



# Viet Nam: Preventive Health System Support

Project Name	Preventive Health System Support		
Project Number	34348-013		
Country / Economy	Viet Nam		
Project Status	Closed		
Project Type / Modality of Assistance	Grant Loan		
Source of Funding / Amount	Grant 0015-VIE: Preventive Health System Support		
	Asian Development Fund	US\$ 10.14 million	
	Loan 2180-VIE: Preventive Health System Support		
	Asian Development Fund	US\$ 27.90 million	
Strategic Agendas	Environmentally sustainable growth		
Drivers of Change	Gender Equity and Mainstreaming Governance and capacity development Knowledge solutions		
Sector / Subsector	Health / Health system development		
Gender	Gender equity		
Description	The Project is composed of four components: (i) Health Surveillance and Priority Health Issues, (ii) Strengthening the Preventive Health Service, (iii) Human Resource Development, and (iv) Project Management.		
Project Rationale and Linkage to Country/Regional Strategy	Viet Nam's preventive health system was designed to meet the country's traditional epidemiological profile, dominated by communicable diseases. This profile is changing rapidly as a result of growing household income, urbanization, and better access to health care. The preventive health system needs to change to better address these changes. The Project complements other ADB-funded health projects in Vietnam, which include Loan 2076-VIE: Health Care in the Central Highlands Project and Grant 0027-VIE: Communicable Disease Control Project.		
Impact	Improved health status of the population, in particular of women, children, the poor and ethnic groups.		
Project Outcome			
Description of Outcome	Increased use of services provided by the preventive medicine system at provincial, district and community levels, including the private sectors. Comprehensive preventive medicine system up to commune level and linked to other sectors, integrating prevention of communicable and non-communicable diseases including food safety, occupational health, school health, environmental health.		
Progress Toward Outcome	All the major preventive medicine targets in the National Strategy for People's Health Care and Protection 2001-2010 have been met, with several significantly exceeded. The 2010 infant mortality rate fell to 15.8 against the target of 25.0. Under-5 child malnutrition fell to 17.5 in 2010 against the target of 20. Under-5 mortality rate fell to 23.8 against a target of 32. MMR had fallen to 69 deaths per 100,000 live births against the 2010 target of 70/100,000. The percentage of children under-1 who are fully immunized reached 94.5 in 2010 against a target of 90%.		
Implementation Progress			
Description of Project Outputs	Improved health surveillance and disease control: (i) integrated and well-functioning health surveillance system; (ii) improved quality of services; and (iii) improved control of priority diseases in 17 provinces. Upgraded provincial preventive health system: (i) improved equipment for preventive health services in PPMCs; and (ii) improved equipment for 4 national institutions. Enhanced staff capacity: (i) improve availability of staff with postgraduate training; (ii) improved technical skills of PPCM staff; and (iii) improved skills of district and commune staff. Component project management: (i) improved capacity of MOH and provinces for project implementation; and (ii) enhanced technical support.		
Status of Implementation Progress (Outputs, Activities, and Issues)	Output 1 - Based on the Report on the Results of the Piloting of Surveillance Software, e-CDS was rolled out to 63 provinces including training for 45 PPMCs and 505 district staff as well as the provision of computers for provincial and district surveillance units. - The provision of training and equipment significantly contributed to improved capacity, particularly in the 17 priority provinces where staff were not adequately trained prior to the project. The project introduced in Vietnam the application of a quality management system for the PPMCs (see MOU paras. 13 14). - A total of 4,925 village health workers (VHWs) participated in training, of which 53% were female and 78% from ethnic minority groups. Based on a survey in 2013, which assessed knowledge of communicable diseases, about 95% of VHWs had average to good knowledge of diseases including influenza, dengue, acute diarrhea, and malaria. Output 2 - Support for the PPMCs focused on the provision of equipment for the detection of communicable diseases, new emerging communicable diseases and non-communicable diseases including environment and food safety. Output 3 - During the field visit, it was noted that the short- and long-term training was one of the most significant contributions of the project. A total of 48 staff completed the masters training, of which 32 on public health and 16 on preventive medicine.		
Geographical Location	Buon Ma Thuot, Hanoi, Ho Chi Minh City, Ho Chi Minh City, Huyen Dien Bien, Nha Trang, Thanh Pho Da Nang, Thanh Pho Ha Noi, Thanh Pho Hai Phong, Tinh Ba Ria-Vung Tau, Tinh Bac Giang, Tinh Bac Kan, Tinh Bac Ninh, Tinh Binh Dinh, Tinh Binh Duong, Tinh Binh Phuoc, Tinh Binh Thuan, Tinh Cao Bang, Tinh Dong Nai, Tinh Ha Giang, Tinh Ha Nam, Tinh Ha Tay, Tinh Ha Tinh, Tinh Hai Duong, Tinh Hoa Binh, Tinh Hung Yen, Tinh Lai Chau, Tinh Lang Son, Tinh Lao Cai, Tinh Nam Dinh, Tinh Nghe An, Tinh Ninh Binh, Tinh Ninh Thuan, Tinh Phu Tho, Tinh Phu Yen, Tinh Quang Binh, Tinh Quang Nam, Tinh Quang Ngai, Tinh Quang Ninh, Tinh Quang Tri, Tinh Son La, Tinh Tay Ninh, Tinh Thai Binh, Tinh Thai Nguyen, Tinh Thanh Hoa, Tinh Tuyen Quang, Tinh Vinh Phuc, Tinh Yen Bai		
Safeguard Categories			
Environment	B		

## Summary of Environmental and Social Aspects

Environmental Aspects	All 45 PPMCs have developed environmental monitoring plans, which comply with the relevant standards and regulations of the Government and ADB. Methods of solid waste disposal amongst the 45 PPMCs are as follows: (i) 20/45 have waste collected and treated by a private contractor; (ii) 24/45 PPMCs have waste collected and treated through the provincial hospital; and (iii) 6/45 PPMCs have an onsite disposal system.
Involuntary Resettlement	The Project will not entail land acquisition or restrict access to lands, and no relocation of people is planned.
Indigenous Peoples	52.9% of the participants for the courses for district and CHC staff, as well as 5.0% of the participants for technical courses are EMGs, meeting the indicator targets. Interaction of EM cultural sensitivity/factors in IEC/BCC materials developed has been ensured. Completed the report for rapid assessment on disease patterns of the ethnic minority groups and developed ethnicity distribution maps for priority provinces

## Stakeholder Communication, Participation, and Consultation

During Project Design	A stakeholder analysis was prepared to help identify key project stakeholders, their project-related interests, and the ways in which they affect project feasibility and success. MOH carried out initial consultations with different stakeholders and held a number of regional workshops.
During Project Implementation	Participation is integrated into the overall project design. The involvement of stakeholders will continue during project implementation. Coordination with other agencies and mass organizations working with vulnerable communities will help deliver information about quality preventive health services.

## Business Opportunities

Consulting Services	The Project will require 66 person-months of services of international consultants (4 international consultants) and 170 person-months of services of domestic consultants (7 domestic consultants) using quality-and-cost-based selection. These consultants will be recruited in a single package from a consulting firm. International consultants will comprise a public health specialist, equipment and planning specialist, training specialist, and public health specialist in project implementation. Seven domestic consultants will also be contracted.
Procurement	Civil works will not be required.

Responsible ADB Officer	Lochmann, Barbara
Responsible ADB Department	Southeast Asia Department
Responsible ADB Division	Human and Social Development Division, SERD
Executing Agencies	Ministry of Health Dr. Nguyen Huy Nga lmanh2004@yahoo.com MOH, Giang Vo, Hanoi, Viet Nam

## Timetable

Concept Clearance	05 May 2000
Fact Finding	13 Jan 2005 to 26 Jan 2005
MRM	11 Mar 2005
Approval	25 Aug 2005
Last Review Mission	-
PDS Creation Date	28 Nov 2006
Last PDS Update	30 Mar 2015

## Grant 0015-VIE

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
25 Aug 2005	15 Sep 2005	07 Mar 2006	30 Jun 2012	30 Jun 2014	01 Mar 2015

Financing Plan			Grant Utilization			
	Total (Amount in US\$ million)		Date	ADB	Others	Net Percentage
Project Cost	10.14		Cumulative Contract Awards			
ADB	10.14		17 Jun 2022	9.78	0.00	96%
Counterpart	0.00		Cumulative Disbursements			
Cofinancing	0.00		17 Jun 2022	9.78	0.00	96%

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	Satisfactory	-	Satisfactory

# Loan 2180-VIE

Milestones						
Approval	Signing Date	Effectivity Date	Closing			
			Original	Revised	Actual	
25 Aug 2005	15 Sep 2005	07 Mar 2006	30 Jun 2012	30 Jun 2014	30 Mar 2015	

Financing Plan				Loan Utilization			
	Total (Amount in US\$ million)			Date	ADB	Others	Net Percentage
Project Cost	37.40			Cumulative Contract Awards			
ADB	27.90			17 Jun 2022	29.29	0.00	100%
Counterpart	9.50			Cumulative Disbursements			
Cofinancing	0.00			17 Jun 2022	29.29	0.00	100%

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	Satisfactory	-	Satisfactory

Project Page	<a href="https://www.adb.org/projects/34348-013/main">https://www.adb.org/projects/34348-013/main</a>
Request for Information	<a href="http://www.adb.org/forms/request-information-form?subject=34348-013">http://www.adb.org/forms/request-information-form?subject=34348-013</a>
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