*GAVI Alliance*

# Annual Progress Report 2012

Submitted by

## The Government of

## *Viet Nam*

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/19/2013 9:36:23 PM**

**Deadline for submission: 9/24/2013**

Please submit the APR 2012 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: **2012**

Requesting for support year: **2014**

## 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 |
| INS | | | |

**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 2012 | Request for Approval of | Eligible For 2012 ISS reward |
|---|---|---|---|
| VIG | No | No | N/A |
| COS | No | No | N/A |
| ISS | Yes | next tranche: N/A | Yes |
| HSS | Yes | next tranche of HSS Grant No | N/A |
| CSO Type A | No | Not applicable N/A | N/A |
| CSO Type B | No | CSO Type B extension per GAVI Board Decision in July 2012: N/A | N/A |
| HSFP | Yes | Yes | N/A |

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 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 | **Name** | Truong Chi Trung |
| **Date** | | **Date** | |
| **Signature** | | **Signature** | |

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

| Full name | Position | Telephone | Email |
|---|---|---|---|
| Nguyen Van Cuong | Deputy National EPI Manager | +84 4 39725745 or +84 0915342223 | cuongepi@yahoo.com |
| Nguyen Hoang Long | Deputy Director, Planning and Finance Dept., Ministry of Health, HSS Project Director | +84 4 62732262 or +84-903503255 | longmoh@yahoo.com |
| Duong Duc Thien | Official, Planning and Finance Dept., Ministry of Health, HSS Project Vice Director | +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 |
|---|---|---|---|
| Toda Kohei, EPI Medical Officer | WHO | | |

| | | | |
|---|---|---|---|
| Craig Burgess, Chief, Child Survival and Development Section | UNICEF | | |
| Ramona Byrkit, PATH Country Representative | PATH | | |
| Akira Shimizu, Senior Representative | JICA | | |

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), Dept. of Planning and Finance, Manpower and Organization Dept., RH Dept., Health Strategy and Policy Institute, Science Technology and Training Administration, 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 |
|---|---|---|---|
| Nguyen Thanh Long - Vice Minister/Chairman of HSSCC | Ministry of Health | | |
| Pham Le Tuan - Director of DPF | Ministry of Health | | |
| Nguyen Hoang Long - Deputy Director of DPF | Ministry of Health | | |
| Pham Van Tac - Director of Manpower and Organization Dept. | Ministry of Health | | |
| Luu Thi Hong - Deputy Director of Reproductive Health Dept. | Ministry of Health | | |

| | | | |
|---|---|---|---|
| Tran Thi Mai Oanh - Deputy Director of Health Strategy and Policy Institute | Ministry of Health | | |
| Nguyen Cong Khan - Director of Training and Science Dept. | Ministry of Health | | |
| Nguyen Tran Hien - Director of NIHE | Ministry of Health | | |
| Dao Lan Huong - Health System Specialist | WB | | |
| Takeshi Kasai - Representative | WHO in Vietnam | | |
| Nguyen Huy Du - Maternal and Neonatal Specialist | UNICEF | | |
| Duong Van Dat, Team leader, Reproductive Health | UNFPA | | |

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 2013

## 3. Table of Contents

*This APR reports on Viet Nam's activities between January – December 2012 and specifies the requests for the period of January – December 2014*

**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) | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2012 | | 2013 | | 2014 | | 2015 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation |
| **Total births** | 1,676,394 | 1,775,657 | 1,696,510 | 1,696,510 | 1,716,869 | 1,716,869 | 1,737,471 | 1,737,471 |
| **Total infants' deaths** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total surviving infants** | 1676394 | 1,775,657 | 1,696,510 | 1,696,510 | 1,716,869 | 1,716,869 | 1,737,471 | 1,737,471 |
| **Total pregnant women** | 1,676,394 | 1,758,354 | 1,696,510 | 1,696,510 | 1,716,869 | 1,716,869 | 1,737,471 | 1,737,471 |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 1,592,574 | 1,737,854 | 1,611,685 | 1,611,685 | 1,631,025 | 1,631,025 | 1,650,597 | 1,650,597 |
| **BCG coverage** | 95 % | 98 % | 95 % | 95 % | 95 % | 95 % | 95 % | 95 % |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 1,609,338 | 1,723,934 | 1,628,650 | 1,628,650 | 1,648,194 | 1,648,194 | 1,667,972 | 1,667,972 |
| **OPV3 coverage** | 96 % | 97 % | 96 % | 96 % | 96 % | 96 % | 96 % | 96 % |
| **Number of infants vaccinated (to be vaccinated) with DTP1** | 16,093,380 | 1,761,666 | 16,116,850 | 16,116,850 | 16,310,260 | 16,310,260 | 16,505,970 | 16,505,970 |
| **Number of infants vaccinated (to be vaccinated) with DTP3** | 1,592,574 | 1,714,877 | 1,595,568 | 1,595,568 | 1,614,715 | 1,614,715 | 1,634,091 | 1,634,091 |
| **DTP3 coverage** | 95 % | 97 % | 94 % | 94 % | 94 % | 94 % | 94 % | 94 % |
| **Wastage[1] rate in base-year and planned thereafter (%) for DTP** | 0 | 5 | 0 | 0 | 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 | 1.00 | 1.00 |
| **Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib** | 1,592,574 | 1,761,666 | 1,611,685 | 1,611,685 | 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** | 1,592,574 | 1,714,877 | 1,611,685 | 1,595,568 | 1,614,715 | 1,614,715 | 1,634,091 | 1,634,091 |
| **DTP-HepB-Hib coverage** | 95 % | 97 % | 94 % | 94 % | 94 % | 94 % | 94 % | 94 % |
| **Wastage[1] rate in base-year and planned thereafter (%)** | 0 | 5 | 0 | 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 | 1.05 | 1.05 |
| **Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of Measles** | | 1,711,096 | | 1,628,650 | | 1,648,194 | | 1,667,972 |
| **Measles coverage** | 0 % | 96 % | 0 % | 96 % | 0 % | 96 % | 0 % | 96 % |
| **Pregnant women vaccinated with TT+** | 1,508,755 | 1,678,771 | 1,526,859 | 1,526,859 | 1,545,182 | 1,545,182 | 1,563,729 | 1,563,729 |

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2012 | | 2013 | | 2014 | | 2015 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2012 | Current estimation | Previous estimates in 2012 | Current estimation |
| **TT+ coverage** | 90 % | 95 % | 90 % | 90 % | 90 % | 90 % | 90 % | 90 % |
| **Vit A supplement to mothers within 6 weeks from delivery** | 1,116,521 | 0 | 1,116,521 | 1,116,521 | 1,116,521 | 1,116,521 | 1,116,521 | 1,116,521 |
| **Vit A supplement to infants after 6 months** | 4,843,830 | 5,180,305 | 4,843,830 | 4,843,830 | 4,843,830 | 4,843,830 | 4,843,830 | 4,843,830 |
| **Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100** | 90 % | 3 % | 90 % | 90 % | 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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 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 2012 (1,775,657) in JRF are slightly higher than projections (1,676,394) estimates for 2012 in 2011 APR (in 4. Baseline and annual targets) It is note that number of surviving infants reported in 2012(1,775,657) 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.

- Justification for any changes in **wastage by vaccine**

  No changes made in wastage by vaccine

## 5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

High coverage was maintained for all antigens: FIC for child under one: 95.9%;Number of children vaccinated with DPT3 were 1,714,877 (96.6%). 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. In JRF 2011, number ofchildren received DPT3 was 1,529,589 in 2012 is 1,714,877. Related with ISS support from GAVI, Viet Nam was achivement of the immunization programmebacause in 2012 higher children (N=1,714,877) were vaccinated with DPT3(DPT-HepB-Hib3) than in 2011 (N=1,529,589) and 2009 (N=1,558,013).

TT2+ for PW: 95.5 % and Protection at birth (PAB) again neonatal tetanus: 95%

Many IEC activities were conducted include guideline from MOH during 2010 - 2012 to increase the coverage with birth dose of Hepatitis B vaccine. It is note that Hepatitis B birth dose in 2012 is 75.6%(in 2011 was 55% and 2010 was 21.4%).

Campaign with two round OPV were conducted in 2012 for children under 5 years old in 79 HRDs in 19 provinces. 1,110,568 children were vaccinated (97.6% of target population)

Major achievements during this particular SIA:

- MoH/Gov made strong commitment for SIA and advocacy for maintain polio eradication status.
- Most of the operational cost was prepared by local government (provincial peoplescommittees). The most of the fund were allocated timely. The communication and monitoring/supervision were well performed in most of provinces.
- TheSIA activity discovered the high risk marginalized population which would be the important priority group targeted.

MNTE status still maintain in Vietnam. Only 39 neonatal tetanus cases were reported in 2012. No district with more than 2 NNT cases was reported.

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

## 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 otherbasic 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 factoraffecting immunization service utilization, i.e 1% is the difference in DPT3and FIC coverage between boys and girls ( 99% for boys and 98% for girls and96% 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)

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Not selected**

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 2010 to the present.

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.

## 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$ = 20813 | 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 2012 | Source of funding | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Country | GAVI | UNICEF | WHO | PATH | JICA | Lux |
| Traditional Vaccines* | 4,337,026 | 4,337,026 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| New and underused Vaccines** | 13,659,595 | 2,407,097 | 11,252,498 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 2,186,427 | 1,968,925 | 217,502 | 0 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 264,954 | 230,635 | 0 | 0 | 0 | 0 | 0 | 34,319 |
| Personnel | 33,633 | 33,633 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 3,423,359 | 2,553,239 | 332,783 | 0 | 118,017 | 136,489 | 0 | 282,831 |
| Other Capital Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 341,479 | 240,000 | 0 | 13,879 | 47,600 | 0 | 40,000 | 0 |
| NO | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| Total Expenditures for Immunisation | 24,246,473 | | | | | | | |
| | | | | | | | | |
| Total Government Health | | 11,770,555 | 11,802,783 | 13,879 | 165,617 | 136,489 | 40,000 | 317,150 |

* 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 2013 and 2014

Yes

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Not selected**

**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 2012? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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 |

## 5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

A c-MYP has been developed for years2011-2015. The objectives and priority actions are fully linked with the current c-MYP (for year 2010) and with the future c-MYP (for 2011). Following are in brief main objectives and priority actions for 2013:

1) Maintain more than 95% coverage of the eligible population with all thevaccines included in the national immunization program with special effortsmade to increase the coverage with hepatitis B vaccine birth dose.

2) Maintain polio-free and Maternal Neonatal Tetanus Elimination status <?xml:namespace prefix = o />

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 second dose for children at 18 months of age instead of 6 years

5) Set up maintenance system for cold chain equipment at all levels

6) Maintainhigh HepB birth dose vaccination coverageand reduce missed opportunity for HepB vaccination in hospitals and health facilities.

## 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 2012

| Vaccine | Types of syringe used in 2012 routine EPI | Funding sources of 2012 |
|---|---|---|
| BCG | Single use syringe | Gov. |
| Measles | AD syringe | Gov. |
| TT | AD syringe | Gov. |
| DTP-containing vaccine | AD syringe | Gov. and GAVI |
| JE | AD syringe | Gov. |
| Typhoid | 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)

What types of incinerators will be selected for commune level (immunization point)?

How to set-up incinerator for all commune health centre with limited fund from EPI.

<?xml:namespace prefix = o />

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

The practice for disposal of immunization waste in 2012 were: incineration for urban area, open burning for rural area and buria in mountainous area.

# 6. Immunisation Services Support (ISS)

## 6.1. Report on the use of ISS funds in 2012

| | Amount US$ | Amount local currency |
|---|---|---|
| Funds received during 2012 *(A)* | 0 | 0 |
| Remaining funds (carry over) from 2011 *(B)* | 813,507 | 1,703,972,822 |
| Total funds available in 2012 *(C=A+B)* | 813,507 | 1,703,972,822 |
| Total Expenditures in 2012 *(D)* | 332,783 | 689,294,049 |
| Balance carried over to 2013 *(E=C-D)* | 480,724 | 1,014,678,773 |

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 Institute of Hygiene and Epidemiology (NIHE) in the part for EPI expenditures. The Ministry of Finance acknowledged the fund as they involved in confirming the support plan and had signed in the application form.<?xml:namespace prefix = o />

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

NOTE: REMAINING FUNDINGS (CARRY OVER) FROM 2011 WAS: 17,039,972,223 LOCAL CURRENCY AND BALANCE CERRIED OVER TO 2013 (E=C-D) IS: 10,146,787,731 LOCAL CURRENCY.

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 the account of National Institute of Hygiene and Epidemiology (NEPI) to the account of 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 2012

ISS fund were used in 2012 for EPI staff on Training on EPI management conduct Workshop and training on Hepatitis B birth dose; Organize mobile immunization team for difficult and mountainous provinces; Supervision EPI activities and implementation Hep B birth dose in difficult provinces and provinces have low immunization rate; Printing Individual immunization book, EPI practice guideline materials,....support transportation, supportive supervision, AEFI surveillance (see attached Report on expenditure for ISS for EPI Viet Nam)

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 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 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

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

## 7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1**: Vaccines received for 2012 vaccinations against approvals for 2012

| | [ A ] | [ B ] | | |
|---|---|---|---|---|
| **Vaccine type** | **Total doses for 2012 in Decision Letter** | **Total doses received by 31 December 2012** | **Total doses of postponed deliveries in 2012** | **Did the country experience any stockouts at any level in 2012?** |
| DTP-HepB-Hib | 5,016,609 | 5,016,609 | 0 | No |

**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? ...)

  Every thing is fine.

- 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.**

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 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, 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 | |
| **Nationwide introduction** | No | |
| **The time and scale of introduction was as planned in the proposal? If No, Why ?** | Yes | |

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **March 2016**

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? **No**

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:

<P>With support from WHO from 2011 surveillance useful for EPI were conducted in some pilot. The results from these pilot will be useful for EPI especially<SPAN lang=EN-US style="FONT-SIZE: 7.5pt; FONT-FAMILY: 'Arial','sans-serif'; mso-fareast-font-family: 'Times New Roman'; mso-ansi-language: EN-US; mso-fareast-language: EN-US; mso-bidi-language: AR-SA"> </SPAN> for assess outcome form introduce new vaccine and for introduction new vaccines in EPI.</P><P class=MsoNormal style="MARGIN: 0cm 0cm 0pt"><SPAN lang=EN-US style="FONT-SIZE: 7.5pt; FONT-FAMILY: 'Arial','sans-serif'">Advised from NITAG for EPI and for leader of MOH were very useful for EPI activities and other include introduce new vaccines in EPI in future.</SPAN></P>

## 7.3. New Vaccine Introduction Grant lump sums 2012

## 7.3.1. Financial Management Reporting

| | Amount US$ | Amount local currency |
|---|---|---|
| Funds received during 2012 (A) | 0 | 0 |
| Remaining funds (carry over) from 2011 (B) | 0 | 0 |
| Total funds available in 2012 (C=A+B) | 0 | 0 |
| Total Expenditures in 2012 (D) | 0 | 0 |
| Balance carried over to 2013 (E=C-D) | 0 | 0 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 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

No introduction grand lump sums for 2012

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

NR

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

NR

## 7.4. Report on country co-financing in 2012

**Table 7.4 :** Five questions on country co-financing

| | **Q.1: What were the actual co-financed amounts and doses in 2012?** | |
|---|---|---|
| **Co-Financed Payments** | **Total Amount in US$** | **Total Amount in Doses** |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | | 649,500 |
| | | |
| | **Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?** | |
| Government | Yes, 100% of funding for co-financing in 2012 from Government. | |
| Donor | | |
| Other | | |
| | | |
| | **Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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 | | 686,600 |
| | | |
| | **Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding** | |
| **Schedule of Co-Financing Payments** | Proposed Payment Date for 2014 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | October | Government |
| | | |

| | 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 2012

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 2013

Renewal of multi-year vaccines support for Viet Nam is not available in 2013

## 7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

## 7.11. Calculation of requirements

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

| ID | | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | **Number of surviving infants** | Table 4 | # | 1,775,657 | 1,696,510 | 1,716,869 | 1,737,471 | 6,926,507 |
| | **Number of children to be vaccinated with the first dose** | Table 4 | # | 1,761,666 | 1,611,685 | 1,631,026 | 1,650,597 | 6,654,974 |
| | **Number of children to be vaccinated with the third dose** | Table 4 | # | 1,714,877 | 1,595,568 | 1,614,715 | 1,634,091 | 6,559,251 |
| | **Immunisation coverage with the third dose** | Table 4 | % | 96.58 % | 94.05 % | 94.05 % | 94.05 % | |
| | **Number of doses per child** | Parameter | # | 3 | 3 | 3 | 3 | |
| | **Estimated vaccine wastage factor** | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | |
| | **Vaccine stock on 31st December 2012 * (see explanation footnote)** | | # | 1,500,000 | | | | |
| | **Vaccine stock on 1 January 2013 ** (see explanation footnote)** | | # | 1,500,000 | | | | |
| | **Number of doses per vial** | Parameter | # | | 1 | 1 | 1 | |
| | **AD syringes required** | Parameter | # | | Yes | Yes | Yes | |
| | **Reconstitution syringes required** | Parameter | # | | No | No | No | |
| | **Safety boxes required** | Parameter | # | | Yes | Yes | Yes | |
| **g** | **Vaccine price per dose** | Table 7.10.1 | $ | | 2.04 | 2.04 | 1.99 | |
| **cc** | **Country co-financing per dose** | Co-financing table | $ | | 0.34 | 0.40 | 0.46 | |
| **ca** | **AD syringe price per unit** | Table 7.10.1 | $ | | 0.0465 | 0.0465 | 0.0465 | |
| **cr** | **Reconstitution syringe price per unit** | Table 7.10.1 | $ | | 0 | 0 | 0 | |
| **cs** | **Safety box price per unit** | Table 7.10.1 | $ | | 0.5800 | 0.5800 | 0.5800 | |
| **fv** | **Freight cost as % of vaccines value** | Table 7.10.2 | % | | 6.40 % | 6.40 % | 6.40 % | |
| **fd** | **Freight cost as % of devices value** | Parameter | % | | 0.00 % | 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 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

1,500,000 doses

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

| | |
|---|---|
| **Co-financing group** | Intermediate |

| | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| **Minimum co-financing** | 0.30 | 0.34 | 0.40 | 0.46 |
| **Recommended co-financing as per APR 2011** | | | 0.40 | 0.46 |
| **Your co-financing** | 0.34 | 0.34 | 0.40 | 0.46 |

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

| | | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| **Number of vaccine doses** | # | 4,300,200 | 4,225,500 | 4,109,000 |
| **Number of AD syringes** | # | 4,545,800 | 4,467,600 | 4,344,400 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 |

| | | | | |
|---|---|---|---|---|
| **Number of safety boxes** | # | 50,475 | 49,600 | 48,225 |
| **Total value to be co-financed by GAVI** | $ | 9,556,500 | 9,390,500 | 8,913,000 |

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

| | | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| **Number of vaccine doses** | # | 776,800 | 927,600 | 1,106,000 |
| **Number of AD syringes** | # | 821,200 | 980,700 | 1,169,300 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 |
| **Number of safety boxes** | # | 9,125 | 10,900 | 13,000 |
| **Total value to be co-financed by the Country <sup>[1] </sup>** | $ | 1,726,500 | 2,061,500 | 2,399,000 |

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

| | | Formula | 2012 | 2013 | | |
|---|---|---|---|---|---|---|
| | | | Total | Total | Government | GAVI |
| **A** | **Country co-finance** | *V* | 0.00 % | 15.30 % | | |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 5.2.1* | 1,761,666 | 1,611,685 | 246,583 | 1,365,102 |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* | 3 | 3 | | |
| **D** | **Number of doses needed** | *B X C* | 5,284,998 | 4,835,055 | 739,749 | 4,095,306 |
| **E** | **Estimated vaccine wastage factor** | *Table 4* | 1.05 | 1.05 | | |
| **F** | **Number of doses needed including wastage** | *D X E* | 5,549,248 | 5,076,808 | 776,737 | 4,300,071 |
| **G** | **Vaccines buffer stock** | *(F – F of previous year) * 0.25* | | 0 | 0 | 0 |
| **H** | **Stock on 1 January 2013** | *Table 7.11.1* | 1,500,000 | | | |
| **I** | **Total vaccine doses needed** | *F + G – H* | | 5,076,858 | 776,744 | 4,300,114 |
| **J** | **Number of doses per vial** | *Vaccine Parameter* | | 1 | | |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G – H) * 1.11* | | 5,366,912 | 821,122 | 4,545,790 |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | *I / J * 1.11* | | 0 | 0 | 0 |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | *(K + L) /100 * 1.11* | | 59,573 | 9,115 | 50,458 |
| **N** | **Cost of vaccines needed** | *I x vaccine price per dose (g)* | | 10,336,483 | 1,581,451 | 8,755,032 |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* | | 249,562 | 38,183 | 211,379 |
| **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)* | | 34,553 | 5,287 | 29,266 |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as of % of vaccines value (fv)* | | 661,535 | 101,213 | 560,322 |
| **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)* | | 11,282,133 | 1,726,132 | 9,556,001 |
| **U** | **Total country co-financing** | *I x country co-financing per dose (cc)* | | 1,726,132 | | |
| **V** | **Country co-financing % of GAVI supported proportion** | *U / T* | | 15.30 % | | |

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

| | | Formula | 2014 | | | 2015 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | *V* | 18.00 % | | | 21.21 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 1,631,026 | 293,578 | 1,337,448 | 1,650,597 | 350,046 | 1,300,551 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | | | 3 | | |
| D | Number of doses needed | *B X C* | 4,893,078 | 880,734 | 4,012,344 | 4,951,791 | 1,050,137 | 3,901,654 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 5,137,732 | 924,770 | 4,212,962 | 5,199,381 | 1,102,644 | 4,096,737 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 15,231 | 2,742 | 12,489 | 15,413 | 3,269 | 12,144 |
| H | Stock on 1 January 2013 | *Table 7.11.1* | | | | | | |
| I | Total vaccine doses needed | *F + G – H* | 5,153,013 | 927,521 | 4,225,492 | 5,214,844 | 1,105,923 | 4,108,921 |
| J | Number of doses per vial | *Vaccine Parameter* | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 5,448,223 | 980,658 | 4,467,565 | 5,513,597 | 1,169,280 | 4,344,317 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 60,476 | 10,886 | 49,590 | 61,201 | 12,980 | 48,221 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 10,491,535 | 1,888,432 | 8,603,103 | 10,356,681 | 2,196,363 | 8,160,318 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 10,491,535 | 45,601 | 207,742 | 10,356,681 | 54,372 | 202,011 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | 35,077 | 6,314 | 28,763 | 35,497 | 7,528 | 27,969 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | 671,459 | 120,860 | 550,599 | 662,828 | 140,568 | 522,260 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | 11,451,414 | 2,061,207 | 9,390,207 | 11,311,389 | 2,398,829 | 8,912,560 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 2,061,206 | | | 2,398,829 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 18.00 % | | | 21.21 % | | |

**Table 7.11.4**: Calculation of requirements for (part 3)

| | | Formula |
|---|---|---|
| | | |
| **A** | **Country co-finance** | *V* |
| **B** | **Number of children to be vaccinated with the first dose** | *Table 5.2.1* |
| **C** | **Number of doses per child** | *Vaccine parameter (schedule)* |
| **D** | **Number of doses needed** | *B X C* |
| **E** | **Estimated vaccine wastage factor** | *Table 4* |
| **F** | **Number of doses needed including wastage** | *D X E* |
| **G** | **Vaccines buffer stock** | *(F – F of previous year) * 0.25* |
| **H** | **Stock on 1 January 2013** | *Table 7.11.1* |
| **I** | **Total vaccine doses needed** | *F + G – H* |
| **J** | **Number of doses per vial** | *Vaccine Parameter* |
| **K** | **Number of AD syringes (+ 10% wastage) needed** | *(D + G – H) * 1.11* |
| **L** | **Reconstitution syringes (+ 10% wastage) needed** | *I / J * 1.11* |
| **M** | **Total of safety boxes (+ 10% of extra need) needed** | *(K + L) /100 * 1.11* |
| **N** | **Cost of vaccines needed** | *I x vaccine price per dose (g)* |
| **O** | **Cost of AD syringes needed** | *K x AD syringe price per unit (ca)* |
| **P** | **Cost of reconstitution syringes needed** | *L x reconstitution price per unit (cr)* |
| **Q** | **Cost of safety boxes needed** | *M x safety box price per unit (cs)* |
| **R** | **Freight cost for vaccines needed** | *N x freight cost as of % of vaccines value (fv)* |
| **S** | **Freight cost for devices needed** | *(O+P+Q) x freight cost as % of devices value (fd)* |
| **T** | **Total fund needed** | *(N+O+P+Q+R+S)* |
| **U** | **Total country co-financing** | *I x country co-financing per dose (cc)* |
| **V** | **Country co-financing % of GAVI supported proportion** | *U / T* |

## 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 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

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

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 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 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in **2012**

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: **17147996** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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)$

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | | | | | | 3689552 |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | | | | | | |
| Total funds received from GAVI during the calendar year (*A*) | | | | | | 3689552 |
| Remaining funds (carry over) from previous year (*B*) | | | | | | |
| Total Funds available during the calendar year (*C=A+B*) | | | | | | 3689552 |
| Total expenditure during the calendar year (*D*) | | | | | | 84590 |
| Balance carried forward to next calendar year (*E=C-D*) | | | | | 0 | 3604962 |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | 3311500 | 5139000 | 4186500 | 0 | 3689552 | 12900284 |

| | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | 12900284 | 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*) | 3604962 | | | |
| Total Funds available during the calendar year (*C=A+B*) | 3604962 | | | |
| Total expenditure during the calendar year (*D*) | 1467205 | | | |
| Balance carried forward to next calendar year (*E=C-D*) | 2137757 | | | |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | 4247712 | 3562452 | 0 | 0 |

Table 9.1.3b (Local currency)

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | | | | | | 76845989 |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | | | | | | |
| Total funds received from GAVI during the calendar year (*A*) | | | | | | 76845989 |
| Remaining funds (carry over) from previous year (*B*) | | | | | | |
| Total Funds available during the calendar year (*C=A+B*) | | | | | | 76845989 |
| Total expenditure during the calendar year (*D*) | | | | | | 1761843 |
| Balance carried forward to next calendar year (*E=C-D*) | | | | | | 75084149 |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | 53335019 | 87224247 | 77634456 | 0 | 76845989 | 268687115 |

| | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | 268687115 | 88471346 | 74198750 | |
| 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*) | 75084149 | | | |
| Total Funds available during the calendar year (*C=A+B*) | 75084149 | | | |
| Total expenditure during the calendar year (*D*) | 30558912 | | | |
| Balance carried forward to next calendar year (*E=C-D*) | 44525203 | | | |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | 88471346 | 74198750 | 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 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Opening on 1 January | 16106 | 16106 | 16106 | 16973 | 18544 | 20828 |
| Closing on 31 December | 16106 | 16106 | 16973 | 18544 | 20813 | 20828 |

**Detailed expenditure of HSS funds during the 2012 calendar year**

Please attach a detailed financial statement for the use of HSS funds during the 2012 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 2013 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 open 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) to Provincial Finance Department on the utilization of funds.<?xml:namespace prefix = o />

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 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 plan 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 approves implementation and financial plan for activities carried by their own province. The approved provincial plans are the base for Provincial Finance Department to manage and follow up the use of funds at provincial level.

In order to disburse the funds, based 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 transfer funds to PHDs through an account opened at Provincial State Treasury. Treasury office checks information and release 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 to PMU for reporting. The PMU collects all quarterly financial report from provinces and reports to HSSCC, Ministry of Health and GAVI.

Concerning the project's Financial Management Manual, it was reviewed and agreed by the Ministry of Finance and approved by the Ministry of Health in 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 developed based on national accounting standard, is used by the PMUs and all 10 PHDs. All GAVI-HSS transactions are uniquely coded, cross-referenced to documentation and retained for external audit purposes and accounting controls.

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

In this process, 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 2012 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 2012 reporting year

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2012** | **Percentage of Activity completed (annual)** (where applicable) | **Source of information/data** (if relevant) |
|---|---|---|---|
| **Objective 1: Support Human Resource Development for Health** | | | |
| **Provide 6-9 month training courses for VHWs** | Organize 20 training courses for 760 VHWs. | 0 | Report of 10 PHDs |
| **Training courses on EPI for district health staff** | Organize 10 training courses for about 380 DHWs. | 0 | Report of 10 PHDs |
| **Training courses on EPI in Practice for CHWs** | Organize 30 training courses for about 1,140 CHWs. | 0 | Report of 10 PHDs |
| **Training courses on MCH for CHWs** | Organize 30 training courses for 1,140 CHWs. | 0 | 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** | | | |
| **Supply of essential equipment to DHCs, CHCs and VHWs** | To be implemented in Y2 | 0 | Report of 10 PHDs and the PMU |
| **Support outreach immunization spots in mountainous communes** | Support outreach immunization spots as requested by PHD | 0 | Report of 10 PHDs |
| **Objective 3: To strengthen management capacity in response to the needs for health sector reform and development in the new situation** | | | |
| **Training courses on health planning and M&E for provincial and district health managers** | 1 training course organized for provincial health managers | 0 | Report of 10 PHDs and the PMU |
| **Support for Joint Annual Health Review (JAHR)** | Support to develop JAHR (together with support from other donors, e.g., WHO, EC, RF, etc). | 0 | Report of the PMU |
| **Support for M&E and supervisory visits** | CHCs are supervised every quarter by district level; and DHCs are supervised every 6 months by provincial level; PHD(s) supervised every year by central level. | 10 | Report of 10 PHDs and the PMU |
| **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 |
| **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** | | | |

| | | | |
|---|---|---|---|
| **Local training/ workshops** | Support annual project workshops | 45 | Report of 10 PHDs and the PMU |
| **Office equipment and supplies** | Provide office equipment and supplies for running PMU and 10 PHDs offices | 0 | Report of 10 PHDs and the PMU |
| **Recurrent operation costs (including office running costs, allowance and salary for staff etc…)** | Provide budget for PMU and 10 PHDs operation and management. | 5 | Report of 10 PHDs and the PMU |
| **Baseline survey** | Hire a consulting firm to conduct baseline survey | 0 | 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 fo** | |
| **Provide 6-9 month training courses for VHWs** | Carried over to 2013 because the project received funding in November 2012 |
| **Training courses on EPI for district health staff** | Carried over to 2013 because the project received funding in November 2012 |
| **Training courses on EPI in Practice for CHWs** | Carried over to 2013 because the project received funding in November 2012 |
| **Training courses on MCH for CHWs** | Carried over to 2013 because the project received funding in November 2012 |
| **Objective 2: To strengthen management capacity to** | |
| **Supply of essential equipment to DHCs, CHCs and VH** | |
| **Support outreach immunization spots in mountainous** | Carried over to 2013 because the project received funding in November 2012 |
| **Objective 3: To strengthen management capacity in** | |
| **Training courses on health planning and M&E for pr** | Planned to be implemented in the Y2 |
| **Training courses on health planning and M&E for pr** | Carried over to 2013 because the project received funding in November 2012 |
| **Support for M&E and supervisory visits** | Carried over to 2013 because the project received funding in November 2012 |
| **Support for initiatives and policies to strengthen** | Carried over to 2013 because the project received funding in November 2012 |
| **International workshops, training, study tours** | Carried over to 2013 because the project received funding in November 2012 |
| **Project management** | |
| **Local training/ workshops** | Organized 1 launching workshop at central level and 4 out of 10 workshops at local level |
| **Office equipment and supplies** | Carried over to 2013 because the project received funding in November 2012 |
| **Recurrent operation costs (including office runnin** | Carried over to 2013 because the project received funding in November 2012 |
| **Baseline survey** | Carried over to 2013 because the project received funding in November 2012 |
| **International and national consultants** | Carried over to 2013 because the project received funding in November 2012 |

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

Most part of the 2012 plan was not implemented in 2012 because the project received funding from GAVI late (on 16 November 2012). The 2012 activities are carried over to 2013.

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?

Yes, HSS grant has been used to provide incentives for health staff, including financial support for commune health workers to give out-reach vaccination at mountainous and difficult villages; support for 6-9 month training of village health workers, etc. All these incentives are in-line with current policies and guidelines of the Government and National EPI Programme about national human resources development.

## 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 2011 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 | 2012 Target | | | | | | Data Source | Explanation if any targets were not achieved |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Baseline value | Baseline source/date | | | 2008 | 2009 | 2010 | 2011 | 2012 | | |
| **Impact indicators** | | | | | | | | | | | |
| **1. Maternal mortality ratio (per 100,000 lbs)** | 68 | 2010 | 58.3 | 66 | | | | | 64 | HSYB | |
| **2. Under five mortality rate (per 1,000 lbs)** | 25 | 2010 | 19.3 | 23 | | | | | 22 | HSYB | |
| **Outcome indicators** | | | | | | | | | | | |
| **3. Percentage of <1 yr children fully vaccinated** | >90 | 2010 | >90 | >90 | | | | | >90 | HSYB | |
| **4. Percentage of communes achieving new national benchmark of commune health care** | 40 | 2011 | 60 | 45 | | | | | 45 | HSYB | |
| **5. Percentage of villages with VHWs** | 85 | 2010 | 90 | 87 | | | | | 87 | HSYB | |
| **Process indicators** | | | | | | | | | | | |
| **6. Number of Village Health Workers having under gone 6-9 month training** | NA | | 3268 | 760 | | | | | 0 | Reports from project provinces | carried over to 2013 |
| **7. Number of Commune Health Workers having undergone update training on EPI in practice** | NA | | 5396 | 1140 | | | | | 0 | Reports from project provinces | carried over to 2013 |
| **8. Number of Commune Health Workers having undergone update training on MCH** | NA | | 5396 | 1140 | | | | | 0 | Reports from project provinces | carried over to 2013 |
| **9. Number of District Health Centers (DHCs) and Commune Health Centers (CHCs) having received additional essential equipment** | NA | | 530 | NA | | | | | NA | Reports from project provinces and the PMU | This activity plans to be implemented in the Y2 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **10. Number of health managers having undergone update training on health planning and M&E** | NA | | 684 | 0 | | | | | 0 | Reports from project provinces and the PMU | carried over to 2013 |

## 9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

- **Programme implementation in 2012<?xml:namespace prefix = o />**

The Ministry of Health submitted the HSFP proposal to GAVI on 15 August 2011. After review with some further additional clarifications, GAVI agreed to support Vietnam to implement HSS project, with a budget of US$ 24.4 million. The Aide Memoire between the GAVI and MOH Vietnam was signed on June 1, 2012, in which, Ministry of Health needed to fulfill conditions for disbursements of the 1st tranche.

The Health System Strengthening Coordination Committee (HSSCC) was established by Minister of Health on 24th August, 2012. Members of the HSSCC include relevant MOH departments, NIHE, HSPI, and representatives of development partners (WHO, UNICEF, UNFPA, WB). The first meeting of HSSCC was held on 31st August 2012. It reviewed and approved (i) Staffing proposal of the project; (ii) Names and job descriptions of government staff proposed to receive salary supplements, (iii) Terms of Reference and membership of the Committee, (iv) Cost norms of the GAVI HSS programme.

With endorsement of HSSCC, Ministry of Health submitted GAVI the relevant documents as required in the Aide Memoire. GAVI released first tranche on November 16, 2012 (US$ 3.6 million). The project activities really started in November 2012. In December 2012, the PMU organized a launching workshop for GAVI HSFP programme with the participation of 10 project provinces and line ministries. 4 out of 10 provinces also held launching workshop for local level. 2 M&E visits by the PMU were conducted in Tuyen Quang and Bac Kan. With late arrival of budget, most of project activities planned for 2012 have been carried over to 2013.

- **Programme implementation from Jan to April 2013**

By April 2013, almost all activities for year 1 of the project has been carried out and completed. The project activities have been implemented smoothly with strong support and active involvement of relevant MoH departments, especially National EPI Programme and MCH Department. The Maternal and Child Healthcare (MCH) department, NIHE, National EPI programme and Provincial EPI Programmes have very deeply participated and supported the project, including development of training programs/schedules on MCH and EPI, participating in training courses as trainers and facilitators, as well as participating in monitoring visits at local levels.

- **Activity 1. Provide 6-9 month training course for VHWs**: By 30 April 2013, a total of 22 training courses for 874 VHWs have been opened. The training courses are organised by Provincial Secondary Medical Schools. 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). After being trained, these VHWs will come back to their work and contribute to community health activities.
- **Activity 2. Training courses on EPI for district staff**: 16 two-day training courses were organized for 670 DHWs in the first 6 months of the project. After 2-day 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 course, each participant was awarded a training certificate, which allows her/his to give vaccination as the MOH's regulation. This activity is expected to improve the percentage of newborns being vaccinated with HepB birth dose during first 24 hours at project provinces.
- **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. The project has provided technical and financial

support to organize 29 courses for 1,175 CHWs. After training, health workers have better knowledge and skills of immunization on types and use of vaccines in EPI programme, cold train, vaccination safety, AEFI management, collection and management of data in EPI, skills on EPI in practices, and how to organise an immunization campaign.

- **Activity 4. Training courses on MCH**: 26 courses on Maternal and Child healthcare were carried out with 1,046 commune health workers attended. It is very necessary to provide training course for CHWs with more updated skills on MCH such as immediate skill-to-skill contact and delay cord clamping, use of Misoprotosol for prevention of post delivery hemorrhage, linkage between MCH and EPI etc…
- **Activity 5. Supply of essential equipment to DHCs, CHCs and VHWs**. This activity is planned to undertake in the year 2. The project is now collecting the needs from districts and communes to arrange procurement in the next year.
- **Activity 6. Support outreach immunization spots in mountainous communes**. The GAVI HSS project has supported 2,127 outreach 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 can receive 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 healthcare in general. This support has been started since March 2013. The results of support for immunization spots are collected and will be reflected in the next APR.
- **Activity 7. Training courses on health planning and M&E for provincial and district health managers.** 2 training courses organized for 77 provincial health managers working at provincial health departments, preventive health center, reproductive health center, secondary medical school, etc. The training contents include health planning, M&E, health financing, payment mechanism, health insurance, health economic and management of human resource for health etc. Training courses for district health managers will be organized in the year 2.
- **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. In addition to the overview chapters about health system, the JAHR 2013 will focus on the topic "Towards universal health coverage". The activity is on right track. The consultants have drafted different chapters and organize roundtable discussion among stakeholders. The full report is expected to be available in July 2013, which will serve for planning process for the year 2014.

- **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 6 out of 10 project provinces (Ha Giang, Lao Cai, Hoa Binh, Kon Tum, Dak Nong, Tuyen Quang), aiming at assisting the management, organisation and performance of health staff. M&E staffs also provide technical support to organize training courses for VHWs, training on MCH, EPI carried out by provincial level. M&E staffs are from PMU, NEPI/NIHE and MCH Dept/MOH. For M&E by provincial and district levels, VHWs and CHWs received guidance and practical instruction on management and practice of national health programmes, especially EPI and MCH activities.

- **Activity 10. Support for initiatives and policies to strengthen the basic health network**. Some research proposals by PHDs and MOH institutes have been submitted to the PMU for review. The main topics are related effectiveness of health programs, assessment on performance of basic health network, quality of healthcare, immunization activities, performance of health staff after training etc. The review process is ongoing, feasible studies will be selected and implemented in 2013.

As the project has been just started for few months, the achievements are currently at the output level. It is emphasized however that these outputs have substantially contributed to the achievement of the broader health outcomes. M&E activities will be carried out regularly to identify gaps and the needs for support from local level. The project will consider conducting special surveys or studies to provide more details about outcomes and impacts of the project on health service programs, especially EPI and MCH.

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

The Aid Memoire was signed by the Minister of Health on June 2012. It took some time to complete conditions set in the Aide Memoire. GAVI transferred the 1st tranche, with a budget of US$ 3.6 million on 16 November 2012. Thus, the project has been actually implemented since mid-November 2012. However, by April 2013, almost all activities of the year 1 of the project have been completed. Therefore, the project requests GAVI to transfer 2nd tranche (including budget for 2013 and 2014) as soon as possible, so that there will be no interruption during the implementation.

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 all 10 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. <?xml:namespace prefix = o />

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

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.

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.

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 communes 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.

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 organisations at central and local levels, as follows:

**Name of organization<?xml:namespace prefix = o />**

**Participation**

MOH MCH Department

- 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

- Monitoring the HSS implementation

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

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.

- Monitor and supervise performance of the health sector, including HSS.

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.

At local level, performance of the health sector, including HSS, is supervised by civil social organizations, e.g., Fatherland Front, Women's Union, Farmers Association, Youth Union, Red Cross Association,... in various ways. For specific activities, there is close involvement of these organisations. For example, during outreach immunization, members from mass organizations (e.g. Women's Union, Farmers Association, and Youth Union) participated in order to give the households an EPI invitation and encourage mother and children go to the immunization spots, monitor the immunization and provide other supports when needed. IEC activities on immunization, MCH and other HSS activities receive strong support and involvement by Red Cross Association, Women's Union and Youth Union. Members of Women's Union and Youth Union at commune level provide IEC information when they visit households. Different healthcare 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. *<?xml:namespace prefix = o />*

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. <?xml:namespace prefix = o />

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 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

**Table 9.5:** Planned activities for 2013

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2013** | **Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews) | **2013 actual expenditure** (as at April 2013) | **Revised activity** (if relevant) | **Explanation for proposed changes to activities or budget** (if relevant) | **Revised budget for 2013** (if relevant) |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Objective 1: Support Human Resource Development for Health | | | | | | |
| 6-9 month training courses for VHWs | 23 courses are organized | 1299960 | 52693 | | | |
| Training courses on EPI for district hospital staff | 6courses are organized | 59400 | 47310 | | | |
| Training courses on EPI in practice for CHWs | 40 courses are organized | 440000 | | | | |
| Training courses on EPI for district hospital staff | 40 courses are organized | 440000 | | | | |
| Objective 2: To strengthen management capacity to deliver basic health services through ensuring adequate supply of essential equipment for health facilities | | | | | | |
| Supply of essential equipment to DHCs, CHCs and VHWs | Essential equipment provied to selected DHCs, CHCs and VHWs | 8500000 | | | | |
| Support outreach immunization spots | 2,845 outreach immunization sports supported | 409680 | | | | |
| Objective 3: To strengthen management capacity in response to the needs for health sector reform and development in the new situation | | | | | | |
| Training courses on health planning and M&E for provincial and district staff | 11 courses will be organized | 209700 | 35715 | Activity is unchanged, but budget is adjusted | The budget is expected to be higher than estimated (the variance is taken from Act. 12 (+ US$7,900)) | 217600 |
| Support Joint Annual Health Reviews | Support to develop JAHR in 2013 | 100000 | | | | |
| Support for M/E and supervisory visits | M&E visits of central level, provincial and district level | 254052 | | | | |
| Support for initiatives and policies to strengthen basic health network | Support studies if needed | 116000 | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| International workshops, training, study tours | Support MoH and line ministries to participate in't workshop, training, study tour if needed | 50000 | | | | |
| Project management | | | | | | |
| Local training/workshops | Some workshops organized in the central and provincial levels | 318050 | | | The budget is expected to be lower than estimated (the saving is reallocated to Act. 7 (-US$7,900)) | 310150 |
| Office equipment and furniture | Office equipment and furniture purchased and used | 21342 | | | | |
| Running costs | Running costs (office rental, telephone, photocopy, stationery, etc.) paid | 225600 | | | | |
| Salary for project staff | Salary for PMU's staff and provincial coordinator are paid on monthly basis | 260400 | | | | |
| Allowances for PMU | Allowances for PMU members are paid on monthly basis | 62400 | | | | |
| Annual Financial Audit | An independent auditing company recruited | 52700 | | | | |
| Baseline and post-project surveys | | | | | | |
| International consultant | | | | | | |
| Local consultants | Hire consultants to support the implementation of the project (M&E, training, procurement of equipment etc…) | 81000 | | | | |
| | | 12900284 | 135718 | | | 527750 |

## 9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. 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 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) | **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** | | | | | |
| **6-9 month training courses for VHWs** | 23 courses are organized | 1299960 | No revision | | |
| **Training courses on EPI for district hospital staff** | | 0 | No revision | | |
| **Training courses on EPI in practice for CHWs** | 40 courses are organized | 440000 | No revision | | |
| **Training courses on EPI for district hospital staff** | 40 courses are organized | 440000 | No revision | | |
| **Objective 2: To strengthen management capacity to deliver basic health services through ensuring adequate supply of essential equipment for health facilities** | | | | | |
| **Supply of essential equipment to DHCs, CHCs and VHWs** | | 0 | No revision | | |
| **Support outreach immunization spots** | 2,845 outreach immunization sports supported | 409680 | No revision | | |
| **Objective 3: To strengthen management capacity in response to the needs for health sector reform and development in the new situation** | | | | | |
| **Training courses on health planning and M&E for provincial and district staff** | 5 courses will be organized | 102600 | No revision | | |
| **Support Joint Annual Health Reviews** | Support to develop JAHR in 2014 | 100000 | No revision | | |

| | | | | | |
|---|---|---|---|---|---|
| **Support for M/E and supervisory visits** | M&E visits of central level, provincial and district level | 254052 | No revision | | |
| **Support for initiatives and policies to strengthen basic health network** | Support Research proposals if needed | 124000 | No revision | | |
| **International workshops, training, study tours** | Support MoH and line ministries to participate in't workshop, training, study tour if needed | 50000 | No revision | | |
| **Project management** | | | | | |
| **Local training/workshops** | Some workshops organized in the central and provincial levels | 342725 | No revision | | |
| **Office equipment and furniture** | Office equipment and furniture purchased and used | 15795 | No revision | | |
| **Running costs** | Running costs (office rental, telephone, photocopy, stationery, etc.) paid | 225600 | No revision | | |
| **Salary for project staff** | Salary for PMU's staff and provincial coordinator are paid on monthly basis | 260400 | No revision | | |
| **Allowances for PMU** | Allowances for PMU members are paid on monthly basis | 62400 | No revision | | |
| **Annual Financial Audit** | An independent auditing company recruited | 62000 | No revision | | |
| **Baseline and post-project surveys** | | | No revision | | |
| **International consultant** | | | No revision | | |
| **Local consultants** | Hire consultants to support the implementation of the project (M&E, training, procurement of equipment etc…) | 58500 | No revision | | |
| | | 4247712 | | | |

## 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 programmes 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 | |
| Health Statistics Yearbook | This yearbook was compiled by DPF in MOH and validated by General Statistics Office | |
| The project activities really started in December 2012. In December 2012, the PMU organized a launching workshop for GAVI HSFP programme with the participation of 10 project provinces and line ministries. 4 out of 10 province also held launching workshop for local level. | The project activities really started in December 2012. In December 2012, the PMU organized a launching workshop for GAVI HSFP programme with the participation of 10 project provinces and line ministries. 4 out of 10 province also held launching workshop for local level. | |

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.

In the proposal submitted and approved by GAVI, the activities were put in Y1 (2012), Y2 (2013), Y3 (2014), Y4 (2015). In fact, the project started late. We propose that GAVI provides guidance or a clearer template where information can be entered in order to facilitate the preparation of the APR. Besides, in the online submission form, there is not enough space to enter data (characters) and information (add more attachments, each attachement should have a separated row), for example table "9.1.3b. local currency", item "13. Attachment", etc.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?1

Please attach:

1. The minutes from the HSCC meetings in 2013 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 2012

## 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 2012

## 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

COMMENTS FROM ICC:

Viet Nam would like that instead of received AD syringes and safety boxes for DPT-HepB-Hib vaccine through UNICEF. GAVI will provide the cash equivalence to enable the Ministry of Health to purchase the AD syringes and safety boxes produce locally. It is note that AD syringes local production was PQS by WHO (attached document # 16).

COMMENTS FROM HSSCC:

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 sprit of harmonization,** GF currently supports HSS project in 15 other provinces, GAVI-HSS and GF-HSS projects are very different in terms of project focus, venues (provinces), legal regulations and other issues (see attachment for more details). The combination of 2 PMUs will not produce advantages, but will create complexity, therefore, it is NOT recommended to combine these two PMUs. Instead, we propose to harmonize HSS supports by:
  - Using harmonized HSS policy dialogue, especially through Health Partnership Group and Technical Working Groups (e.g., TWG on Health Planning and Finance).
  - Using a harmonized Health System 5-year Plan.
  - Using a harmonized leadership (the same Vice Minister, same Project Director and Vice-director).
  - Using the same cost-norm for similar activities.
  - Using the same salary supplement policy for government employees
  - Using the same guideline for similar activities (e.g., training, workshops, etc.).
- **Procurement plan:** The project developed the procurement plan for the first and second year and submitted to all HSSCC members. The HSSCC reviewed and approved the Procurement Plan for 2012-2013 on 24 October 2012. The procurement plan and signature page to endorse the plan are attached to this report.
- **Accounting software:** the new accounting software 'BRAVO' has been put in place at the PMU/MoH and 10 PHDs. All transactions in the project are posted onto the BRAVO, which are uniquely coded, cross-referenced to documentation and retained for external audit and accounting controls. Each user, i.e. chief accountant and accountants at PMU and PHDs is given different level permission to access the software according to their duties and responsibilities. This is to ensure that people cannot access data if he or she is not responsible for. The software can synthesize accounting data at local level as required to transmit data in electronic format to the PMU. The access level of BRAVO has been also documented in the revised Financial Management Manual.
- **Financial staff in provinces:** Each PHD has already assigned a financial staff with rich expertise and experience in financial management in the PHD. These staff are focal point for accounting and reporting to the MoH on GAVI HSFP grants. The list of financial staff is attached to this report.
- **The 2nd tranche:** It is expected that by end of May 2013, almost of year-1 activities will be completed, except some continuous activities (e.g., support for immunization spots, M&E, etc). Up to now, the MoH has received the 1st tranche (US$3,604,962 for Y1-2012). In order to promote continued and smooth implementation, the project requests GAVI to transfer the 2nd tranche for two years 2013-2014 (including US$12,900,284 for Y2-2013 and US$4,247,712 for Y3-2014) as soon as possible, to ensure continuity of implementation and completion of targets set in the approved proposal.

# 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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011** (balance as of *31Decembre 2011*) | 25,392,830 | 53,000 |
| **Summary of income received during 2012** | | |
| 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 2012** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2012** (balance carried forward to 2013) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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** | | | | | | |
| Wedges & 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 2012** | 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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011** (balance as of *31Decembre 2011*) | 25,392,830 | 53,000 |
| **Summary of income received during 2012** | | |
| 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 2012** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2012** (balance carried forward to 2013) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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** | | | | | | |
| Wedges & 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 2012** | 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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011** (balance as of *31Decembre 2011*) | 25,392,830 | 53,000 |
| **Summary of income received during 2012** | | |
| 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 2012** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2012** (balance carried forward to 2013) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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** | | | | | | |
| Wedges & 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 2012** | 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.pdf<br>File desc: Signature of MOH for the APR 2012<br>Date/time: 5/17/2013 1:26:32 AM<br>Size: 604986 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | Signature of MOF.pdf<br>File desc: Signature of MOF for the APR 2012<br>Date/time: 5/17/2013 1:25:03 AM<br>Size: 604986 |
| 3 | Signatures of members of ICC | 2.2 | ✓ | Signatures of ICC.pdf<br>File desc: Signatures of members of ICC for endorsing the APR 2012<br>Date/time: 5/11/2013 10:46:26 PM<br>Size: 701209 |
| 4 | Minutes of ICC meeting in 2013 endorsing the APR 2012 | 5.7 | ✓ | Minutes of 23rd ICC meeting_5.2013.docx<br>File desc: Minute of ICC meeting in 2013 endorsing the APR 2012<br>Date/time: 5/15/2013 3:37:55 AM<br>Size: 33144 |
| 5 | Signatures of members of HSCC | 2.3 | ✗ | Signaturepage of HSSCC for APR 2012.pdf<br>File desc: Signatures of members of HSSCC for the APR 2012<br>Date/time: 5/10/2013 12:14:50 AM<br>Size: 841015 |
| 6 | Minutes of HSCC meeting in 2013 endorsing the APR 2012 | 9.9.3 | ✓ | Minutes of HSSCC for endorsing APR 2012.pdf<br>File desc: Minutes of HSSCC meeting in 2013 endorsing the APR 2012<br>Date/time: 5/10/2013 12:15:39 AM<br>Size: 64107 |
| 7 | Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 | ✗ | Report on expenditure GAVI 2012.doc<br>File desc: Report on expenditure for ISS 2012<br>Date/time: 5/15/2013 3:40:24 AM<br>Size: 60928 |
| 8 | External audit report for ISS grant (Fiscal Year 2012) | 6.2.3 | ✗ | External audit report for ISS grant.pdf<br>File desc: Audited financial statements for the fiscal year ended 31 December 2012<br>Date/time: 5/11/2013 10:49:17 PM<br>Size: 2610232 |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | External audit report for ISS grant.pdf<br>File desc: This is external audit report for ISS grand. It is not Post introduction evaluation report.<br>Date/time: 5/17/2013 10:04:03 AM |

| | | | | |
|---|---|---|---|---|
| | | | | Size: 2610232 |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 | ✓ | Report on expenditure GAVI 2012.doc<br>File desc: This is for ISS not foe NVS<br>Date/time: 5/17/2013 10:09:45 AM<br>Size: 60928 |
| 11 | External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000 | 7.3.1 | ✓ | External audit report for ISS grant.pdf<br>File desc: This is for ISS not for NVS<br>Date/time: 5/17/2013 10:22:07 AM<br>Size: 2610232 |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | ✓ | EVM 2012 - Summary report.doc<br>File desc: Effective vaccine management assessment 2012 - Summary report<br>Date/time: 5/15/2013 3:36:10 AM<br>Size: 1028608 |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | Improvement plan based on EVM in VNM 2012.doc<br>File desc: Improvement plan based on EVM assessement in Viet Nam 2012<br>Date/time: 5/11/2013 10:46:26 PM<br>Size: 43008 |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 | ✓ | Update Improvement plan based on EVM in VNM 2012.doc<br>File desc: EVM improvement plan implementation atatus<br>Date/time: 5/15/2013 4:22:56 AM<br>Size: 48128 |
| 15 | External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000 | 7.6.3 | ✗ | External audit report for ISS grant.pdf<br>File desc: This is for ISS<br>Date/time: 5/17/2013 10:26:47 AM<br>Size: 2610232 |
| 16 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 | ✗ | WHO Letter revalidation Mediplast_PQS for AD syrunges 2013.pdf<br>File desc:<br>Date/time: 6/7/2013 2:57:57 AM<br>Size: 308478 |
| 19 | Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✗ | Financial statement of HSS 2012.pdf<br>File desc: Financial statement for HSS grant - Fiscal year 2012<br>Date/time: 5/19/2013 9:24:11 PM<br>Size: 497687 |
| | | | | Financial statement of HSS Jan-Apr 2013.pdf |

| | | | | |
|---|---|---|---|---|
| 20 | Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✗ | File desc: Financial statement for HSS grant for Jan - Apr 2013<br>Date/time: 5/19/2013 9:24:36 PM<br>Size: 514967 |
| 21 | External audit report for HSS grant (Fiscal Year 2012) | 9.1.3 | ✗ | Draft of TOR Audit 2012 - GAVI HSS.doc<br>File desc: External audit report for HSS grang (fiscal year 2012) will be conducted as receiving approval from GAVI for this ToR.<br>Date/time: 5/19/2013 9:26:59 PM<br>Size: 142336 |
| 22 | HSS Health Sector review report | 9.9.3 | ✗ | Joint Annual Health Review 2012.pdf<br>File desc: JAHR report 2012<br>Date/time: 5/2/2013 3:01:59 AM<br>Size: 1313761 |
| 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 2012 on (i) 1st January 2012 and (ii) 31st December 2012 | 0 | ✓ | Bankstatement-HSS.pdf<br>File desc: Bank statement of HSS project (both VND and USD accounts)<br>Date/time: 5/10/2013 12:27:57 AM<br>Size: 1076089 |