Annual Progress Report 2009

Submitted by

The Government of

Vietnam

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 15th May 2010

Deadline for submission: 15 May 2010

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

any hard copy could be sent to :

GAVI Alliance Secrétariat,
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.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 language of the arbitration will be English.
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.*

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

By signing this page, the Government hereby attest 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 page 2 of this Annual Progress Report (APR).

For the Government of Vietnam

Please note that this APR 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.

Minister of Health (or delegated authority):

Name: NGUYỄN QUỐC TRIỆU

Title: MINISTER OF HEALTH

Signature:

Date:

Minister of Finance (or delegated authority):

Name: VŨ VĂN NINH

Title:

Signature:

Date:

This report has been compiled by:

Full name Position Telephone E-mail	Full name Position Telephone E-mail
Full name Position Telephone E-mail	Full name Position Telephone E-mail

ICC Signatures Page

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

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

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date
Dr. Jean-Marc Olivé, WHO Representative in Viet Nam	WHO		10/5/2010
Mr. Jesper Morch, UNICEF Representative in Viet Nam	UNICEF		13.05.10
Mrs. Mona Byrkit, PATH Representative in Viet Nam	PATH, International NGO		12/5/2010
Mr. Akira Shimizu, Senior Representative in Viet Nam	JICA		11/5/2010

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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HSCC Signatures Page

If the country is reporting on HSS

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 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/Organisation	Signature	Date
DR. PHAM LÊ TUẤN Director	Planning and Finance Department, MOH		
DR. TRƯƠNG VIỆT QUANG Director	Training and Science Department, MOH		
DR. LƯU THỊ HỒNG Vice Director	Reproductive Health Department, MOH		
DR. PHẠM VĂN TẠC Director	Manpower and Organization Department, MOH		
DR. NGUYỄN MẠNH CƯỜNG Vice Director	International Cooperation Department, MOH		
DR. TRẦN QUÝ TƯỜNG Vice Director	Curative Care Administration, MOH		
DR. LÊ QUANG CƯỜNG Director	Health Strategy and Policy Institute, MOH		
	National Institute for Hygiene and Epidemiology		

HSCC may wish to send informal comments to: [illegible]
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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

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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

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.

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List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
1	Calculation of Vietnam ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
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1. General Programme Management Component

1.1 *Updated baseline and annual targets (fill in Table 1 in Annex1-excell)*

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The numbers for 2010-15 in Table 1 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 the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

*Provide justification for any changes **in births**:*
Vietnam only provides estimates of surviving infants and not for births.

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

The number of surviving infants reported in 2009 (1,617,463) in JRF are slightly lower than projections (1,640,311) made in c-MYP (2006-2010) for year 2009. The estimates for 2009 were revised based on the preliminary results of census done in 2009 which suggested an annual growth rate of 1.2% rather than 1.5% taken into account earlier. Similarly, the estimated number of surviving infants for 2010 is revised to 1,636,873 from earlier estimate of 1,664,915 in c-MYP, taking into account the revised growth rate estimate of 1.2% over 2009 estimate.

The estimated number of surviving infants in the new c-MYP (2011-2015) is based on an estimated growth rate of 1.2% and estimates given in table 1 are based on new c-MYP being developed in 2010.

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

No change in targets by vaccine in 2010, same as in the c-MYP submitted earlier. The coverage goal remains at 95% for DPT3/OPV3 and 96% for DPT1/OPV1. However, the achievement in 2009 was slightly higher than the target (96.3% for DPT3 and 97.4% for DPT1).

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

No changes made in wastage by vaccine.

1.2 *Immunisation achievements in 2009*

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

High coverage was maintained for all antigens except for Hepatitis B birth dose: FIC for child under one: 96.3%; Number of children vaccinated with DPT3 were 1,558,013 (96.32% against the goal of 95%) increasing from 1,509,757 in 2008.. Hence, 48,256 additional infants were

vaccinated with three doses of DPT vaccine in 2009 compared to 2008. The drop-out rate for DPT3 and DPT1 was only 1.1%.

The second dose of measles vaccine was introduced in 2006 nationwide and is provided at school age (grade 1). The number of children 6 years old received measles second doses for 2009 is 1,471,627 (96.39% of target population)

TT2+ for PW: 93.66 % and Protection at birth (PAB) again neonatal tetanus: 91.93%

Many IEC activities were conducted during 2009 to increase the coverage with birth dose of Hepatitis B vaccine. These included workshops, IEC material,... The Hepatitis B birth dose coverage for 2009 is 40.26%, compared to 24.54% in 2008.
Measles outbreak occurred in 2009 with 6582 confirmed cases in 57 provinces mainly among children 1 – 5 years old and young adults. A measles campaign targeting 7.6 million children 1 to 5 years old with support from WHO and UNICEF is planned in in 2010.

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

Targets as set in c-MYP (2006-2010) were achieved for all antigens in 2009 except for hepatitis B. The coverage with three doses of hepatitis B vaccine was 94.47% against the target of 95%, and coverage with the timely hepatitis B vaccine birth dose was 40.26%. The coverage of hepatitis B vaccine, especially with a birth dose, was greatly hit in 2007 following media reports of AEFI following hepatitis birth dose vaccination. While the investigations show no link between reported AEFI and vaccination, the coverage is yet to recover to pre-AEFI reporting time. However, several efforts were made to improve coverage with hepatitis B vaccine as mentioned above.

1.3 *Data assessments*

1.3.1 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)[1].

Over time, the discrepancies between reported data and survey data are declining. The MICS3 survey in 2006 estimated lower coverage than reported, except for BCG vaccine (DPT3-80% versus 94% ; MCV1 88.8% versus 93.5%, and BCG 95.2% versus 94.5%).

However, the 30-cluster coverage survey done in 6 provinces in March-April 2009, as part of an international EPI review found much more consistency between the two, with survey versus reported coverage being 94% versus 93.2 (DPT3), 91% versus 91.85 (MCV1), 76% versus 86.7% (Hepb3), 12% versus 24% (timely hepB birth dose). The proportion of fully immunized children exceeded 90% in all 6 provinces for a national coverage level 95% (card and recall at time of survey). There was no significant difference in coverage level between boys and girls.

This shows improving quality of reported coverage data over time.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [**YES** / NO]. If YES:

Please describe the assessment(s) and when they took place.

[1] *Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series*

The data quality and management review was undertaken as part of International EPI review in March-April 2009. The key findings of the review included:

- Commune staff and district supervisors use the EPI registration books extensively to identify drop outs and monitor data quality.
- 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.
- Submission of coverage and surveillance reports was usually timely and complete.
- Denominator data were based on various sources including office of statistics, a standardized algorithm, village health worker head counts, population collaborator head counts, and others.
- Data inconsistencies were occasionally found in some areas. Some discrepancies were found in dates of vaccine administration by card compared with registration books. DTP3 figures were sometimes greater than DTP1 at the commune level; measles coverage was also sometimes greater that DTP3. The reported number of births sometimes exceeded the reported number of pregnant women, raising questions regarding target population data accuracy.

The key recommendation included preparation of national guidelines and standard methods for assessing population and organizing quarterly review of People's Committee birth records at the commune level including comparison with EPI registration lists to ensure that all newborn children are included in registration lists and to obtain more accurate target population data.

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

A handbook on guidelines for collection, calculation and use of EPI data was prepared in 2009 targeting EPI staff at all levels. The handbook will be printed and disseminated in 2010 to all EPI staff at all levels.

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

The revised software for EPI data management will be introduced for EPI staff at national, regional and provincial levels in 2010.

1.4 *Overall Expenditures and Financing for Immunisation*

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$.

Expenditures by Category	**Expenditure Year 2009**	**Budgeted Year 2010**	**Budgeted Year 2011**
Traditional Vaccines[2]	2,979,109	$5,485,156	$6,108,848
New Vaccines (pentavalent Hib vaccine)	$0	$9,692,011	$16,747,935

[2] *Traditional vaccines:* includes BCG, OPV, DPT (booster), Td, measles, JE, hepatitis B, cholera (high-risk), typhoid (high-risk) in Vietnam, but excludes the hepB vaccination campaign planned for health workers

Injection supplies with AD syringes	1,257,818	$2,065,155	$3,022,102
Injection supply with syringes other than ADs (for BCG)	420,509	383,559	
Cold Chain equipment			$442,784
Operational costs	4,494,049	3,971,772	$4,184,918
Other (please specify) (planned measles campaign in 2010)	$0	$7,546,675	$333,577
One time JE campaign (children 1-5 year)	$492,633	$745,410	$979,006
Other (HW vaccination with hepatitis B vaccine in 2011)	$0	$0	$2,292,450
Total EPI	10,667,000	$30,877,359	$34,814,779
Total Government Health	9,167,000	9,900,000	

Exchange rate used	18544

Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, 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 financing for 2009 was approved in October 2008 based on plan of action for 2009. . The total approved budget in 2009 (142 billion VND) represented an increase of 13.2% from 2008 approved budget (125 billion VND). Overall, the total approved budget increased from 110 billion VND in 2005 to 142 billion VND in 2009, representing an increase of 29.1%. Support from donors WHO, UNICEF. GAVI, PATH and Luxembourg government helped to cover different EPI activities in 2009. Funding is secured for all the activities planned in 2010, and government will cofinance the cost of Hib vaccine at the rate of $0.30 per dose. Government will finance the further expansion of JE vaccine in 2010.

Vietnam is able to achieve high level of program efficiency due to organization of efficient session on fixed days at health facility and reduction in vaccine wastage while maintain high vaccine coverage rates. This high-level of program efficiency is reflected in the relatively low per child cost of routine immunization compared to other developing countries. The total cost of EPI program excluding the cost/rental of health facility building will vary from US$ 34.4 million in 2011 to US $44.4 million in 2015. This amounts to $20.76 per surviving infant in 2011 to $25.55 in 2015. The per child cost compares very favorably with the per child immunization cost in other developing countries ($20-$40 per child excluding Pneumococcal vaccines[1]) mainly due to efficient service delivery with very efficient fixed site sessions and focus on reduction in vaccine wastage and high coverage. There are major assumptions about the declining cost of Hib vaccine (from $2.90 to $1.84 per dose) and very conservative price of PCV ($3.5 per dose)—both of which are major drivers of EPI costs accounting for 62% of total projected costs of the program in 2015. Government will fund the majority of the program costs except for Hib and pneumococcal vaccine which will be financed mainly by GAVI. Taking into account the Hib and Pnuemococcal vaccines, the government share will decrease from 40% in 2011 to 33% in 2015 while the GAVI share in total projected costs will increase from 43% in 2010 to 62% in 2015. The government funding for some of the planned activities (e.g. introduction of PCV and MR vaccines, HW immunization, and nationwide expansion of JE surveillance) is yet to be confirmed either from domestic resources or from external donors, but efforts will be made during the plan period to secure resources for these activities from internal and external sources.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? 2
Please attach the minutes **(Document N° 2 and 3)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4
1) Need for in-depth analysis of the on-going measles outbreak in Viet Nam in 2009 with NIHE and WHO to find the appropriate strategy for elimination goal 2012. 2) Understanding all the issues of registration of vaccines by MoH, ICC now fully endorses the liquid single doseDPT-HepB-Hib pentavalent vaccine (Quinvaxem) for the benefit of children in Viet Nam**.**

Are any Civil Society Organisations 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)

1.6 *Priority actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

A new c-MYP has been developed for years 2011-2015. 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 2010-2011:

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

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

3) Introduction of Pentavalent vaccine in June 2010 with support from GAVI and reach high coverage more than 95% of target children

4) Conduct measles campaign in 2010 for children from 1 to 5 years old and reach 95% of target population, and change the schedule of measles 2nd dose to 18 months of age from the current schedule at 6 years of age.

5) Conduct a nationwide hepatitis B serosurvey among children born between 2000 and 2008 to

evaluate the impact of hepatitis B vaccination program and to inform the future program.

6) Expand JE vaccination to new districts and go nationwide in 2011

7) Introduce booster doses of DPT (at 18 m) and Td (at 7 years)

8) Set up maintenance system for cold chain equipments at all levels

2. Immunisation Services Support (ISS)

1.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US$..0.....
Remaining funds (carry over) from 2008: US$ 97,286
Balance carried over to 2010: US$ 82,486

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

No ISS funds received during 2009. Total remaining funds from 2008 were USD 97,286.

Only $14,800 from ISS funds were used in 2009 to support transportation, supportive supervision, epidemiological surveillance and IEC/social mobilization.

1.2 *Management of ISS Funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

Part B: 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.

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.

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.

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

1.3 *Detailed expenditure of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document N° 4).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached **(Document N° 5)**.

1.4 *Request for ISS reward*

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the $ amount by filling Table 3 in Annex 1.[3]

[3] The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

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

3.1 *Receipt of new & under-used vaccines for 2009 vaccination programme*

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.
Vietnam is approved support for 2nd dose of measles vaccine and injection equipment in cash and country is required to procure the vaccine and injection equipment on its own.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
Measles 2nd dose	**2,033,300**	**8 Sep. 2008**	**1,940,000**	**0**

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

If numbers [A] and [B] are different,

What are the main problems encountered? *(Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)*	• Only measles vaccine from Sanofi Aventis France is registered in Vietnam. The cost of it was USD 0.29 per dose, higher than UNICEF weighted average price of $0.2185 for 2009, taken into consideration by GAVI. The fund from GAVI could only procure 1,940,000 doses for 2009 at that price.
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 SD)	• The fund from government covered enough of requirement for measles second dose.

3.2 *Introduction of a New Vaccine in 2009* NO (Pentavalent vaccine for introduction in EPI was approved by GAVI in 2009. However, this vaccine will be introduced in June 2010)

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	.....
Phased introduction [YES / NO]	Date of introduction ...No.....
Nationwide introduction [YES / NO]	Date of introduction ..planned in June 2010.....
The time and scale of introduction was as planned in the proposal? If not, why?	the vaccine introduction was delayed due to the time required for vaccine product registration in Vietnam. As per laws in Vietnam, only a locally registered product can be procured for immunization. Since none of the pentavalent vaccines were registered till 2009 in Vietnam, the introduction got delayed to June 2010.

3.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received: US$ Receipt date:

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.

Please describe any problems encountered in the implementation of the planned activities:

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]
If YES, how much? US$.....

Please describe the activities that will be undertaken with the balance of funds:

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 *Report on country co-financing in 2009 (if applicable): NOT APPLICABLE, Will start in 2010.*

Table 5: Four questions on country co-financing in 2009

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 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
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: Sources of funding for co-financing?			
1. Government			
2. Donor (specify)			
3. Other (specify)			
Q. 4: What factors have accelerated, slowed or hindered mobilisation 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 take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf

3.4 *ffective Vaccine Store Management/Vaccine Management Assessment*

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? Effective Vaccine Management (EVM) was conducted in November 2009 with support from PATH and WHO (Optimize project). However, the final report is not yet available.

If conducted in 2008/2009, please attach the report. (**Document N°**.....)
An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.
Was an action plan prepared following the EVSM/VMA? *[YES / NO] Being prepared*

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

When is the next EVSM/VMA* planned? *[mm/yyyy]*

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

3.5 *Change of vaccine presentation*

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

Please attach the minutes of the ICC meeting **(Document N°.....)** that has endorsed the requested change.

3.6 *Renewal of multi-year vaccines support for those countries whose current support is ending in 2010*

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement

with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Vietnam current c-MYP expires in 2010. Accordingly Vietnam has developed a new c-MYP, which is submitted along with report. The country hereby requests for an extension of GAVI support for Pentavalent (DPT-HepB-Hib) vaccine for the years 2011- 2015. At the same time it commits itself to co-finance the procurement of pentavalent vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of Pentavalent vaccine support is in line with the new cMYP for the years 2011 - 2015 which is attached to this APR **(Document N° 7).**

The country ICC has endorsed this request for extended support of Pentavalent vaccine at the ICC meeting whose minutes are attached to this APR. **(Document N° 6)**

3.7 *Request for continued support for vaccines for 2011 vaccination programme*

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm**]** ***/*** **[NO**, I don't**]**

If you don't confirm, please explain:

4. Injection Safety Support (INS) NR

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 *Receipt of injection safety support in 2009 (for relevant countries)*

Are you receiving Injection Safety support in cash *[YES/NO]* or supplies *[YES/NO]* ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

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

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG		
Measles		
TT		
DTP-containing vaccine		

Please report how sharps waste is being disposed of:

Does the country have an injection safety policy/plan? [YES / NO]
If YES: Have you encountered any problem during the implementation of the transitional plan for

safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

4.3 *Statement on use of GAVI Alliance injection safety support in 2009 (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:

Fund from GAVI received in 2009 (US$): .....
Amount spent in 2009 (US$):.....
Balance carried over to 2010 (US$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US$
Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
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** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[4] that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 *Information relating to this report*

5.1.1 Government fiscal year (cycle) runs from January to December.

[4] All available at http://www.gavialliance.org/performance/evaluation/index.php

5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
5.1.3 Duration of current National Health Plan is from January 2006 to December 2010
5.1.4 Duration of the current immunisation cMYP is from January 2006 to December 2010
5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

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

Provincial Health Departments in 10 HSS project provinces prepared the provincial reports on the implementation of HSS in 2009 as well as plans for 2010 in December 2009 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 Committee for comment and final approval on 16th April 2010. The minutes of this meeting is attached to the APR 2009 for reference.

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any programmatic 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
Focal point for any accounting of financial management clarifications:			
Hoang Thi Giang	Cabinet Office of MOH	Review of financial data	Email address: giang_moh@yahoo.com Tel No.: (844) 6.2732273
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	HSS Project Staff	Compilation and putting the report together	Email address: duongthuhang1412@gmail.com Tel No.: (844) 3.8461386
Vu Van Chinh	HSS Project Staff	Review of progress indicators	Email address: chinhvuv@gmail.com Tel No.: (844) 3.8461386

5.1.6 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 (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

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

- Annual Health Statistics Yearbook compiled by PFD in MOH.

5.1.7 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 sources. It is more harmonized because the financial report of HSS can use the existing country system.

- However, it is quite difficult to have the accurate financial data as at 30 April 2010 because the approval process of the APR will take a lot of time (at least 01 month) while the date of submission is 15 May 2010.

- In addition, some guidelines in APR can make the readers quite confused (eg Part 5.7: "If any expenditures for the January – April 2010 period are reported above in **Table 16**, a separate, detailed financial statement for the use of these HSS funds must also be attached". However, Table 16 expresses the achievement of indicators to measure the output, outcome and impact, not related to financial data).

- Some parts in APR have unclear structure with some tables in HSS section (Eg Table 13 and 14) not included in any parts of APR.

5.1.8 Health Sector Coordinating Committee (HSCC)

In Vietnam, we have the Health Sector Group to coordinate health sector which is similar to HSCC. It consists of MOH leaders, leaders of the main relevant departments/administrations/ institutions such as Planning and Finance Department, Organization & Manpower Department, International Cooperation Department, Science & Training Department, Reproductive Health Department, Administration of Curative Care, Health Strategy & Policy Institute and National Institute of Hygiene & Epidemiology. The Health Minister is the chair of the group.

The group meet every week to discuss the issues in the health sector as well as the actions that should be addressed to solve these issues, including the actions to mobilize and utilize the internal and external sources in the effective and sustainable manner. One of the main issues being paid much attention in their discussions is the development of the healthcare system at grassroots level. Therefore, they are very interested in the implementation, outputs and outcomes of HSS project.

5.2 *Receipt and expenditure of HSS funds in the 2009 calendar year*

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)	3,648,000	3,311,500	5,139,000	4,186,500					
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year	3,648,000	3,311,500	5,139,000						
Total expenditure during the calendar year	55,502	3,255,275	5,818,250						
Balance carried forward to next calendar year	3,592,498	3.648.723	2.969.473						
Amount of funding requested for future calendar year(s)	3,648,000	6,406,296	5,139,000	4,186,500					

Note: The balance carried forward to next calendar year includes the un-liquidated expenditures of ongoing activities

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

Some delays in releasing funds from GAVI should be taken into account because it made a significant effect on the progress of HSS activities, especially some activities needed to implement in a timely manner such as the 6-9 month training courses for village health workers, monthly allowance for VHWs and recurrent cost for commune health centers. These activities are the main activities of HSS project, accounting for approximately 60%-70% of total expenditures. One specific example is that at the time this report is compiled, even though GAVI notified that the fund for 2010 is released, but the money has not come to MOH account yet. It may cause the delays in implementing activities in 2010.

5.3 *Report on HSS activities in 2009 reporting year*

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. 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. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Completion (%)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1: Village Health Workers			
1.1. Training curriculum and materials update	Training material updated and applied	100	
1.2. Training materials printings	Training materials printed for distribution	100	The expenditures under this item is zero because it is incorporated into the expenditure liquidation of training courses (item 1.3)
1.3. Long-term training courses for VHWs	63 training courses organized for 2,520 VHWs	100	79 training courses organized for 3,157 VHWs due to the great need from 10 project provinces
1.4. Basic equipment kits for VHWs	15,012 basic equipment kits provided to VHWs in 10 project provinces	100	
1.5. Monthly allowance for VHWs	16,389 VHWs provided additional monthly allowance	100	
1.6. Supervisory visits for VHWs			
1.6.1. Monitoring manual/guideline			
1.6.2. TOT courses for provincial trainers	TOT courses organized for provincial trainers	100	
1.6.3. Short courses for district officers	21 short courses organized for 751 district officers	100	21 short courses organized for 732 district officers
1.6.4. Support for monitoring and supervision	- At central level: 10 monitoring and supervision visits carried out in 10 project provinces	70	- At central level: 7 monitoring and supervision visits carried out in 7 project provinces

	- At provincial level: M&S visits carried out in all districts and communes - At district level: M&S visits carried out in all communes		- At provincial level: M&S visits carried out in almost districts and communes - At district level: M&S visits carried out in almost communes
Objective 2: Commune Health Workers			
2.1. Short courses for CHWs on MCH	62 courses organized for 2,289 CHWs	100	66 courses organized for 2,441 CHWs (4 additional courses were organized to meet partly the great need for MCH training in Tra Vinh Province)
2.2. Short courses for CHWs on EPI in practice	36 courses organized for 1,309 CHWs	100	
2.3. Monitoring and supervision for CHCs			
2.3.1. Monitoring manual/guideline for CHCs			
2.3.2. A car to support monitoring & supervision			
2.4. Recurrent costs for difficult CHCs	1,684 CHCs provided with additional recurrent budget of 30 USD per month	100	
Objective 3: Management Capacity			
3.1. Health Planning and Magt Manuals			
3.2. Training for provincial and district officers			
3.2.1. TOT courses for provincial trainers			
3.2.2. Courses for district officers	19 courses organized for 669 district officers	100	19 courses organized for 636 district officers
3.3. HMIS support			
3.3.1. Pilot and update HMIS software	HMIS software updated and piloted	100	2 major modules included in HMIS software are: - Immunization management - Report forms at CHCs
3.3.2. TOT course on Software for district staff	A TOT course on HMIS organized for 20 provincial staff and 20 district staff	100	

3.3.3. Training courses for CHWs	15 courses organized for 419 CHWs	100	16 courses organized for the same amount of 419 CHWs
3.3.4. Computers for provinces, districts and pilot CHCs	316 computers purchased and provided to PHDs, district health centres and piloted CHCs	100	
Objective 4. Policy development			
4.1. Innovative fund	Some proposals developed and approved	100	6 studies carried out by departments/institutions and provinces: - Evaluate health IEC activities and develop IEC manual for CHWs and VHWs: conducted by Vietnam Health Economics Association - Evaluate the curative care at CHCs: conducted by Vietnam Health Economics Association - Develop regulations on the role and functions of VHWs: conducted by the Manpower and Organization Department in MOH - Develop guidelines on implementation of policies for health staff working in the disadvantaged areas: conducted by the Manpower and Organization Department in MOH - Study on health management at commune level employing household health records in Ha Giang province: conducted by Ha Giang Provincial Health Department - Assess the effectiveness of communicable diseases prevention and control after 10 years of implementation (2000-2009) and solutions to improve the quality of immunization service in Lam Dong Province: conducted by Lam Dong Provincial Health Department
4.2. Workshops, seminars	Workshops organized in the central and provincial levels	100	Workshops on action plan 2008 implementation organized in central level and 10 project provinces in early 2009 A few small workshop organized to develop policies on HSS A workshop to update the HSS implementation for Health Partnership Group in April 2009 Wrap-up 2009 workshops organized in central level

			and provincial level
4.3. To implement policy-oriented studies	Some studies carried out	100	A study on the need for recurrent costs of CHCs completed and disseminated to relevant stakeholders
Support and Management			
Office equipment and furniture	Office equipment and furniture purchased and used	100	
Allowances for PMU	PMU members received allowances	100	
Contracted and admin staff	An additional program officer recruited	100	
Running costs	Running costs (telephone, photocopy, stationery, etc) paid	100	
Financial audit (two times)	An independent auditing company recruited	100	The first financial audit for the fiscal year of 2008
Baseline and post-project surveys			
Local consultants	M&E consultant and project management consultant recruited to support activities of HSS project	100	
International consultants	A consultant recruited to carry out a mid-term evaluation and support the development of HSS proposal in 2011-2015 period	0	It is not necessary to conduct a mid-term evaluation because: (i) the duration of project is quite short and (ii) the existing monitoring system of project is relatively consistent. The international consultant will be hired for end-of-project evaluation

* Source: Report on HSS implementation in 2009 of PMU and 10 project provinces

5.4 *Support functions*

*This 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?*

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

The management of the project at the central level is supported by the Minister of Health who directly gives guidance and direction to the PMU. There is also the involvement of related departments within Ministry of Health in providing comments and inputs for annual project review and annual implementation plan. The Health Partnership Group (HPG) also oversee project implementation. In 2009, the Annual Progress Report was presented and discussed at the HPG meeting. At the local level, provincial people's committee is the agency that approve and oversee all project activities. There is participation of provincial financial department, planning and investment department in approving the annual project implementation plan. Local authorities at district and commune levels are informed of project activities (VHW training and incentives, CHS recurrent costs supports etc...) and provide support if required. Those supports at various levels will be maintained in the coming year.

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

M&E activities is implemented on regularly basis. The PMU/MOH has issued set of monitoring indicators and monitoring report templates to 10 project provinces. Those indicators are closely in line with Health Management Information System set by the Ministry of Health. Every quarter, provincial health departments send a monitoring report which describes project activities, process indicators, achievable outputs, financial management and disbursement progress. The PMU/MOH also conducted monitoring missions to project provinces every year. At local level, M&E activities is supported by involvement of provincial health departments, district health offices to make sure that the project activities is implemented according to guidance by 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. If possible, further training on M &E is still needed in the coming year.

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Currently, the project implementation is mainly supported and monitored by Ministry of Health (PMU, related departments) at central level and by provincial health departments and district health offices at local level. In order to better monitor HSS performance, it is required to have more involvement of national institutes such as National Institute for Epidemiology and Hygiene, Health Policy and Strategy Institute. The active participation of HPG members in monitoring HSS support is stimulated.

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

Table 13: Planned HSS Activities for 2010

Code	Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)		Revised budget for 2010 (proposed)		2010 actual expenditure as at 30 April 2010		Explanation of differences in activities and expenditures from original application or previously approved adjustments**
			VND	USD	VND	USD	VND	USD	
100	**Objective 1: Village Health Workers**		**51,899,394,426**	**3,057,762**	**53,526,765,666**	**3,153,642**	**11,893,800,000**	**700,748**	
103	1.3. Long-term training courses for VHWs	37 training courses organized for 1,480 VHWs	39,466,858,629	2,325,273	41,348,824,869	2,436,153	8,604,000,000	506,923	More training courses will be held to meet the great need of provinces
105	1.5. Monthly allowance for VHWs	16,449 VHWs provided additional monthly allowance	9,680,923,956	570,372	9,680,923,956	570,372	3,289,800,000	193,825	-
107	1.6.2. TOT courses for provincial trainers on monitoring		254,595,000	15,000	0	0	-	-	Combined with TOT course on planning and management, hence no need for more training
108	1.6.3. Short courses for district officers	09 short courses organized for 314 district officers	544,527,786	32,082	544,527,786	32,082	-	-	-
109	1.6.4. Support for monitoring and supervision	- At central level: 10 monitoring and supervision visits carried out in 10 project provinces - At provincial level: M&S visits carried out in all districts and communes - At district level: M&S visits carried out in all communes	6,042,540,757	356,009	6,042,540,757	356,009	-	-	-

Code	Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)		Revised budget for 2010 (proposed)		2010 actual expenditure as at 30 April 2010		Explanation of differences in activities and expenditures from original application or previously approved adjustments**
			VND	USD	VND	USD	VND	USD	
200	**Objective 2: Commune Health Workers**		**22,013,794,297**	**1,296,989**	**22,013,794,297**	**1,296,989**	**3,650,400,000**	**215,071**	
201	2.1. Short courses for CHWs on MCH	50 courses organized for 1,874 CHWs	5,242,229,861	308,857	5,242,229,861	308,857	-	-	
202	2.2. Short courses for CHWs on EPI in practice	69 courses organized for 2,568 CHWs	6,426,860,396	378,652	6,426,860,396	378,652	-	-	
205	2.4. Recurrent costs for difficult CHCs	1,690 CHCs provided with additional recurrent budget of 30 USD per month	10,344,704,040	609,480	10,344,704,040	609,480	3,650,400,000	215,071	
300	**Objective 3: Management Capacity**		**3,805,635,141**	**224,217**	**2,178,263,901**	**128,337**	**0**	**0**	
301	3.1. Health Planning and Magt Manuals		0	0	0	0	-	-	
302	3.2.1. TOT courses for provincial trainers		254,595,000	15,000	0	0	-	-	Combined with TOT course on monitoring, hence no need for more training
303	3.2.2. Courses for district officers		1,372,776,240	80,880	0	0	-	-	No need for more training. All expenses under this budget line is moved to item "long-term training course for VHWs"
304	3.3.1. Pilot and update HMIS software		0	0	0	0	-	-	
305	3.3.2. TOT course on Software for district staff		0	0	0	0	-	-	
306	3.3.3. Training courses for CHWs	25 courses organized for 1,011 CHWs	2,178,263,901	128,337	2,178,263,901	128,337	-	-	
400	**Objective 4. Policy development**		**10,492,148,491**	**618,167**	**10,492,148,491**	**618,167**	**320,000,000**	**18,853**	

Code	Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)		Revised budget for 2010 (proposed)		2010 actual expenditure as at 30 April 2010		Explanation of differences in activities and expenditures from original application or previously approved adjustments**
			VND	USD	VND	USD	VND	USD	
401	4.1. Innovative fund	Some proposals developed and approved	5,838,712,000	344,000	5,838,712,000	344,000	-	-	
402	4.2. Workshops, seminars	Workshops organized in the central and provincial levels	2,939,163,491	173,167	2,939,163,491	173,167	320,000,000	18,853	
403	4.3. To implement policy-oriented studies	Some studies carried out	1,714,273,000	101,000	1,714,273,000	101,000	-	-	
500	**Support and Management**		**8,437,125,543**	**497,091**	**8,437,125,543**	**497,091**	**1,830,000,000**	**107,818**	
501	Office equipment and furniture	Office equipment and furniture purchased and used	141,334,171	8,327	141,334,171	8,327	462,000,000	27,220	
502	Allowances for PMU	PMU members received allowances	977,644,800	57,600	977,644,800	57,600	345,600,000	20,362	
503	Contracted and admin staff	An additional program officer recruited	2,831,096,400	166,800	2,831,096,400	166,800	1,022,400,000	60,237	
504	Running costs	Running costs (telephone, photocopy, stationery, etc) paid	2,620,020,172	154,364	2,620,020,172	154,364	-	-	
505	Financial audit (two times)	An independent auditing company recruited for 2009	1.188.110.000	70,000	1.188.110.000	70,000	-	-	
506	Baseline and post-project surveys	The post-project surveys conducted	848,650,000	50,000	848,650,000	50,000	-	-	
600			**1,982,446,400**	**116,800**	**1,982,446,400**	**116,800**	**115,200,000**	**6,787**	
601	Local consultants	M&E consultant, training consultant and project management consultant recruited to support activities of HSS project	1,303,526,400	76,800	1,303,526,400	76,800	115,200,000	6,787	

Code	Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)		Revised budget for 2010 (proposed)		2010 actual expenditure as at 30 April 2010		Explanation of differences in activities and expenditures from original application or previously approved adjustments**
			VND	USD	VND	USD	VND	USD	
602	International consultant	A consultant recruited to carry out an end-of-project evaluation	678,920,000	40,000	678,920,000	40,000	-	-	
	TOTAL		**102,890,326,000**	**6,062,000**	**102,890,326,000**	**6,062,000**	**17,809,400,000**	**1,049,278**	

Table 14: Planned HSS Activities for next year (ie. 2011 FY)

In 2007, GAVI approved the funds for Vietnam to implement HSS project for the period 2007-2010. Up to now, the HSS project has implemented most of the activities as planned and approved by GAVI and Ministry of Health. The project has achieved more outcomes compared with expected outcomes in the proposal.

It is noted that there is some delays in implementing activities in 2007 as the project commenced late in November 2007 due to the long process of approval. Besides, the lateness of releasing funds from GAVI have made some significant effects on the progress of HSS project (e.g. until the middle of May 2010, GAVI have not transferred funds of 2010 to HSS project). In addition, it is anticipated that there will be some leftover funds after the project comes to the end in December 2010.

Therefore, the MOH would like to propose the no-cost extension of the project to December 2011 with some reallocations across budget lines so that MOH can use the leftover funds to implement additional activities to support HSS in 10 project provinces, without changes in project objectives and total budget, but with more project outputs and outcomes.

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1: Village Health Workers				
1.3. Long-term training courses for VHWs	10 training courses (6 months) organized for 400 VHWs	0	400,000	Request for no-cost extension
1.6.4. Support for monitoring and supervision	Further monitoring and supervision will be carried out in 10 project provinces to ensure project outputs and outcomes	0	90,000	Request for no-cost extension
Objective 2: Commune Health Workers				
2.1. Short courses for CHWs on MCH	18 training courses on MCH will be organized in provinces	0	54,000	Request for no-cost extension
2.2. Short courses for CHWs on EPI in practice	20 training courses on EPI will be organized in provinces	0	60,000	Request for no-cost extension
Objective 4. Policy development				

4.1. Innovative fund	Some proposals will be developed and approved	0	50,000	Request for no-cost extension
4.2. Workshops, seminars	Some workshops will be organized in central and provincial levels	0	110,000	Request for no-cost extension
4.3. To implement policy-oriented studies	Some studies will be carried out	0	50,000	Request for no-cost extension
Support and Management				
Office equipment and furniture	Office equipment and furniture purchased and used	0	4,920	Request for no-cost extension
Allowances for PMU	PMU members received allowances	0	31,680	Request for no-cost extension
Contracted and admin staff	An additional program officer recruited	0	100,800	Request for no-cost extension
Running costs	Running costs (telephone, photocopy, stationery, etc) paid	0	84,000	Request for no-cost extension
Financial audit (two times)	An independent auditing company recruited for 2011	0	37,000	Request for no-cost extension
Local consultants	M&E consultant, training consultant and project management consultant recruited to support activities of HSS project	0	57,600	Request for no-cost extension
TOTAL COSTS			1,130,000	

Note:

1. The total budget for 2011 is developed on the estimation of: (i) leftover funds from activities and (ii) the interest of bank deposit

2. All activities under Objectives 1, 2 & 4 will be carried out during 9 first months of 2011, some activities under "Support and Management" category will be extended to the end of 2011 for financial audit and project closing procedure.

5.5 *Programme implementation for 2009 reporting year*

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation 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 should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*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.*

The 3rd year of the project – the year of 2009 - marked a big project progress which is recognized with (i) substantial project outputs including 79 training courses for VHWs, 36 training courses on EPI practice for CHWs and 66 training courses on MCH and (ii) smooth implementation of all other project activities and (iii) particularly, an impressive increase in retention for VHWs under the policy promulgated by the central government with official monthly allowance for VHWs at the levels of 30% base salary for VHWs in rural and urban areas and 50% of base salary for VHWs in mountainous and difficult-to-reach areas (this contributes an increase from 60,000 – 150,000 VND to 210,000 - 320,000 VND) which has created favorable conditions for the sustainable operation of EPI and other health programs at community level.

- Training of VHWs: 79 training courses were organized using the 2008 updated training curriculum - consisting of 56 nine-month courses, 17 six-month courses and 6 three-month courses - for 3,157 VHWs were completed. The provision of CHW training by the project has significantly assist project provinces in tackling the problem of lack of adequately trained CHWs. There was favorable distributions in terms of gender and ethnic groups among the trainees, with 77% female and a considerably high enrolment of people of ethnic minorities. As the training is well-recognized with great importance, the VHWs training in 2010 will, as planned, proceed with 54 training courses for 2.160 VHWs of the 10 provinces.
- The procurement and distribution of 15,012 kits of basic equipment for VHWs have been undertaken. The VHWs having undergone training have been provided with a kit of basic equipment for their day-to-day work in their villages. The provision of VHW kits will help facilitate better performance of VHWs in their villages.
- Additional monthly allowance for VHWs: Additional monthly allowance from HSS project were received by 16,389 VHWs. The allowance has been provided to VHWs on the basis of performance-based with 50,000 VND; 45,000 VND and 35,000 VND respectively for 3 performance levels of A (very good), B (good) and C (poor). The application of performance-based incentive scheme with assessment and classification of CHC created some competitiveness among VHWs and promote better performance of VHWs. As noted earlier, the financial incentive under the support of this project in addition to the official allowance constitute a considerable encouragement to VHWs.
- The manual/guideline for VHW and CHC monitoring and supervision has been produced and 1,825 copies were distributed to project provinces for the training taking place afterward at the project provinces and districts. In 2009, 21 training courses were organized for 732 health officials/staff at district level.
- Monitoring and supervision visits carried out at different levels - from provincial to commune/ village level - in 10 project provinces. M&E activities from central level were, in 2009, carried-out to7 of 10 project provinces, aiming at assisting the management, organization and performance of health facilities, including the implementation of training courses for VHWs and activities related to EPI. In addition, VHWs and CHWs also received guidance/instruction from supervisors. The supportive M&E help VHWs in improving performance of their tasks.

- Training on MCH: 66 training courses on Maternal and Child Health (of the 104 courses planned for the whole project) were undertaken at district level for 2,441 commune health workers. This training is considered very necessary to provide CHWs with more updated skills on MCH.
- Training on EPI practice: 36 training courses on EPI in practice were organized for CHWs. This training has been accomplished in close collaboration with EPI teams in 10 project provinces. Under the requirement by the MoH that CHWs have to obtain official certificate of training on EPI practice, the training courses became practically important for CHWs and essential for the implementation of EPI activities.
- The HSS project provided 1,684 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. The support of additional recurrent cost facilitated regular operation of CHCs, particularly better conditions for storage of vaccine and drug for immunization programs.
- Training on planning and management: 19 training courses organized by provincial health departments under the project to provide updated skills on planning and management for 636 health officers/staff at district level.
- Provision of computers and a HSS project supported CHC software: A software for commune health center was developed with basic modules for EPI and CHC regular reporting. Necessary training on use of the software was provided with 16 training courses for 419 CHWs. 200 computer sets and the CHC software have been put in operation at 200 commune health centers of 10 pilot districts under the project.
- The implementation of the project in 2009 was also notable with the active participation of two provincial health departments in conducting studies for empirical insight for healthcare at community level. Health Department of Ha Giang conducted a study on health management at commune level employing household health records. Health Department of Lam Dong conducted an assessment of the effectiveness of communicable diseases prevention and control after 10 years of implementation (2000-2009) and solutions to improve the quality of immunization service.
- Some other policy-oriented studies, with support from the Project Innovative Fund, have also been done by different departments/institutions and provinces, including: (i) Assessment of IEC at commune level and development of IEC manual for VHWs: undertaken by Vietnam Health Economics Association; (ii) Assessment of Curative Care Services at commune level accomplished by Vietnam Health Economics Association; Assessment on the role and functions of VHWs and Development of guidelines on implementation of health policies in the disadvantaged areas done by Department of Health Manpower and Organization, MoH)
- Some workshops and seminars to assist the MOH in proceeding with relevant policies and solutions health system strengthening.
- Some national consultants were recruited to provide technical support to HSS project activities including M&E and project management.
- A financial audit by an independent auditing company – the Auditing and Accounting Financial Consulting Centre Limited (AFC) - to perform the audit of the Project's financial reports for the year ended 31 December 2008. The audit report was submitted to the MOH, GAVI and relevant agencies in September 2009.
- Some national consultants were recruited to support HSS project regarding training, M&E, project management.

5.5.2 Are any Civil Society Organisations 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, as regular, took place at different levels. The most remarkable element, at the central level, was the contribution from the Health Partnership Group. Reviews on HSS project progress/ activities in particular and basic health care system strengthening in general have been taken into account in regular HPG meetings and comments / policy recommendations from members of HPG provided insight for the implementation and the collaboration/ alignment of the HSS with other projects.

***

At local level, HSS involved civil society organizations in various ways. For EPI and the national health target programs such as clean water, food safety, environment hygiene and immunization IEC activities took place at meetings of villages/ communes. The IEC on food safety and environment hygiene received strong support and involvement by Red Cross Association, Woman Union and Youth Union. IEC activities on EPI / MCH were also done by members of Woman Union and Youth Union when having visits to 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 pensioned physicians.

5.6 *Management of HSS funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

Part B: 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 ICC in this process.

According to current regulations of Vietnam, at the central level, the PMU in the MOH will open a foreign currency account within the MOH account system for receiving USD from GAVI and a VND account to transfer from USD to Vietnamese Dong.

Within the country, existing financial management system is utilized. Budget from PMU's account is channelled to each account of the Provincial Health Department and then most of these funds are transferred to District Health Offices and other implementing agencies (e.g., provincial secondary medical schools) for carrying 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.

The routine approval process of the MOH is used for approving project budget. At provincial level, PHD is responsible for developing annual budget estimation. At the central level, the PMU is responsible for synthesizing provincial budget estimation and submit to the PFD for

review and consideration. After being reviewed, the project budget is submitted to the Minister of Health for final approval.

Regarding the liquidation and reporting procedure, the financial statement of PHD is made at a quarterly frequency according to the existing MOF's regulations and sent to PMU for information and management. The annual financial report at provincial level is made and submitted to the Provincial Finance Department for appraisal and PMU for compilation. PMU is responsible for submitting the annual financial budget of the whole project to the PFD in MOH for endorsement.

5.7 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document N°.....)**.

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

5.8 *General overview of targets achieved*

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Targets (%)**	**Remarks on source of data for 2009**
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% (2006)	Health Statistical Year Book	70 (nation wide)	2008 – Health Statistics Year Book (HSYB), MOH
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% (2006)	HSYB	80	2008 – Health Statistics Year Book (HSYB), MOH
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% (2006)	HSYB	70	
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% (2006)	HSYB	80	
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 Child Growth Standards median)	The total number of children aged less than 5 years	Regular report by provinces on nutrition status of children	24% (2006)	HSYB	21	
Utilization of CHCs			Regular report by CHCs				
Immunization							
Sustain high DTP3 coverage of at least 90% in each project	The number of children receiving their third dose of	The number of children surviving to	Annual EPI report	75% (2006)	HSYB	90	2009 Annual EPI report

provinces	DTP	their first birthday					
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% (2006)	HSYB	90	2009 Annual EPI report

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators:**

Provide justification for any changes in **the denominator:**

Provide justification for any changes in **data source:**

Table 16: Trend of values achieved

Name of Indicator *(insert indicators as listed in above table, with one row dedicated to each indicator)*	**2007**	**2008**	**2009**	**Explanation of any reasons for non achievement of targets**
Sexual and reproductive health				
Contraceptive prevalence rate	**60%**	73.3	79.5%*	
Births assisted by skilled Birth attendant	**60%**	88%	96.5%	
TB				
Cases detection of AFB (+):	**60%**	57.2	64.0% (2009)	A weak functioning reporting system at the local level resulted in a under-reported rate of case detection of AFB (+) The re-structure of the heath system at the district level (rearrangement of responsibilities and tasks between district health office and the district preventive care center) resulted in poorer service outcome such as less smear tests done in 2009 compared to the corresponding figure of 2008.
DOTS cure rate:	**70%**	88.2	89.8 % (2009)	
Nutrition				
Malnutrition rate of children < 5 weight for age	**24%**	22%	22.5 % (2009)	
Utilization of CHCs				
Immunization				
Sustain high DTP3 coverage of at least 90% in each project provinces	**75%**	82	97.8% (2009)	
Routine 2nd dose of measles vaccine coverage of at least 90% in each project provinces	**75%**	82	98.1% (2009)	

(*) The data at a nation-wide scale (while other figures are more project specific with data gathered specifically for 10 project provinces)

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

There are (beside a number of strengths/ advantages) three weaknesses related to the indicators set out, including (i) a weak link with the project progress, (ii) less project specific and (iii) limited availability of data/ information.

- Weakness 1: As the indicators selected are more favorably outcome and result -oriented they are less likely to fully reflect the progress of the project implementation.
- Weakness 2: The outcome indicators are likely to reflect the results from the operation and efforts made by the whole system (this is favorable as the project is system strengthening oriented) while the outcomes are not (really and fully) attributable to the project (this constitutes a weakness when the specific contribution from the project is to be evaluated)
- Weakness 3: As the data/ information for some of the indicators (e.g. Contraceptive prevalence rate) may only be available from sources other than health reporting system (e.g. population and/or household survey), delay or lack of information for the preparation of the project reports are likely to encounter.

5.9 *Other sources of funding in pooled mechanism for HSS*

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

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US$	Duration of support	Contributing to which objective of GAVI HSS proposal

6. Strengthened Involvement of Civil Society Organisations (CSOs)

6.1 *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[5]

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:

6.1.1 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 describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N**°.....).

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

6.1.2 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.

6.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2 *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[6]

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:

6.2.1 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).

[6] 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 change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

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.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, 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.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Part B: briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B 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.

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 4).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your CSO Type B programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

6.2.5 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.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	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.

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR	Y	Y	Y	
2	Signature of Minister of Finance (or delegated authority) of APR	Y	Y	N	
3	Signatures of members of ICC/HSCC in APR Form	Y	Y	Y	
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	Y	Y	Y	
5	Provision of complete excel sheet for each vaccine request		Y		
6	Provision of Financial Statements of GAVI support in cash	Y	N	Y	
7	Consistency in targets for each vaccines (tables and excel)		Y		
8	Justification of new targets if different from previous approval (section 1.1)		N		
9	Correct co-financing level per dose of vaccine		N		
10	Report on targets achieved (tables 15,16, 20)			Y	
11	Provision of cMYP for re-applying		Y		

	OTHER REQUIREMENTS	ISS	NVS		HSS
12	Anticipated balance in stock as at 1 January 2010 in Annex 1		Y		
13	Consistency between targets, coverage data and survey data	N	N		
14	Latest external audit reports (Fiscal year 2009)	Y		N	
15	Provide information on procedure for management of cash	Y		Y	
16	Health Sector Review Report			Y	
17	Provision of new Banking details	N	N	N	
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		N	Y	
19	Attach the CSO Mapping report (Type A)			N	

8. Comments

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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local Currency (CFA)	**Value in USD[7]**
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[8] – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

[7] An average rate of CFA 479.11 = USD 1 applied.

[8] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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[9]**
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[10] – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR ACTIVITY 1.1	**24,000,000**	**50,093**	**18,800,000**	**39,239**	**5,200,000**	**10,854**

[9] An average rate of CFA 479.11 = USD 1 applied.

[10] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES						
Non-salary expenditure						
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR ACTIVITY 1.2	**18,000,000**	**37,570**	**11,792,132**	**24,613**	**6,207,868**	**12,957**
TOTALS FOR OBJECTIVE 1	**42,000,000**	**87,663**	**30,592,132**	**63,852**	**11,407,868**	**23,811**

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO 'Type B'	
	Local Currency (CFA)
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830
Summary of income received during 2009	
Income received from GAVI	57,493,200
Income from interest	7,665,760
Other income (fees)	179,666
Total Income	65,338,626
Total expenditure during 2009	30,592,132
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324

Detailed analysis of expenditure by economic classification[12] – GAVI CSO 'Type B'				
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**
CSO 1: CARITAS				
Salary expenditure				
Wages & salaries	2,000,000	4,174	0	0
Per-diem payments	9,000,000	18,785	6,150,000	12,836
Non-salary expenditure				
Training	13,000,000	27,134	12,650,000	26,403
TOTAL FOR CSO 1: CARITAS	**24,000,000**	**50,093**	**18,800,000**	**39,239**
CSO 2: SAVE THE CHILDREN				
Salary expenditure				
Per-diem payments	2,500,000	5,218	1,000,000	2,087
Non-salary expenditure				
Training	3,000,000	6,262	4,000,000	8,349
Other expenditure				
Capital works	12,500,000	26,090	6,792,132	14,177
TOTAL FOR CSO 2: SAVE THE CHILDREN	**18,000,000**	**37,570**	**11,792,132**	**24,613**
TOTALS FOR ALL CSOs	**42,000,000**	**87,663**	**30,592,132**	**63,852**

[11] An average rate of CFA 479.11 = USD 1 applied.

[12] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide stater CSO 'Type B' proposal and system for economic classification.