety in immunization, reduced national budget for EPI, this activity has minimized impacts of these diseases and contributed to EPI achievements. In the attached annex, immunization data by 10 project provinces is presented.

Activity 7. Training courses on health planning and M&E for provincial and district health managers

According to 2013 workplan, each province organizes 01 training course for provincial and district health managers. Totally 10courses will be organized. However, to December 2013, only 01 course were held (achieving 10% of the target) due to late receipt of fund from GAVI. The training covers the topics on: health planning, management of health statistics, monitoring and evaluation skills. In addition, trainees are updated information on health system in Vietnam, health financing, management of health man power, health insurance.

The remaining courses were open from January to April2014. By the end of April 2014, 10 courses were organized (one course/province),accomplishing the target of 2013 workplan. The activity has

helped build capacity of district health managers and staff regarding health management,health financing, planning, M&E so as to standardize capacity of health managers. 100% districts of project provinces have HWs trained on health planning and M&E by the project.

Activity 8. Support for Joint Annual Health Review (JAHR).

The JAHRs are used to assess progress, determine problems, priorities and follow-up performance of the health sector (M&E) on an annual basis. This is also a forum for dialogue on key issues in health sector development, including basic health care network, public health programmes as well as the M&E tool for health system performance.

Topic of JAHR 2013 is “Towards universal health coverage”. JAHR 2013 was developed by leading health experts. The JAHR report was printed in Vietnamese and English and disseminated as planned.

The topic of JAHR 2014 is ”Strengthening Prevention and Control of Non-Communicable Diseases”. The development of JAHR 2014 has been ongoing with participation and contributions from leading health experts. Drafts of some chapters have been completed, including: Health status; Major tasks of Health Sector in 2014; MDGs; overview of non-communicable diseases (NCDs); NCDs epidemiology; Risk factors of NCDs, Human resources; Health services; Health financing; Management capacity; Pharmaceutical; Health Management Information System (HMIS), some main diseases of NCDs (Cardio-vascular disease program; Program on prevention and control of cancer; COPD and asthma, Diabetes control, Mental health....).

Development of JAHR is supported by three donors (GAVI, WHO, Rockefeller Foundation). GAVI, WHO and Rockefeller Foundation support the project to hire 14, three and one per total of 18 consultants (1 international and 17 national consultants) respectively. Procedures of consultant recruitment have been accomplished. Consultants have drafted some chapters of JAHR 2014. The activity progress achieved 45%. Tentatively, JAHR is accomplished in November2014.

Activity 9. Support for M&E and supervisory visits.

M&E visits were carried out at different levels -from provincial to commune/village level - in 10 project provinces. M&E activities by central level were carried out in 10 out of 10 project provinces,aiming at assisting the project management and evaluating project progress, organisation and performance of health staff. In addition, M&E visits also focus on financial management, procurement plan, reporting activities. Problems detected in M&E visits are shared with supervised agencies and reviewed in the next visits.

For M&E by provincial and district levels, VHWs and CHWs received guidance and practical instructions on management and practice of national health programmes, especially EPI and MCH activities. Provincial central supervises district level: Supervisors are representatives from PHDs,Provincial Preventive Health Department, Provincial Reproductive Health Department. Supervised facilities include DHCs and CHCs. Apart from monitoring and evaluating activities of GAVI-HSS project, the central level also focused on supervision of health care activities including CHCs accredited with national health bench mark standards especially at grassroots level. Comments and recommendations of M&E visits were shared with supervised facilities.In 2013, M&E visits conducted by provincial level obtained 94.3% against the target.

District level supervises communal level: Supervisors are leaders of DHCs, HWs in charge of EPI, MCH, and Personnel… The district level supervises activities on EPI (including out-reach immunization spots),health care services at CHCs, activities of VHWs, situation of MCH and healthcare in the commune. In 2013, M&E visits conducted by district level achieved 100% against the target.

In March 2014, The PMU paid 7 M&E visits to 7provinces. During the M&E visits, PMU reviewed comments and recommendations of previous monitoring visits; assist provinces implement 2014 workplan;supervise financial management; support reporting and other activities; review needs for essential equipments regarding facilities and human resources…M&E visits have strengthened management of project implementation team and speed the project progress. At local level, PHDs and DHCs organized M&E and supervisory visits as planned. Provincial and district levels continue to implement project activities, support grassroots HWs, review needs for essential equipments, support outreach immunization spots.

Activity 10. Support for initiatives and policies to strengthen the basic health network.

Some research proposals by PHDs and MOH institutes/departments have been submitted to the PMU for review. The main topics are on effectiveness of health programs, assessment on performance of basic health network, quality of healthcare, immunization activities, performance of health staff after training etc. In 2014, MoH approved 8 researches of which 4 researches are done by PMU, Manpower and Organisation Department (MoH) and Health Policy and Strategy Institute and 4 researches are done by PHDs. Researches focus on: situation of health care activities at commune level and proposing policies for health system strengthening; capacity of provision of health care services at commune level; evaluation of HSS training activities; and assessment of situation and results of out-reach immunization spots. Results of the studies will be valuable evidences to assess the project's achievements and contributions to promotion of grassroots health system as well as improvement of health care services in project provinces. All researches will be conducted in 2014. By now, the researches have been ongoing with development of research tools for data collection and data analysis: 1 research have finished data collection and finalized report, 2 researches have accomplished proposals and tools, 5 researches have finalized study tools. Research reports will be finalized before December 2014. Overall, by the end of April 2014, this activity progress achieved 25%. Research topics include:

- Situation of provision and usage of health care services at commune health centres (done by PMU). Research proposal and tool have been developed. Data collection will be conducted in June-July 2014, drafted report will be tentatively available in August 2014.

- Research on regulations on organization and personnel of commune/ward/town health centres (done by PMU and Manpower and Organisation Department/MOH). Drafted report of this research has been developed and sent to related stakeholders for comments and recommendations. Tentatively in July 2014, the research will be accomplished.

- Evaluation of training activities results for health workers at grassroots level (done by PMU and Institute of Health Strategy and Policy/MOH). Research proposal and tools have been developed. Data collection will be conducted in May – June 2014, drafted report will be tentatively available in August 2014.

- Evaluation of EPI situation among CHCs organising outreach immunization spots (done by PMU and EPI/NIHE). Research proposal and tools have been developed. Data collection will be conducted in June-July 2014, drafted report will be tentatively available in August 2014.

- Studying some affecting factors and proposal for solutions to improve quality of EPI in Bac Kan province (done by Bac Kan DoH). Research proposal and tools have been developed. Data collection will be conducted in May – June 2014, drafted report will be tentatively available in July 2014.

- Situation of human resources and capacity to provide immunization and health services at CHCs in Hoa Binh provinces (done by Hoa Binh DoH). Research proposal and tools have been developed. Data collection will be conducted in June 2014,drafted report will be tentatively available in July 2014.

- Situation of health consultancy and treatment and affecting factors at grassroots level in Nghe An province (done by Nghe An DoH). Research proposal and tools have been developed. Data collection will be conducted in June 2014, drafted report will be tentatively available in August 2014.

- Evaluation of immunization for children under one year of age in Ha Tinh in 2013 (done by Ha Tinh DoH). Research proposal and tools have been developed. Data collection will be conducted in Quarter 3 2014, drafted report will be tentatively available in November 2014.

Activity 11: International workshops,training, study tours

The activity aims at supporting staff of line ministries, sectors to attend international conferences, workshops and short-term study visits overseas. The activity is to be implemented in Quarter 3-4/2014.

Activity12:Local workshops/meetings:

Workshops/meetings were conducted as 2013 workplan. PMU and PHDs organized 11 launching workshops. PMU also organized 01 planning workshop, 01 training workshop on project management, 01 biannual

workshop.

From January to April 2014, PMU and 10 provinces organized 11/14 local workshops, achieving 78.5%. The workshops focused on reporting results of project implementation in 2012-2013 and instructions for conduction of 2014 workplan. In addition, in the workshops, regulations on project and financial management, supply of equipments; updates on EPI and reporting activities were also presented.

▪··· Other activities

Financial management and expenses are made by PMU and PHDs following regulations by the PMU, Government of Vietnam, and the donor. As recommended by GAVI, the PMU has used software (BRAVO) for financial management. After one year, the software has been applied effectively in financial management and reporting

Operational funds for the PMU and project management team at local level have been regularly provided. Recruitment of project coordinators and establishment of project management teams at local level have contributed to the smoothly implementation of the project activities.

Ministry of Health, Ministry of Finance signed Partnership Frame Work Agreement with GAVI in 2013. The agreement covers all existing documents related to partnership cooperation of the project.

Ministry of Health participated and shared experiences in implementing HSS program in the Asia- Pacific HSS workshop in Hanoi in November 2013.

Overall evaluation:

Progress of year 2 workplan (2013)

The implementation of 2013 workplan (year 2) started from December 2013. Thus, the majority of the activities were conducted from January to April 2014. By the end of April 2014, targets of short-term and long-term training activities achieved or exceeded.

Such activities as support outreach immunization spots, monitoring and evaluation have been regularly implemented contributing to the strengthening of health system at grassroots level.

Conduction of researches, development of JAHR 2014 will be completed in 2014.

Procurement of medical equipments account for most part of the project fund (8.5 million dollars). This activity will be mostly carried out in 2014. The PMU will speed up this activity in order to achieve 80% in progress in the year 2014. The remaining will be continued in Quarter 1-2/2015.

Project's contributions to health system and health care activities:

The project aims to strengthen grassroots health system via capacity building for EPI and MCH officers, health management, supply of essential medical equipment (especially equipment for vaccines preservation, health consultation, MCH care) and VHW kits for DHCs, CHCs; support outreach immunization spots. Thus, the project's investment is one vital component contributing to achievements of health sector at grassroots level.

For every activity of the project, criteria are thoroughly developed to select relevant beneficiaries and to meet actual needs of project provinces, including criteria for selection of trainees of short-term and long-term courses; selection of DHCs, CHCs supplied with essential medical equipment; selection of outreach immunization spots. Therefore, the project's interventions have targeted vulnerable people and disadvantaged areas, which promotes equity in difficult provinces in Vietnam.

By the end of 2014, the project will provide essential equipment to 30 DHCs, 500 CHCs and 10,000 VHW kits. This activity together with other activities of short and long-term trainings, support outreach immunization will further strengthen health care system at grassroots level. The project has been collecting output indicators (via annual reports, mid-term and final reports) on immunization coverage in 10 project provinces and MCH (pregnancy check, delivery assisted by HWs...). In addition, upon the completion of researches/evaluations, the project will have available information about training situation and needs, capacity of CHWs to carry out EPI, capacity of health care service provision (please see attached annex on output indicators on EPI and MCH in 2012 and 2013 in 10 project provinces). In the following reports, the project will provide other output and impact indicators.

The project has gradually documented project products for widely sharing and exchanging with related stakeholders (including development partners) to utilize existing resources for appropriate application. The project has shared information and experiences in carrying out its activities to avoid overlap with other projects and for more effective integration and cooperation.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

The project requested GAVI to make 2nd tranche (including budget for 2013 and 2014). On 30thNovember 2013, GAVI transferred the fund of US$12,900,284 which is for implementation 2013 plan. Therefore, by the end of April 2014, the project accomplished 2013 workplan but has not started implementation of 2014activities because of fund unavailability. Thus, PMU proposes GAVI make the next transfer of US$4,247,712 for 2014 workplan as soon as possible, so that activities belong to 2014 plan will be conducted with no interruption or having to be carried out to the next year.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

At central level, M&E activities are implemented on regular basis. The PMU has issued a set of M&E indicators, reporting templates and tables sent to all10 project provinces. These indicators are linked with Health Management Information System set by the Ministry of Health. Quarterly, PHDs send a progress report which describes project activities, process indicators,achieved outputs, and financial statement to the PMU. In addition to reports,the implementation of project activities at the project provinces also monitored and supervised through regular M&E visits organized by the PMU, HSSCC and MOH.

Apart from bi-annual and annual workshops which are participated by related stakeholders, HSSCC members and PHDs, PMU also organizes workshops/meetings on special contents on finance, planning, MCH, EPI and management to update health regulations and policies as well as to help participants share experiences in project implementation and management of grassroots health care activities. This helps build capacity of health workers at local level.

At local level, M&E activities are functions and responsibility of the PHDs and district health centers to make sure that the project activities are implemented according to the guidance of current regulations and mechanism and the funds are use efficiently.Besides, the PMU conducted series of M&E training for provincial and district health authorities to strengthen their capacity in supportive monitoring of health activities at basic level.

HSSCC also monitors project implementation to ensure that activities are delivered at the set objectives and approved budget. Quarterly, PMU send progress and financial reports to HSSCC for review. The HSSCC holds regular meetings every 6months or unscheduled meetings when issues arise. The Department of Planning and Finance (DPF) acts as the focal point to coordinate meetings, seminars as guided by the head of the committee.

Since the commencement of GAVI-HSS project, the above mentioned arrangements for monitoring and evaluating GAVI-HSS activities have shown effectiveness and proven positive progress in managing project activities (systematic reporting mechanism, skills to implement project activities, regular update of project indicators), contributing to the strengthening of health system at grassroots level. Thus, PMU continues to apply this management mechanism.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the

sector-wide approach in place of GAVI indicators.

The PMU develop internal M&E system that includes indicators for project monitoring and evaluation. All GAVI-HSS impact and output indicators are from essential health indicators, e.g.Percentage of children under one year of age fully immunised, percentage of villages with a VHW, percentage of CHCs meeting national health benchmarks,child and maternal mortality… These indicators are also the current M&E indicators of the health system, included in the 5-year health sector plan(2011-2015) and in the health management information system (HMIS) of Vietnam.These indicators are also assessed and included in the Joint Annual Health Sector Reviews (JAHRs), which has been conducted jointly by the MOH and development partners, discussed and shared among stakeholders, including national and international agencies since 2007. These indicators are also reported to the central Government for monitoring performance of the health sector.

As recommended by HSSCC members, in2013 PMU revised tools for internal M&E. Forms, checklists, tables are developed to collect data of all activities under the project framework. Specifically,data on gender, ethnicity are gathered for training related activities. For outreach immunization activity, proportion of ethnic children and women benefited are also collected. The PMU also revised and divided the project indicators into four main groups: 1) Input indicators (long-term training for VHWs; short-term professional training on EPI, MCH, planning, M&E; supply of medical equipments; health services), intermediate indicators (professional skills of HWs, supply of medical equipments), output indicators (EPI proportion, proportion of CHCs accredited with the national benchmark standards, proportion of villages with active VHWs) and impacts indicators(under 5 mortality rate, maternal mortality rate, suffering and death cases induced by diseases related to expanded immunization). These groups of indicators were collected and maintained as baseline indicators. These indicators will be used for comparison with mid-term and final indicators to evaluate progress of the project.

Recognizing the important role of commune health centres in providing primary health care, the PMU assessed capacity of CHCs in providing health care services as regulated by the Ministry of Health in 10 project provinces. Totally 125 CHCs were assessed. The following information were collected: Proportion of 108 services regulated by MoH that CHCs are able to provide; proportion of CHCs accredited with national health benchmark standards; proportion of CHCs with active doctors,pediatric-obstetric assistants, midwifes, proportion of villages with active VHWs; proportion of VHWs trained for 3, 6, 9 months; and some indicators related to EPI and MCH care. The collected information were analyzed and documented to be the foundation for evaluate project achievements and interventions when the project ends.

Moreover, PMU have coordinated with research institutes/agencies (Health Policy and Strategy Institute, Hanoi Medical University, Organization and Manpower Department) to conduct studies related to health system strengthening. The studies focus on: situation of health care activities at commune level and proposing policies for health system strengthening; capacity of provision of health care services at commune level;evaluation of HSS training activities; and assessment of situation and results of out-reach immunization spots. Results of the studies will be valuable evidences to assess the project's achievements.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

GAVI HSS implementation is supervised by both Governmental and non-governmental organizations at central and local levels, as follows:

Maternal and Child Health Department (Ministry of Health):

- Develop training curriculum on MCH for district and commune health workers
- Participate in the training courses as key trainers/facilitators on MCH
- Participate in field M&E visits

Other related MOH Departments, including: Planning and Finance Department; Manpower and Organisation Department; Science, Technology and Training Department;Health Strategy and Policy Institute, National Institute of Hygiene and Epidemiology, Hanoi Medical University:

- Monitor and evaluate the HSS implementation

- Review and recommend for the project annual workplan, procurement plan
- Participate in meetings/workshops of the project to provide comments and recommendations for project implementation.
- Participate in field M&E visits
- Involve in researches on HSS

National EPI Programme:

- Develop training curriculum on EPI for district and commune health workers
- Participate in the training courses as key trainers/facilitators on EPI
- Participate in field M&E visits
- Review and recommend studies on EPI

WHO,WB, UNICEF, UNFPA:

- Participate in the HSSCC (see the detailed TORs of the HSSCC)

Heath Partnership Group (HPG):

- Be informed and discuss about implementation of the HSS as well as other support for the health sector

Provincial EPI Program:

- Participate in TOT courses organised by the PMU and National EPI Program
- Participate in the training courses for district and commune health workers as key trainers/facilitators on EPI
- Participate in field M&E visits to district,commune and village levels

Provincial Secondary Medical Schools:

- Organise 6-9 month training courses for village health workers

Provincial People Committee:

- Approve action plan, procurement plan and monitor HSS implementation in the project provinces

Provincial Department of Health:

- Comprehensively responsible for implementation of the HSS in the province

Local Civil Society Organisation, e.g., Fatherland Front, Women's Union, Farmers Association, Youth Union,etc.:

- Participate in the process of decision making for socio-economic development strategies, including health sector.
- Join the monitoring and supervision of performance of the health sector, including HSS.
- Collaborate with health workers at grassroots level to implement public health care communication activities and social mobilization.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

Civil Society Organisations including Women's Union, Fatherland Front, Farmers Association and Youth Union play the role as collaborators in implementing and supervising health care activities. Especially, at local

level, health system strengthening project has received great support from those above mentioned CSOs. For instance, in order to organize immunization activities at outreach spots, members of Women's Union, Farmers Association, and Youth Union go to households to give the EPI invitations and encourage mothers and children to go to CHCs or outreach spots for immunization. In addition, members of CSOs monitor the immunization and provide other supports such as preparing spaces for immunization, welcoming mothers and children, mobilizing participation of local residents and authorities to support immunization activities in the locality.

IEC activities on immunization, MCH and other HSS activities receive strong support and involvement by Red Cross Association, Women's Union, Fatherland Front and Youth Union. They provide IEC information when they visit households. Different health care activities, especially the accomplishment of national health programs at the community level, were implemented with active participation and support from private health facilities and retired physicians. All activities of above mentioned organisations are voluntary.

In addition to the involvement of various civil society organizations, the GAVI HSS project also benefits from the inputs of key stakeholders through the Health Partnership Group (HPG). The ongoing policy discussions and programme reviews have provided guidance and direction in the implementation of the project.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

GAVI HSS funds are managed according to the Decree no. 93/2009/ND-CP of the Government about management regulation of INGO support. At central level, Department of Planning and Finance (DPF) will be focal point for HSFP implementation.Existing PMU for GAVI-HSS phase 1 continues to help MOH to implement GAVI-HSFP.This is a small PMU integrated in the DPF, with participation of some key Departments related to HSS (e.g. MCH Dept., Manpower and Organisation Dept.,HSPI, etc.) and National EPI Programme. HSFP implementation is guided by HSSCC members, which are available to provide support whereas necessary.

In order to manage project activities and expenditures from central to local level, PMU developed Financial management Manual, which is endorsed by the Minister of Health in January 2013. The Manual regulates accounting system, procurement activities, management and use of assets, internal control mode, the use of accounting software etc…. Thus, HSS funds are managed systematically by PMU and10 PHDs.

The BRAVO software, which was developed basing on national accounting standards, is usedby the PMU and all 10 PHDs. All GAVI-HSS transactions are uniquely coded,cross-referenced for documentation and retained for external audit purposes and accounting controls.

At provincial level, provincial Department of Health is the focal point for implementation, with involvement of Provincial EPI Programme, Provincial Preventive Health Centers. Existing organization of Department of Health and financial management structures will be used to implement and manage funding from HSFP. Each year, HSFP provinces will prepare annual health plan, including activities and budget, submit to MOH/PMU to develop overall HSFP plan which will be approved by the MOH, and integrated in the overall health sector plan.Financial and procurement management will basically follow Vietnam laws and regulations.

Implementation of GAVI HSS is integrated in the existing system at local level. Majority of the activities will be carried out at local levels. MOH/PMU plays main roles in planning, implementation coordination, and M&E. EPI programme at different levels will play important roles in implementing HSS activities, especially EPI technical aspects, EPI training activities, EPI related M&E, outreach EPI spots, etc.

In general, there is a solid mechanism for management of the HSFP fund. The project uses the existing national financial management system, regulations and integrated M&E system. Mechanisms of ensuring accountability and transparency through internal and routine government audits are also in place.

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations

for these changes.

Table 9.5: Planned activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Objective 1: Support Human Resource Development for Health						
1. Provide 6-9 month training courses for VHWs	23 courses will be organized (40 participants/course)	1299960	810795			
2. Training courses on EPI for district hospital staff			10714			
3. Training courses on EPI in Practice for CHWs	40 courses will be organized (40 participants/course)	440000	423572			
4. Training courses on MCH for CHWs	40 courses will be organized (40 participants/course)	440000	393357			
Objective 2: Capacity to deliver basic health services through ensuring adequate supply of essential equipment for health facilities						
5.1. Supply of essential equipment to DHCs (Health products and health equipment						
5.2. Supply of essential equipment to CHCs (Health products and health equipment)						
5.3. Supply of essential equipment kit to VHWs						
6. Support outreach immunization spots	2,330 outreach immunization sports supported	409680	172741			
Objective 3: To strengthen management capacity in response to the needs for health sector reform and development in the new situation						
7. Training courses on health planning and M&E for provincial and district health managers	5 courses will be organized (40 participants/course)	102600	62810			
8. Support for Joint Annual Health Review (JAHR)	Support to develop JAHR in 2014	100000	32449			

9. Support for M&E and supervisory visits	M&E visits of central level, provincial and district level	254052	83622			
10. Support for initiatives and policies to strengthen the basic health network	Suppport research proposals if needed	124000	6252			
11. International workshops, training, study tours	01 trip organized to support staff of line ministries, sectors to attend international conferences, workshops and short-term study visits overseas	50000				
12. Local training/workshops	24 workshops organized in the central and provincial levels	342725	97875			
Project Management						
Office equipment and furniture	Office equipment and furniture purchased and used	15795	5010			
Running costs	Telephone, photocopy, stationery, etc	225600	57690			
Salary for project staff	Salary for 9 PMU full-time staffs paid on monthly basis	260400	72243			
Allowances for PMU	Allowances for 5 PMU members paid on monthly basis	62400	7396			
Annual Financial Audit	An independent auditing company recruited	62000	15230			
Baseline and post-project surveys	Paid on contract based on the workload					
International consultant						
Local consultants	As planned	58500				
		4247712	2251756			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
Objective 1: Support Human Resource					

Development for Health					
1. Provide 6-9 month training courses for VHWs	Organize 20 courses for 800 VHWs	753600			
2. Training courses on EPI for district hospital staff					
3. Training courses on EPI in Practice for CHWs	32 courses will be organized (40 participants/course)	352000			
4. Training courses on MCH for CHWs	32 courses will be organized (40 participants/course)	352000			
Objective 2: Capacity to deliver basic health services through ensuring adequate supply of essential equipment for health facilities					
5.1. Supply of essential equipment to DHCs (Health products and health equipment)					
5.2. Supply of essential equipment to CHCs (Health products and health equipment)					
5.3. Supply of essential equipment kit to VHWs					
6. Support outreach immunization spots	Support 2,330 outreach immunization spots	409680			
Objective 3: To strengthen management capacity in response to the needs for health sector reform and development in the new situation					
Objective 3: To strengthen management capacity in response to the needs for health sector reform and development in the new situation					
7. Training courses on health planning and M&E for provincial and district health managers	01 TOT training courses organized for provincial and district level	31200			
8. Support for Joint Annual Health Review (JAHR)	Support consultants, workshops, printing and publication costs	100000			
9. Support for M&E and supervisory visits	CHCs are supervised every quarter by district level; and district level supervised every 6 months by provincial level; provincial level supervised every year by central level.	254052			

10. Support for initiatives and policies to strengthen the basic health network	Support some researches, studies conducted by CPMU/PPMU/relevant agencies to provide evidences and information for policy makers	80000			
11. International workshops, training, study tours	01 trip organized to support staff of line ministries, sectors to attend internationalconferences, wks and short-term study visits overseas	50000			
12. Local training/workshops	24 workshops organized by PMU and provinces	401945			
Project Management					
Office equipment and furniture	To provide office equipment and supplies for PMU and 10 PHDs for project operation and management	4075			
Running costs	Provide budget for PMU and 10 PHDs for project operation and management.	225600			
Salary for project staff	Salary for 9 PMU full-time staffs paid on monthly basis	260400			
Allowances for PMU	Allowances for 5 PMU members paid on monthly basis	62400			
Annual Financial Audit	Paid on contract with an independent agency; cost estimate based on the workload/ size of budget to be audited.	62000			
Baseline and post-project surveys		65000			
International consultant		40000			
Local consultants	As planned	58500			
		3562452			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
The Global Fund	86986150	01/01/2012 - 31/12/2016	Strengthening Health Systems to improve and sustain outcomes for HIV/AIDS, TB Malaria and MCH programmers in Vietnam

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Annual report of Ministry of Health	This report was verified by MOH departments	
Baseline survey report	The data sources of the report use MOH statistics and government data	
Health Statistics Yearbook	This yearbook was compiled by DPF in MOH and validated by General Statistics Office	
Joint Annual Health Review (JAHR)	This report was verified by MOH	
Quarterly and annual report of PHDs	The information is validated by M&E team of the PMU/MOH	
Vietnamese expanded Program on Immunization/National Institute Of Hygiene And Epidemiology (EPI/NIHE)	EPI/NIHE is responsible for data collection and management of immunization activities nationwide and report to MOH	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

This is the second year that the PMU of GAVI-HSS project in Vietnam has developed APR using the template provided by GAVI. Thus, at this time, the HSS PMU do not face difficulties in putting the report together with ISS thanks to clear instructions from GAVI, experiences learnt from last report development, cooperation from ISS and support from HSSCC.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?2

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Viet Nam **has NOT received GAVI TYPE A CSO support**

Viet Nam is not reporting on GAVI TYPE A CSO support for 2013

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Viet Nam **has NOT received GAVI TYPE B CSO support**

Viet Nam is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

In compliance with the Aide Memoire and financial management of HSFP grants, the HSSCC has discussed and endorsed the following contents:

Possibility to unify the PMU in the spirit of harmonization:

In the HSSCC meeting on 25 April 2013 to endorse APR 2012, HSSCC members agreed that it is impossible to unify the PMU in the spirit of harmonization. During implementation, PMUs of HSS projects regularly share information and experiences on related activities including: training, evaluation indicators, evaluation of services provided by CHCs… Especially, in December 2013, one workshop was conducted for HSS projects (Global Fund, GAVI, World Bank funded projects) for experiences sharing on implementation of projects.

Procurement plan: The project developed the procurement plan for the second year and submitted to HSSCC members. The HSSCC reviewed and approved the Procurement Plan for 2014 on 11 December 2013 and authorized PMU to review, update list of medical equipments; procurement packaging following regulations of MoH and Bidding Law of Vietnam. The procurement plan and signature page to endorse the plan are attached with this report.

- **The 3rd tranche:** The Minister of Health approved the project's 2014 workplan in which targets of year 2 (2013) and year 3 (2014) are presented. GAVI transferred budget for year 2 implementation on 30 November 2013. Almost all activities in year 2 will be accomplished in Quarter 2/2014 (except for procurement activity). Therefore, in order that the PMU can actively and timely commence implementation of activities in year 3 which was endorsed by the MoH, PMU requests GAVI to make the 3rd tranche of US$7,810,164.

- **Recommendations from HSSCC members**:

i) Strengthening immunization activities and safety in immunization: PMU and project provinces should continue reviewing the activity of support outreach immunization spots in order to guarantee safety in immunization and in the same time ensure interests of women and children in difficult and mountainous areas. The PMU and project provinces should emphasize its contributions to increase the coverage of hepatitis B vaccines for newborns within 24 hours after birth and immunization coverage through EPI training courses for district and commune HWs. The project should consider supporting disadvantaged provinces/localities where the immunization coverage remains low.

ii) Strengthening MCH care activities towards achievement of MDGs: The project should continue to carry out capacity building activities via short-term and long-term training courses, supply of medical equipment for DHCs and CHCs, mobilization of participation from stakeholders and related sectors to socialize health care activities.

iii) Procurement of essential equipment: PMU developed list of equipment basing on standard list regulated by MoH. PMU and PHDs reviewed the list basing on actual needs of the DHCs, CHCs, VHWs. PMU also consulted with related stakeholders, especially EPI to ensure that supplied equipment is used effectively and efficiently. The project should speed up this activity so that by the end of 2014, equipment and VHW kits will be provided to DHCs, CHCs and VHWs.

iv) Evaluation and evidences of impacts of project's activities: In 2014 workplan, PMU and 10 project provinces have developed tools to collect data of implemented activities, including: indicators on gender,ethnicity of beneficiaries from training activities, outreach immunization,development of M& E internal system, conduction of studies. Particularly, a separate research will be conducted to evaluate results of training activities of the project. In addition, the project also assessed services provided by CHCs. The assessment results will be baseline indicators for cross checking comparison when the project ends. When the results are available, the project should share research results to related stakeholders and MoH for development of initiatives to strengthen health system at grassroots level.

v) The project should standardize training curriculum and synthesized experiences to share with related stakeholders. The project can utilize products (research results, training curriculum…) of other similar projects

for adaptation. The project should also gradually instruct project provinces to sustain its achievements after its closure.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS *1*

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of MoH _APR 2013.pdf **File desc:** Signature of Vice Minister of Health for the APR 2013 **Date/time :** 12/05/2014 05:19:13 **Size:** 965 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of MoH _APR 2013.pdf **File desc:** Signature of Vice Minister of Finance for the APR 2013 **Date/time :** 14/05/2014 04:52:49 **Size:** 965 KB
3	Signatures of members of ICC	2.2	✓	Signature of ICC.pdf **File desc:** Signature of members of ICC **Date/time :** 14/05/2014 06:16:31 **Size:** 429 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	25th ICC meeting note_5.2014.docx **File desc:** Minutes of ICC meeting in 2014 endorsing the APR 2013 **Date/time :** 15/05/2014 08:30:36 **Size:** 32 KB
5	Signatures of members of HSCC	2.3	✓	5. Signature page to endorse APR 2013.pdf **File desc:** HSSCC members signed in the signature page to endorse APR 2013. **Date/time :** 12/05/2014 03:18:10 **Size:** 867 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	6. Minutes of HSSCC meeting to endorse APR 2013.pdf **File desc:** HSSCC members met on 29 April 2014 to review and endorse APR2013 **Date/time :** 14/05/2014 03:43:37 **Size:** 60 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	Report on expenditure of ISS_GAVI 2013.doc **File desc:** Financial statement for ISS grant 2013 **Date/time :** 14/05/2014 06:19:14 **Size:** 59 KB

8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	Audited Financial Statments_ISS 2013.pdf **File desc:** **Date/time :** 15/05/2014 04:53:57 **Size:** 3 MB
9	Post Introduction Evaluation Report	7.2.2	✓	Report on expenditure of ISS_GAVI 2013.doc **File desc:** **Date/time :** 15/05/2014 05:33:13 **Size:** 59 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Report on expenditure of ISS_GAVI 2013.doc **File desc:** **Date/time :** 15/05/2014 05:19:45 **Size:** 59 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	Audited Financial Statments_ISS 2013.pdf **File desc:** , **Date/time :** 15/05/2014 05:22:46 **Size:** 3 MB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM 2012 - Summary report.doc **File desc:** Latest EVM report (2012),Latest EVM report (2012),Latest EVM report (2012),EVM improvement plan implementation status **Date/time :** 14/05/2014 06:23:14 **Size:** 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Update Improvement plan based on EVM in VNM 2012.doc **File desc:** Latest EVM report (2012),Latest EVM report (2012) **Date/time :** 14/05/2014 06:26:01 **Size:** 45 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Update Improvement plan based on EVM in VNM 2012.doc **File desc:** Latest EVM report (2012),Latest EVM report (2012) **Date/time :** 14/05/2014 06:27:52 **Size:** 45 KB
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded

17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	19. Financial statement for HSS grant (Fiscal year 2013).pdf **File desc:** Financial statement - fiscal year 2013 **Date/time :** 13/05/2014 02:54:26 **Size:** 1 MB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	20. Financial statement for HSS grant (Jan-April 2014).pdf **File desc:** Financial statement, Jan - April 2014 **Date/time :** 13/05/2014 02:57:48 **Size:** 1 MB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	Financial Audit GAVI-HSS (pending).docx **File desc:** An external firm had audited the GAVI – HSS project. The audit report has been finalizing. External audit report will be available and sent to GAVI by the end of May 2014 **Date/time :** 15/05/2014 06:22:33 **Size:** 10 KB
22	HSS Health Sector review report	9.9.3	✓	JAHR 2013.pdf **File desc:** JAHR 2013 **Date/time :** 04/05/2014 10:11:57 **Size:** 2 MB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded

25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	26. Bank statements - HSS grant.pdf **File desc:** Bank statements (Jan - April 2014 & Jan - Dec 2013) **Date/time :** 13/05/2014 03:00:18 **Size:** 1 MB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	2c. Annual workplan 2014_ENG.pdf **File desc:** Annual workplan in 2014 of the HSS project **Date/time :** 12/05/2014 03:27:37 **Size:** 608 KB
				3. Indicators_EPI_&_maternal health care in 10 project povinces_2013(3).pdf **File desc:** EPI and maternal health care indicators in 10 project provinces in 2013. **Date/time :** 13/05/2014 10:34:11 **Size:** 80 KB
				APR_2013_VNM PROD (HSS Section) Final.docx **File desc:** Full text version of APR 2013 - HSS Project **Date/time :** 15/05/2014 06:36:09 **Size:** 169 KB
				2a. Meeting minutes_HSSCC_11Dec2013.pdf **File desc:** Minutes of HSSCC meeting to endorse 2014 workplan and procurement plan **Date/time :** 12/05/2014 03:25:33 **Size:** 58 KB
				1a. Minutes of HSSCC for endorsing APR 2012.pdf **File desc:** Minutes of HSSCC meeting to endorse APR 2012 **Date/time :** 12/05/2014 03:23:07 **Size:** 63 KB

				2d. ProcurementPlan2014ofGAVI-HSS.pdf **File desc:** Procurement plan in 2014 of the HSS project **Date/time :** 12/05/2014 03:28:30 **Size:** 116 KB
				2b. Signature page 11 Dec 2013.pdf **File desc:** Signature page of HSSCC endorsing 2014 workplan and procurement plan **Date/time :** 12/05/2014 03:26:33 **Size:** 878 KB
				1b. Signaturepage of HSSCC for APR 2012.pdf **File desc:** Signature page of HSSCC endorsing APR 2012 **Date/time :** 12/05/2014 03:24:34 **Size:** 841 KB
				GAVI-HSS Baseline Report.pdf **File desc:** This is the baseline survey done by the project in 2013 to study baseline indicators of the project. The result of the survey will be used for comparison of interventions upon the project's closure. **Date/time :** 07/05/2014 10:34:59 **Size:** 1 MB