



GAVI Alliance

# Annual Progress Report **2011**

Submitted by

The Government of  
***Viet Nam***

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/19/2012**

**Deadline for submission: 5/22/2012**

Please submit the APR **2011** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

***By filling this APR the country will inform GAVI about:***

*Accomplishments using GAVI resources in the past year*

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

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

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

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

# 1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

## 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Measles, 10 dose(s) per vial, LYOPHILISED	Measles, 10 dose(s) per vial, LYOPHILISED	2011

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** is available [here](#).

## 2. Signatures

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

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

For the Government of **Viet Nam**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	NGUYEN Thi Kim Tien	Name	VUONG Dinh Hue
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
NGUYEN Hoang Long	Deputy Director of Department of Planning and Finance, Ministry of Health	+84 4 62732262	longmoh@yahoo.com
DUONG Duc Thien	Deputy Head, General Planning & Policy Division Planning and Finance Department	+84 4 62732273 (ext 1502)	dducthien@yahoo.com
NGUYEN Thi Minh Trang	Accountant, PMU, HSS GAVI Project	+84 4 8231440 (ext 20)	ngm_trang@yahoo.com
Nguyen Van CUONG	Deputy NEPI Manager	+ 84 4 39725745	cuongepi@yahoo.com

### 2.2. ICC signatures page

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

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

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

#### 2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Craig Burgess, Chief, Child Survival and Development Section	UNICEF		

Toda Kohei, EPI Medical Officer	WHO		
Ramona Byrkit, PATH Country Representative	PATH		
Akira Shimizu, Senior Representative	JICA		

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Viet Nam would like GAVI will provide the cash equivalent to enable the Ministry of Health to purchase the AD syringes and safety boxes produced locally. In the past GAVI support supersedes the previous supply of AD syringes and safety boxes specifically for use in GAVI's INS support in 2004-2006. It will be good if GAVI supply Viet Nam with cash to facilitate local procurement of AD syringes and safety boxes for DPT-HepB-Hib vaccine from 2013.

Comments from the Regional Working Group:

Viet Nam would like GAVI will provide the cash equivalent to enable the Ministry of Health to purchase the AD syringes and safety boxes produced locally. This was mention and discus in regional working group in Manila in August 2011. It will be good if GAVI supply Viet Nam with cash to facilitate local procurement of AD syringes and safety boxes for DPT-HepB-Hib vaccine from 2013.

### 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **Planning and Finance Dept., Training and Science Dept., Reproductive Health Dept., Manpower and Organization Dept., International Cooperation Dept., Curative Care Administration, HSPI, NIHE** , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Name/Title	Agency/Organization	Signature	Date
Pham Le Tuan, Director	Planning and Finance Dept., Ministry of Health		
Truong Viet Dung	Training and Science Dept., Ministry of Health		
Luu Thi Hong, Deputy Director	Reproductive Health Dept., Ministry of Health		
Nguyen Tuan Hung, Deputy Director	Manpower and Organization Dept., Ministry of Health		

Tran Thi Giang Huong, Director	International Cooperation Dept., Ministry of Health		
Nguyen Trong Khoa, Deputy Director	Curative Care Administration, Ministry of Health		
Tran Thi Mai Oanh, Deputy Director	Health Strategy and Policy Institute, Ministry of Health		
Nguyen Tran Hien, Director	National Institute for Hygiene and Epidemiology		

HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Viet Nam is not reporting on CSO (Type A & B) fund utilisation in 2012

### 3. Table of Contents

This APR reports on *Viet Nam's* activities between January – December 2011 and specifies the requests for the period of January – December 2013

#### Sections

##### [1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous Monitoring IRC Report](#)

##### [2. Signatures](#)

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

[2.2. ICC signatures page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC signatures page](#)

[2.4. Signatures Page for GAVI Alliance CSO Support \(Type A & B\)](#)

##### [3. Table of Contents](#)

##### [4. Baseline & annual targets](#)

##### [5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Immunisation achievements in 2011](#)

[5.3. Monitoring the Implementation of GAVI Gender Policy](#)

[5.4. Data assessments](#)

[5.5. Overall Expenditures and Financing for Immunisation](#)

[5.6. Financial Management](#)

[5.7. Interagency Coordinating Committee \(ICC\)](#)

[5.8. Priority actions in 2012 to 2013](#)

[5.9. Progress of transition plan for injection safety](#)

##### [6. Immunisation Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2011](#)

[6.2. Detailed expenditure of ISS funds during the 2011 calendar year](#)

[6.3. Request for ISS reward](#)

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

[7.1. Receipt of new & under-used vaccines for 2011 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2011](#)

[7.3. New Vaccine Introduction Grant lump sums 2011](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2011](#)

[7.5. Vaccine Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2011](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012](#)

[7.9. Request for continued support for vaccines for 2013 vaccination programme](#)

- [7.10. Weighted average prices of supply and related freight cost](#)
- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health Systems Strengthening Support \(HSS\)](#)
  - [9.1. Report on the use of HSS funds in 2011 and request of a new tranche](#)
  - [9.2. Progress on HSS activities in the 2011 fiscal year](#)
  - [9.3. General overview of targets achieved](#)
  - [9.4. Programme implementation in 2011](#)
  - [9.5. Planned HSS activities for 2012](#)
  - [9.6. Planned HSS activities for 2013](#)
  - [9.7. Revised indicators in case of reprogramming](#)
  - [9.8. Other sources of funding for HSS](#)
  - [9.9. Reporting on the HSS grant](#)
- [10. Strengthened Involvement of Civil Society Organisations \(CSOs\) : Type A and Type B](#)
  - [10.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)
  - [10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)
- [11. Comments from ICC/HSCC Chairs](#)
- [12. Annexes](#)
  - [12.1. Annex 1 – Terms of reference ISS](#)
  - [12.2. Annex 2 – Example income & expenditure ISS](#)
  - [12.3. Annex 3 – Terms of reference HSS](#)
  - [12.4. Annex 4 – Example income & expenditure HSS](#)
  - [12.5. Annex 5 – Terms of reference CSO](#)
  - [12.6. Annex 6 – Example income & expenditure CSO](#)
- [13. Attachments](#)



## 4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
<b>Total births</b>	1,656,515	1,607,351	1,676,394	1,676,394	1,696,510	1,696,510	1,716,869	1,716,869	1,737,471	1,737,471
<b>Total infants' deaths</b>	0	0	0	0	0	0	0	0	0	0
<b>Total surviving infants</b>	1656515	1,607,351	1,676,394	1,676,394	1,696,510	1,696,510	1,716,869	1,716,869	1,737,471	1,737,471
<b>Total pregnant women</b>	1,656,515	1,622,536	1,676,394	1,676,394	1,696,510	1,696,510	1,716,869	1,716,869	1,737,471	1,737,471
<b>Number of infants vaccinated (to be vaccinated) with BCG</b>	1,565,407	1,581,349	1,592,574	1,592,574	1,611,685	1,611,685	1,631,025	1,631,025	1,650,597	1,650,597
<b>BCG coverage</b>	95 %	98 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
<b>Number of infants vaccinated (to be vaccinated) with OPV3</b>	1,590,255	1,545,642	1,609,338	1,609,338	1,628,650	1,628,650	1,648,194	1,648,194	1,667,972	1,667,972
<b>OPV3 coverage</b>	96 %	96 %	96 %	96 %	96 %	96 %	96 %	96 %	96 %	96 %
<b>Number of infants vaccinated (to be vaccinated) with DTP1</b>	0	1,555,764	0	16,093,380	0	16,116,850	0	16,310,260	0	16,505,970
<b>Number of infants vaccinated (to be vaccinated) with DTP3</b>		1,529,589		1,592,574		1,595,568		1,614,715		1,634,091
<b>DTP3 coverage</b>	97 %	95 %	94 %	95 %	0 %	94 %	0 %	94 %	0 %	94 %
<b>Wastage[1] rate in base-year and planned thereafter (%) for DTP</b>	0	0	0	0	0	0	0	0	0	0
<b>Wastage[1] factor in base-year and planned thereafter for DTP</b>	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib</b>	1,622,294	1,555,764	1,592,574	1,609,338	1,611,685	1,611,685	1,631,026	1,631,026	1,650,597	1,650,597
<b>Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib</b>	1,606,232	1,529,589	1,576,649	1,592,574	1,595,568	1,595,568	1,614,715	1,614,715	1,634,091	1,634,091
<b>DTP-HepB-Hib coverage</b>	97 %	95 %	94 %	95 %	94 %	94 %	94 %	94 %	94 %	94 %
<b>Wastage[1] rate in base-year and planned thereafter (%)</b>	5	5	5	5	5	5	5	5	5	5
<b>Wastage[1] factor in base-year and planned thereafter (%)</b>	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
<b>Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid</b>	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of Measles</b>	1,573,689	1,550,528	1,592,574		1,611,685		1,631,026		1,650,597	
<b>Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles</b>	1,573,689	1,491,329	1,592,574		1,611,685		1,631,026		1,650,597	
<b>Measles coverage</b>	95 %	93 %	95 %	0 %	95 %	0 %	95 %	0 %	95 %	0 %
<b>Wastage[1] rate in base-year and planned thereafter (%)</b>	30	30	0		30		30		30	

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
<b>Wastage[1] factor in base-year and planned thereafter (%)</b>	1.43	1.43	1	1	1.43	1	1.43	1	1.43	1
<b>Maximum wastage rate value for Measles, 10 dose (s) per vial, LYOPHILISED</b>	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %
<b>Pregnant women vaccinated with TT+</b>	1,490,864	1,532,778	1,508,755	1,508,755	1,526,859	1,526,859	1,545,182	1,545,182	1,563,729	1,563,729
<b>TT+ coverage</b>	90 %	94 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %
<b>Vit A supplement to mothers within 6 weeks from delivery</b>	0	1,116,521	0	1,116,521	0	1,116,521	0	1,116,521	0	1,116,521
<b>Vit A supplement to infants after 6 months</b>	N/A	4,843,830	N/A	4,843,830	N/A	4,843,830	N/A	4,843,830	N/A	4,843,830
<b>Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100</b>		2 %		90 %		90 %		90 %		90 %

\*

\*\* Number of infants vaccinated out of total surviving infants

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

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

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

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

Vietnam only provides estimates of surviving infants and not for births.

- Justification for any changes in **surviving infants**

The number of surviving infants reported in 2011 (1,606,351) in JRF are lower than projections (1,656,515) estimates for 2011 in 2010 APR (in Table 1: baseline figures) It is note that number of surviving infants reported in 2011 (1,606,351) from 63 Preventive Medicine Centres of 63 provinces in Viet Nam. These were the real situation by province in 2011. It was lower than number of surviving infants estimates for 2011 in 2010 APR. However, it was higher than number of children under one in document "Population Change and Family Planning Survey 1/4/2010" from General Statistics Office, Ministry of Planning Investment 11/2011 ( 1,207,667).

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

MCV2 for children 18 months of age insted of 6 years old from 2011 and DPT4 for children 18 months of age from 2011 through routine EPI.

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

No changes made in wastage by vaccine

### 5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

High coverage was maintained for all antigens: FIC for child under one: 96%; Number of children vaccinated with DPT3 were 1,529,589 (95.2%). It is note that FIC is the child under one year was received BCG, OPV3, DPT-HepB-Hib3 and MCV1 (not include Hep B birth dose) in the year.

The second dose of measles vaccine was introduced in 2006 nationwide and is provided at school age (grade 1). In the last quarter 2010 the measles campaign for children from 1 to 5 years was conducted base on new schedule from MOH. The target children for measles second doses from 2011 is children 18 months old. Number of children received MCV2 in 2011 are 1,491,329 (92.8%).

TT2+ for PW: 95.4 % and Protection at birth (PAB) again neonatal tetanus: 94.2%

Many IEC activities and training courses were conducted include guideline from MOH during 2010 - 2011 to increase the coverage with birth dose of Hepatitis B vaccine. The rate HepB birth doses in 2011 is 55% (in 2010 was 21.4%)

Campaign with 2 rounds OPV were conducted in 2011 for children under 5 years in 79 HRDs in 23 provinces. 723,395 children were vaccinated (97% of target population)

Major achievements during this particular SIA:

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

From 2011 the booster dose of DPT (DPT4) is given for children 18 months of age. Number of children received DPT4 in 2011 is 85.2%

MNTE status still maintain in Vietnam. Only 32 neonatal tetanus cases were reported in 2011. However, there was one of 696 districts with 3 neonatal tetanus cases in 2011. Two rounds TT SIAs for CBAW from 15 to 35 years old were conducted in the fourth quarter 2011 for 3 communes with NNT cases.

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

### 5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **yes, available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate
EPI Review in Viet Nam 2009	April 2009	DPT3: boy: 99%; girl: 98%; MCV1: boy: 98%; girl:98%; FIC: boy: 96%; girl: 95%

How have you been using the above data to address gender-related barrier to immunisation access?

There was no significant difference in coverage level between boys and girls as mention above

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Not selected**

What action have you taken to achieve this goal?

### 5.4. Data assessments

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

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.

\* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

One of the most difficult in EPI is estimating denominator. Some factors limiting the accuracy of the denominator include Digital birth registration is not implement in Viet Nam. Immigration and denigration are increase in the resent years.

A handbook on guidelines for collection, calculation and use of EPI data was printed and disseminated in 2011 to all EPI staff at all levels. The national workshop for use this document was conducted in April 2011. Training for EPI staff at all levels will be implemented in 2011 and 2012.

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

The revised software for EPI data management was introduced for EPI staff at national, regional and provincial levels in 2010 and 2011. 63/63 provincial PMCs were used this softwre for EPI data management in 2011.

### 5.5. Overall Expenditures and Financing for Immunisation

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

<b>Exchange rate used</b>	1 US\$ = 20800	Enter the rate only; Please do not enter local currency name
---------------------------	----------------	--

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	PATH	Lux. gov.	no more
Traditional Vaccines*	20,874,492	6,267,492	14,607,000	0	0	0	0	0
New and underused Vaccines**	707,000	0	707,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,654,301	1,654,301	0	0	0	0	0	0
Cold Chain equipment	264,161	144,161	0	0	120,000	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	1,053,421	0	151,028	55,000	280,000	139,423	427,970	0
Other Capital Costs	2,605,887	2,605,887	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
no more		0	0	0	0	0	0	0
Total Expenditures for Immunisation	27,159,262							
Total Government Health		10,671,841	15,465,028	55,000	400,000	139,423	427,970	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

The Government total approved budget for EPI in 2011 (220 billion VND) represented an increase of 12.9% from 2010 approved budget (170 billion VND). Overall, the total approved budget increased from 110 billion VND in 2005 to 220 billion VND in 2011, representing an increase of 200%. Support from WHO, UNICEF, GAVI Alliance, PATH and Luxembourg government helped to cover different EPI activities in 2011. Funding is secured for all the activities planned in 2012, and government will co-finance the cost of Hib vaccine and the cost for 100% requirement of MCV2.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

The Government total approved budget for EPI in 2011 (220 billion VND) represented an increase of 12.9% from 2010 approved budget (170 billion VND). Overall, the total approved budget increased from 110 billion VND in 2005 to 220 billion VND in 2011, representing an increase of 200%. Support from WHO, UNICEF, GAVI Alliance, PATH and Luxembourg government helped to cover different EPI activities in 2011. Funding is secured for all the activities planned in 2012, and government will co-finance the cost of Hib vaccine and the cost for 100% requirement of MCV2.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

The Government total approved budget for EPI in 2011 (220 billion VND) represented an increase of 12.9% from 2010 approved budget (170 billion VND). Overall, the total approved budget increased from 110 billion VND in 2005 to 220 billion VND in 2011, representing an increase of 200%. Support from WHO, UNICEF, GAVI Alliance, PATH and Luxembourg government helped to cover different EPI activities in 2011. Funding is secured for all the activities planned in 2012, and government will co-finance the cost of Hib vaccine and the cost for 100% requirement of MCV2.

**Table 5.5b:** Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	19,992,000	16,403,506
New and underused Vaccines**	700,000	14,008,059
Injection supplies (both AD syringes and syringes other than ADs)	1,963,462	2,656,052
Injection supply with syringes other than ADs	100,000	271,000
Cold Chain equipment	427,461	1,091,085

Personnel	915,225	960,986
Other routine recurrent costs	3,276,923	1,696,510
Supplemental Immunisation Activities	314,000	4,498,065
Total Expenditures for Immunisation	27,689,071	41,585,263

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

The Government total approved budget for EPI in 2011 (220 billion VND) represented an increase of 12.9% from 2010 approved budget (170 billion VND). Overall, the total approved budget increased from 110 billion VND in 2005 to 220 billion VND in 2011, representing an increase of 200%. The total approved budget for EPI in 2012 is 240 billion VND.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Hope it is not

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Not selected**

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

Action plan from Aide Mémoire	Implemented?

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

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

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **2**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

- 1 Preparation for introduction of MR vaccination; GAVI's board updates about the country's eligibility and focus priority <?xml:namespace prefix = o />
- 2 Health System Funding Platform (HSFP) approval with clarifications to link better with MCH-EPI service delivery for higher coverage of care
- 3 Reach Every District-Community Strategy and three steps of implementation
- 4 NRA and strengthening VPD surveillance with WHO support in 2011
- 5 Updates from ICC members
- 6 Two main follow-up points:
  - (a) Finalising TORs for Cost Effectiveness Analysis (CEA) study and exploring ways to support its timely undertaking.
  - (b) Next ICC meeting is scheduled at around 25th NEPI Anniversary date. Biannual ICC meetings and (quarterly working sessions between co-chairman and core group)

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

If **Yes**, which ones?

List CSO member organisations:
PATH

## 5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

A c-MYP has been developed for years 2011-2015. The objectives and priority actions are fully linked with the current c-MYP (for year 2011) and with the future c-MYP (for 2012). Following are in brief main objectives and priority actions for 2012:

- 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) Training and retraining for EPI staff at all levels for EPI management and technical skills
- 4) Set up maintenance system for cold chain equipment at all levels
- 5) Increasing HepB birth dose vaccination, esp. reduce missed opportunity for HepB vaccination in hospitals
- 6) The scientific committee for EPI was conduct the meeting in April 2011 and give recommendation and have agreement from MOH for two new vaccines will be introduced in EPI are Rubella vaccine and Rota virus vaccine. Detail plan for introduce MR will be prepare and send to Government for approve during 2012. Viet Nam will submit application form for conduct MR campaign for target population from 9 months old to 20 years old to GAVI in 2012.

Are they linked with cMYP? **Yes**

## 5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	Single use syringe (BD)	Gov
Measles	AD syringe	Gov and GAVI
TT	AD syringe	Gov
DTP-containing vaccine	AD syringe	Gov and GAVI
JE and Typhoid	AD suringe	Gov

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

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

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

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

The practice for disposal of immunization waste in 2011 were: incineration for urban area, open burning for rural area and burial in mountainous area. However, it needs to improve in rural area. It is note that safety boxes from EPI just only enough to use for used syringes from EPI. However, at commune health centre (immunization point) sharp waste is not only syringes from EPI.



## 6. Immunisation Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	909,000	18,689,040,000
Remaining funds (carry over) from 2010 (B)	55,535	889,391,584
Total funds available in 2011 (C=A+B)	964,535	19,578,431,584
Total Expenditures in 2011 (D)	151,028	2,938,018,842
Balance carried over to 2012 (E=C-D)	813,507	16,640,412,742

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

National EPI staff working with EPI officer from WHO, UNICEF to prepare plan of action base on priorities for EPI during the year. This plan will be submit to planning department, MOH for approve.

All activities will be reported during ICC meeting.

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

The plan of action prepared by NEPI staff, WHO EPI officer and UNICEF officer (ICC members) will be submit to planning department, MOH for approve.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

ISS funds were used in 2011 to support transportation, supportive supervision, AEFI surveillance, whorkshops and meeting for improve EPI management and training on EPI management for EPI staff form provincial, regional and national levels. Develop and printing EPI guideline materials for provincial, district and commune levels (see attached Report on expenditure for ISS for EPI Vietnam)

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

### 6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number ) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

### 6.3. Request for ISS reward

Request for ISS reward achievement in Viet Nam is not applicable for 2011

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

### 7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

**Table 7.1:** Vaccines received for 2011 vaccinations against approvals for 2011

	[ A ]	[ B ]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		4,699,500	0
Measles		2,247,600	0

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

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

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

2011 is the fifth year Viet Nam receive support from GAVI for 2nd dose of measles (2007-2011). It is the last year for support by GAVI for 2nd dose of measles.

1,627,399 doses of DPT-HepB-Hib was delay in shipment in 2010 was received in 2011.

Vietnam received support from GAVI for measles second dose in cash. Only measles vaccine from Sanofi Aventis France is registered in Vietnam. The cost of it was USD 0.32 per dose. The fund from GAVI could only procure 1,650,000 doses for 2011 at that price. The fund from government covered enough of requirement for measles second dose.

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

A good plan for shipment of vaccine between NEPI and UNICEF was prepared.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Not selected**

If **Yes**, how long did the stock-out last?

<BR>

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

### 7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	DPT-HepB-Hib	
Phased introduction	Yes	01/06/2010
Nationwide introduction	Yes	01/06/2010
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

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

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20 )

### 7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

## 7.3. New Vaccine Introduction Grant lump sums 2011

### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year ( Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

### 7.3.2. Programmatic Reporting

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

No more

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

No

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

No

## 7.4. Report on country co-financing in 2011

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

Q.1: What were the actual co-financed amounts and doses in 2011?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1,560,500	502,100
1st Awarded Vaccine Measles, 10 dose(s) per vial, LYOPHILISED		
Q.2: Which were the sources of funding for co-financing in reporting year 2011?		
Government	Yes, 100% of funding for co-financing in 2011 from Government	
Donor		
Other		

	<b>Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?</b>	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
	<b>Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding</b>	
<b>Schedule of Co-Financing Payments</b>	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	October	Government
1st Awarded Vaccine Measles, 10 dose(s) per vial, LYOPHILISED		
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	
	Funding for co-financing with DTP-HepB-Hib will be fine with the fund from Government for EPI. However, it may be problem when GAVI stop support.	

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

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

## 7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2009**

Please attach:

- EVM assessment (**Document No 15**)
- Improvement plan after EVM (**Document No 16**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
See attached file	See attached file	See attached file

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **March 2013**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Viet Nam does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

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

## 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Viet Nam is not available in 2012

## 7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain

.

## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1: Commodities Cost**

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

**Note:** WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table 7.10.1: Commodities Cost**

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

**Note:** WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table 7.10.2: Freight Cost**

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningococcal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

## 7.11. Calculation of requirements

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

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	1,607,351	1,676,394	1,696,510	1,716,869	1,737,471	8,434,595
	Number of children to be vaccinated with the first dose	Table 4	#	1,555,764	1,609,338	1,611,685	1,631,026	1,650,597	8,058,410
	Number of children to be vaccinated with the third dose	Table 4	#	1,529,589	1,592,574	1,595,568	1,614,715	1,634,091	7,966,537
	Immunisation coverage with the third dose	Table 4	%	95.16 %	95.00 %	94.05 %	94.05 %	94.05 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	1,100,000					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.34	0.34	0.40	0.46	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate
--------------------	--------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.30	0.34	0.40	0.46
Recommended co-financing as per APR 2010			0.40	0.46	0.52
Your co-financing	0.30	0.34	0.34	0.40	0.46

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

		2012	2013	2014	2015
Number of vaccine doses	#	3,439,000	4,291,000	4,198,500	4,074,300
Number of AD syringes	#	4,634,300	4,536,300	4,439,000	4,307,700
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	51,450	50,375	49,275	47,825
Total value to be co-financed by GAVI	\$	8,191,500	9,407,000	9,066,000	8,569,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	572,700	787,700	954,600	1,140,600
Number of AD syringes	#	771,700	832,800	1,009,300	1,206,000
Number of re-constitution syringes	#	0	0	0	0



Number of safety boxes	#	8,575	9,250	11,225	13,400
Total value to be co-financed by the Country	\$	1,364,000	1,727,000	2,061,500	2,399,000

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

	Formula	2011	2012		
		Total	Total	Government	GAVI
<b>A</b> Country co-finance	$V$	0.00 %	14.27 %		
<b>B</b> Number of children to be vaccinated with the first dose	Table 5.2.1	1,555,764	1,609,338	229,718	1,379,620
<b>C</b> Number of doses per child	Vaccine parameter (schedule)	3	3		
<b>D</b> Number of doses needed	$B \times C$	4,667,292	4,828,014	689,154	4,138,860
<b>E</b> Estimated vaccine wastage factor	Table 4	1.05	1.05		
<b>F</b> Number of doses needed including wastage	$D \times E$	4,900,657	5,069,415	723,612	4,345,803
<b>G</b> Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		42,190	6,023	36,167
<b>H</b> Stock on 1 January 2012	Table 7.11.1	1,100,000			
<b>I</b> Total vaccine doses needed	$F + G - H$		4,011,605	572,619	3,438,986
<b>J</b> Number of doses per vial	Vaccine Parameter		1		
<b>K</b> Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		5,405,927	771,645	4,634,282
<b>L</b> Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
<b>M</b> Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		60,006	8,566	51,440
<b>N</b> Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		8,753,323	1,249,455	7,503,868
<b>O</b> Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		251,376	35,882	215,494
<b>P</b> Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
<b>Q</b> Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		349	50	299
<b>R</b> Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		525,200	74,968	450,232
<b>S</b> Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		25,173	3,594	21,579
<b>T</b> Total fund needed	$(N+O+P+Q+R+S)$		9,555,421	1,363,947	8,191,474
<b>U</b> Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		1,363,946		
<b>V</b> Country co-financing % of GAVI supported proportion	$U / T$		14.27 %		

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

	Formula	2013			2014			
		Total	Government	GAVI	Total	Government	GAVI	
<b>A</b>	<b>Country co-finance</b>	$V$	15.51 %			18.52 %		
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	<i>Table 5.2.1</i>	1,611,685	249,969	1,361,716	1,631,026	302,138	1,328,888
<b>C</b>	<b>Number of doses per child</b>	<i>Vaccine parameter (schedule)</i>	3			3		
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	4,835,055	749,906	4,085,149	4,893,078	906,413	3,986,665
<b>E</b>	<b>Estimated vaccine wastage factor</b>	<i>Table 4</i>	1.05			1.05		
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	5,076,808	787,401	4,289,407	5,137,732	951,734	4,185,998
<b>G</b>	<b>Vaccines buffer stock</b>	$(F - F \text{ of previous year}) \times 0.25$	1,849	287	1,562	15,231	2,822	12,409
<b>H</b>	<b>Stock on 1 January 2012</b>	<i>Table 7.11.1</i>						
<b>I</b>	<b>Total vaccine doses needed</b>	$F + G - H$	5,078,657	787,688	4,290,969	5,152,963	954,555	4,198,408
<b>J</b>	<b>Number of doses per vial</b>	<i>Vaccine Parameter</i>	1			1		
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.11$	5,368,964	832,714	4,536,250	5,448,223	1,009,251	4,438,972
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$I / J \times 1.11$	0	0	0	0	0	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(K + L) / 100 \times 1.11$	59,596	9,244	50,352	60,476	11,203	49,273
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$	10,243,652	1,588,766	8,654,886	10,233,785	1,895,747	8,338,038
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$	10,243,652	38,722	210,935	10,233,785	46,931	206,412
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$	346	54	292	351	66	285
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as of \% of vaccines value (fv)}$	614,620	95,327	519,293	614,028	113,745	500,283
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	25,001	3,878	21,123	25,370	4,700	20,670
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	11,133,276	1,726,744	9,406,532	11,126,877	2,061,186	9,065,691
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	1,726,744			2,061,186		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / T$	15.51 %			18.52 %		

**Table 7.11.4:** Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 3)

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	$V$	21.87 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,650,597	361,021	1,289,576
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	4,951,791	1,083,062	3,868,729
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	5,199,381	1,137,215	4,062,166
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	15,413	3,372	12,041
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	5,214,794	1,140,586	4,074,208
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	5,513,597	1,205,940	4,307,657
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	61,201	13,386	47,815
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	10,080,197	2,204,752	7,875,445
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	256,383	56,077	200,306
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	355	78	277
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	604,812	132,286	472,526
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	25,674	5,616	20,058
T	Total fund needed	$(N+O+P+Q+R+S)$	10,967,421	2,398,806	8,568,615
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	2,398,806		
V	Country co-financing % of GAVI supported proportion	$U / T$	21.87 %		

**Table 7.11.1:** Specifications for **Measles, 10 dose(s) per vial, LYOPHILISED**

ID	Source		2011	TOTAL	
	Number of surviving infants	Table 4	#	1,607,351	1,607,351
	Number of children to be vaccinated with the first dose	Table 4	#	1,550,528	1,550,528
	Number of children to be vaccinated with the second dose	Table 4	#	1,491,329	1,491,329
	Immunisation coverage with the second dose	Table 4	%	92.78 %	
	Number of doses per child	Parameter	#	1	
	Estimated vaccine wastage factor	Table 4	#	1.43	
	Vaccine stock on 1 January 2012		#	1,100,000	

**Co-financing tables for Measles, 10 dose(s) per vial, LYOPHILISED**

Co-financing group	Intermediate
--------------------	--------------

	2011
Minimum co-financing	0.00
Recommended co-financing as per <b>APR 2010</b>	
Your co-financing	

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

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

**Table 7.11.4:** Calculation of requirements for Measles, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2011
			<b>Total</b>
A	Country co-finance	$V$	0.00 %
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,491,329
C	Number of doses per child	Vaccine parameter (schedule)	1
D	Number of doses needed	$B \times C$	1,491,329
E	Estimated vaccine wastage factor	Table 4	1.43
F	Number of doses needed including wastage	$D \times E$	2,132,601
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	
H	Stock on 1 January 2012	Table 7.11.1	1,100,000
I	Total vaccine doses needed	$F + G - H$	
J	Number of doses per vial	Vaccine Parameter	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	
T	Total fund needed	$(N+O+P+Q+R+S)$	
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	
V	Country co-financing % of GAVI supported proportion	$U / T$	

**Table 7.11.4:** Calculation of requirements for (part 2)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2012	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / T$

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

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2012	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / T$

## 8. Injection Safety Support (INS)

Viet Nam is not reporting on Injection Safety Support (INS) in 2012



## 9. Health Systems Strengthening Support (HSS)

## Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities. **Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

## 9.1. Report on the use of HSS funds in 2011 and request of a new tranche

### 9.1.1. Report on the use of HSS funds in 2011

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

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

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

If yes, please indicate the amount of funding requested: **24400000** US\$

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

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

**Table 9.1.3a (US)\$**

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	3648000	3311500	5139000	4186500		
Revised annual budgets (if revised by previous Annual Progress Reviews)					990529	
Total funds received from GAVI during the calendar year (A)	3648000	3311500	3311500	3311500	3311500	
Remaining funds (carry over) from previous year (B)		3592498	3125277	2339508	1089241	361200
Total Funds available during the calendar year (C=A+B)	3648000	6903998	8264277	6526008	2079770	361200
Total expenditure during the calendar year (D)	55502	3778721	5924769	5436767	1718570	
Balance carried forward to next calendar year (E=C-D)	3592498	3125277	2339508	1089241	361200	
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	3311500	5139000	4186500	990529	990529	361200

**Table 9.1.3b (Local currency)**

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	58754688000	53335019000	87224247000	77634456000		
Revised annual budgets (if revised by previous Annual Progress Reviews)					19612005104	0
Total funds received from GAVI during the calendar year (A)	58754688000	53335019000	87224247000	77634456000	19612005104	0

Remaining funds (carry over) from previous year (B)	0	57860772788	50335711362	41970241312	21475034037	7060167024
Total Funds available during the calendar year (C=A+B)	58754688000	111195791788	137559958362	119604697312	41087039142	7060167024
Total expenditure during the calendar year (D)	893915212	60860080426	95589717050	98129663275	34026872118	
Balance carried forward to next calendar year (E=C-D)	57860772788	50335711362	41970241312	21475034037	7060167024	
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	53335019000	87224247000	77634456000	19612005104	19612005104	7060167024

### Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	16106	16106	16106	16973	18544	
Closing on 31 December	16106	16106	16973	18544	20813	

### Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: )**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: )**

### Financial management of HSS funds

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

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

Please find attached APR 2011 - HSS section for details.

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

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

## 9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2011	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
See APR 2011 - HSS section for details			

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

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
See APR 2011 - HSS section for details	

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

Please find attached APR 2011 - HSS section for details.

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

Please find attached APR 2011 - HSS section for details.

## 9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

**Table 9.3:** Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Please find attached APR 2011 - HSS section for de											

## 9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

Please find attached APR 2011 - HSS section for details.

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

Please find attached APR 2011 - HSS section for details.

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

Please find attached APR 2011 - HSS section for details.

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

Please find attached APR 2011 - HSS section for details.

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

Please find attached APR 2011 - HSS section for details.

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

Please find attached APR 2011 - HSS section for details.

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

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

Please find attached APR 2011 - HSS section for details.

## 9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

**Table 9.5:** Planned activities for 2012

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2012 actual expenditure (as at April 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2012 (if relevant)
---	---------------------------	---	--	--------------------------------	--	---------------------------------------

Please find attached APR 2011 - HSS section for de						
		0	0			0

## 9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

**Table 9.6:** Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **No**

## 9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

**Table 9.7:** Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

## 9.8. Other sources of funding for HSS

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

**Table 9.8:** Sources of HSS funds in your country

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

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

## 9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
See APR 2011 - HSS section for details		

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

See APR 2011 - HSS section for details

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010??

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report (**Document Number: 23**)
2. The latest Health Sector Review report (**Document Number:** )



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

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

Viet Nam is not reporting on GAVI TYPE A CSO support for 2012

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

Viet Nam is not reporting on GAVI TYPE B CSO support for 2012

## 11. Comments from ICC/HSCC Chairs

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

Vietnam would like that instead receive ADsyringes and safety boxes for DPT-Hep-Hib vaccine through UNICEF. GAVI will provide the cash equivalent to enable the Ministry of Health to purchase the ADsyringes and safety boxes produced locally. In the past GAVI support superseded the previous supply of AD syringes and safety boxes specifically for use in GAVI's INS support in 2004-2006. That mean, GAVI will supply Viet Nam with cash to facilitate local procurement of AD syringes and safety boxes for DPT-HepB-Hib vaccine, including the DPT-HepB-Hib vaccine GAVI is supplying from 2013.

## 12. Annexes

### 12.1. Annex 1 – Terms of reference ISS

#### TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)
  - b. Income received from GAVI during 2011
  - c. Other income received during 2011 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2011
  - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.2. Annex 2 – Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
<b>Summary of income received during 2011</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2011</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2011 (balance carried forward to 2012)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2011</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.3. Annex 3 – Terms of reference HSS

### TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 12.4. Annex 4 – Example income & expenditure HSS

### MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
<b>Summary of income received during 2011</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2011</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2011 (balance carried forward to 2012)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2011</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.5. Annex 5 – Terms of reference CSO

### TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
  - b. Income received from GAVI during 2011
  - c. Other income received during 2011 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2011
  - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.



## 12.6. Annex 6 – Example income & expenditure CSO

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

*An example statement of income & expenditure*











Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
<b>Summary of income received during 2011</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2011</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2011 (balance carried forward to 2012)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2011</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signature MoH and MoF.pdf File desc: File description... Date/time: 5/18/2012 3:51:25 AM Size: 248010
2	Signature of Minister of Finance (or delegated authority)	2.1		Signature MoH and MoF.pdf File desc: File description... Date/time: 5/18/2012 3:51:53 AM Size: 248010
3	Signatures of members of ICC	2.2		Signatures page of MoH, MoF, HSCC, ICC.PDF File desc: Signature of ICC Date/time: 5/15/2012 10:01:53 PM Size: 858927
4	Signatures of members of HSCC	2.3		Signatures page of MoH, MoF, HSCC, ICC.PDF File desc: Signature of HSCC Date/time: 5/15/2012 10:02:16 PM Size: 858927
5	Minutes of ICC meetings in 2011	2.2		Minutes of ICC 20th_Dec. 2011.doc File desc: File description... Date/time: 5/16/2012 3:06:58 AM Size: 76288
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		Minutes of 21st ICC meeting_May 2012.docx File desc: File description... Date/time: 5/18/2012 5:30:44 AM Size: 26987
7	Minutes of HSCC meetings in 2011	2.3		Minutes-HSCC_meeting-Aug 2011.pdf File desc: Minutes of HSCC meeting - HSS 2011 Date/time: 4/26/2012 12:12:43 AM Size: 410391
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3		Minutes-HSCC meeting-HSS 2012.doc File desc: Minutes of HSCC Meeting HSS 2012 Date/time: 5/1/2012 10:19:12 PM Size: 71680
9	Financial Statement for HSS grant APR 2011	9.1.3		Financial report HSS 2011.pdf File desc: Financial statement for HSS 2011 Date/time: 5/1/2012 10:21:11 PM Size: 711167
10	new cMYP APR 2011	7.7		cMYP for Vietnam EPI 2011-2015_1.doc File desc: File description...

				Date/time: 5/19/2012 8:37:31 PM Size: 906240
11	new cMYP costing tool APR 2011	7.8	✓	cMYP for Vietnam EPI 2011_2015_2.xls File desc: File description... Date/time: 5/19/2012 8:38:11 PM Size: 229888
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Report on expenditure ISS 2011.doc File desc: File description... Date/time: 5/16/2012 3:19:05 AM Size: 45568
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Financial Statement for ISS grant APR 2011.pdf File desc: File description... Date/time: 5/19/2012 9:04:10 PM Size: 3109902
15	EVSM/VMA/EVM report APR 2011	7.5	✓	Report of Vietnam EVM 2009_11.doc File desc: File description... Date/time: 5/19/2012 8:47:25 PM Size: 3745280
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	EVM Improvement plan.doc File desc: File description... Date/time: 5/16/2012 3:13:23 AM Size: 40960
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	EVM Improvement implementation status.doc File desc: File description... Date/time: 5/16/2012 3:13:48 AM Size: 41984
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Financial Statement for ISS grant APR 2011.pdf File desc: File description... Date/time: 5/16/2012 3:16:42 AM Size: 3109902
20	Post Introduction Evaluation Report	7.2.2	✓	Minutes of 21st ICC meeting_May 2012.docx File desc: File description... Date/time: 5/19/2012 9:09:04 PM Size: 26987
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Minutes of 21st ICC meeting_May 2012.docx File desc: File description... Date/time: 5/19/2012 9:00:40 PM Size: 26987
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	Audited Financial Report HSS 2011.pdf File desc: Audited Financial Report HSS 2011

				Date/time: 5/18/2012 7:02:46 AM Size: 1738086
23	HSS Health Sector review report	9.9.3	X	Jahr2011_Fullversion_English.pdf File desc: HSS Health Sector review report 2011 Date/time: 5/18/2012 6:59:00 AM Size: 2542589