Annual Progress Report 2008

Submitted by

The Government of
the socialist republic of Vietnam

Reporting on year: 2008

Requesting for support year: 2010

Date of submission: 15 May 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

and any hard copy could be sent to :

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Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of Vietnam

Ministry of Finance

Title: Vice Minister, Tran Xuan Ha

Signature: .....

Date: 15 May 2009

Ministry of Health

Title: Vice Minister, Trinh Quan Huan

Signature: .....

Date: 06 May 2009

This report has been compiled by:

Full name: Nguyen Hoang long

Position: Vice Director, Planning & Finance Department, Ministry of Health

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

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

Name/Title	Agency/Organisation	Signature	Date
Dr. Jean-Marc Olivé, WHO Representative in Viet Nam	WHO		15/05/09
Mr. Jesper Morch, UNICEF Representative in Viet Nam	UNICEF		14.05.09
Mrs. Michelle Gardner, PATH Representative in Viet Nam	PATH		
Mr. Yanagawa Shinji, Deputy Resident Representative, JICA Vietnam	JICA	柳川 伸二	14.05.2009

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

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

Name/Title	Agency/ Organisation	Signature	Date
Trinh Quan Huan Vice Minister of Health	Ministry of Health		
Duong Huy Lieu Director, Dept of Planning and Finance	Ministry of Health		
Truong Viet Dung Director, Dept of Science and Training	Ministry of Health		
Le Quang Cuong Director, Health Strategy and Policy Institute	Ministry of Health		
Trinh Dinh Can Director, Dept of Organization and Manpower	Ministry of Health		
Nguyen Duy Khe Director of Dept of Reproductive Health	Ministry of Health		
Ly Ngoc Kinh Director, Curative Care Administration	Ministry of Health		
Tran Thi Giang Huong Director, Dept of International Cooperation	Ministry of Health		
Nguyen Tran Hien Director	National Institute for Hygiene and Epidemiology		

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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

This report on the GAVI Alliance CSO Support has been completed by:

Name: ……

Post: ……

Organisation:……..

Date: ……

Signature: ……

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: ……

Post: ……

Organisation:……..

Date: ……

Signature: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

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

Table A: Latest baseline and annual targets (*From the most recent submissions to GAVI)*

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011*****	2012	2013	2014	2015
Births		1,645,357	1,670,037	1,695,093					
Infants' deaths		29,287	29,727	30,173					
Surviving infants		1,616,070	1,640,310	1,664,920					
Pregnant women		1,645,357	1,670,037	1,695,093					
Target population vaccinated with BCG		1513020	1,586,535	1,610,338					
BCG coverage*		91.96%	95%	95%					
Target population vaccinated with OPV3		1510672	1,558,295	1,581.674					
OPV3 coverage**		93.48%	95%	95%					
Target population vaccinated with DTP (DTP3)***		1,509757	1,558,295	1581674					
DTP3 coverage**		93.42%	95%	95%					
Target population vaccinated with DTP (DTP1)***		1,476473	1,558,295	1598323					
Wastage[1] rate in base-year and planned thereafter		33%	33%	10%					
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of HepB		1,402647	1,476,279	1581674					
HepB3 Coverage**		87%	90%	95%					
Target population vaccinated with **1st dose** of HepB1		1,447161	1,503,033	1,525,584					
Wastage[1] rate in base-year and planned thereafter		18%	18%	18%					
Target population vaccinated with **3rd dose** of DPT-HepB-Hib				1,581.674					
Hib3 Coverage**				95%					
Target population vaccinated with **1st dose** of DPT-HepB-Hib				1,598323					
Wastage[1] rate in base-year and planned thereafter				10%					
Target population vaccinated with **1st dose** of Measles		1,511191	1,558,295	1,581,674					
Target population vaccinated with 2nd **dose** of Measles		1,460,848	1,558,295	1,581.670	1,622,293				
Measles coverage 2nd		96.58%	96%	96%	96%				
Pregnant women vaccinated with TT+		1,445144	1476286	1498424					
TT+ coverage****		87.83%	85%	85%					
Vit A supplement	Mothers (<6 weeks from delivery)	93.63							
	Infants (>6 months)	99.72							

[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. For new vaccines check table α after Table 7.1.

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of 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
***** Data for measles second dose in 2011 were mention In the application form to GAVI for measles second dose

Table B: Updated baseline and annual targets: No changes in the baseline and target population compared to the earlier submission

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births									
Infants' deaths									
Surviving infants									
Pregnant women									
Target population vaccinated with BCG									
BCG coverage*									
Target population vaccinated with OPV3									
OPV3 coverage**									
Target population vaccinated with DTP (DTP3)***									
DTP3 coverage**									
Target population vaccinated with DTP (DTP1)***									
Wastage[2] rate in base-year and planned thereafter									
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of HepB									
HepB3 Coverage**									
Target population vaccinated with **1st dose** of HepB1									
Wastage[1] rate in base-year and planned thereafter									
Target population vaccinated with **1st dose** of Measles									
Measles coverage 1st**									
Target population vaccinated with **2nd dose** of Measles									
Measles coverage 2nd									
Pregnant women vaccinated with TT+									
TT+ coverage****									
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100									
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined

[2] 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. For new vaccines check table α after Table 7.1.

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

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

The fund from GAVI was transferred to the account of the Ministry of Health then it was transferred to the account of National Institute of Hygiene and Epidemiology (NIHE). All activities related with the ISS funds from GAVI were included in the annual EPI plan and will be followed-up and reported by the end of year in the annual national EPI report and ICC meeting.

The Ministry of Finance acknowledged the fund as they approved of the support plan and signed the application form.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Based on the requirement and necessity of different activities for improvement of EPI . The national EPI and ICC working group will develop the plan of action for EPI and estimate the cost for each activity. They will be reviewed and approved by ICC.

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.

Detailed Financial Statement of funds spent during the reporting year will be prepared. The detailed Financial Statement will be signed by the Financial Controller in the Ministry of Health and the chair of the ICC.

1.1.2 Use of Immunization Services Support

*In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2008 ___0_
Remaining funds (carry over) from 2007 __US$ 510,750___
Balance to be carried over to 2009 ___95,201____

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	5,653	5,653			
Maintenance and overheads	16,721	16,721			
Training	315,025	3,269	200,456	111,300	
IEC / social mobilization	18,402		12,221	6,181	
Outreach					
Supervision	13,207	13,207			
Monitoring and evaluation	23,000	6,125	16,875		
Epidemiological surveillance	23,541	5,125	18,416		
Vehicles					
Cold chain equipment					
Office equipment					
Stationary					
Program management					
Total:	**415,549**	**50,100**	**247,968**	**117,481**	
Remaining funds for next year:	**95,201**				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? ___2_____
Please attach the minutes (DOCUMENT N°3 and 4) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: ***[Yes/No]***
if yes, which ones?

List CSO member organisations
Up to now, ICC includes one member from Civil Society Organizations (PATH).

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

Every quarter NEPI conducts a meeting to review EPI activities in last quarter and to discuss all activities to be implemented during the next quarter. All national and regional EPI staff participate in that meeting. Representative from WHO, UNICEF and PATH participated in that meeting too. (the quarterly meeting in 2008 was supported by UNICEF).

Training courses on Immunization In Practice and EPI management were conducted in 2008 for all EPI staff at different levels. The fund from ISS GAVI were used for all theses training courses:

– Organizing national workshop and 4 regional workshops on immunization in practice and management for 255 EPI staff from 64 provinces/cities

– Organizing 64 training courses on immunization in practice and management for 2,606 EPI staff from 680 districts

– Training on immunization safety for 34,980 commune health workers from commune health centre and hospitals.

Advocacy and communications with the fund from ISS:

Printing 15,000 posters on Immunization regulations

Printing 40,000 pamphlets on immunization in practice

Consolidating with IEC to develop the original messages on immunization safety

Developing the leaflet on HepB birth dose

Programme management with the fund from ISS:

Developing the EPI data management software

Purchase and distribution computers to regions and some province in for EPI data management

Supportive surveillance in 20 provinces/cities

Only USD 95,200 for ISS is remained for 2009.

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (DOCUMENT N°……) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (DOCUMENT N°1) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
c) Detailed Financial Statement of funds (DOCUMENT N°2) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

List major recommendations No DQA was implemented in 2007 or 2008. However a comprehensive EPI review including a 30-cluster coverage survey with international participation was organized in April 2009.

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

YES ☐ *NO* ☐

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. *[mm/yyyy]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

National EPI review along with a 30-cluster survey was conducted in April 2009 some results from EPI review were as follows:

Achievements:

1. Recently introduced 9-page immunization cards were thought to be superior to the single page blue cards in provinces where they were introduced, and associated with increased card retention rates. The new cards may result in better coverage as they include dates for subsequent doses of vaccine.
2. Commune staff and district supervisors use the EPI registration books extensively to identify drop outs and monitor data quality
3. Coverage and surveillance data recorded at the commune and district level was generally the same as that recorded at the district and provincial level, respectively.
4. Submission of coverage and surveillance reports were usually timely and complete.

Issues & Constraints

1. In some districts, the old single page vaccination cards are being continued until the supply is exhausted, preventing new card benefits
2. Maternal immunization cards (TT) were often lost. They are not stored together with the childhood immunization cards.
3. Data inconsistencies were occasionally found in some areas:
    a. The number of measles 1st dose deliveries exactly matched the number of fully immunized children, whereas FIC coverage should be no higher than the antigen with the lowest coverage.
    b. HepB3 coverage was often lower than FIC coverage; however, as HepB vaccine is part of the routine schedule, it should be included in calculating FIC coverage.
    c. The reported number of births sometimes exceeded the reported number of pregnant women, raising questions regarding target population data accuracy.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS): Measles 2nd dose

1.2.1. Receipt of new and under-used vaccines during 2008

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

The 2nd dose of measles was introduced in October 2007. We received cash in lieu of supplies for Measles second dose in 10-dose vials. In 2008 we received US$ 628,500.

1,720,000 doses of measles vaccine produced by Sanofi Pasteur were procured in 2008.

In addition, VTN has been approved in August 2008 to introduce pentavalent Hib vaccine (DPT-HepB-Hib) from January 2009. However, due to issues of licensure of vaccine in Vietnam, the vaccine introduction may be to January 2010. Hence no pentavalent vaccine was received in 2008. In addition, Vietnam has requested GAVI to change the presentation from fully liquid single dose vials to lyophilized 2-dose vials in March 2009.

Dates shipments were received in 2008 [As noted above, measles vaccine was procured by the country itself] No shipments were received for Hib pentavalent vaccine

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Measles	10	1,720,000	Oct. 2007	Nov. 2008

Please report on any problems encountered.

The procedures for vaccine tender approval in Vietnam was slow in 2007. Therefore, the fund from government for routine EPI has been temporarily mobilised for introducing the 2nd dose of measles vaccine for 233,114 target children in 2007. However, 2,070,000 doses of measles vaccine (produced by Sanofi Pasteur) was received in February 2008. Other provinces implemented measles 2nd dose vaccination with GAVI fund and finished by end of the 2nd quarter 2008.

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

In 2008,1,460,840 (96.58%) children 6 years old received measles second dose.

The receipt, distribution, and storage of measles vaccine were scheduled in a detailed manner for each province. The storage of vaccine were closely monitored for ensuring measles vaccines and diluents are stored from + 2^{O}C to + 8^{O}C at all levels.

AD syringes and safety boxes were used for measles second dose. Receipt, distribution and storage of syringes, needles, and safety boxes were easier in comparison to those of vaccine. Provinces received syringes, needles, and safety boxes at the central store. They can hire vehicles for delivering syringes, needles, and safety boxes to districts and communes where all available vehicles are used for the transportation of vaccine.

Safety boxes were distributed at the same time with AD syringes. All used syringes for EPI will be

put in safety boxes. The national recommended practice for disposal of immunization waste was incineration, open burning and burial.

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

These funds were received on: 2007 *for introduction of measles second dose*

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

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems
2008	100,000	2007	49,825	Training courses on immunization safety for 300 EPI district staff from 64 provinces/cities	
				Communication workshop on immunization safety for 130 representatives from MOH and representatives from mass media	
				Printing 15,000 posters on EPI for mothers	

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? 2005. The next EVSM assessment will be in 2009.

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

Recommendations for Vaccine Management and Cold Chain from EPI review April 2009:

1. Improve coordination with the Ministry of Health on issues concerning vaccine handling and management, so field recommendations from both divisions are consistent.

2. In collaboration with Ministry of Health, assess vaccine management practices of non EPI vaccines and develop coordinated strategy for advising on proper vaccine management of all vaccines (EPI and non-EPI) at all levels. Temperature monitoring practices and devices should be uniform.

3. Provide national guidelines on methodology for forecasting vaccine at provincial, district and commune levels. Describe pros and cons of using target population method versus consumption method at various levels, and indicate acceptable sources of data for estimating target population.

4. In collaboration with the curative sector, strengthen cold chain management and temperature monitoring at hospitals. Include hospital staff in EPI staff trainings on vaccine management.

5. Provinces, districts and communes should be encouraged to calculate, monitor and report

wastage on a monthly basis. This would assist in evaluating the accurateness of current pre-defined wastage factors used in vaccine forecasting. Health workers should be encouraged not to miss an opportunity to vaccinate any child.

6. To facilitate vaccine management and decrease concerns about wastage levels, begin exploring with local vaccine manufacturers and stakeholders the feasibility (scientific, economic) and relevance of:
    - VVM application on vaccine vials
    - supplying lower dose-per-vial presentations of certain vaccines, including Hepatitis into mono-dose vials

7. Review vaccine distribution from regional stores to province and consider feasibility (logistics, capacity) of quarterly instead of bi-monthly supply period. Similarly, explore whether vaccine distribution from provincial stores to district stores could be changed to bi-monthly instead of monthly. Establish clear guidelines for provincial and district stores on keeping buffer stock (e.g., 25% of supply period).

8. For CHCs equipped with refrigerators, review cost-effectiveness of the provincial/district policy requiring CHCs to pay transport costs to return unopened vials to the district level after EPI day.

9. Furnish all refrigeration units at provincial and district level that contain freeze-sensitive vaccines (EPI or non-EPI) with freeze indicators, and train staff where to appropriately place the devices.

10. Provide a small budget to all CHCs for fuel/transport to pick up vaccines at the district level.

Was an action plan prepared following the EVSM/VMA? Yes/No

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

The action plan following the EPI review in April 2009 is being prepared.

When will the next EVSM/VMA* be conducted? June 2010

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

Table 1.2

Vaccine 1: Measles vaccine	
Anticipated stock on 1 January 2010	**200,000 doses.**
Vaccine 2: DPT-HepB-Hib	
Anticipated stock on 1 January 2010	**.None.....**
Vaccine 3:	
Anticipated stock on 1 January 2010	**.....**

1.3 Injection Safety: *Not Applicable*

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?.....

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

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

[List sources of funding for injection safety supplies in 2008]

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

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

[List problems]

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

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

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

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

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	**Reporting Year 2009**	**Reporting Year 2010**
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	1,888,249	1,640,097	
New Vaccines (HepB, JE, oral cholera)	2,316,903	2,854,527	
Injection supplies	1,294,960	1,704,242	
Cold Chain equipment			
Operational costs	2,075,645	2,407,194	
Other (please specify)			
Total EPI (excluding cost of personnel)	7,575,757	8,606,060	
Total Government Health			

Exchange rate used	VND16,500

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The government fund for EPI increase year by year. In 2007, it was VND 120 billion, for 2008, it was VND125 billion and for 2009 it is VND142 billion. About 70% amount of government funds were spent on vaccines and injection equipment. The fund for 2010 will increase compared to 2009. However, support from GAVI and other donors still very important for EPI activities.

Hepatitis B vaccine and injection equipment support from GAVI for Viet Nam was finished in 2008. The fund from the government was used to cover 100% of the requirement for routine EPI.

Support from GAVI (ISS), WHO and UNICEF are very important for conducting EPI activities include training courses for all EPI staff on safe injection and EPI management from different levels in 2008.

Future Country Co-Financing (in US$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st vaccine: Measles ……..		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		0	0				
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**	0	0				

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US$)

2nd vaccine:DPT-HepB-Hib (lyophilized two dose vaccine)……		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		$0.30					
Number of vaccine doses	#	588,900					
Number of AD syringes	#	601,300					
Number of re-constitution syringes	#	326,800					
Number of safety boxes	#	10,325					
Total value to be co-financed by country	**$**	$1,972,000					

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US$)

3rd vaccine:……		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.3: Country Co-Financing in the Reporting Year (2008): Not applicable

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

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

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

If the country is in default please describe and explain the steps the country is planning to come out of default.

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

*Are there changes between table A and B? Yes/no**: NO, there is no change in # of births and target population than submitted earlier, other than the potential vaccine wastage rates, due to switching from single dose fully liquid pentavalent vaccine to two-dose vial lyophlized vaccine.***

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes ***in births**:*

_____
_____
_____

*Provide justification for any changes **in surviving infants**:*

_____
_____
_____

*Provide justification for any changes **in Targets by vaccine**:*

_____
_____
_____
_____
_____

*Provide justification for any changes **in Wastage by vaccine**:*

*_change in wastage from 5% to 10% due to Switch from single dose fully liquid vaccine to two-dose lypophilized pentavalent vaccine*_____
_____
_____
_____
_____

Vaccine 1: Measles vaccine

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the second dose	*Table B*	#	1,581,670	1,689,889				
Target immunisation coverage with the third dose	*Table B*	#	96%	96%				
Number of children to be vaccinated with the first dose	*Table B*	#	1,581,674					
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.3	1.3				
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0	0				

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	2,370,300	2,232,100				
Number of AD syringes	#	2,104,300	1,914,900				
Number of re-constitution syringes	#	263,100	247,800				
Number of safety boxes	#	29,000	24,025				
Total value to be co-financed by GAVI	**$**	769,500	718,500				

Vaccine 2: Pentavalent .(DPT-HepB-Hib), two-dose, lyophilized vaccine.....
GAVI approved for introduction Pentavalent vaccine in EPI in Vietnam 2009 and 2010 (letter from GAVI dated 8 August 2008). However, up to now no pentavalent vaccines were licensed in Viet Nam. As per the new regulation in the country, the vaccine imported in Viet Nam have to be licensed in the country, even if the vaccine is procured by UNICEF and is pre-qualified by WHO. Prof. Trinh Quan Huan, vice Minister of Health sent the letter to GAVI dated 23 March 2009 to inform about that and GAVI approved for Viet Nam change of presentation from fully liquid vaccine to lyophilized two-dose vaccine in 12 May 2009.

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	1,664,920					
Target immunisation coverage with the third dose	*Table B*	#	1,581.674					
Number of children to be vaccinated with the first dose	*Table B*	#	1,598323					
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.11					
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.30					

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	5,992,300					
Number of AD syringes	#	6,118,400					
Number of re-constitution syringes	#	3,325,800					
Number of safety boxes	#	104,850					
Total value to be co-financed by GAVI	**$**	$20,068,000					

Vaccine 3: .....

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

a) Fiscal year runs from January to December.

b) This HSS report covers the period from January 2008 to December 2008

c) Duration of current National Health Plan is from January 2006 to December 2010

d) Duration of the immunisation cMYP: January 2006 to December 2010

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

The process of putting the report together is described as follow:

Provicial Health Departments in 10 HSS project provinces prepared the provincial reports on the implementation of HSS in 2008 as well as plans for 2009 in December 2008 on the basis of regular reports of district health centers (DHC) and commune health centers (CHC). These reports were sent to the Planning and Finance Department of the Ministry of Health (PFD/PMU) for verification of sources and review. Once their feedback had been acted upon these reports were submitted to the Provincial People' Committees for consideration and endorsement. The approved reports were sent to PFD again for compilation and putting together into a full report. It was then presented in a meeting of the Health Sector Coordination Commitee and Health Partnership Group for comment and final approval on 02nd April 2009.

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Nguyen Hoang Long	Planning and Finance Dept., MOH	Compilation and putting the report together	Email address: longmoh@yahoo.com Tel No.: (844) 6.2732262
Other partners and contacts who took part in putting this report together			
Duong Duc Thien	Planning and Finance Dept., MOH	Compilation and putting the report together	Email address: dducthien@yahoo.com Tel No.: (844) 3.8461386
Duong Thu Hang	Planning and Finance Dept., MOH	Compilation and putting the report together	Email address: duongthuhang1412@gmail.com Tel No.: (844) 3.8461386
Hoang Thi Giang	Cabinet Office of MOH	Review of financial data	Email address: giang_moh@yahoo.com Tel No.: (844) 6.2732262
Vu Van Chinh	Planning and Finance Dept., MOH	Review of progress indicators	Email address: chinhvuv@gmail.com Tel No.: (844) 3.8461386

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service*

coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.

The main sources of information used in the HSS report are:

- Annual report of PHDs on HSS implementation provided with information on maternal and child health, nutrition status of children, monthly allowance for VHWs, utilization of CHCs, recurrent costs of CHCs, nine-month and six-month training courses for VHWs, short courses on EPI in practice for CHWs, M&E activities and disbursement progress in province. These reports were verified by PMU, Provincial People's Committees and PFD in MOH.
- Annual report of PMU provided with information on TOT courses, M&E in provinces, districts and communes, study implementation, manual/guideline/training material development and disbursement progress in PMU and it was validated by PFD in MOH and HSCC.
- Report of national health target programs provided with information on immunization coverage (DTP3, measles), TB prevalence, child malnutrition rate, contraceptive prevalence rate and they were verified by PFD in MOH and ICC.

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

APR form developed by GAVI is very detailed and systematic. It requires the MOH and other partners involving the reporting process to collect and synthesize information and data from various sourses. In order to have an accurate and qualified report, it is very necessary to have an appendix to clarify terms/concepts in the APR (e.g. planned expenditures in coming year in Table 4.4 and 4.5).

4.2. Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved	3,648,000	3,311,500	5,139,000						
Date the funds arrived	9/8/2007	13/2/2008	2/2/2009						
Amount spent	55,502	3,778,721							
Balance	3,592,498	-467,221							
Amount requested	3,648,000	6,406,296	5,139,000	4,186,500					

Amount spent in 2008: 3,778,721USD
Remaining balance from total (2007 and 2008): 3,125,277 USD

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	**Planned Activity for reporting year**	**Report on progress (% achievement as planned)**	**Available GAVI HSS resources for the reporting year (2008)**	**Expenditure of GAVI HSS in reporting year (2008)**	**Carried forward (balance) into 2009)**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1: Village Health Workers			**3,953,116**	**2,311,741**	**1,641,375**	
1.1. Training curriculum and materials update	**Curriculum and materials updated and applied in 10 project provinces**	**70**	**25,000**	**12,535**	**12,465**	**Traning curriculums updated and used in 10 project provinces** **Materials expected to be completed in 2009**
1.2. Training materials printings						
1.3. Long-term training courses for VHWs	**60 training courses organized for 2,396 VHWs**	**100**	**2,065,000**	**1,404,910**	**660,090**	**3 training courses completed with 120 trained VHWs** **57 ongoing training courses expected to be completed in early 2009**
1.4. Basic equipment kits for VHWs	**15,012 basic equipment kits provided to VHWs in 10 project provinces**	**70**	**641,900**	**0**	**641,900**	**The procurement procedure completed** **All kits expected to be distributed in July 2009**
1.5. Monthly allowance for VHWs	**16,389 VHWs provided with additional monthly allowance**	**100**	**877,216**	**615,915**	**261,301**	

1.6. Supervisory visits for VHWs						
1.6.1. Monitoring manual/guideline	**Monitoring guideline developed for VHWs**	**100**	**20,000**	**9,410**	**10,590**	**In the process of expenditure liquidation**
1.6.2. TOT courses for provincial trainers	**2 TOT courses organized for provincial trainers**	**0**	**24,000**	**0**	**24,000**	**Carried forward into 2009**
1.6.3. Short courses for district officers			**0**	**0**	**0**	
1.6.4. Support for monitoring and supervision	**- Central level: 10 monitoring and supervision visits carried out in 10 project provinces** **- Provincial level: M&S visits carried out in all districts and communes** **- District level: M&S visits carried out in all communes**	**90**	**300,000**	**268,971**	**31,029**	**Central level: 8 visits carried out in 8 project provinces** **Provincial level: M&S visits carried out in all districts and communes** **District level: M&S visits carried out in all communes**
Objective 2: Commune Health Workers			**1,214,419**	**1,040,554**	**173,865**	
2.1. Short courses for CHWs on MCH	**62 courses organized for CHWs**	**0**	**130,000**		**130,000**	**Carried forward into 2009**
2.2. Short courses for CHWs on EPI in practice	**43 courses organized for CHWs**	**100**	**260,000**	**393,401**	**-133,401**	**69 courses organized for CHWs due to need of supplement from provinces**
2.3. Monitoring and supervision for CHCs						
2.3.1. Monitoring manual/guideline for CHCs	**Monitoring guideline developed for CHCs**	**100**	**25,000**	**11,874**	**13,126**	**In the process of expenditure liquidation**
2.3.2. A car to support monitoring & supervision	**A car purchased and used**	**100**	**664**	**0**	**664**	
2.4. Recurrent costs for difficult CHCs	**1,674 CHCs provided with additional recurrent budget of 30 USD per month**	**100**	**798,755**	**635,279**	**163,476**	**The actual number of CHCs is more than the number reported in proposal (only 1,144 CHCs)**
Objective 3: Management Capacity			**744,000**	**39,829**	**704,171**	

3.1. Health Planning and Magt Manuals	**Health Planning and Management Manuals developed for provincial and district health officers**	**100**	**30,000**	**12,510**	**17,490**	**In the process of expenditure liquidation**
3.2. Training for provincial and district officers						
3.2.1. TOT courses for provicial trainers	**2 TOT courses organized for provincial trainers**	**100**	**24,000**	**27,319**	**-3,319**	
3.2.2. Courses for district officers	**Courses for district health officers organized**	**0**	**146,000**		**146,000**	**Carried forward into 2009 as TOT courses organized in December 2008**
3.3. HMIS support						
3.3.1. Pilot and update HMIS software	**HMIS software updated and pilotted**	**0**	**8,000**		**8,000**	**Carried forward into 2009**
3.3.2. TOT course on Software for district staff	**TOT course on software ogranized for district staff**	**0**	**20,000**		**20,000**	**Carried forward into 2009**
3.3.3. Training courses for CHWs	**Training courses ogranized for CHWs**	**0**	**120,000**		**120,000**	**Carried forward into 2009**
3.3.4. Computers for prov, districts and pilot CHCs	**Computers purchased and distributed**	**0**	**396,000**		**396,000**	**Carried forward into 2009**
Objective 4. Policy development			**417,816**	**61,010**	**356,806**	
4.1. Innovative fund	**2 proposals on innovating health village performance and evaluating the role & functions of CHCs in urban area developed and approved**	**70**	**280,000**	**15,458**	**264,542**	**In the process of collecting comments from local experts on the first drafts**
4.2. Workshops, seminars	**Workshops in central and provincial levels organized**	**70**	**77,816**	**40,274**	**37,542**	**Dissemination workshops on action plan 2008 organized in central level and 10 project provinces in early 2008** **A few small workshop organized to develop policies on HSS** **Wrap-up 2008 workshops organized in March 2009**
4.3. To implement policy-oriented studies	**A study on the need for recurrent costs of CHCs carried out**	**70**	**60,000**	**5,278**	**54,722**	**In the process of collecting comments from local experts on the first draft**

Support and Management			**574,648**	**325,587**	**249,060**	
Office equipment and furniture	**Office equipment and furniture purchased and used**	**100**	**110,000**	**99,007**	**10,993**	
Allowances for PMU	**PMU members received allowances**	**100**	**36,600**	**32,386**	**4,214**	
Contracted and admin staff	**2 program officers, 1 accountant and 1 admin staff recruited and worked full-time**	**100**	**136,000**	**73,334**	**62,666**	
Running costs	**Running costs (telephone, photocopy, stationery, etc) paid**	**100**	**170,548**	**84,638**	**85,909**	
Financial audit (two times)			**9,000**		**9,000**	**First time in middle 2009**
Baseline and post-project surveys	**Baseline survey carried out and completed**	**100**	**30,000**	**19,028**	**10,972**	
Local consultants	**4 local consultants recruited to support HSS project in M&E, project management, training and procurement of VHW kits**	**100**	**82,500**	**17,194**	**65,306**	**In the process of expenditure liquidation**
International consultant						

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1: Village Health Workers		**5,279,786**	**1,641,375**	**3,638,411**	
1.1. Training curriculum and materials update	**Training material updated and applied**	**12,465**	**12,465**	**0**	
1.2. Training materials printings	**Training materials printed for distribution**	**25,000**	**0**	**25,000**	
1.3. Long-term training courses for VHWs	**63 training courses organized for 2,520 VHWs**	**3,472,887**	**660,090**	**2,812,797**	
1.4. Basic equipment kits for VHWs	**15,012 basic equipment kits provided to VHWs in 10 project provinces**	**641,900**	**641,900**	**0**	
1.5. Monthly allowance for VHWs	**16,389 VHWs provided additional monthly allowance**	**615,915**	**261,301**	**354,614**	
1.6. Supervisory visits for VHWs					
1.6.1. Monitoring manual/guideline		**10,590**	**10,590**	**0**	
1.6.2. TOT courses for provincial trainers	**TOT courses organized for provincial**	**24,000**	**24,000**	**0**	

	trainers				
1.6.3. Short courses for district officers	**21 short courses organized for 751 district officers**	**146,000**	**0**	**146,000**	
1.6.4. Support for monitoring and supervision	**- At central level: 10 monitoring and supervision visits carried out in 10 project provinces** **- At provinciall level: M&S visits carried out in all districts and communes** **- At district level: M&S visits carried out in all communes**	**331,029**	**31,029**	**300,000**	
Objective 2: Commune Health Workers		**1,414,822**	**173,865**	**1,240,957**	
2.1. Short courses for CHWs on MCH	**62 courses organized for 2,289 CHWs**	**460,000**	**130,000**	**330,000**	
2.2. Short courses for CHWs on EPI in practice	**36 courses organized for 1,309 CHWs**	**210,000**	**-133,401**	**343,401**	
2.3. Monitoring and supervision for CHCs					
2.3.1. Monitoring manual/guideline for CHCs		**13,126**	**13,126**	**0**	
2.3.2. A car to support monitoring & supervision		**0**	**664**	**-664**	
2.4. Recurrent costs for difficult CHCs	**1,684 CHCs provided with additional recurrent budget of 30 USD per month**	**731,696**	**163,476**	**568,220**	
Objective 3: Management Capacity		**711,490**	**704,171**	**7,319**	
3.1. Health Planning and Magt Manuals		**17,490**	**17,490**	**0**	
3.2. Training for provincial and district officers					
3.2.1. TOT courses for provicial trainers		**0**	**-3,319**	**3,319**	
3.2.2. Courses for district officers	**19 courses organized for 669 district officers**	**146,000**	**146,000**	**0**	

3.3. HMIS support					
3.3.1. Pilot and update HMIS software	**HMIS software updated and pilotted**	**12,000**	**8,000**	**4,000**	**Additional funds requested as available HMIS needs to be revised and tested in a wider scale**
3.3.2. TOT course on Software for district staff	**A TOT course on HMIS organized for 20 provicial staff and 20 district staff**	**20,000**	**20,000**	**0**	
3.3.3. Training courses for CHWs	**15 courses organized for 419 CHWs**	**120,000**	**120,000**	**0**	
3.3.4. Computers for prov, districts and pilot CHCs	**316 computers purchased and provided to PHDs, district health centers and pilotted CHCs**	**396,000**	**396,000**	**0**	
Objective 4. Policy development		**494,806**	**356,806**	**138,000**	
4.1. Innovative fund	**Some proposals developed and approved**	**272,542**	**264,542**	**8,000**	
4.2. Workshops, seminars	**Workshops organized in the central and provincial levels**	**137,542**	**37,542**	**100,000**	
4.3. To implement policy-oriented studies	**Some studies carried out**	**84,722**	**54,722**	**30,000**	
Support and Management		**363,373**	**249,060**	**114,313**	
Office equipment and furniture	**Office equipment and furniture purchased and used**	**10,993**	**10,993**	**0**	
Allowances for PMU	**PMU members received allowances**	**28,800**	**4,214**	**24,586**	
Contracted and admin staff	**An additional program officer recruited**	**98,399**	**62,666**	**35,733**	
Running costs	**Running costs (telephone, photocopy, stationery, ect) paid**	**91,375**	**85,909**	**5,466**	
Financial audit (two times)	**An independent auditing company recruited**	**28,500**	**9,000**	**19,500**	**Additional funds requested as the auditing process will be carried out in 10 project provinces (not only in PMU)**

Baseline and post-project surveys		**0**	**10,972**	**-10,972**	
Local consultants	**M&E consultant and project management consultant recruited to support activities of HSS project**	**65,306**	**65,306**	**0**	
International consultants	**A consultant recruited to carry out a mid-term evaluation and support the development of HSS proposal in 2011-2015 period**	**40,000**	**0**	**40,000**	
TOTAL COSTS		**8,264,277**	**3,125,277**	**5,139,000**	

* Note: The amount of 5,139,000 USD (total request for 2009) is the GAVI approved amount for 2009 which is re-allocated between categories

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments					
Major Activities	**Planned Activity for current year (ie.2009)**	**Planned expenditure in coming year**	**Balance available (To be automatically filled in from previous table)**	**Request for 2010**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Objective 1: Village Health Workers		**5,279,786**	**1,641,375**	**3,421,000**	
1.1. Training curriculum and materials update	**Training material updated and applied**	**12,465**	**12,465**	**0**	
1.2. Training materials printings	**Training materials printed for distribution**	**25,000**	**0**	**0**	
1.3. Long-term training courses for VHWs	**63 training courses organized for 2,520 VHWs**	**3,472,887**	**660,090**	**2,575,000**	
1.4. Basic equipment kits for VHWs	**15,012 basic equipment kits provided to VHWs in 10 project provinces**	**641,900**	**641,900**	**0**	
1.5. Monthly allowance for VHWs	**16,389 VHWs provided additional monthly allowance**	**615,915**	**261,301**	**584,000**	
1.6. Supervisory visits for VHWs		**0**	**0**		
1.6.1. Monitoring manual/guideline		**10,590**	**10,590**	**0**	
1.6.2. TOT courses for provincial trainers	**TOT courses organized for provincial trainers**	**24,000**	**24,000**	**0**	
1.6.3. Short courses for district officers	**21 short courses organized for 751 district officers**	**146,000**	**0**	**-63,000**	**The duration of each course is only 3 days (not 5 days as defined in proposal)**
1.6.4. Support for monitoring and supervision	**- At central level: 10 monitoring and supervision visits carried out in 10**	**331,029**	**31,029**	**325,000**	

	project provinces **- At provinciall level: M&S visits carried out in all districts and communes** **- At district level: M&S visits carried out in all communes**				
Objective 2: Commune Health Workers		**1,414,822**	**173,865**	**490,000**	
2.1. Short courses for CHWs on MCH	**62 courses organized for 2,289 CHWs**	**460,000**	**130,000**	**0**	
2.2. Short courses for CHWs on EPI in practice	**36 courses organized for 1,309 CHWs**	**210,000**	**-133,401**	**0**	
2.3. Monitoring and supervision for CHCs		**0**		**0**	
2.3.1. Monitoring manual/guideline for CHCs		**13,126**	**13,126**		
2.3.2. A car to support monitoring & supervision		**0**	**664**		
2.4. Recurrent costs for difficult CHCs	**1,684 CHCs provided with additional recurrent budget of 30 USD per month**	**731,696**	**163,476**	**490,000**	
Objective 3: Management Capacity		**711,490**	**704,171**	**-122,000**	
3.1. Health Planning and Magt Manuals		**17,490**	**17,490**	**0**	
3.2. Training for provincial and district officers		**0**	**0**	**0**	
3.2.1. TOT courses for provicial trainers		**0**	**-3,319**	**0**	
3.2.2. Courses for district officers	**19 courses organized for 669 district officers**	**146,000**	**146,000**	**-66,000**	
3.3. HMIS support				**0**	
3.3.1. Pilot and update HMIS software	**HMIS software updated and pilotted**	**12,000**	**8,000**	**0**	
3.3.2. TOT course on Software for district staff	**A TOT course on HMIS organized for 20 provicial staff and 20 district staff**	**20,000**	**20,000**	**0**	

3.3.3. Training courses for CHWs	**15 courses organized for 419 CHWs**	**120,000**	**120,000**	**-40,000**	
3.3.4. Computers for prov, districts and pilot CHCs	**316 computers purchased and provided to PHDs, district health centers and pilotted CHCs**	**396,000**	**396,000**	**-16,000**	
Objective 4. Policy development		**494,806**	**356,806**	**30,000**	
4.1. Innovative fund	**Some proposals developed and approved**	**272,542**	**264,542**	**-100,000**	
4.2. Workshops, seminars	**Workshops organized in the central and provincial levels**	**137,542**	**37,542**	**130,000**	
4.3. To implement policy-oriented studies	**Some studies carried out**	**84,722**	**54,722**	**0**	
Support Functions		**363,373**	**249,060**	**367,500**	
Office equipment and furniture	**Office equipment and furniture purchased and used**	**10,993**	**10,993**	**0**	
Allowances for PMU	**PMU members received allowances**	**28,800**	**4,214**	**28,800**	
Contracted and admin staff	**An additional program officer recruited**	**98,399**	**62,666**	**100,000**	
Running costs	**Running costs (telephone, photocopy, stationery, ect) paid**	**91,375**	**85,909**	**100,000**	
Financial audit (two times)	**An independent auditing company recruited**	**28,500**	**9,000**	**40,000**	
Baseline and post-project surveys		**0**	**10,972**	**25,000**	
Local consultants	**M&E consultant and project management consultant recruited to support activities of HSS project**	**65,306**	**65,306**	**33,700**	
International consultants	**A consultant recruited to carry out a mid-term evaluation and support the development of HSS proposal in 2011-2015 period**	**40,000**	**0**	**40,000**	

TOTAL COSTS		**8,264,277**	**3,125,277**	**4,186,500**	

4.6 Programme implementation for reporting year:

a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

After receiving GAVI funds in the end of 2007 and approval of the Minister of Health on the Action Plan for 2008, the HSS project worked in collaboration with related stakeholders and 10 project provinces to carry out the activities in 2008. Some remarkable progress has been made as follows:

- The nine-month training curriculum for new VHWs was updated by the Science and Training Department of the MOH and national consultants on the basis of available curriculums of MOH and consideration of local socio-economic contexts in 10 disadvantaged provinces. The upgrading curriculum (e.g. six month programme) for VHWs who have already been trained for three or six months developed to meet the requirements of nine-month training programme as regulated by the MOH. These curriculums also modified in accordance with actual situation in each province and used in 9 month and 6 month training courses for VHWs from the middle of 2008.
- Basing on the updated training curriculums, major training materials for 9-month training program for VHWs are being revised and expected to be finalized in the second quarter of 2009.
- 60 nine-month and six-month training courses for 2,380 VHWs conducted by Provincial Health Departments and Provincial Secondary Medical Schools. Of which, 3 training courses completed in 2008 and 57 ongoing trainining courses will be completed in 2009. Trainees are local people and be carefully selected from villages by local authorities according to selection criteria defined by PHDs. Trainers/facilitators from PSMSs take the main tasks, in collaboration with invited lecturers and facilitators from PHDs, provincial hospitals, provincial preventive health centers, district hospitals, district preventive health centers and the district health office etc. Qualified trainees would be provided with a standard Certificate allowing the trained VHWs to practice as a formally trained and professional VHW. With this Certificate, trained VHWs feel more secure and have a strong attachment to this work in long time.
- After identifying the need of VHW kit from 10 project provinces and selecting the basic and essential items in the VHW kit (syringe, stethoscope, sphyromomanometer for instance), the MOH proceeded with the procurement procedure of 15,012 kits for VHWs. All kits are expected to be distributed by the supplier in 10 project provinces in June 2009. The provision of VHW kits will help facilitate the good performance of VHWs in their villages.
- A total of 16,389 VHWs received the additional monthly allowance from HSS project with 3 levels of support: 50,000 VND; 45,000 VND and 35,000 VND for 3 levels of performance respectively: A (very good), B (good) and C (poor). The application of performance-based incentive scheme with assessment and classification of CHC created the competitiveness among VHWs and promote better performance of VHWs.
- The manual/guideline for VHW and CHC monitoring and supervision was developed by the MOH and local consultant on M&E in 2008 and will be used for the TOT courses organized in 2009 by the MOH for the provincial trainers who will be responsible for training of district and commune health workers after being trained.
- Monitoring and supervision visits carried out from central, provincial and district levels to

lower levels in 10 project provinces. Supervisors provided monitoring and supervision on the management, organization and performance of health facilities, including the implementation of training courses for VHWs and activities related to EPI. In addtion, VHWs and CHWs also received guidance/instruction from supervisors to have better performance of their tasks. Due to these visits, the performance of VHWs and CHWs was improved considerably.

- A total of 69 training courses for CHWs on EPI in practice were organized by PHDs with the support and coordination from the National EPI Program in 10 project provinces. The available guideline jointly developed by the EPI Program in Vietnam and WHO was used for these training courses. These training courses brough about remarkable improvements in the skill and capacity on EPI in practice of CHWs.
- The HSS project provided 1,674 CHCs in the 10 project provinces with additional recurrent cost of 30 USD per month. These funds partly supported CHCs in the worst-off provinces especially in disadvantaged communes to cover basic operational costs.e.g., for consumables, water, telephone and electricity. Thanks to this support, CHCs had full electricity for freezers to keep vaccine and drug in a good condition. Therefore, the quality of vaccine and drug was ensured for immunization programs.
- Health Planning and Management Manuals for provincial and district levels developed and updated by the MOH and local experienced health managers with reference from available materials from MOH and provinces, as well as those developed by other projects to meet the new context and policies of the health sector in recent years. The manuals seem to be met the local health planning and management needs in the disadvantaged provinces.
- Two TOT courses on health planning and management organized by the MOH for health managers and planners from 10 project provinces. The training materials used in the TOT courses are the above-mentioned health planning and management manuals.
- Two proposals on innovating health village performance and evaluating the role & functions of CHCs in urban area as well as a study on the need for recurrent costs of CHCs drafted by the Planning and Finance Dept of MOH. These proposals/studies are expected to be finalized in the second quarter of 2009.
- The MOH and PHDs organized some workshops and seminars to assist the MOH to develop policies and new solutions to strengthen health care system.
- Some official documents developed and promulgated by the PMU and PHDs to facilitate the implementation of HSS activities (e.g. regulations on project management and financial management, selection criteria of VHW for training, etc)
- The MOH/PMU carried out the baseline survey from the middle of 2008 and until now the final report is completed.
- PMU recruited 4 national consultants to support HSS project (training, M&E, project management and procurement of VHW kit).

b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

The involvement of civil society organizations always exist and be highly apprectiated during the implementation of the HSS project.

At central level, the Health Partnership Group including all donors in the health sector such as international organizations, international NGOs and embassies were invited to the workshops and seminars of HSS project to get comments and recommendations on HSS implementation in paricular and policy and new solution development on health care system strengthenning in general. These workshops were good opportunities for the donors working on the same areas to

exchange experiences/lessons and discuss how to collaborate their activities with HSS project.

At local level, the national health target programs such as clean water, food safety, environment hygiene and immunization as well as HSS project activities was strongly supported by civil society organizations. The immunization schedule was often informed broadly on the loudspeaker and in the village meetings by head of village. The IEC on food safety and environment hygiene was carried out regularly by Red Cross Association, Woman Union and Youth Union. In addtion, the representives of Woman Union and Youth Union had many visits to households to encourage members of household to join 6 month and 9 month training courses for VHWs and disseminate experience of using contraceptive methods. They also mobilize pregnant worman to deliver at commune health centers. Retired doctors and private health facililties involved in healthcare activities through their active participation and support in immunization schemes.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

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

The funds was channelled to the account in USD of the Ministry of Health and then it was transferred to the account of HSS project. Within the country, existing finanical management system was utilized. HSS project transferred HSS funds to the account of PHD for carring out the project activities within provinces.

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

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

The funds requested anually are often lower than the amount received from GAVI. It made HSS project difficult to re-allocate funds for each activity as well as each province.
HSS project will carry out a financial audit in the middle of 2009 in PMU and 10 project provinces. The audit report will be submitted to GAVI together with APR 2009.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application

Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets
		Sexual and reproductive health										
		Contraceptive prevalence rate	The number of women of reproductive age who are using (or whose partner is using) a contraceptive method	Total number of women of reproductive age	Regular report on M&C care at CHCs	**60%**	Health Statistical Year Book	Qtr3, 2008	80% in all project provinces	2010	73.3*	
		Births assisted by skilled Birth attendant	The number of live births attended by skilled health personnel	Total number of live births	Regular report on M&C Care at CHCs	**60%**	HSYB	Qtr3, 2008	85% of delivery	2010	88% in all project provinces	Remark: The outcome is not even across province as the rate stayed around 65% to 75% in the poorest provinces
		TB										
		Cases detection of AFB (+):	The number of new smear positive cases notified	The number of new smear positive cases estimated	Regular report of TB program	**60%**	HSYB	Qtr3, 2008	75%	2010	57.2*	
		DOTS cure rate:	The number of new smear-positive TB cases registered under DOTS that successfully completed treatment	The total number of new smear-positive TB cases registered under DOTS	Regular report of TB program	**70%**	HSYB	Qtr3, 2008	80% of detected cases	2010	88.2	
		Nutrition										
		Malnutrition rate of children < 5 weight for age	The number of u5 having weight-for-age less than -2 standard deviations (SD) of the WHO	The total number of children aged less than 5 years	Regular report by provinces on nutrition status of children	**24%**	HSYB	Qtr3, 2008	reduced 4% in each project province	2010	22%	

			Child Growth Standards median)									
		Utilization of CHCs			Regular report by CHCs				Increased utilization of health services at CHCs	2010		
		Immunization										
		Sustain high DTP3 coverage of at least 90% in each project provinces	The number of children receiving their third dose of DTP	The number of children surviving to their first birthday	Annual EPI report	**75%**	HSYB	Qtr3, 2008	at least 90% in each project provinces	2010	82	
		Routine 2nd dose of measles vaccine coverage of at least 90% in each project provinces	The number of children receiving their second dose of measles	The number of children surviving to their first birthday	Annual EPI report	**75%**	HSYB	Qtr3, 2008	at least 90% in each project provinces	2010	82	

(*): Data from baseline survey 2007;

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to
d. Financial statement of funds spent during the reporting year (2008)
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support[3]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

[3] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[4]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[4] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

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

7. Comments

ICC/HSCC comments:

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.

~ End ~