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Country: Vietnam

TITLE OF PROPOSAL: STRENGTHENING BASIC HEALTH CARE NETWORK IN DISADVANTAGED PROVINCES OF VIETNAM (PHASE 1, 2007- 2010)

ISO Code	R'd	Time Period		Total Budget App. by Board USD	Approval Track	Total Amt Disb-ed up to last date USD	Disburse-ment Date
		HSS Prop.	Nat. Health Plan				
VMN	2	2007-2010	2006-2010	16,285,000	**First Submitted**: 11/2006 **App. W conditions**: 02/03/2007 **Not approved**: n/a **Resubmitted**: **First Approval**: 12/05/2007	12,098,500	29/01/09

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

Strategy for Protection and Care of the People's Health in the 2001 – 2010 is to reduce maternal mortality rate to 70/100 000 live births; infant mortality rate to below 25 per thousand live births and under 5 child mortality rate to below 32 per thousand live births. As well as the reduction 10-30% of mortality and morbidity of vaccine-preventable morbidity of vaccine-preventable diseases; maintain immunization coverage of above 95%; and measles elimination by the year 2010.

Proposal Goals

To improve the health status of people, in particular children, through sustained and increased coverage of quality basic health services, including immunization in the ten most disadvantaged provinces of the country (Ha Giang, Bac Kan, Cao Bang, Dien Bien, Bac Giang, Ha Tay, Binh Dinh, Kon Tum, Lam Dong and Tra Vinh covering 10 million out of the 83 million populations).

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Lack of funding at community level; • Inadequate management and HMIS systems Poor planning competence.	• Improve the quality of work of the CHWs; • To develop and introduce new policies and innovative solutions to strengthen the basic health care system; • TOT on health planning and management; • To strengthen health system management capacity.	744,000	5
Human Resource Development/Performance Management. • Lack of adequately trained staff and volunteers at the peripheral levels. • Shortage of Village Health Workers (VHWs) (13% of villages do not have one); with limited education (33% have no heath training). • Insufficient incentives and no support or supervision	• Revise and update training curricula and materials and update training programmes for VHWs printed and distributed to project provinces; • Provide training for 6,040 VHWs and improve quality of those trained by 2010; • Recruit new VHWs; • 4,000 CHWs train on reproductive, maternal and child health (MCH) and EPI. VHWs in 10 project provinces receiving incentive of 100,000 VND (6USD) per month from all sources.	13,648,692	84
Drugs, Equipment, Supplies, Facilities Inadequate physical infrastructure including equipment and physical infrastructure of commune health stations.	• Provision of medical equipment kit and monthly incentives for VHWs in 10 project provinces.		
Monitoring and Evaluation • Low capacity for planning and monitoring • Poorly functioning information systems.	• Supportive monitoring; • Innovation fund and system for planning, implementing monitoring and gathering experiences; • VHW receiving at least 2 supervisory visits per year; • Technical support.	1,015,000	6
Overheads	Management of HSS	877,200	5
TOTALS		**16,284,892**	**100.00**

** These figures are based on the budgets provided by the country

Health financing Gap: not discussed

Document up-dated in May 2009

SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2006	Final Targets 2010	Expected Source of Data/Information
Outcomes/Outputs:			
• Contraceptive Prevalence Targets	60%	80%	A combination of: Annual report EPI, MCH reports, report TB programme
• Births attended by skilled birth attendants	60%	85%	
• Cases detection of AFB (+)	60%	75%	
• DOTS cure rate for AFB+	70%	80%	
• Malnutrition rate children <5 (weight for age) (reduce 4% in each province)	24%	20%	
• DPT3 coverage	75%	90%	
• Routine 2nd dose Measles	75%	90%	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: Planning and Finance Department of Ministry of Health in coordination with other health projects in the selected provinces. The Project Steering Committee will be chaired by a Vice-Minister of Health, with representatives from key Departments of the MOH (e.g., Planning and Finance; Organization and Manpower; Science and Training; International Cooperation; Reproductive Health), the National EPI Program and the National Institute of Hygiene and Epidemiology.
Channelling/Management of funds: The PMU at the MOH will open a foreign currency account within the for receiving USD from GAVI and a VND account to transfer from USD to Vietnamese Dong.
Strategies proposed for sustainability of activities: Even if recurrent costs constitute a relatively limited part of the total proposal it is essential that these ultimately are included in the health budgets at different levels. MOH will do its utmost to secure the required additional funding through a combination of central government efforts and responsibility of the concerned provinces.
Collaboration with/ Involvement of other organisations in *i)* *Proposal Design & Planning:* Dept of Planning and Finance as focal point, with participation of NIHE, EPI and concerned MOH Departments. ii) *Proposal Management*: MOH iii) *Proposal Implementation: MOH*
Other Financial Support for HSS: No specific information provided.