Breakdown of catalytic funding by priority area (US$ and % of budget)

<table>
<thead>
<tr>
<th>CRVS</th>
<th>MDSR</th>
<th>Monitoring Results</th>
<th>eHealth Innovation</th>
<th>Resource Tracking</th>
<th>Reviews</th>
<th>Advocacy</th>
<th>Total distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>58,000 (23%)</td>
<td>40,000 (16%)</td>
<td>117,000 (47%)</td>
<td>10,000 (4%)</td>
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<td>---</td>
<td>25,000 (10%)</td>
<td>250,000</td>
</tr>
</tbody>
</table>

**Progress**

**Recommendation**

- Maternal death surveillance and response (MDSR) system in place
  - Viet Nam conducted a national review of all maternal deaths in 2013, with support from UNFPA, UNICEF and WHO.
  - Catalytic funds were used for the revision of the national guidelines on maternal mortality audit, a regional workshop for reviewing Medicare Modernization Act (MMA) implementation in the central coast and highland areas, a technical working group meeting to review the maternal death profiles, and monitoring of MMA in provinces. The Ministry of Health (MOH) also requested support to develop guidelines and systems for establishing perinatal/neonatal audits in 2014.
  - Support from WHO and development partners has been requested to conduct a RAMOS survey on maternal and neonatal mortality in 2014.

- Available core 11 indicators monitored
  - All the 11 CoIA recommended indicators have been incorporated into the list of indicators for monitoring the health sector and planned within the health information management systems.
  - The MOH has revised the reporting forms for the different levels. However, the use of two indicators will be challenging: namely, the change from three to four antenatal care (ANC) visits, and the change from birth attended by a trained health worker to birth attended by a skilled attendant. Two training-of-trainer (TOT) courses on health information for MNCH provincial staff from 63 provinces were conducted, using a training package developed with EU technical and financial support. Additional funds need to be identified for expanding the training.
  - The H4+ assisted with an analysis of progress on the health MDGs using an equity focus, and WHO analysed HMIS district data disaggregated by geographical access and poverty levels.
  - The MDG report was presented at a high-level meeting in November 2012 and the district analysis is used for policy dialogue. The MOH, with H4+ support, developed a MOH Resolution to the Prime Minister on accelerating progress towards the MDGs. UN agencies are also helping the MOH to define an integrated package of services targeting women and children in the 63 poorest districts and to demonstrate how to support integrated planning for the package in three disadvantaged provinces.

- IHP+ compact or equivalent partnership agreement
  - Viet Nam joined IHP+ in April 2010. Its current health partnership agreement is the 2009 Statement of Intent adopted by the MOH, 15 development partners and eight civil society organizations (CSOs). The new National Health Plan was developed in 2010 and reviewed using the Joint Assessment of National Strategy (JANS) approach in late 2010. The joint annual health sector review usually takes place in December.

- National health sector review
  - Development partners supported the MOH to strengthen the M&E framework.
  - WHO, UNICEF and UNFPA are supporting the review of the provincial-level RMNCH programme and a more integrated planning process focusing on vulnerable districts and communes, accounting for RMNCH technical inputs and health system requirements.

- Country reporting on health expenditure by financing source
  - Viet Nam is strengthening the National Health Accounts (NHA) framework, and UN agencies are encouraging the MOH to consider introducing sub-accounts on MNCH, TB and other programmes.
  - Catalytic funds were used to conduct a national training on the OneHealth planning and costing tool to cost the MNCH action plans to 2015 and beyond. The MOH expressed interest in using the tool for costing the health sector plan in the future.
Civil registration, vital statistics (CRVS) assessment completed, plan developed

✓ A team of MOH, CSO and Ministry of Justice (MOJ) staff participated in the ESCAP meeting in Bangkok; catalytic funds were used to send a team from MOH and MOJ to attend the Global Summit on CRVS also held in Bangkok.

✓ Strengthening CRVS is the responsibility of the MOJ, and the involvement of the MOH is limited. To better understand causes of death, the MOH is developing and piloting a tool for verbal autopsy (VA) and a mechanism to integrate the information into the health information management systems (catalytic funds). Development partners are assisting the MOH to explore the possibility of repeating the study on causes of death using VA, conducted with the support of Queensland University, by mobilizing support from the Global Fund, CDC, PEPFAR and others.

National eHealth strategy Not started

Political leaders engaged in RMNCH Not started

Future needs

1. Support to conduct the National Maternal and Neonatal Survey using the RAMOS methodology.
2. Strengthen the implementation of maternal death surveillance and maternal mortality audit.
3. Develop guidelines and assist the MOH to introduce perinatal/neonatal mortality audit.
4. Strengthen mechanisms for collection and use of RMNCH indicators.
5. Support to establish MNCH sub-accounts.
6. Implement the revised VA tool into health information management systems in provinces, and capacity building to confirm causes of death.
7. Support to use the OneHealth tool for integrated health sector planning.
