



Rapid Health Facility Assessment

Viet Nam

December 2023

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Rapid health facility assessment in Vietnam

The **objective of the Frequent Assessments and System Tools for Resilience (FASTR) rapid-cycle health facility phone survey is to provide up-to-date snapshot of primary health care (PHC) facility performance**, ultimately supporting and strengthening of PHC systems for improved reproductive, maternal, newborn, child, and adolescent health and nutrition outcomes. Results identify service delivery readiness gaps and challenges and characterize the impact of shocks on health facility resilience.

The Ministry of Health of Viet Nam conducted this survey with support from the Global Financing Facility for Women, Children, and Adolescents. Data was collected by the Center for Research on Environment and Health.

Methodology

- A nationally representative panel sample of **400 health facilities** (100 district health centers and 300 commune health stations) were surveyed.
- Health facility managers participated in structured phone interviews.
- Ethical clearance was granted by the Thai Binh University of Medicine and Pharma.

Four rounds of surveys were conducted:

- Round 1: October 2022
- Round 2: February 2023
- Round 3: June 2023
- Round 4: December 2023

Survey Sample

Round 1 to 4 in Vietnam

October 2022 to December 2023



**Facilities in 55/63 provinces
were randomly sampled**

Non-sampled provinces:

Hung Yen
Long An
Quang Binh
Son La
Thai Binh
Tra Vinh
Tuyen Quang
Vinh Long

Total sample size: N= 400



Contents

1. **Overview**
2. External events and overall challenges
3. Primary Health Care (PHC) assessment
 - Service availability
 - Infrastructure
 - Medical Supplies
 - Human Resources
 - Financing
 - Leadership and Coordination
 - Community engagement and private sector
 - Quality of Care
4. Conclusion
5. Annex

Objectives

The Global Financing Facility for Women, Children, and Adolescents (GFF) supports Viet Nam and 10 other countries to use rapid-cycle methods to collect timely and relevant data to improve health system performance.

A rapid-cycle facility survey was commissioned in Viet Nam to:

- Describe the availability and readiness to provide services
- Identify structural challenges in service delivery
- Understand the effects of external events on health systems

Methodology

Study design

- A representative sample of 400 health facilities (100 district health centers and 300 commune health stations) were surveyed.
 - Randomly selected 100 district-level facilities, and then within these three commune-level facilities were randomly selected to facilitate the survey logistics.
- Four rounds of data were collected (Oct 2022, Feb 2023, June 2023, Dec 2023).
- Health facility managers participated in structured phone interviews.

Implementation

- Phone-based data collection was conducted by the Center for Research on Environment and Health.
- The fourth data collection round (featured in this report) spanned from November 20th to December 15th, 2023.
- On average, each survey took 28 minutes to complete.

Survey tool

- A cross-country survey tool was adapted for Viet Nam by the MoH, the Global Financing Facility/World Bank, and the Center for Research on Environment and Health.
 - Standardized questions were included to enable comparisons with other large-scale surveys (e.g., HHFA, SARA, SDI, SPA).
 - Tailored Vietnam-specific questions addressed unique country priorities.
- Two types of indicators are included: (1) annual indicators collected once and (2) quarterly indicators collected in all rounds.
- Ethical clearance was granted by the Thai Binh University of Medicine and Pharma.

Data analysis

- Results should be interpreted as national-level estimates. On some slides, the highest and lowest regional estimates are also presented to give a sense of the range of responses at sampled facilities; however, the survey was not designed to produce regional estimates and thus regional estimates may be subject to large confidence intervals [[Methodology annex shows Margins of error](#)].
- Annual indicators are presented as cross-sectional descriptive statistics.
- Quarterly indicator results are presented as the average result across all rounds where data was collected. Differences in the round-to-round results have not been evaluated for statistical significance.
- Summary scores include the component indicators within the index. [[Next slide explains how to interpret the figures](#)].

How to interpret the slides

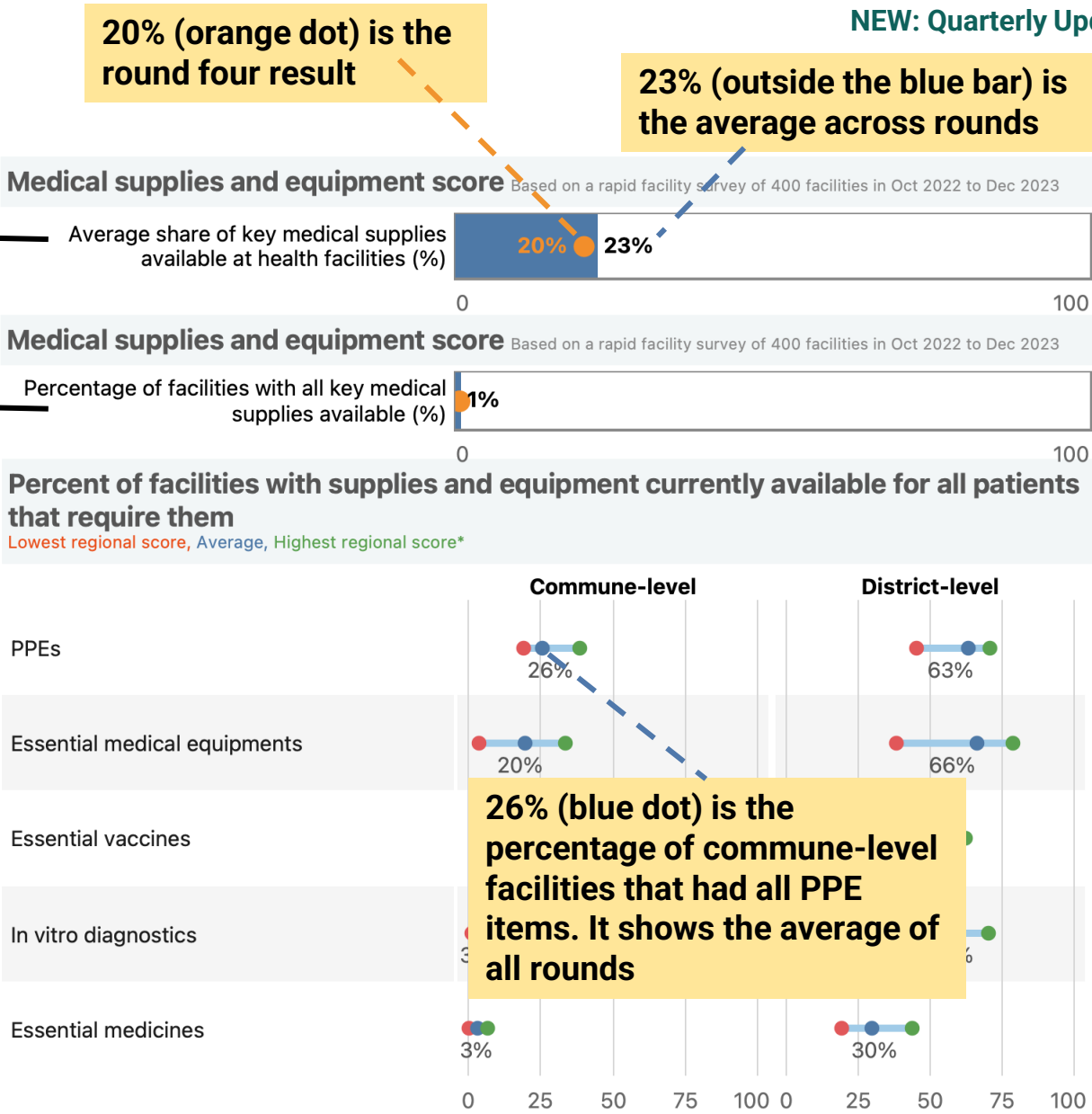
HEALTH SYSTEM INPUTS **Việt Nam**

Average availability of the components below (PPE, equipment, vaccines, diagnostics, medicines)

Percentage of facilities that have all the items in the different groups (PPE, equipment, vaccines, diagnostics, medicines)

Components of the index score

NEW: Quarterly Updates



*A detailed regional breakdown is available in the annex of the presentation. Each of the 5 supply categories shown on the figure take the value 1 when all of the related tracer supplies are available (e.g., 'PPE' takes the value 1 when all of the 4 tracer PPEs were reported to be available for all patients at the facility). Tracer items reported as 'not applicable' by a specific health facility were dropped from the tracer availability calculation for that health facility.

Summary of results

Việt Nam Profile

HEALTH SYSTEM INPUTS

Infrastructure score

Average share of key infrastructures available at health facilities (%)



0 100

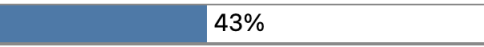
Routine utilities availability Percentage of facilities that had continual access to power, water, and telephone or internet service in the past 7 days (%)



0 100

Human resources availability

Percentage of facilities that meet all staffing requirements (%)



0 100

Community health worker availability Percentage of facilities with at least 1 community health worker (CHW) working at the facility (%)



0 100

HEALTH SYSTEM INPUTS

Medical supplies and equipment score

Average share of key medical supplies available at health facilities (%)



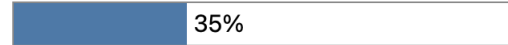
0 100

Essential medical equipment availability Percentage of facilities with all key medical equipments available (%)



0 100

PPEs availability Percentage of facilities with all key PPEs available (%)



0 100

Essential vaccines availability Percentage of facilities with all key vaccines available (%)



0 100

In-vitro diagnostics availability Percentage of facilities with all key in-vitro diagnostics available (%)



0 100

Essential medicines availability Percentage of facilities with all key essential medicines available (%)



0 100

STRUCTURES

Leadership and coordination score

Percentage of facilities that meet all leadership and coordination criteria (%)



0 100

RESILIENCE

Presence of shocks in communities

Facilities facing at least one shock affecting the communities it serves (%)



0 100

Service disruptions severity score

Percentage of facilities with abnormal (lower or higher) service volumes than expected in the past 3 months (%)



0 100

PROCESSES

Service availability score

Average share of key services available at health facilities (%)



0 100

Community engagement score

Percentage of facilities that meet all community engagement criteria (%)



0 100

Quality of care process score

Percentage of facilities that meet all quality of care criteria (%)



0 100

Summary of results

- The **largest gaps** identified in sampled health facilities' inputs were in **supplies and equipment** and **human resource** availability, followed by **infrastructure**.
- Concerning **supply shortages** were identified, particularly in essential medicines and vaccine availability. These shortages were described as reducing service usage at public facilities, driving patients to private health facilities, and causing otherwise unnecessary referrals to higher levels of care.
- Only 24% of commune-level facilities reported meeting all staffing requirements, signaling **gaps in human resources**.
- Although most facilities meet basic infrastructure requirements such as water and electricity, facility managers reported considerable challenges with **dilapidated or outdated physical infrastructure**, waste management, and sanitation facilities for women and persons with disabilities.



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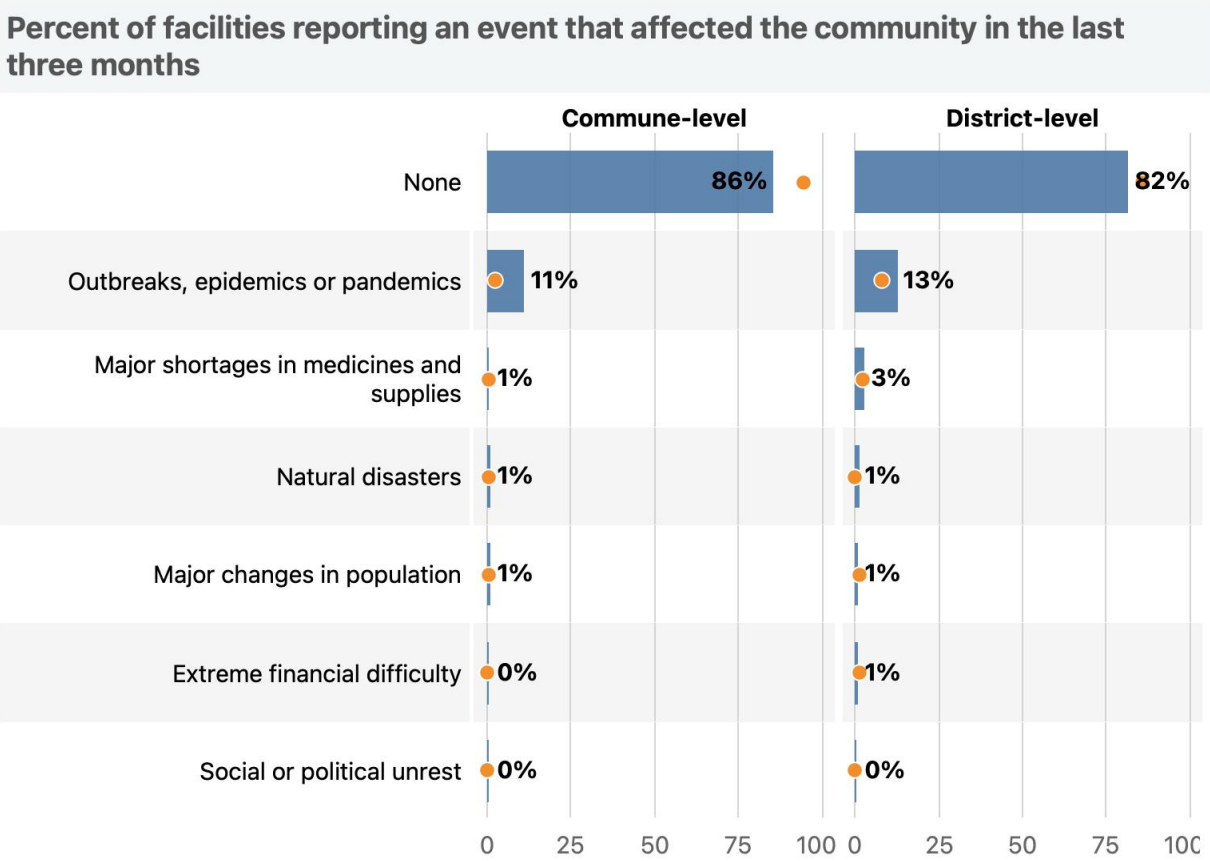
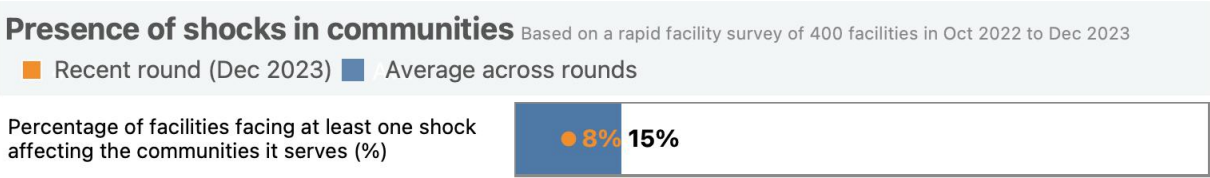
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Presence of shocks

CHALLENGES

Việt Nam

- In Round 4, only **8%** of facilities reported that the communities they serve were affected by a significant event; 92% reported no events.
- This is a decline from the highest reported shock prevalence in Round 1 (October 2022), when 34% of facilities reported that both the COVID-19 pandemic and Dengue Fever outbreaks were impacting the community [Annex 1].

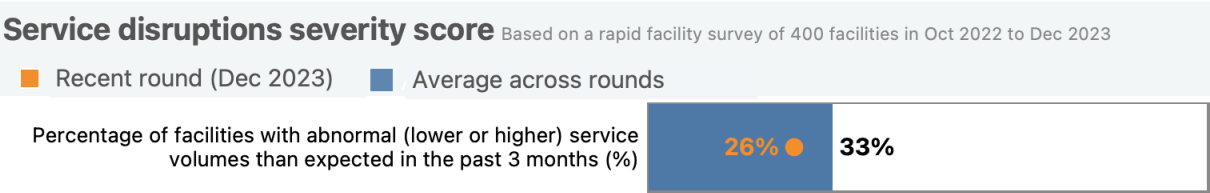


*A detailed regional breakdown is available in the annex of the presentation.

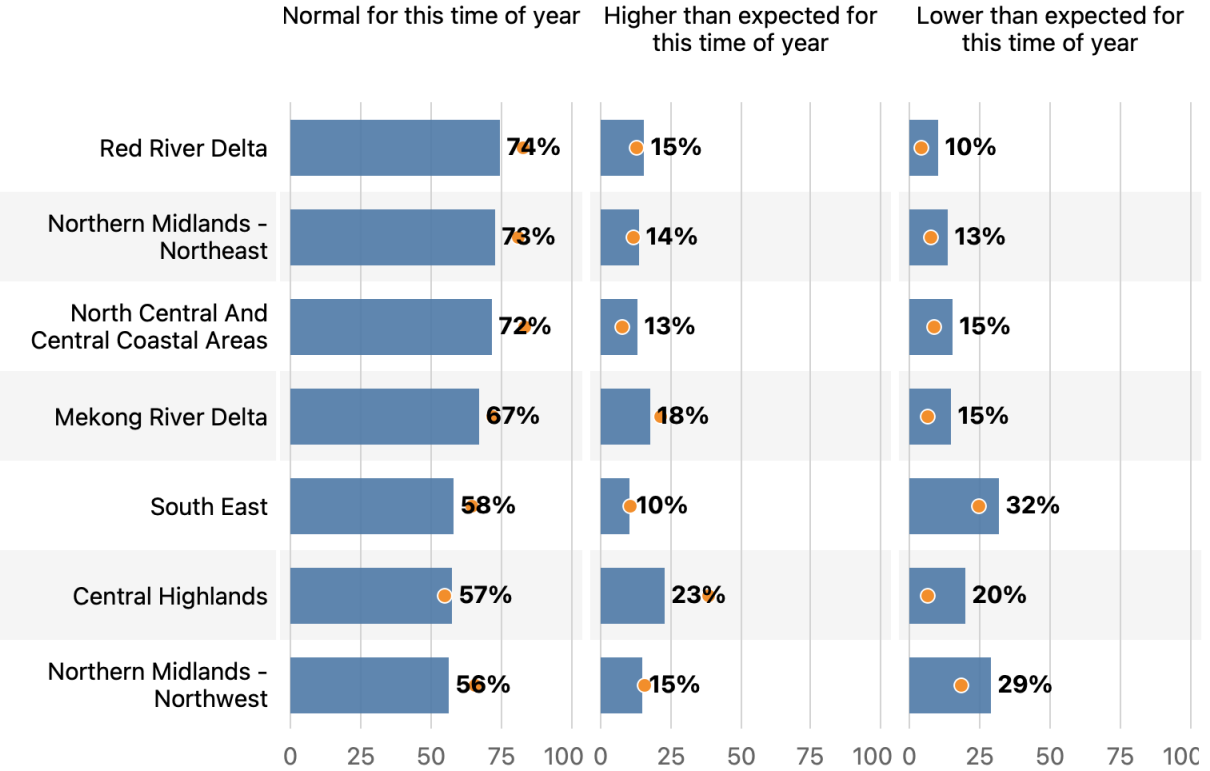
External events

CHALLENGES **Việt Nam**

- 74% facilities are reporting normal service volumes in the most recent round (December 2023).
- However, around one-third of facilities in South-East report more often lower than expected service volumes.



Percentage of facilities reporting changes in service utilization in the past 3 months



*A detailed regional breakdown is available in the annex of the presentation.

Overall challenges

CHALLENGES

Việt Nam

- Facilities indicated that the availability of medicines is the biggest challenge and driver of changes in utilization, followed by availability of staff.
 - Additionally, for district-level facilities, infrastructure is one of the most common challenges.
- In each round, district-level facilities have reported more challenges than commune-level facilities.

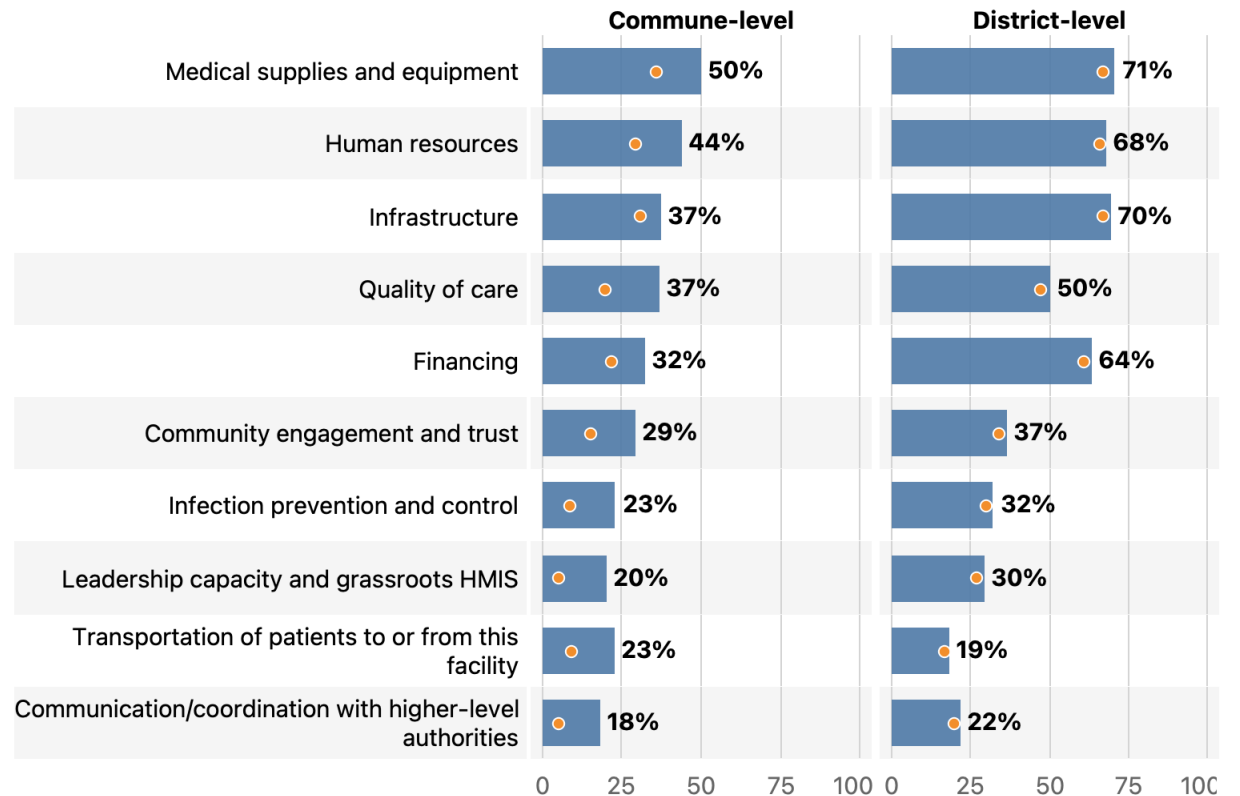
Challenges severity score

Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

Recent round (Dec 2023) Average across rounds

Percentage of facilities that face challenges with all areas of service provision (%) **9%**

Percentage of facilities reporting challenges for delivering care



*A detailed regional breakdown is available in the annex of the presentation.



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Service availability

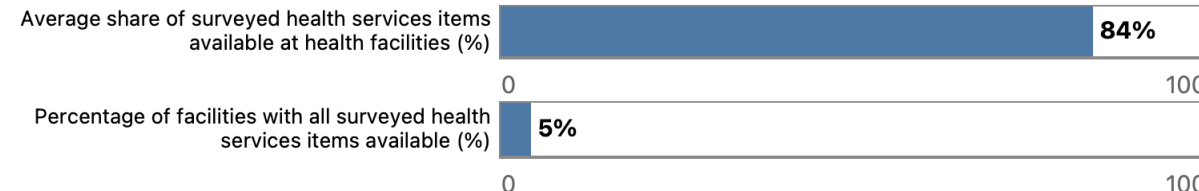
OUTPUTS

Việt Nam

- Health facilities report providing, on average, **84%** of the survey's tracer services.
- Although almost all surveyed facilities reported offering some NCD services, only 44% of the district-level, and 14% of the commune-level facilities reported providing **screening and/or diagnosis for cervical cancer**.

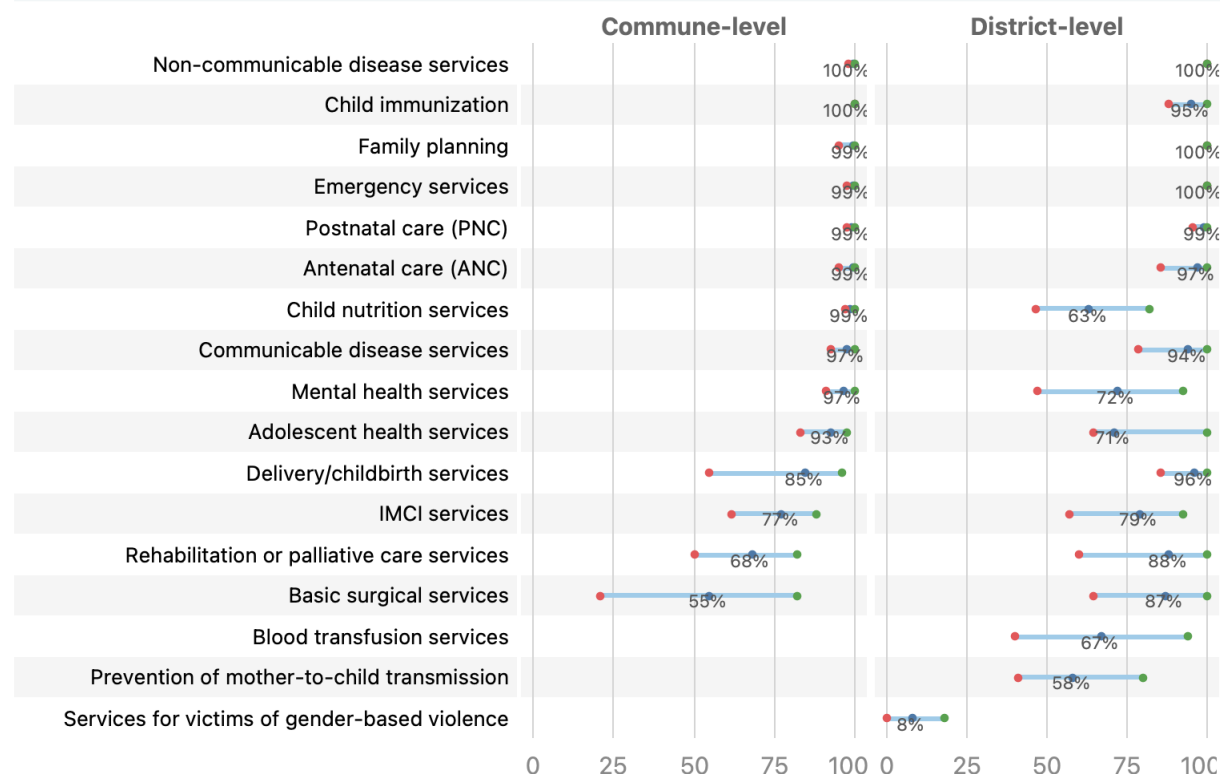
Service availability score

Based on a rapid facility survey of 400 facilities in Oct 2022



Percent of facilities delivering package of key services

Lowest regional score, Average, Highest regional score*

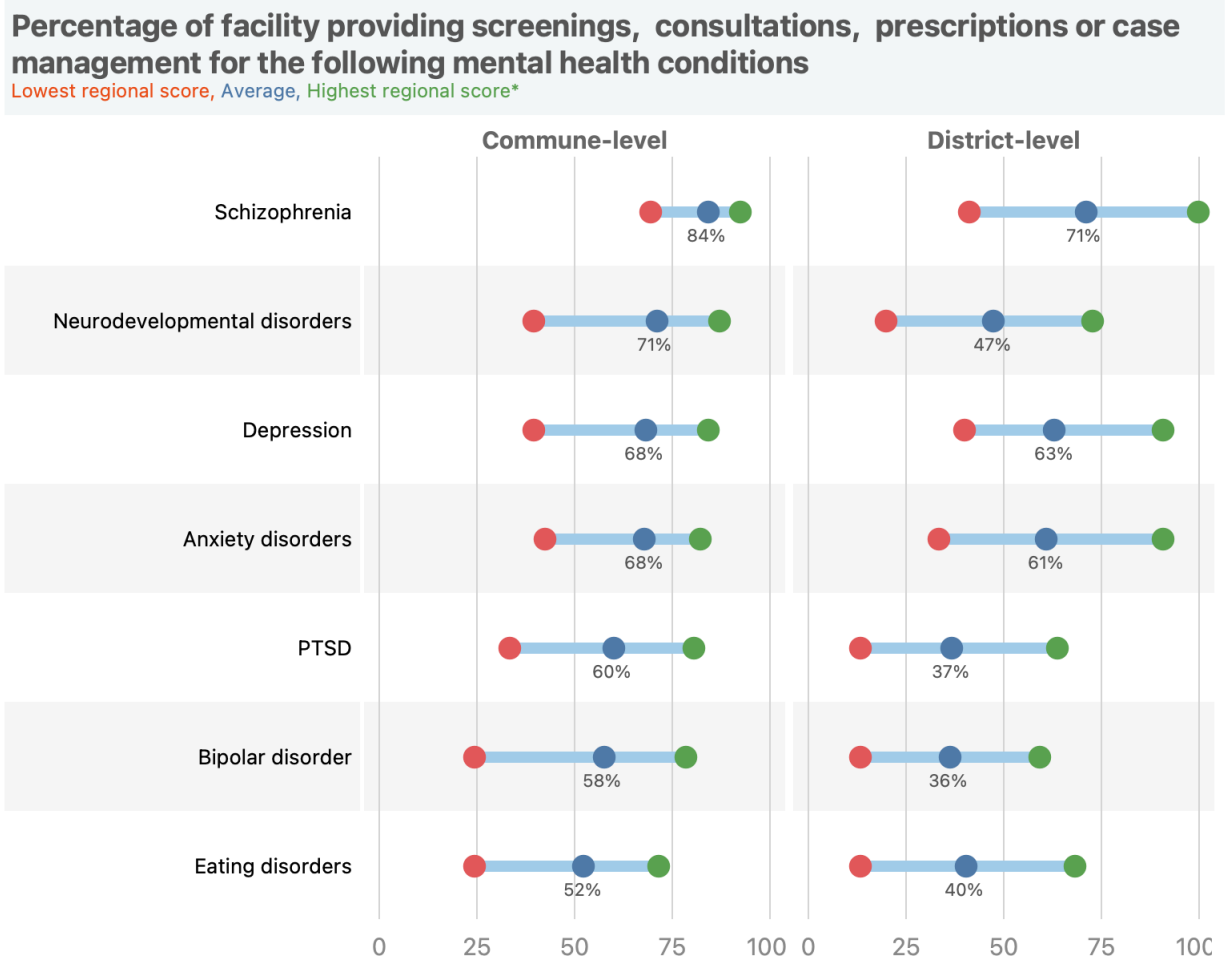
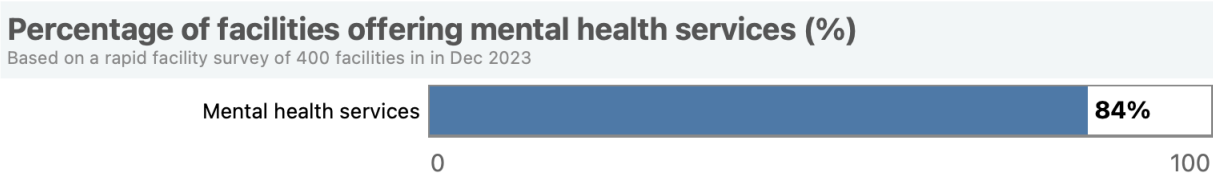


*A detailed regional breakdown is available in the annex of the presentation.

Blood transfusion, PMTC, and services for victims of gender-based violence were not including in the index for commune-level facilities. Screening and/or diagnosis for cervical cancer was collected in round 3, and mental health services in both round 1 and 4.

Service availability

- **97%** of commune- and **72%** of district-level facilities report providing mental health and psychosocial support services, with varying availability of services for different mental health conditions.



*A detailed regional breakdown is available in the annex of the presentation.



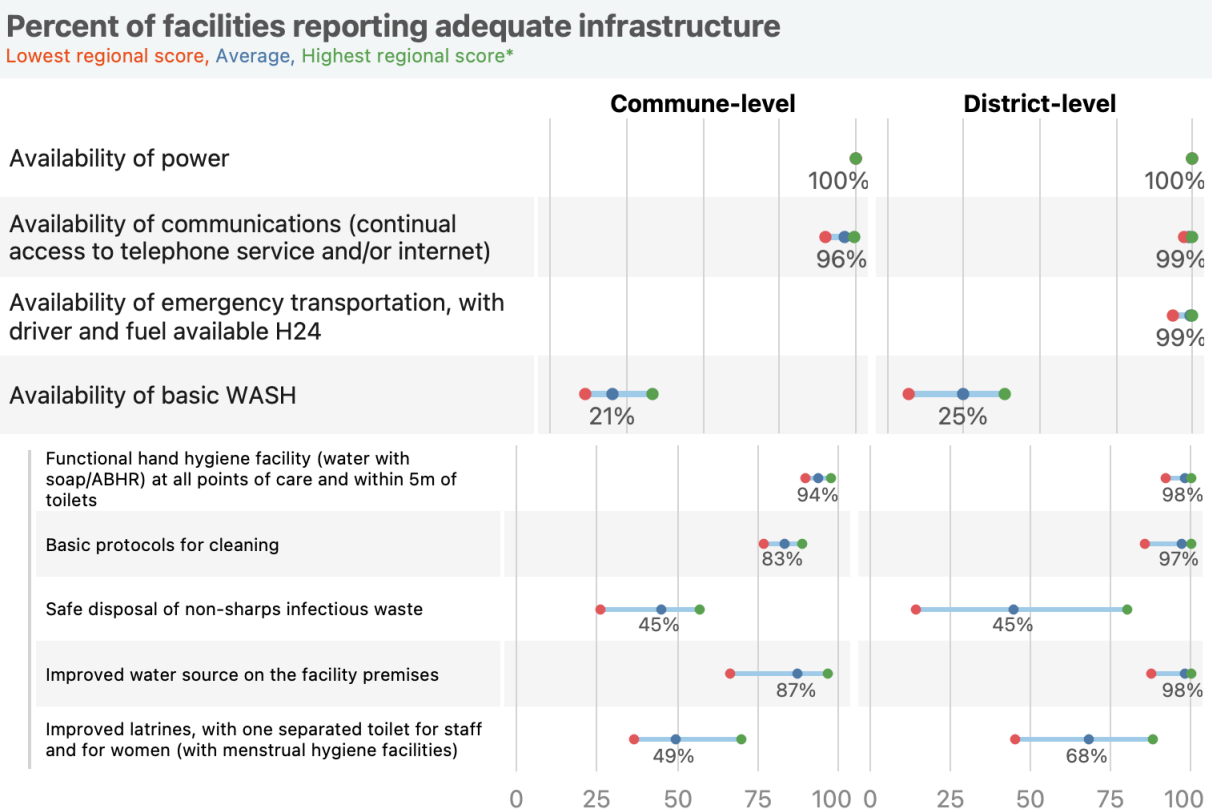
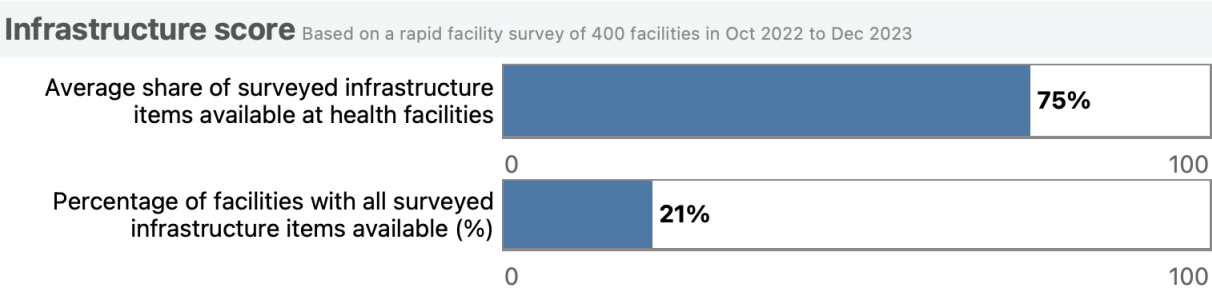
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Infrastructure

HEALTH SYSTEM INPUTS **Việt Nam**

- Facilities have, on average, **75%** of infrastructure tracers available.
- The largest infrastructure gaps are in the availability of improved latrines and on the safe disposal of infectious waste.



A detailed regional breakdown is available in the annex of the presentation. The 'Availability of basic WASH' indicator takes the value 1 when all of the WASH sub-components are available at the facility. The definition of 'Safe disposal of non-sharps infectious waste' excludes facilities that reported 'open burning' (not clear if done in protected areas), and considers 'Hiring haulage contractor to take medical waste to another facility for disposal' as safe (assuming that the other facility was certified for waste management).

Infrastructure

HEALTH SYSTEM INPUTS

Việt Nam

Most health facilities have functional latrines, but **only 11%** have designated latrines for all 4 priority groups:

- Approximately **half of the facilities** lack latrines accessible for women, equipped with bins and lids for the disposal of menstrual hygiene products.
- Only 8%** of commune-level and **30%** of district-level facilities have latrines accessible for individuals with limited mobility, indicating limited facilities for those with special needs.

Latrines availability

Based on a rapid facility survey of 400 facilities in Dec 2023

Percentage of facilities that have designated, improved latrines for all 4 different priority groups (%)

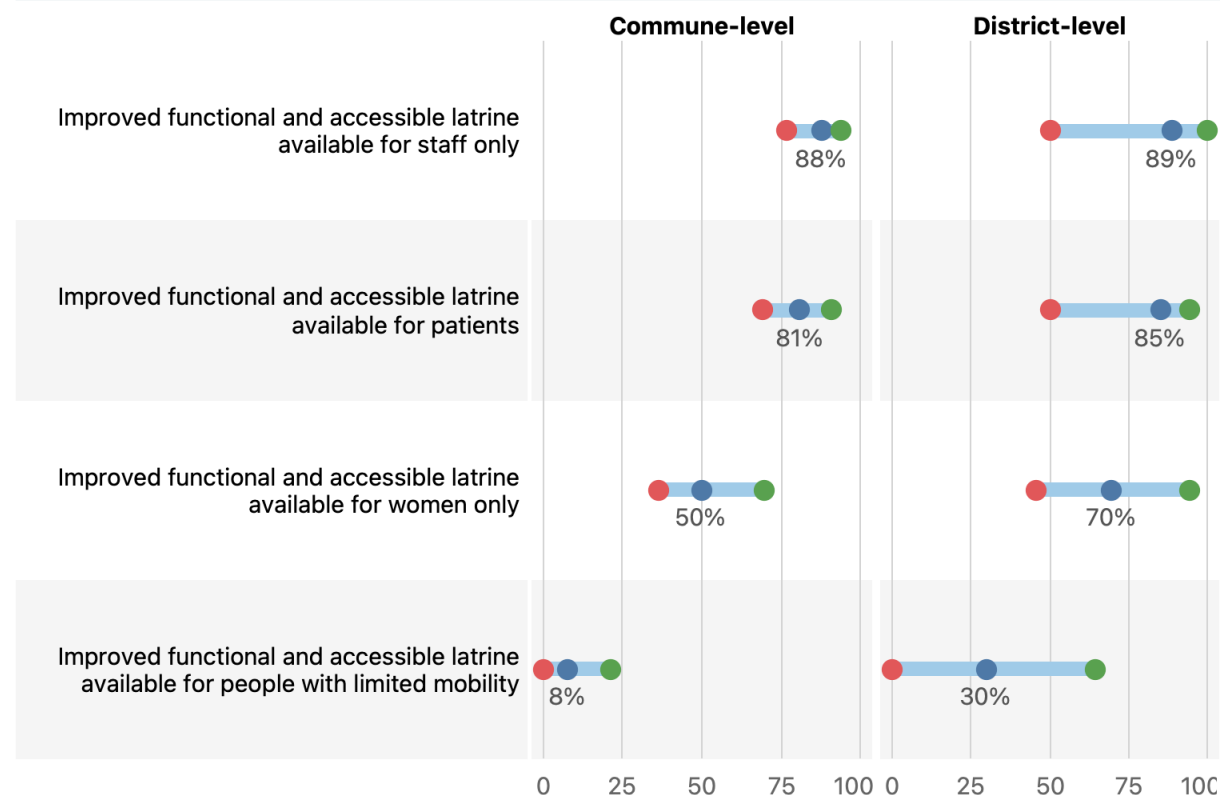
11%

0

100

Percentage of facilities reporting at least one improved, functional, accessible and private latrine designated for 4 priority groups

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Infrastructure

HEALTH SYSTEM INPUTS

Việt Nam

- A **majority** (58%) of facilities faced inadequate space or deteriorating infrastructure issues.
- **64%** of district-level facilities reported having aging or deteriorating medical facilities, compared to the **37%** of commune-level facilities

Physical infrastructure challenges Based on a rapid facility survey of 400 facilities in Dec 2023

Recent round (Dec 2023) Average across rounds

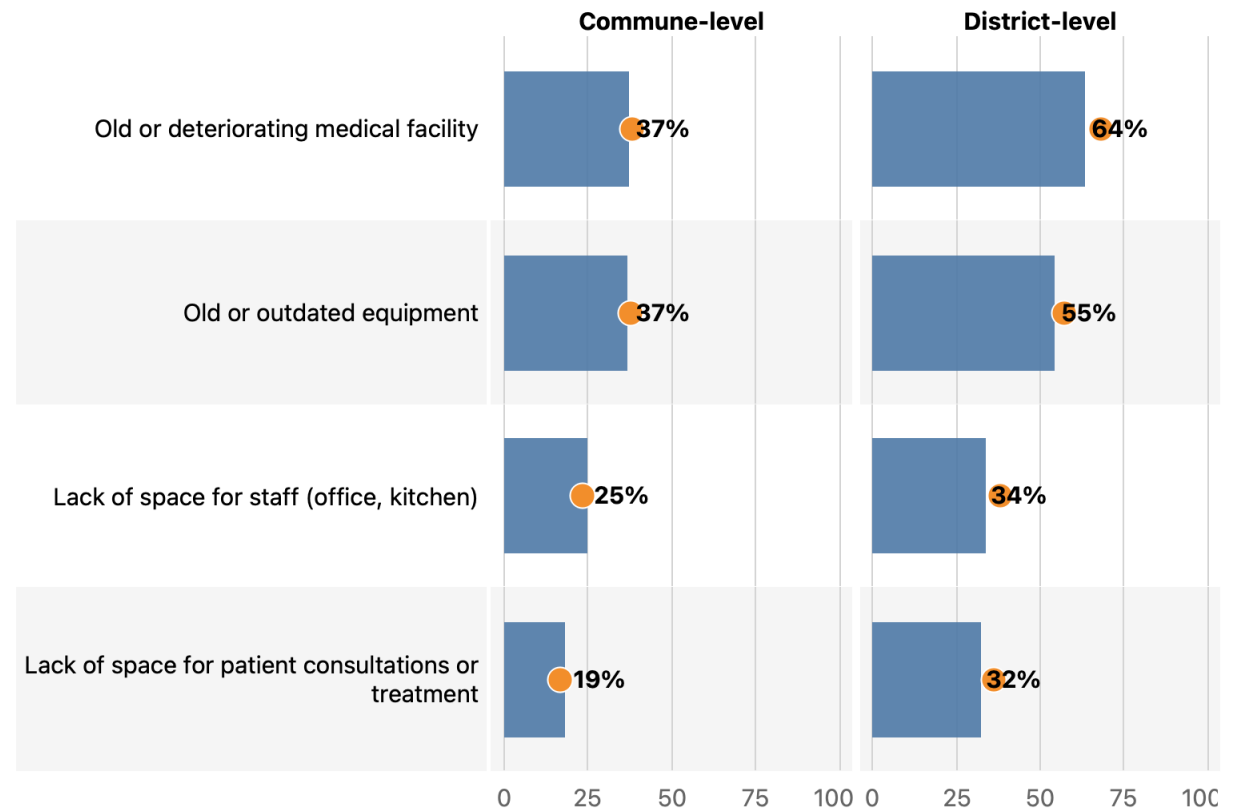
Percentage of facilities having challenges with lack of space or deteriorated infrastructure (%)

58%

59%

Percentage of facilities reporting challenges related to space or deteriorated infrastructure

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Infrastructure

HEALTH SYSTEM INPUTS

Việt Nam

- **All** facilities reported using at least one health management information system.
 - Facilities reported using **7** sessions or systems on average.
 - **95%** of commune- and **76%** of district-level facilities reported using the DHIS2 system.
- Roughly half of facilities reported a challenge with HMIS:
 - The largest challenge was software issues, including downloading updates/ glitches (n=58)
 - Other challenges were lack of integration across systems (n=32), poor connectivity (n=25), and lack of synchronization (n=21)

Health management information systems at facilities

Based on a rapid facility survey of 400 facilities in Dec 2023

Average number of health management information systems used at the facility

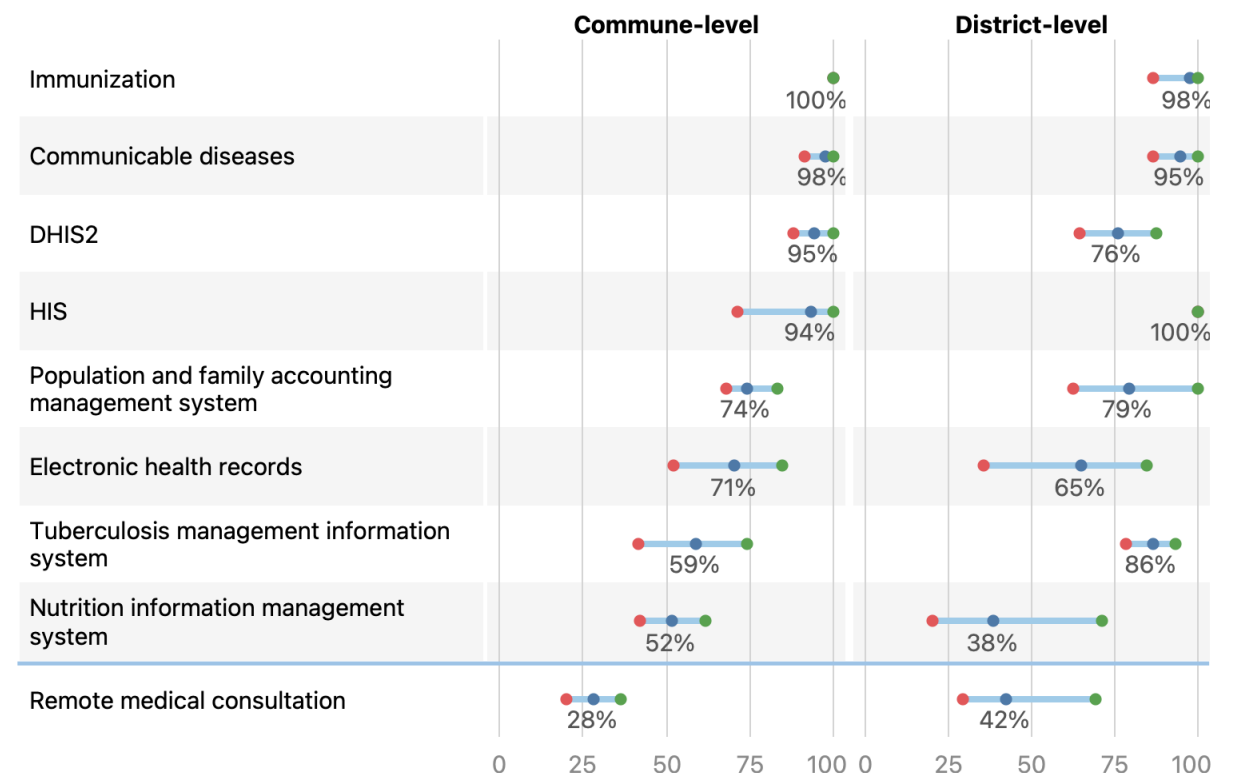
7

0

8

Percent of facilities reporting each type of health management information system

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Remote medical consultation has been excluded in the calculation of the average number of health information systems.

Infrastructure

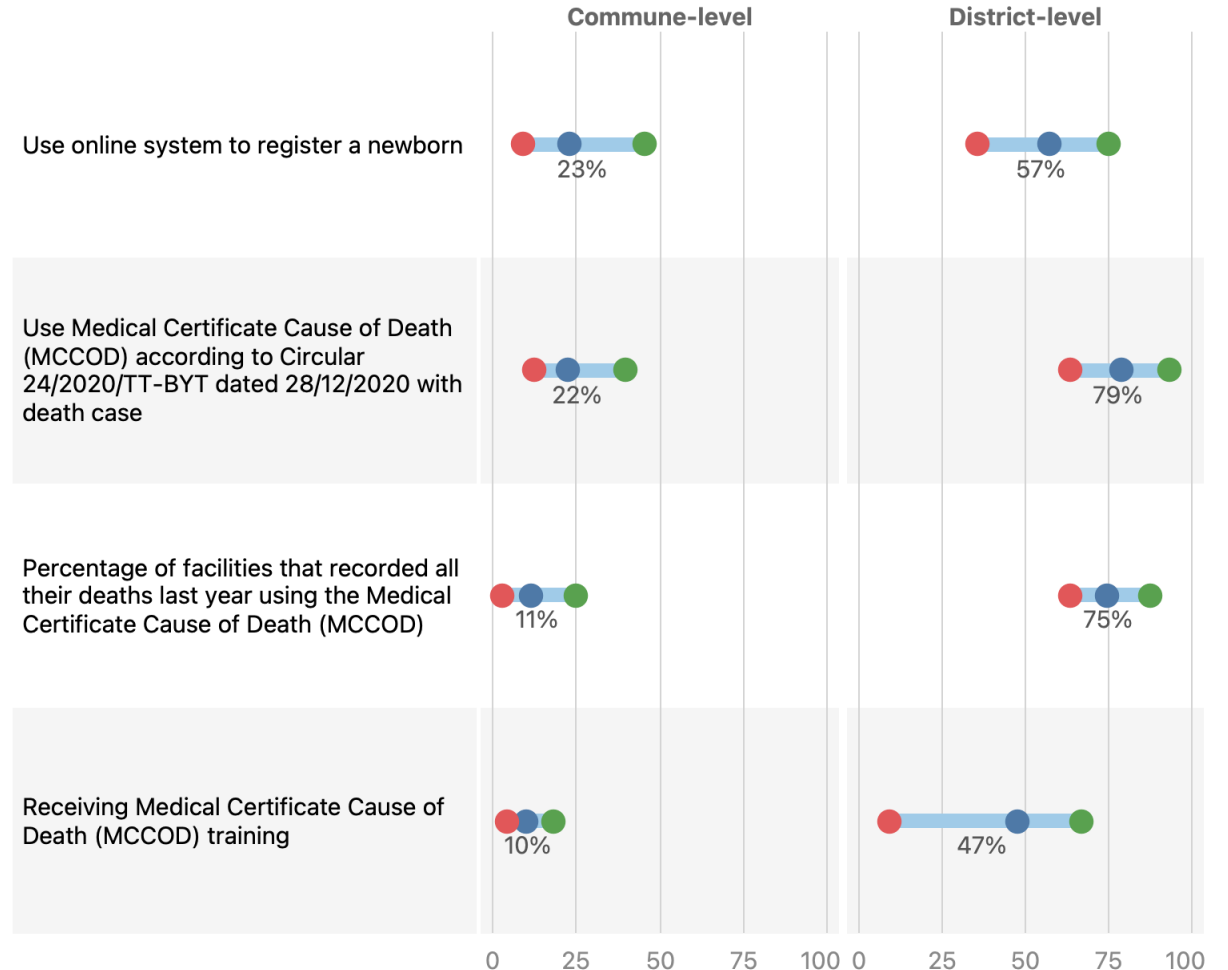
HEALTH SYSTEM INPUTS

Việt Nam

- **22%** of the commune- and **79%** of the district-level facilities use the Medical Certificate Cause of Death Form (MCCODF).
- However, only **10%** of commune- and **47%** of district-level facilities report receiving training on the form.
- Among facilities that had deaths last year, only **one-tenth** of commune-level facilities recorded all deaths using the MCCODF, compared to **three-fourths** of district-level facilities.

Percent of facilities that report medical certificate cause of death and birth registration practices

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Infrastructure

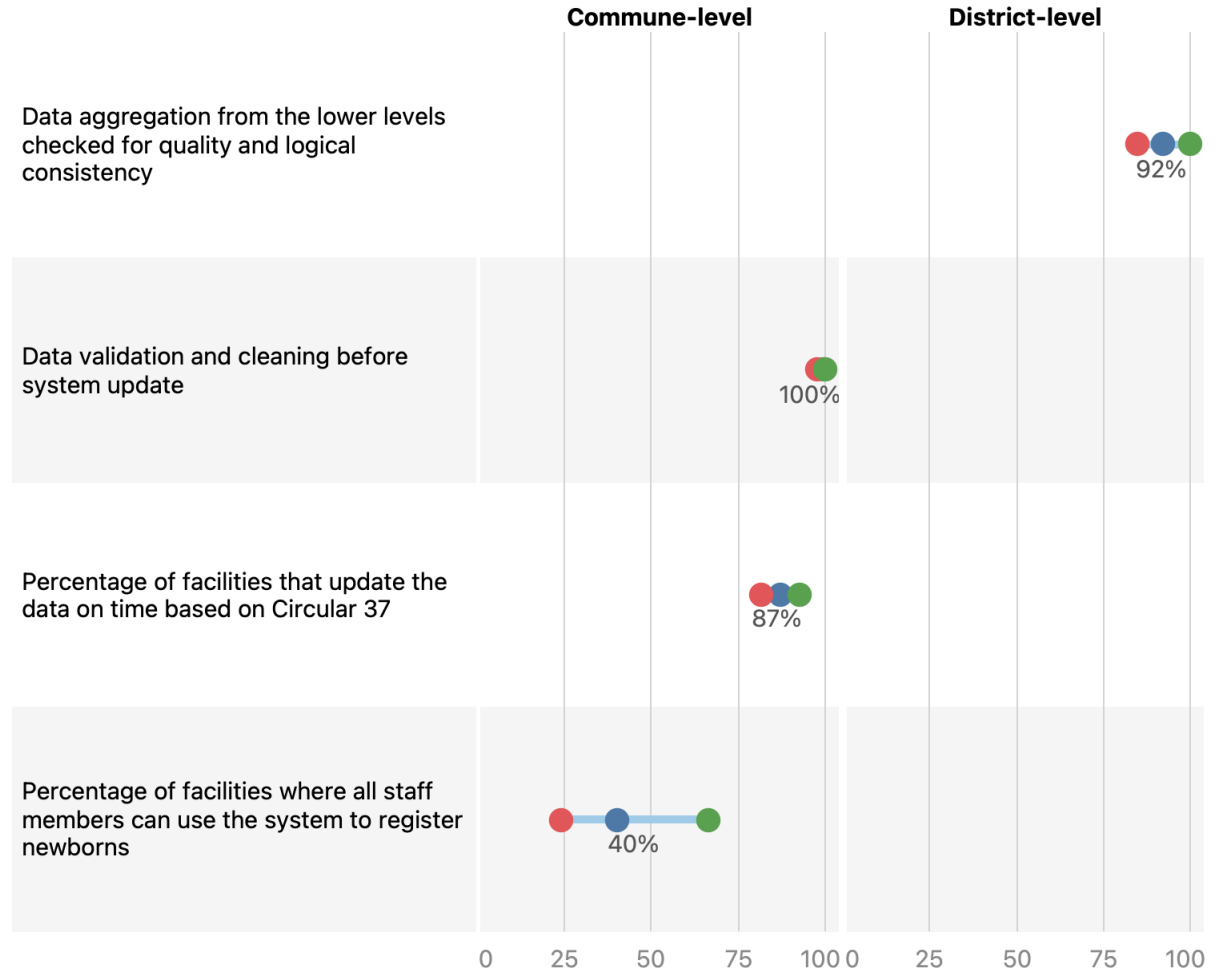
HEALTH SYSTEM INPUTS

Việt Nam

- **All commune-level** facilities validate and clean the data before update it on the system, and **87%** of them report updating the data without any delays following circular 37
- **40%** of the commune-level facilities reported that **all staff members** use the system for aggregating and updating data
- **92% of district-level** facilities reported checking the data aggregated from the lower levels checked for quality and logical consistency

Percent of facilities that report health management information system usage at health facilities

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Infrastructure

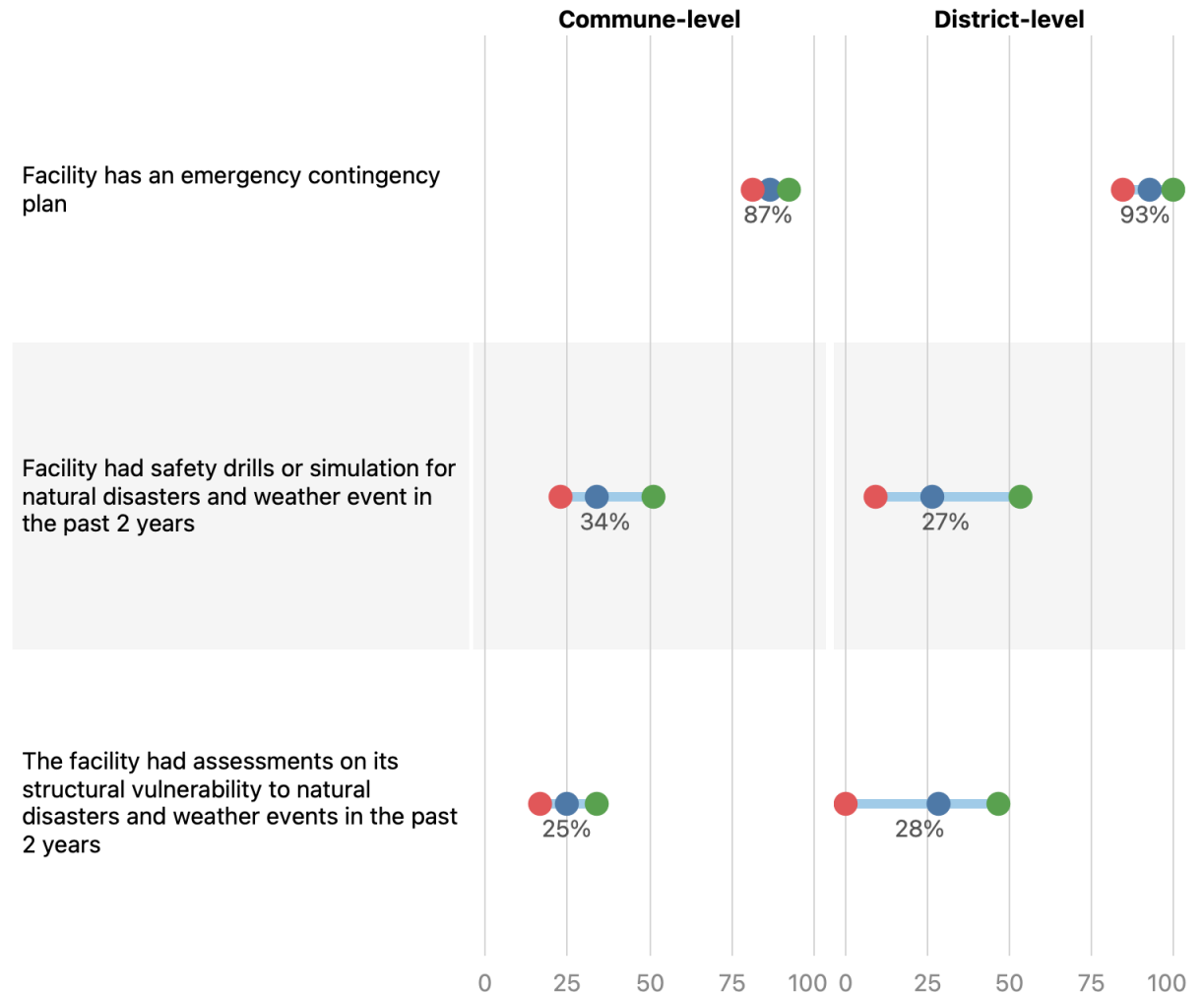
HEALTH SYSTEM INPUTS

Việt Nam

- While most facilities have an emergency contingency plan, less than half report safety drills or simulations in the last two years.
- Around three-quarters of facilities did not have any assessments on its structural vulnerability to natural disasters and weather events in the past 2 years.

Percent of facilities that report climate resilience activities

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Infrastructure

HEALTH SYSTEM INPUTS

Việt Nam

- There is an increase in the proportion of facilities that had continual access to all routine utilities compared to [Round Three \(85% in December while only 63% in July 2023\) \[Annex 17\]](#).
- Electricity and internet at the commune-level continue to be the gaps in about 10-20% of total surveyed facilities.

Routine utilities availability

Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

Recent round (Dec 2023)

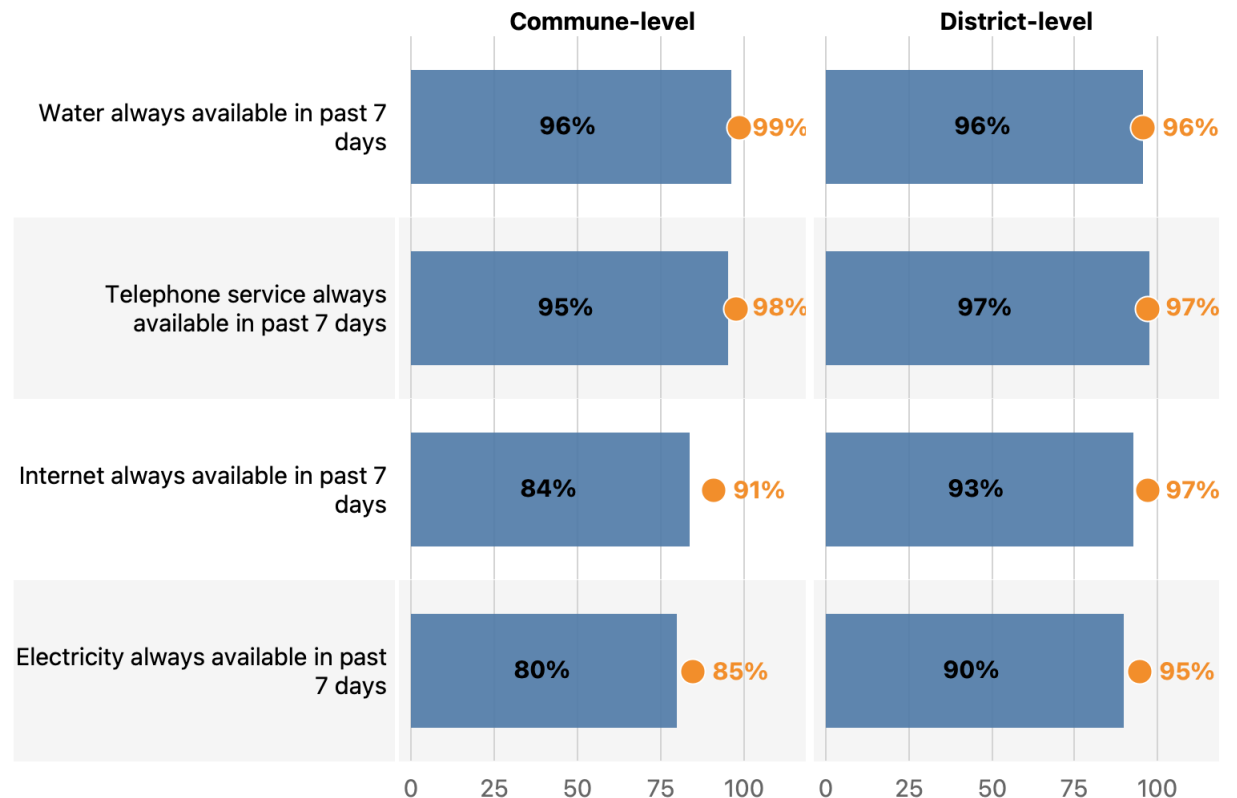
Average across rounds

Percentage of facilities that had continual access to power, water, and telephone or internet service in the past 7 days (%)

79%

85%

Percent of facilities with availability of key routine utilities in the past 7 days



*A detailed regional breakdown is available in the annex of the presentation.



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Medical Supplies

HEALTH SYSTEM INPUTS

Việt Nam

- Only 1% of the sampled facilities had a full stock of all the survey's supplies and equipment items.
- District-level facilities had a higher availability of supplies and equipment for all patients compared to commune-level facilities.
- Decreases in vaccine availability were observed in Round Four relative to [Round Three \[Annex 23\]](#)

Medical supplies and equipment score

Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

Average share of surveyed medical supplies items available at health facilities (%)



Medical supplies and equipment score

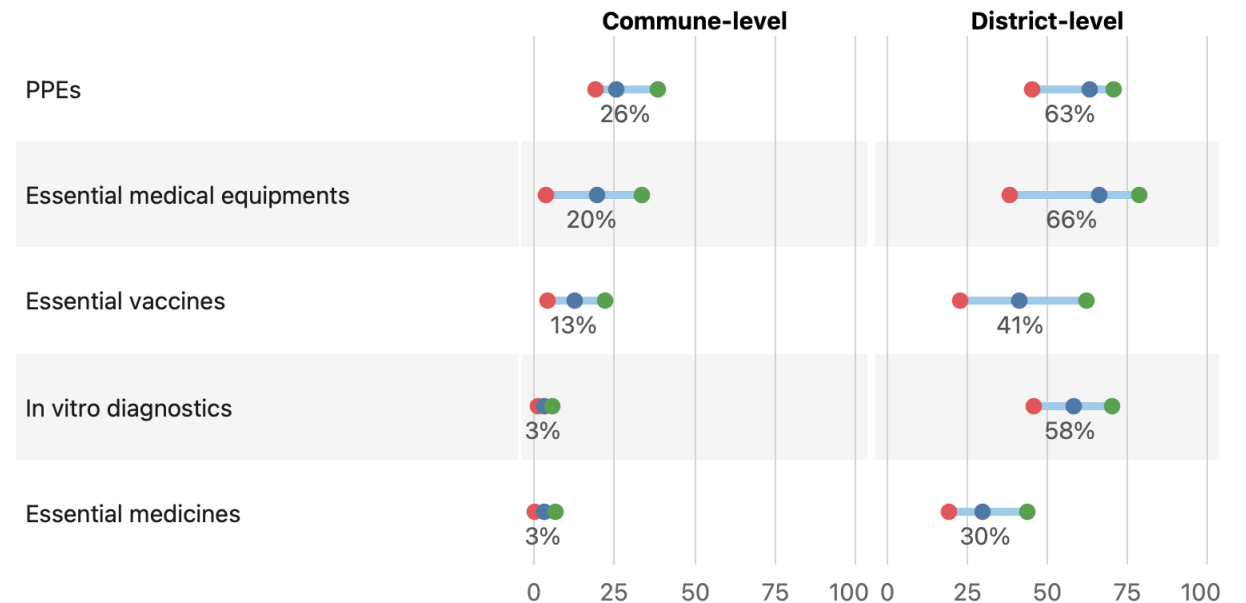
Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

Percentage of facilities with all surveyed medical supplies items available (%)



Percent of facilities with supplies and equipment currently available for all patients that require them

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation. Each of the 5 supply categories shown on the figure take the value 1 when all of the related tracer supplies are available (e.g., 'PPE' takes the value 1 when all of the 4 tracer PPEs were reported to be available for all patients at the facility). Tracer items reported as 'not applicable' by a specific health facility were dropped from the tracer availability calculation for that health facility.

Medical Supplies

HEALTH SYSTEM INPUTS

Việt Nam

- 35% of healthcare facilities reported having all necessary Personal Protective Equipment (PPE) for every consultation.
- Respirator masks are scarce, especially at the commune-level healthcare facilities.

PPEs availability

Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

Recent round (Dec 2023)

Average across rounds

Average share of surveyed PPEs items available at health facilities (%)

73%

73%

Percentage of facilities with all surveyed PPEs items available (%)

35%

35%

Percent of facilities with PPEs currently available for all consultations

Commune-level

District-level

Disinfectants and sanitizers

86%

85%

96%

97%

Latex or other disposable gloves

81%

83%

94%

94%

Surgical or medical masks

79%

80%

94%

94%

Respirator Masks (e.g. N95, FFP2)

27%

28%

63%

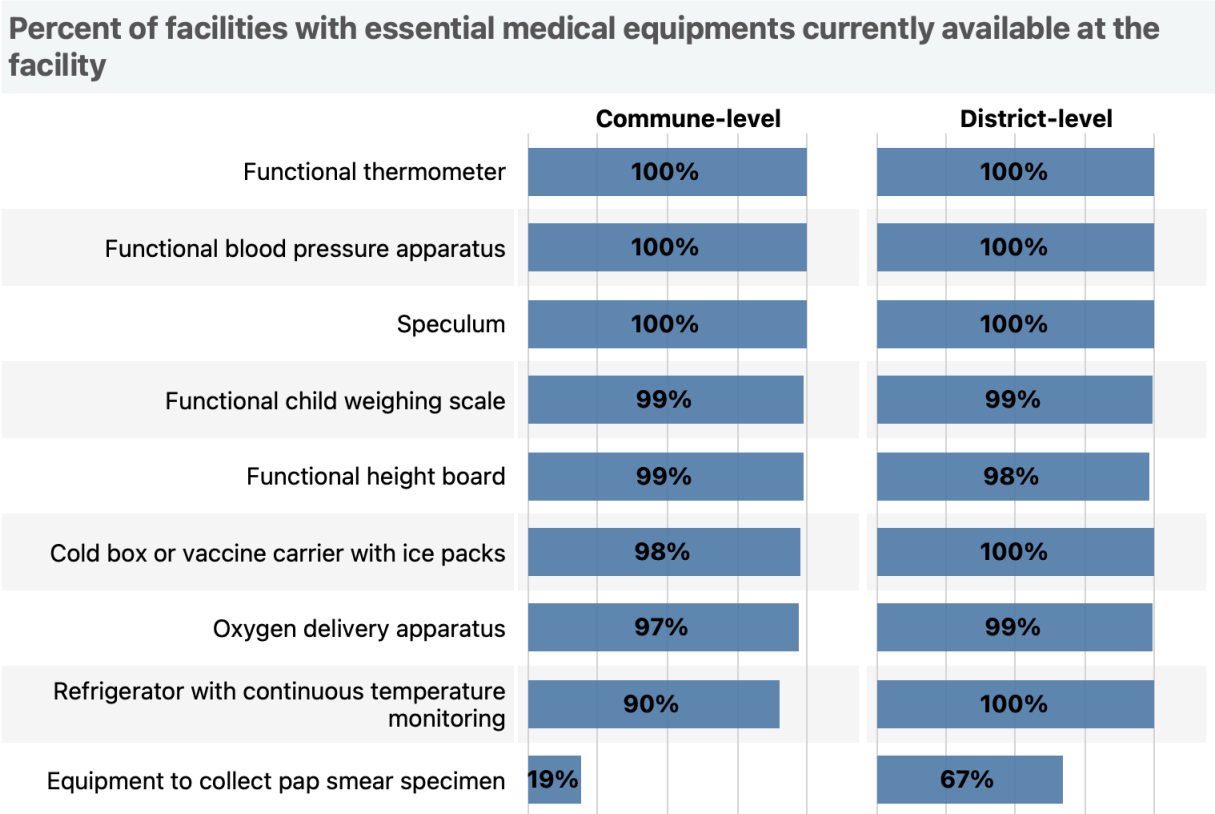
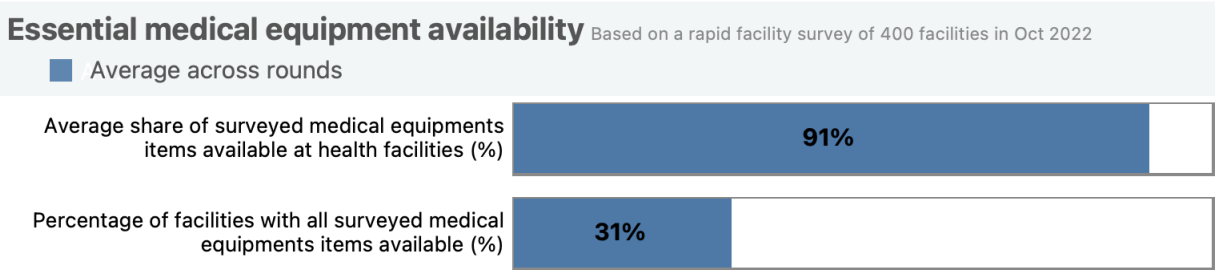
59%

*A detailed regional breakdown is available in the annex of the presentation. Tracer items reported as 'not applicable' by a specific health facility were dropped from the PPE availability calculation for that health facility.

Medical Supplies

HEALTH SYSTEM INPUTS **Việt Nam**

- Health facilities typically possess necessary medical equipment.
- However, the capability to collect pap smear specimens is limited, with only 19% of commune-level and 67% of district-level facilities equipped for this purpose.



*A detailed regional breakdown is available in the annex of the presentation. All data was collected in the first survey round, except for the following equipments (collected in the third round): 'Speculum'; 'Equipment to collect pap smear specimen'; 'Refrigerator with temperature monitoring'; 'Cold box'. Tracer items reported as 'not applicable' by a specific health facility were dropped from the essential equipment availability calculation for that health facility.

Medical Supplies

HEALTH SYSTEM INPUTS

Việt Nam

- Only 10% of the sampled facilities had all specified medications in stock during the fourth round of data collection.
- Commune-level facilities consistently reported a lower availability of medications compared to district-level.
- Anti-malarials, Chlorohexidine, and Anti-asthmatics had the lowest overall availability.

Essential medicines availability

Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

Recent round (Dec 2023)

Average across rounds

Average share of surveyed essential medicines items available at health facilities (%)

64%

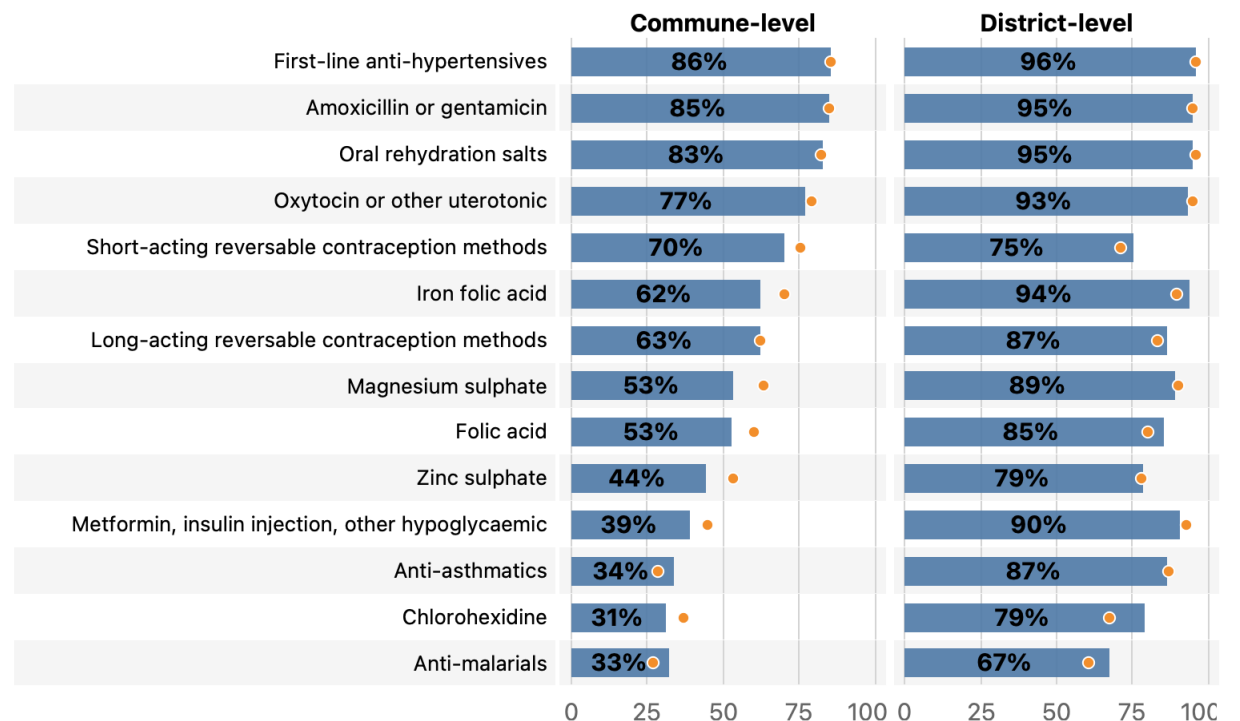
66%

Percentage of facilities with all surveyed essential medicines items available (%)

10%

10%

Percent of facilities with essentials medicines currently available for all patients that require them



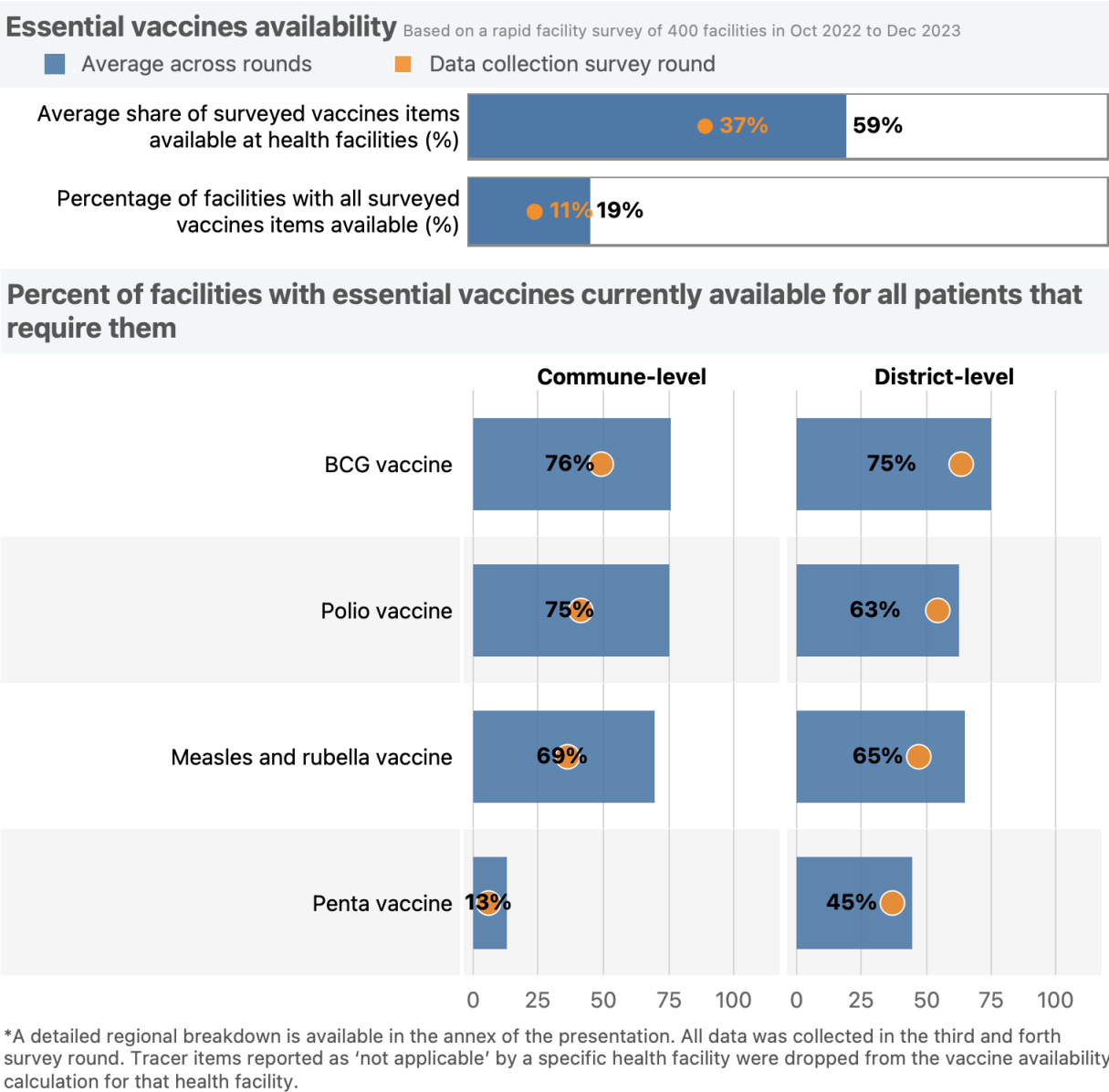
*A detailed regional breakdown is available in the annex of the presentation. Data on the following medicines were collected in the third and fourth survey round: 'Folic acid', 'Iron folic acid', 'Chlorohexidine', 'Long-acting contraception', 'Short-acting contraception'. Tracer items reported as 'not applicable' by a specific health facility were dropped from the medicine availability calculation for that health facility.

Medical Supplies

HEALTH SYSTEM INPUTS

Việt Nam

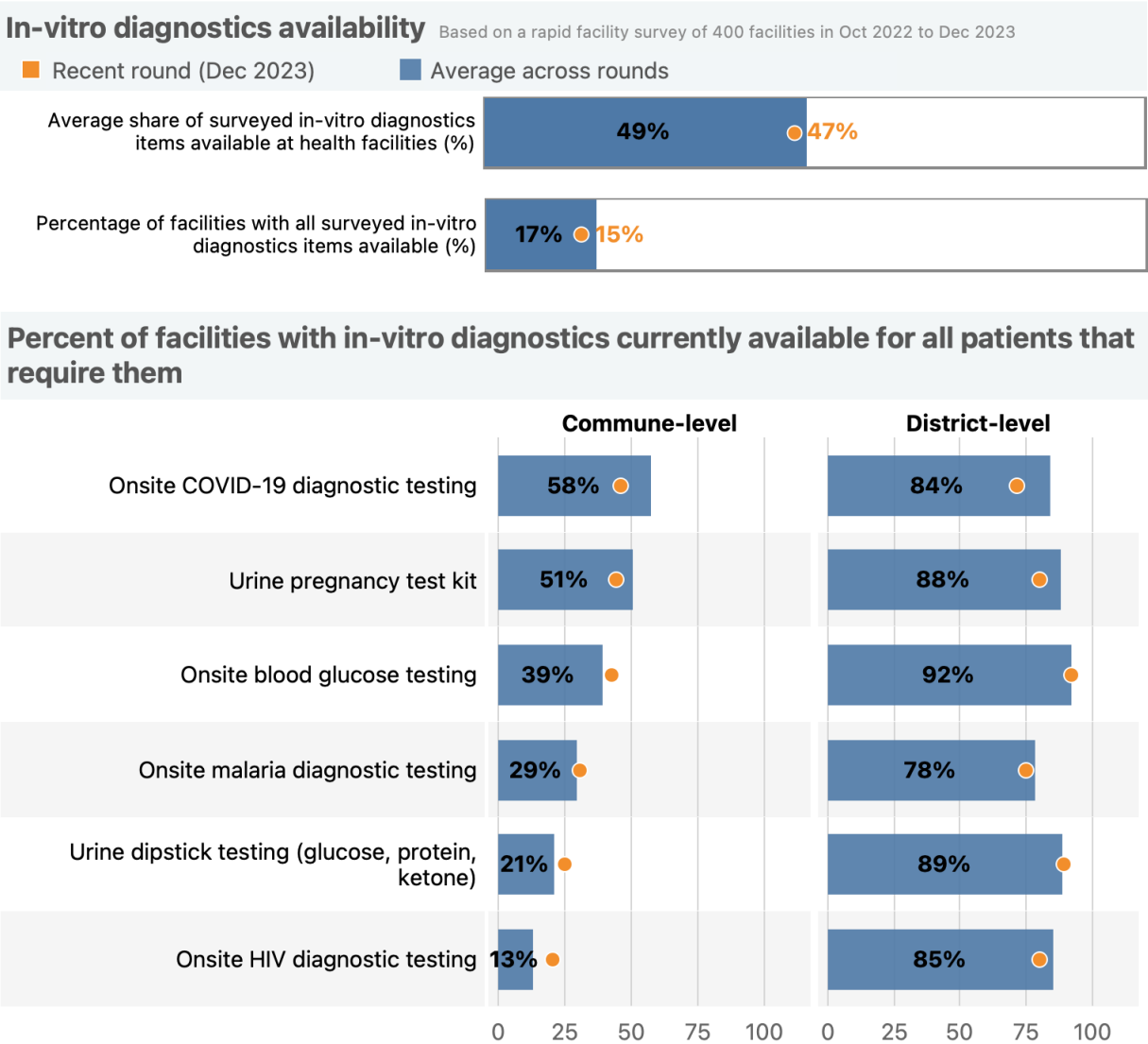
- There are decreases in vaccine availability for commune-level facilities compared to the previous rounds. In Round Four, a few facilities described vaccine shortages for the first time:
 - “There is currently a shortage of many types of vaccines”*
 - “Continuous shortage of vaccines”*
- While 87% of the commune level facilities reported having polio vaccine in July 2023, in December 2023 less than 50% had it



Medical Supplies

HEALTH SYSTEM INPUTS **Việt Nam**

- 15% of sampled facilities had all tracer in-vitro diagnostics available as of December 2023.
- Commune-level facilities reported lower supply availability than district-level facilities.
- Onsite HIV testing had the lowest availability in commune-level facilities, and onsite malaria testing at the district-level.



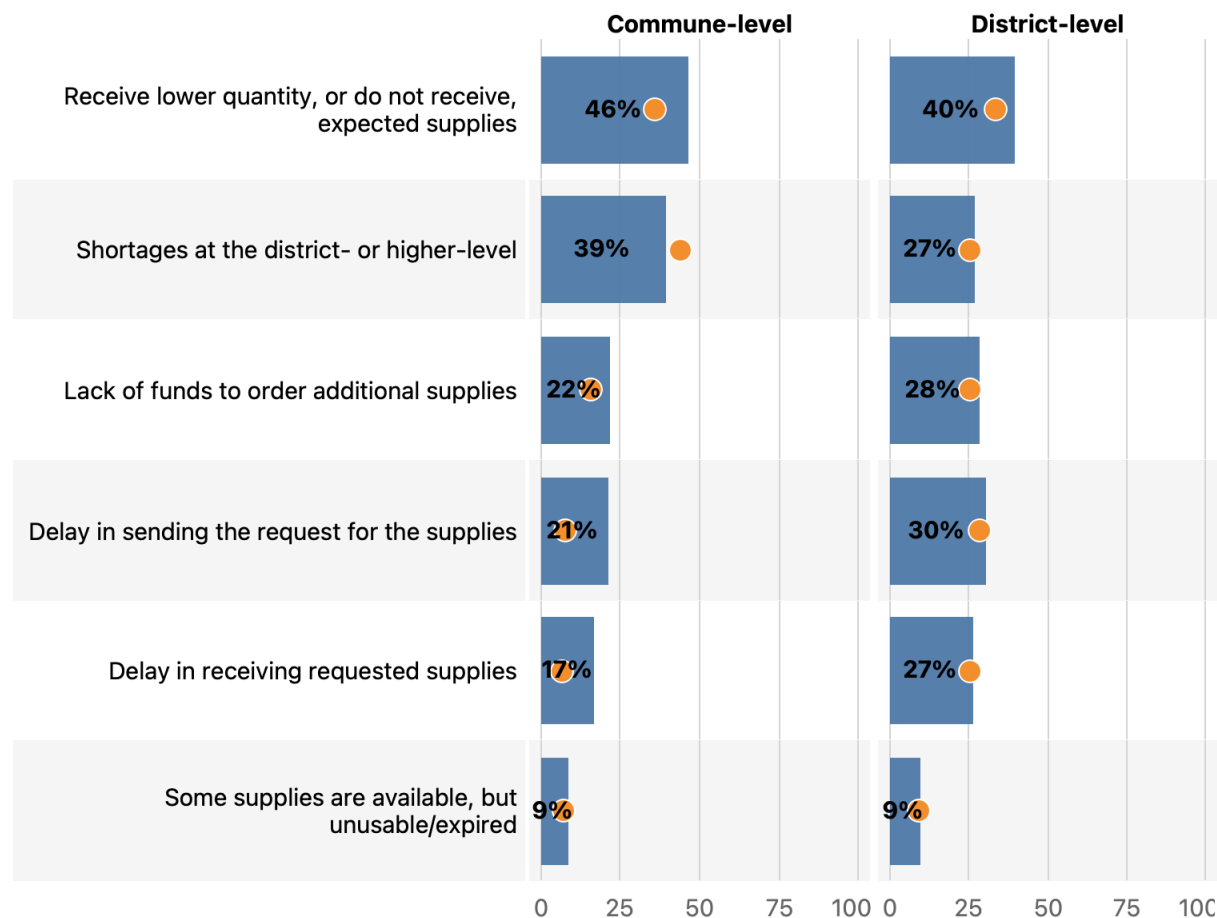
*A detailed regional breakdown is available in the annex of the presentation. Data on availability of 'Urine pregnancy test kits' were collected in the third and fourth survey round. Tracer items reported as 'not applicable' by a specific health facility were dropped from the diagnostic availability calculation for that health facility.

- The largest challenge concerning medicines and supplies revolves around receiving less than needed or not getting supplies.
- District-level facilities highlighted ($n=13$) the lengthy and time-consuming bidding process. For instance, one facility expressed:
"many difficulties in procuring drugs and medical equipment due to the cumbersome procedures involved in signing purchase and sale contracts."

Percent of facilities reporting the following challenges in maintaining the availability of supplies

Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

Recent round (Dec 2023) Average across rounds



*A detailed regional breakdown is available in the annex of the presentation.

Medical Supplies

HEALTH SYSTEM INPUTS

Việt Nam

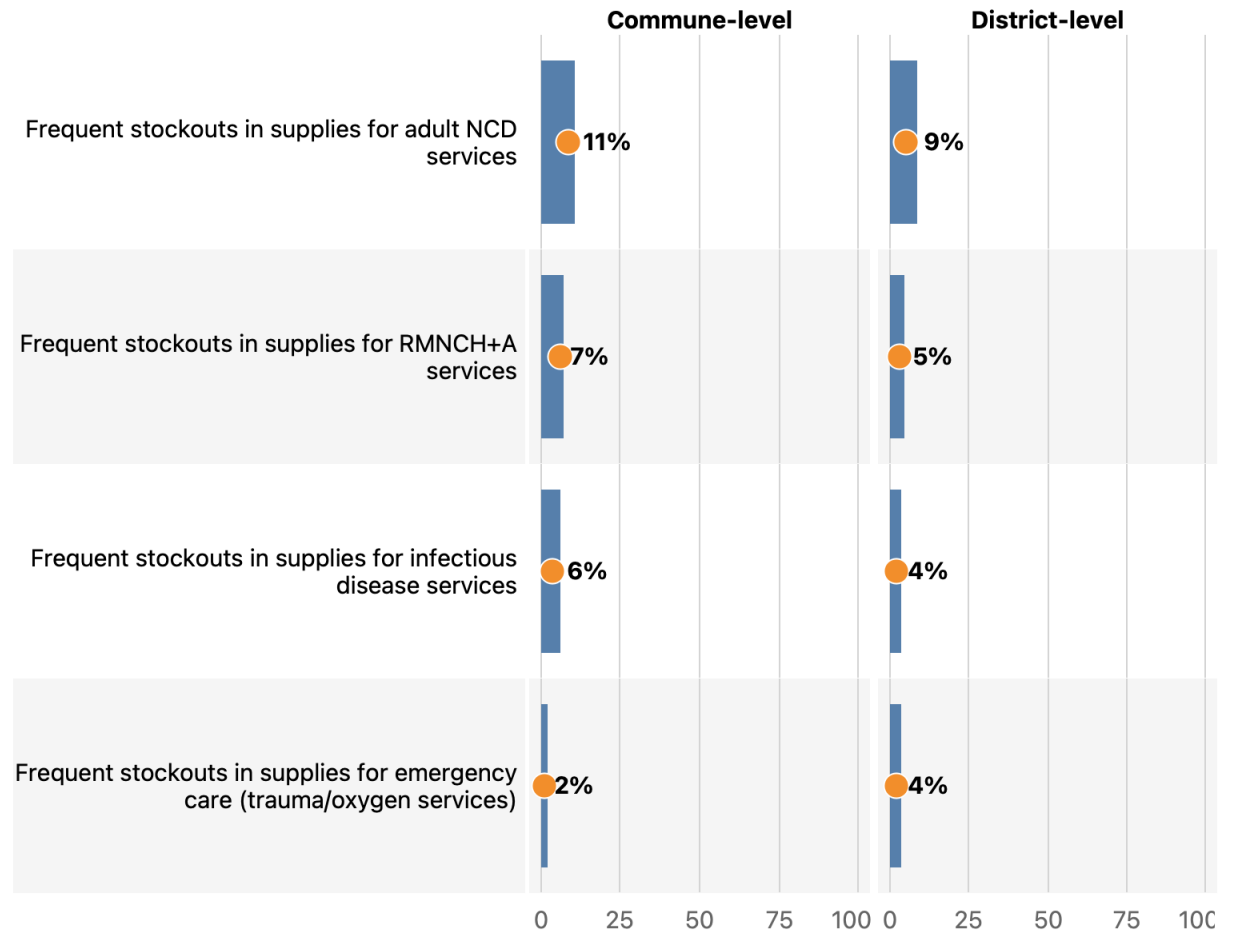
- Reported stock outs are consistent across rounds and across facility types.
- Adult NCD supplies are reported to have the most stock outs.

Percent of facilities reporting frequent stockouts of supplies for specific services

Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

Recent round (Dec 2023)

Average across rounds



*A detailed regional breakdown is available in the annex of the presentation.



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Human Resources

HEALTH SYSTEM INPUTS

Việt Nam

- **Only 24%** of the surveyed commune-level facilities met all staffing requirements.
- Subnational differences are noted:
 - Over 50% of Central Highlands facilities adhered to the criteria.
 - Conversely, only 10% of facilities in the Northern Midlands and North Central and Central Coastal Areas met these requirements [Annex 28].
- **40%** of commune-level facilities reported having at least one female medical doctor

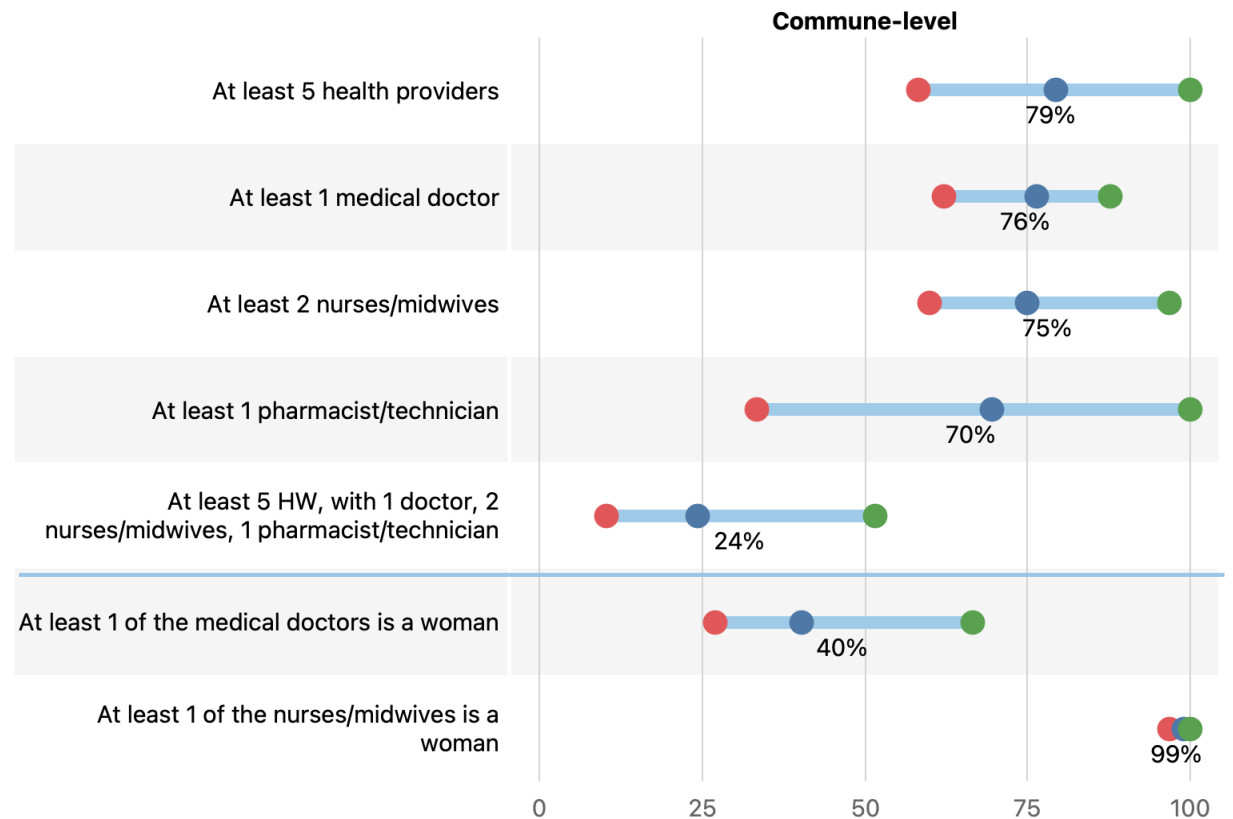
Human resources availability Based on a rapid facility survey of 300 facilities in Feb 2023

Percentage of facilities that meet all staffing requirements (%)

0 24% 100

Percent of facilities meeting all staffing requirements

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Human Resources

HEALTH SYSTEM INPUTS

Việt Nam

- **88%** of commune-level facilities have at least one VHW. Among these, **86%** believe that VHWs are essential for supporting the health system.
- Only **49%** of commune-level facilities reported that all their VHW were trained by the MoH
 - [There are differences between regions: 91% of facilities in Northwestern Midlands reported MoH training for VHW, compared to 22% in Northeastern Midlands \[Annex 29\]](#)

Village health worker availability

Based on a rapid facility survey of 400 facilities in Jul 2023

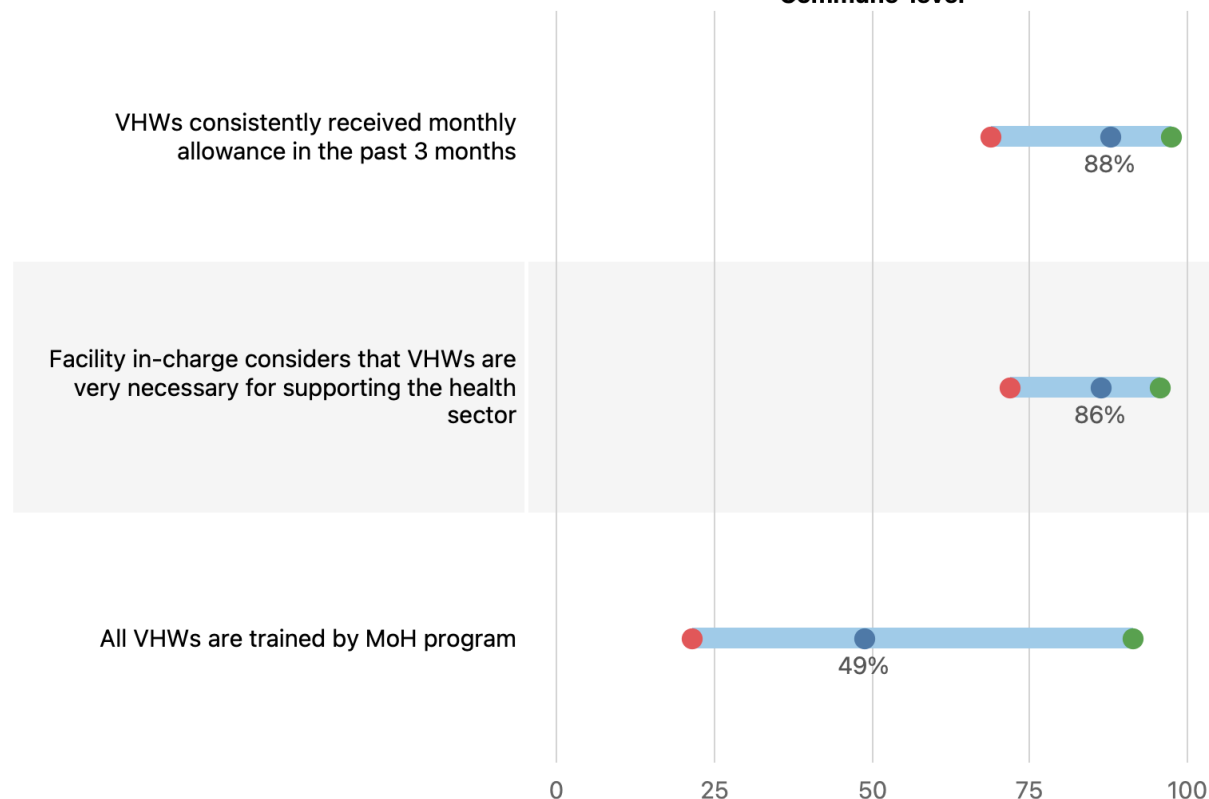
At least 1 village health worker (VHW) working at the health facility



Percentage of facilities reporting availability of trained and remunerated VHWs

Lowest regional score, Average, Highest regional score*

Commune-level



*A detailed regional breakdown is available in the annex of the presentation.

- Low remuneration is the most reported human resource challenge.
- District-level facilities report higher workloads and more staff shortages compared to communes, especially focused on specialty care. For example: *“Each specialty has only 1.2 doctors, so when the doctor is off duty or has his own job, it is very difficult for the unit to mobilize”* – District facility

Human Resources challenges

Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

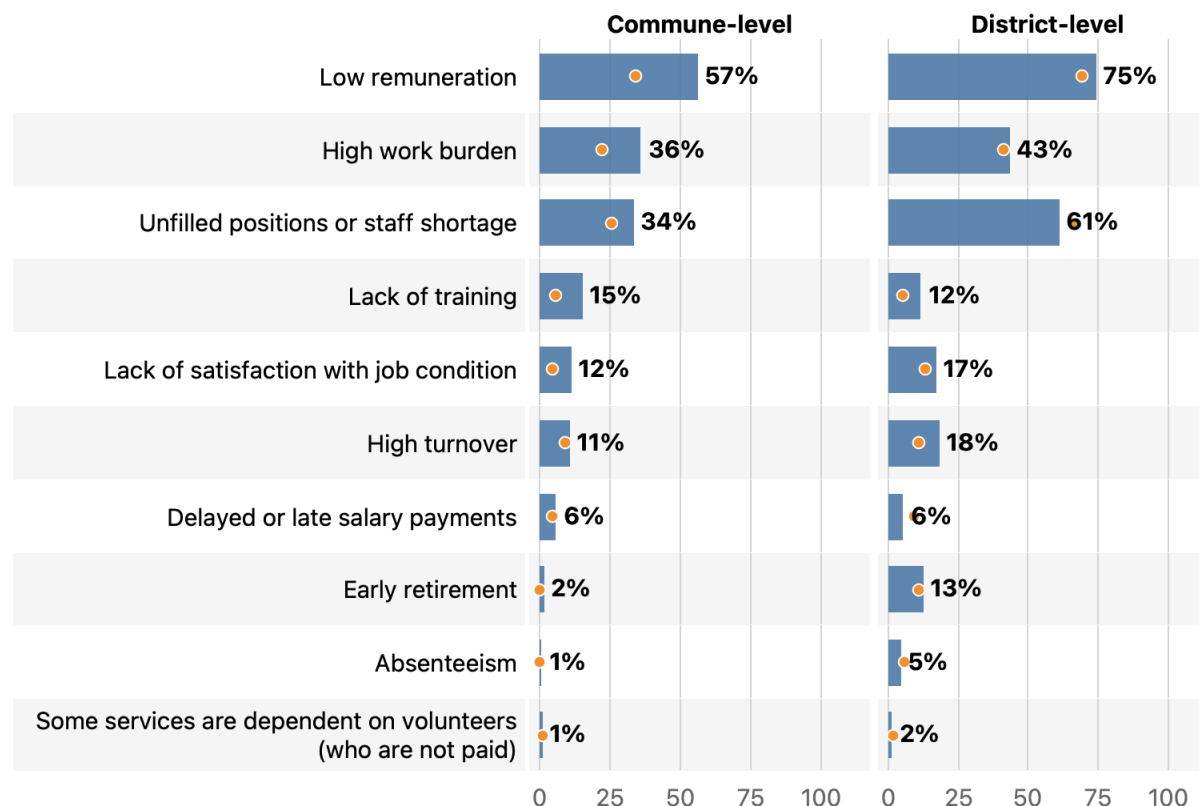
Recent round (Dec 2023) Average across rounds

Percentage of facilities that report at least one challenge related to human resources (%)

64%

74%

Percent of facilities reporting difficulties in staffing in the last three months



*A detailed regional breakdown is available in the annex of the presentation.



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Financing

HEALTH SYSTEM INPUTS

Việt Nam

- Around half of the facilities have an official allocated budget for the current financial year [Annex 31]
- **Only 19%** of the facilities received their expected budget in-full and on schedule.
- **17%** of district-level facilities experienced delays with insurance reimbursements
- 52% of commune- and 89% of district-level facilities report information on funds received and expenditures in a financial management information system or to their managing authority at least once a year [Annex 31]

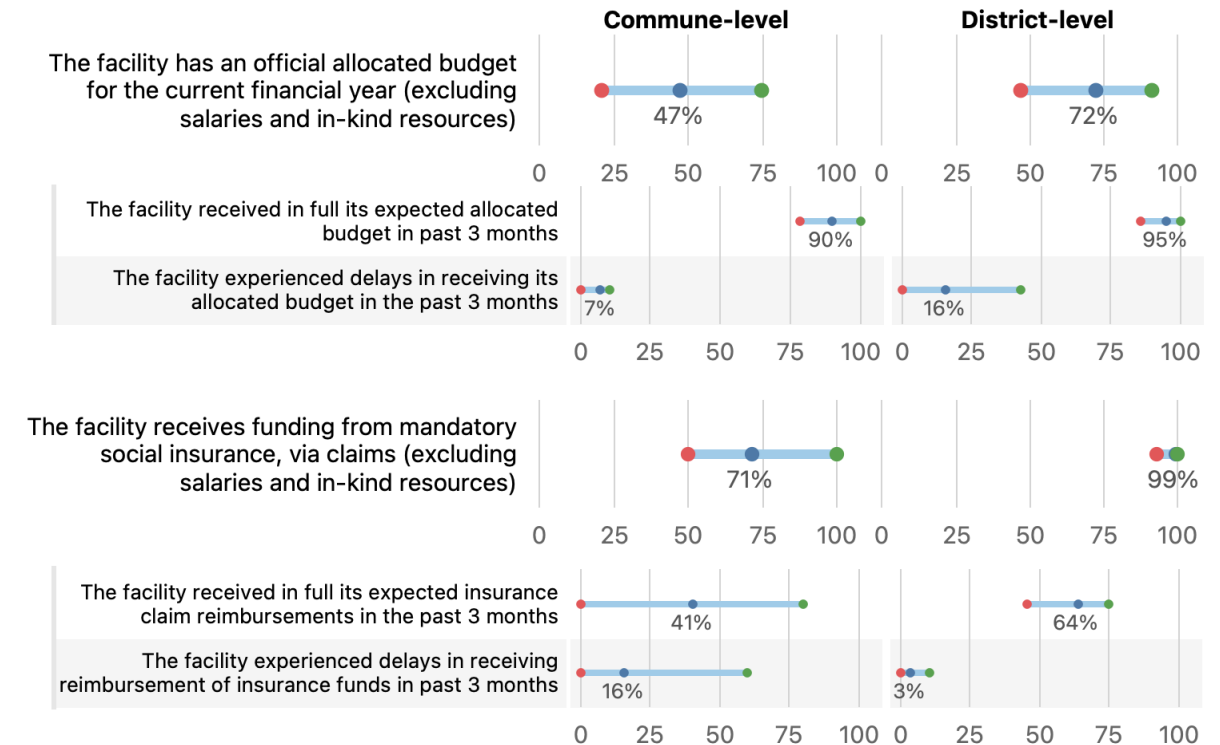
Expected budget and insurance reimbursement

Percentage of facilities that received their expected budget and insurance reimbursement on time and in-full (%)

19%

Percent of facilities with allocated budgets and insurance reimbursements reporting timelines and completeness of reimbursement

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Financing

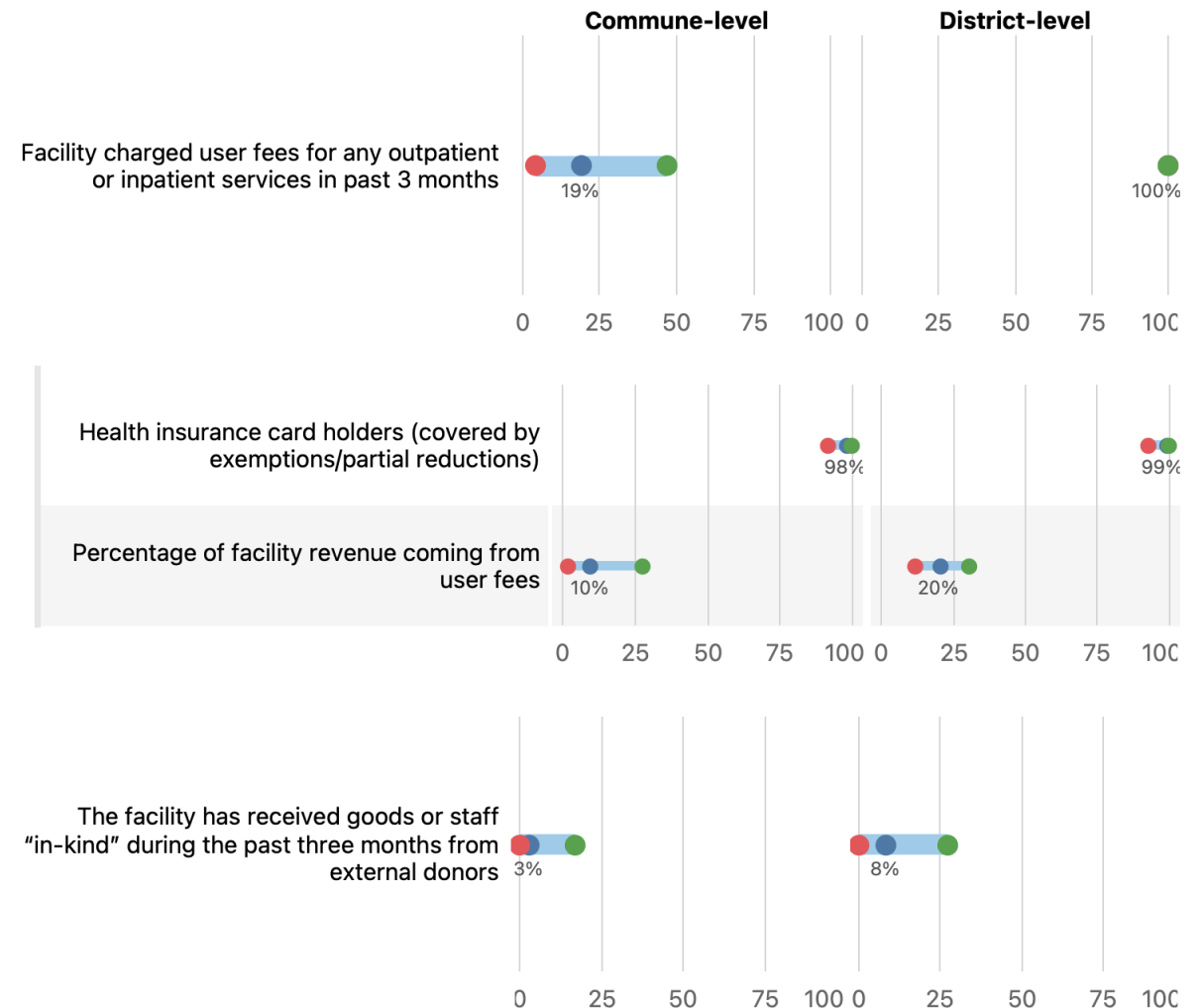
HEALTH SYSTEM INPUTS

Việt Nam

- **81%** of commune level facilities reported not charging any user fees to patients in the three months prior to the survey.
 - Among those that reported charging user fees, **99%** reported having exemptions for insurance card holders.
- District-level facilities that charge user fees reported on average having **20%** of their total annual budget coming from user fees.
- **Only 4% of the facilities reported receiving goods or staff “in-kind” during the past three months [Annex 32].**

Percent of facilities reporting user fees or receiving in-kind resources

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.



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Leadership and Coordination

STRUCTURES

Việt Nam

- On average, healthcare facilities met 69% of leadership and coordination criteria.
- There was a wide range of responses observed regarding adequate referral reasons and information sharing. In the Southeast region, only 28% of facilities reported meeting these criteria, contrasting 62% in the Central Highlands region [Annex 33].

Leadership and coordination score Based on a rapid facility survey of 400 facilities in Oct 2022 to Jul 2023

Average share of leadership and coordination criteria met at facilities (%)

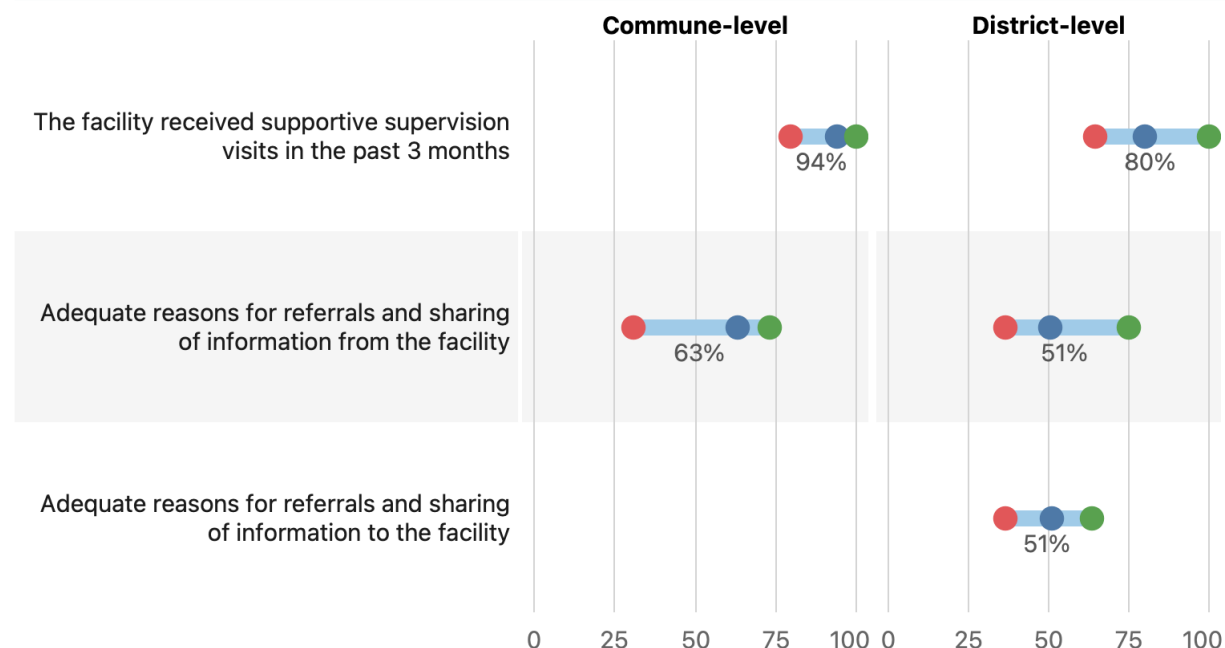


Percentage of facilities that meet all leadership and coordination criteria (%)



Percent of facilities with adequate leadership and coordination practices

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation. Reasons for referral are considered adequate when the referral either results from the services needed by the patient being beyond the scope of the health facility's care mandate, or from the patient/family of the patient requesting the referral. Information sharing is considered adequate when done either through a referral card, by phone, electronically, or in person.

Leadership and Coordination

STRUCTURES

Việt Nam

- Facilities primarily referred patients when the required services exceeded their capabilities.
- Additionally, district and commune-level facilities made referrals due to equipment or medicine shortages.

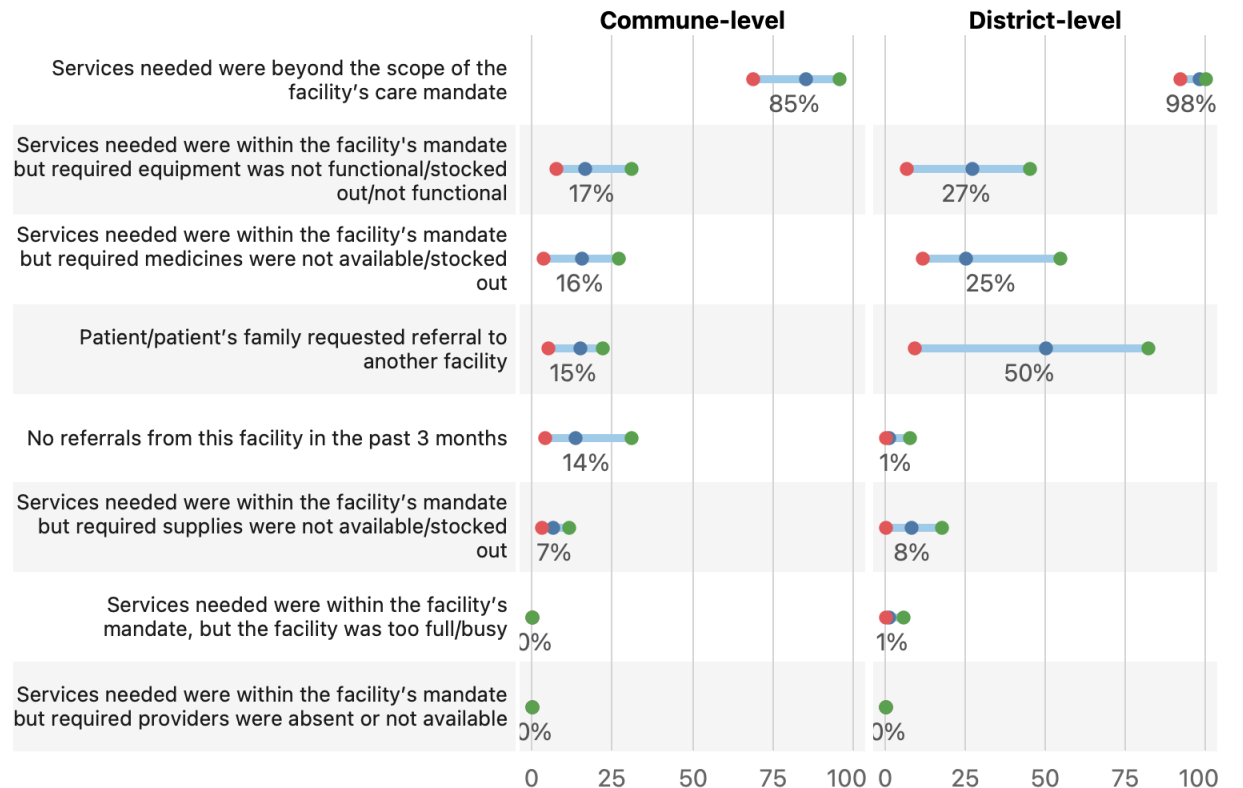
Referral practices at facilities Based on a rapid facility survey of 400 facilities in Feb 2023

Percent of facilities that reported only appropriate reasons for referrals and sharing of information from the facility



Main reasons for referrals from the facility to a higher-level facility in the past 3 months Based on a rapid facility survey of 400 facilities in Feb 2023

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Leadership and Coordination

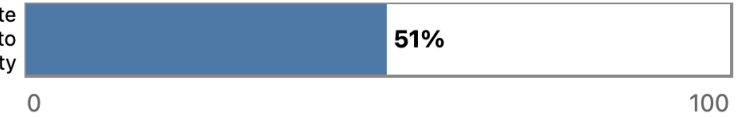
STRUCTURES

Việt Nam

- Only around half of the facilities reported appropriate reasons for referrals and proper ways of sharing information
 - The main reason why facilities received patients from other facilities was due to required services falling outside the scope of the referring facility's mandate.
- Approximately 12% of district-level facilities indicated that they did not receive patients referred from other facilities.

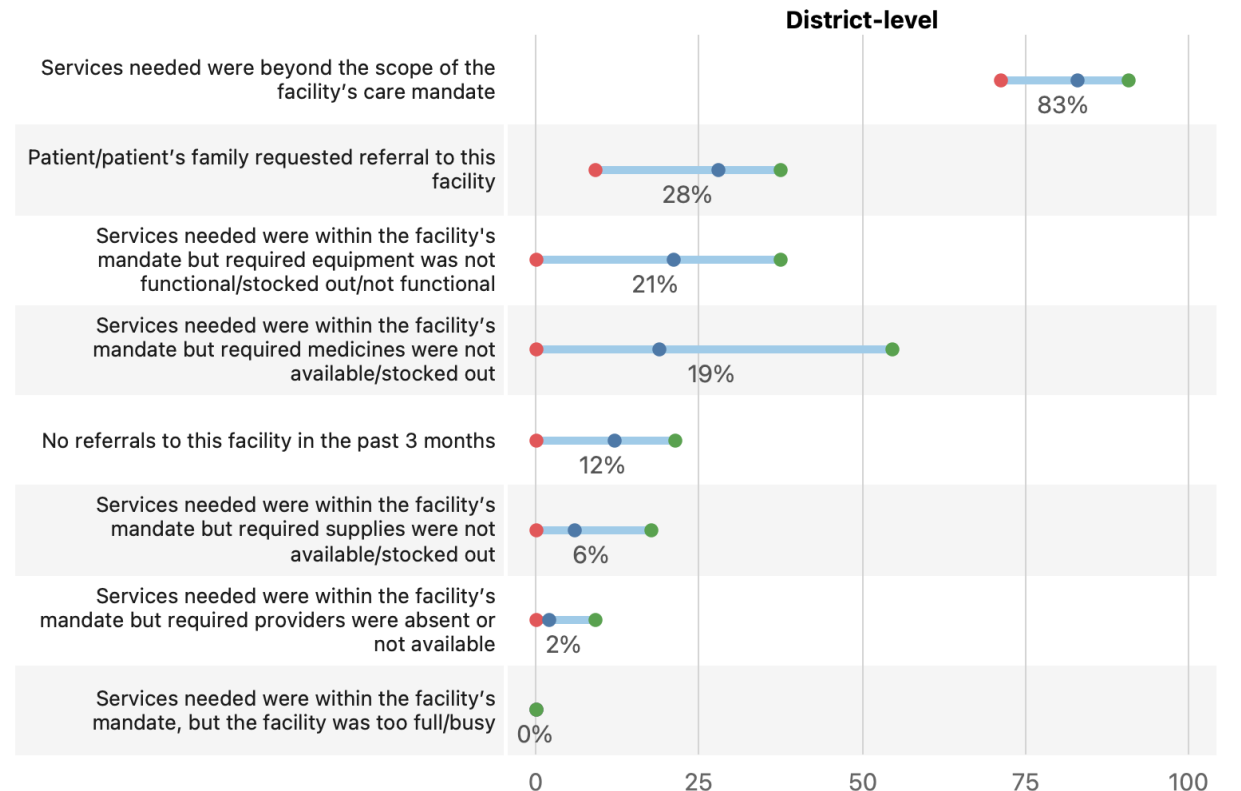
Referral practices at facilities Based on a rapid facility survey of 400 facilities in Feb 2023

Percent of facilities that reported only appropriate reasons for referrals and sharing of information to the facility



Main reasons for referrals to the facility from a lower-level facility in the past 3 months Based on a rapid facility survey of 400 facilities in Feb 2023

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Coordination with private facilities

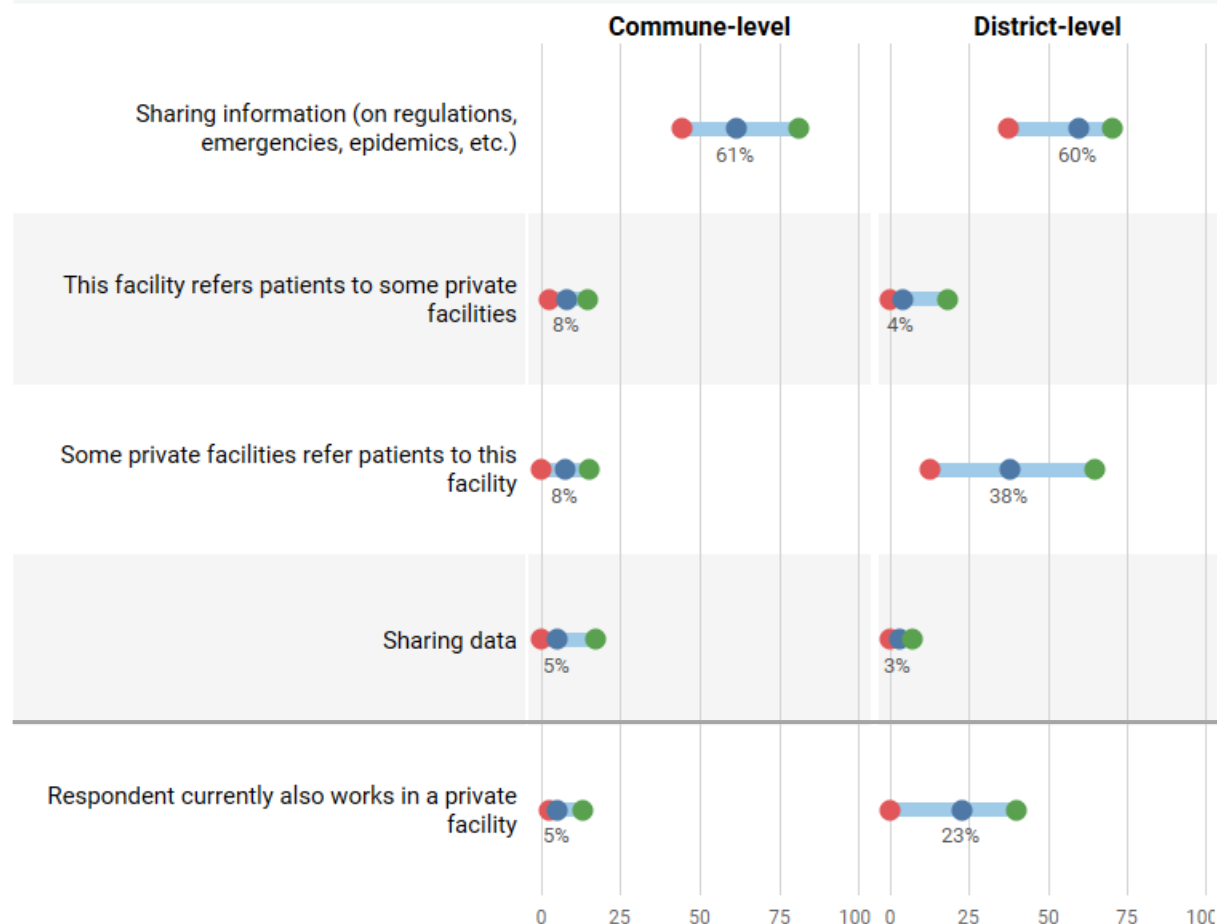
STRUCTURES

Việt Nam

- **Two-thirds** of facilities reported sharing information with private facilities
- **38%** of district-level facilities reported that private facilities refer patients to them
- **23%** of the officers-in-charge of the district-level facilities reported working in the private sector

Percentage of facilities reporting ways in which they work with private facilities from the same catchment area Based on a rapid facility survey of 400 facilities in Jul 2023

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.



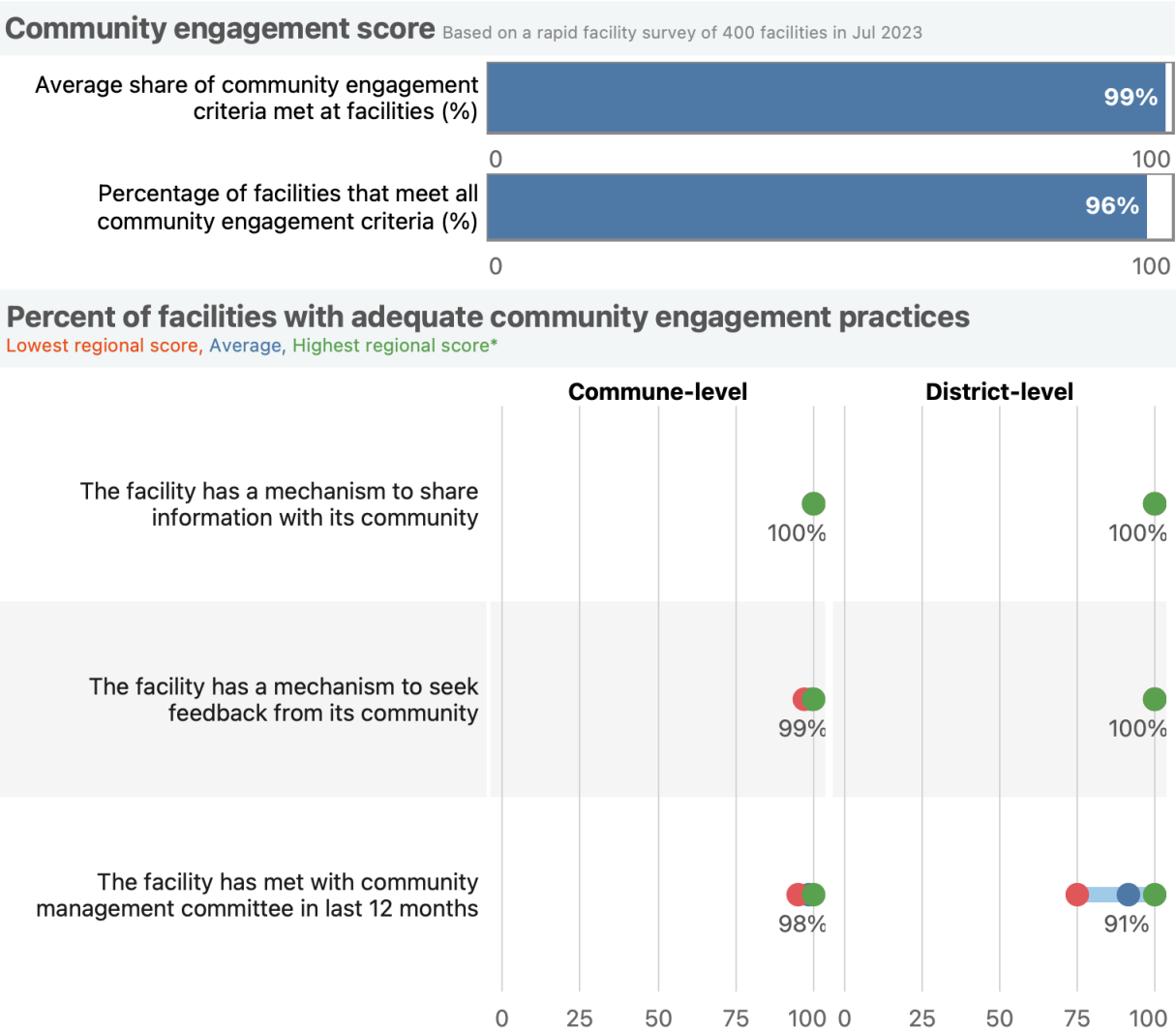
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Community engagement

OUTPUTS Việt Nam

- Almost all facilities reported having a mechanism to seek feedback and share information from/with its community.



*A detailed regional breakdown is available in the annex of the presentation.

Community engagement

PROCESSES

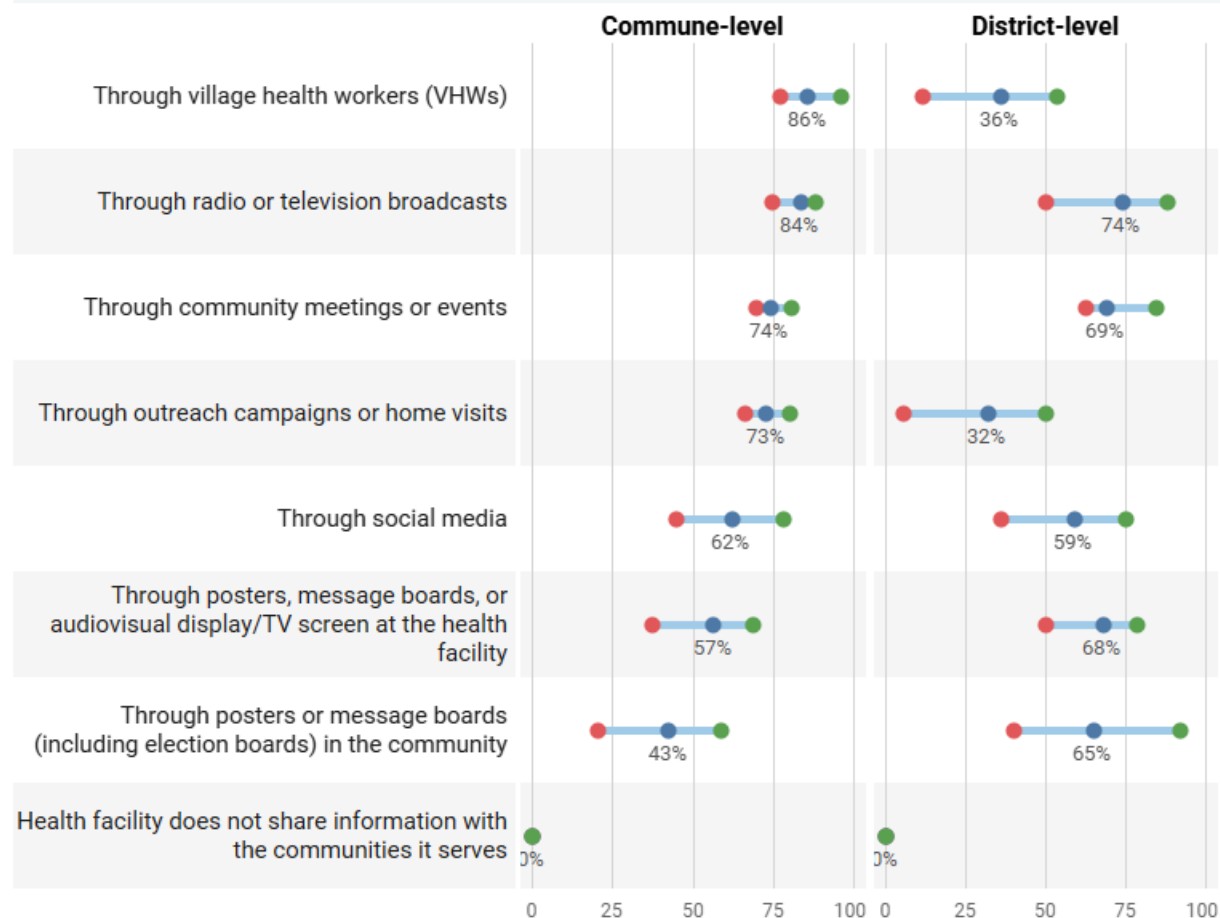
Việt Nam

- Commune-level facilities reported that VHWs are the main mechanism to share information with the community, followed by radio or television, community events, and home visits.
- At the district level, radio or television broadcasts, community meetings, and health facility notice boards are the most prevalent.

Ways in which the facility shares information with the community it serves

Based on a rapid facility survey of 400 facilities in Jul 2023

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Community engagement

PROCESSES

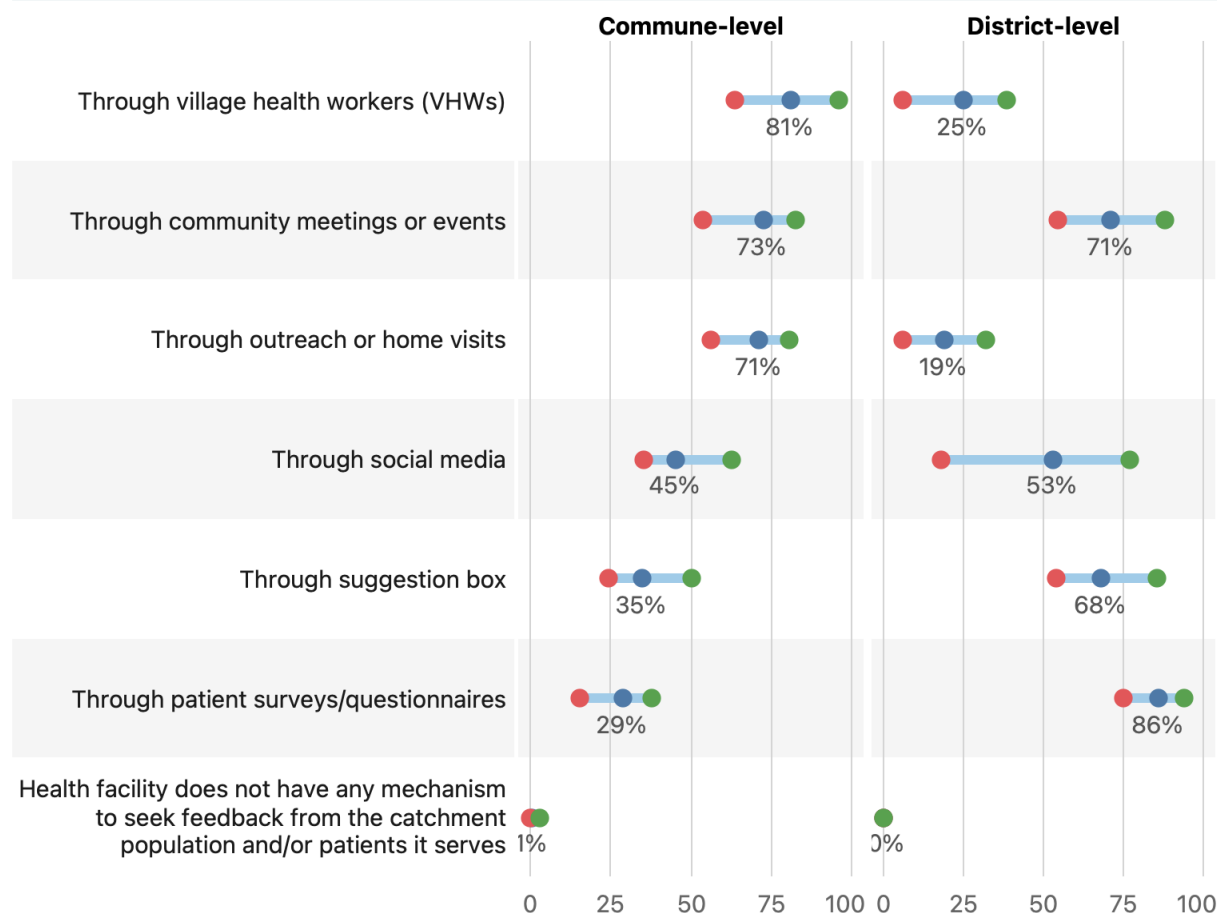
Việt Nam

- Commune- and district-level facilities also have different ways of seeking feedback:
 - At commune-level facilities, VHWs are the main mechanisms, followed by community meetings and home visit.
 - At district-level facilities, patient surveys are the main mechanisms, followed by community events, and suggestion boxes where patients could provide feedback on the attention received.

Ways in which the facility seeks feedback from the community it serves

Based on a rapid facility survey of 400 facilities in Jul 2023

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Community preference

OUTCOMES

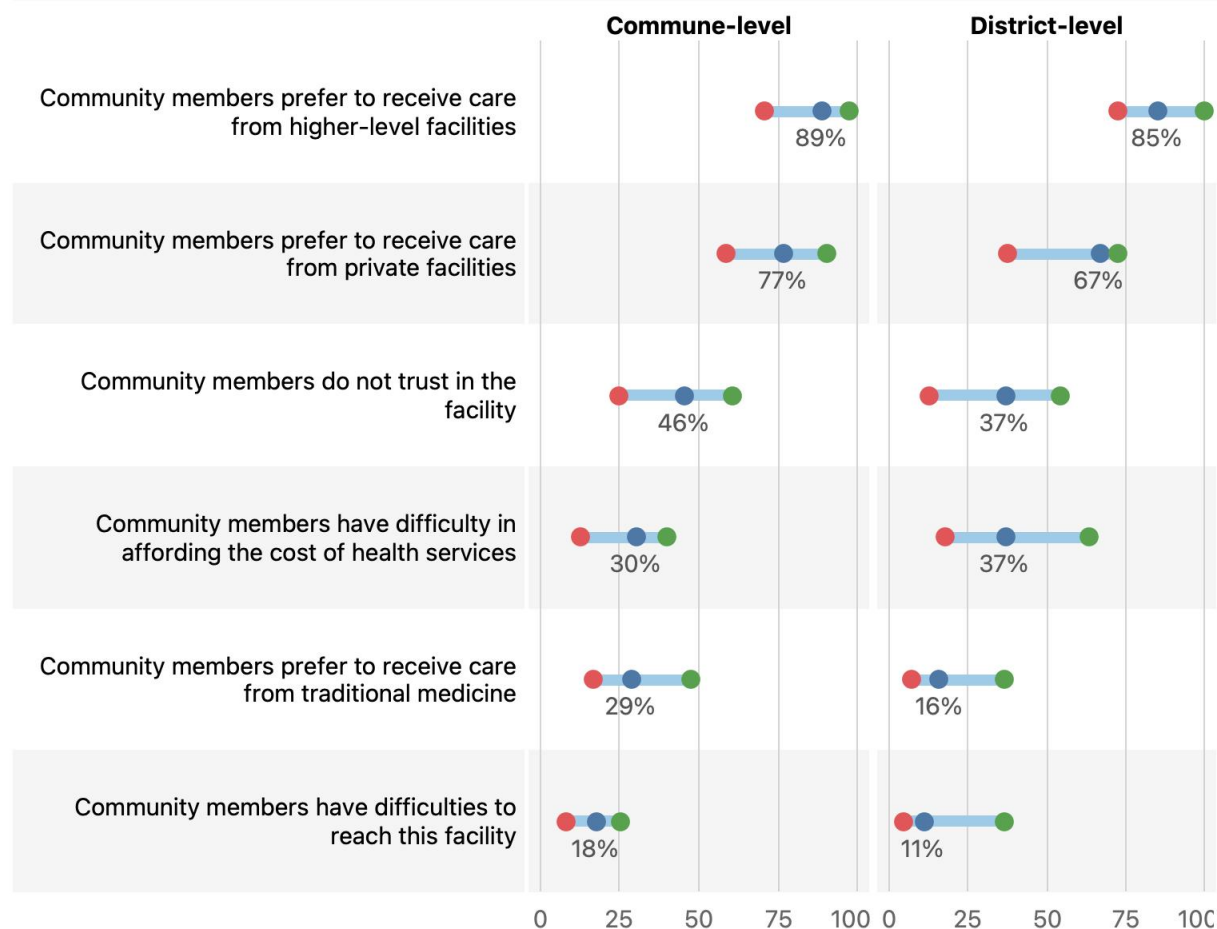
Việt Nam

- Commune and district-level healthcare facilities noted that community members **bypass to higher-level facilities or private healthcare providers.**
- A wide range of responses emerged in the Northern Midlands: whereas 53% of the facilities in the Northwest reported that some community members bypass to private facilities, this was reported by 81% in the Northeast [Annex 39].

Percent of facilities reporting reasons why community members may not seek care at the facility

Based on a rapid facility survey of 400 facilities in Jul 2023

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Community preference for private facilities

OUTCOMES

Việt Nam

- **74%** of facilities (77% commune and 67% district facilities) reported that some patients bypass the facility for the private sector.
- The most reported reason is the unavailability of medical supplies and equipment, especially at the commune-level.

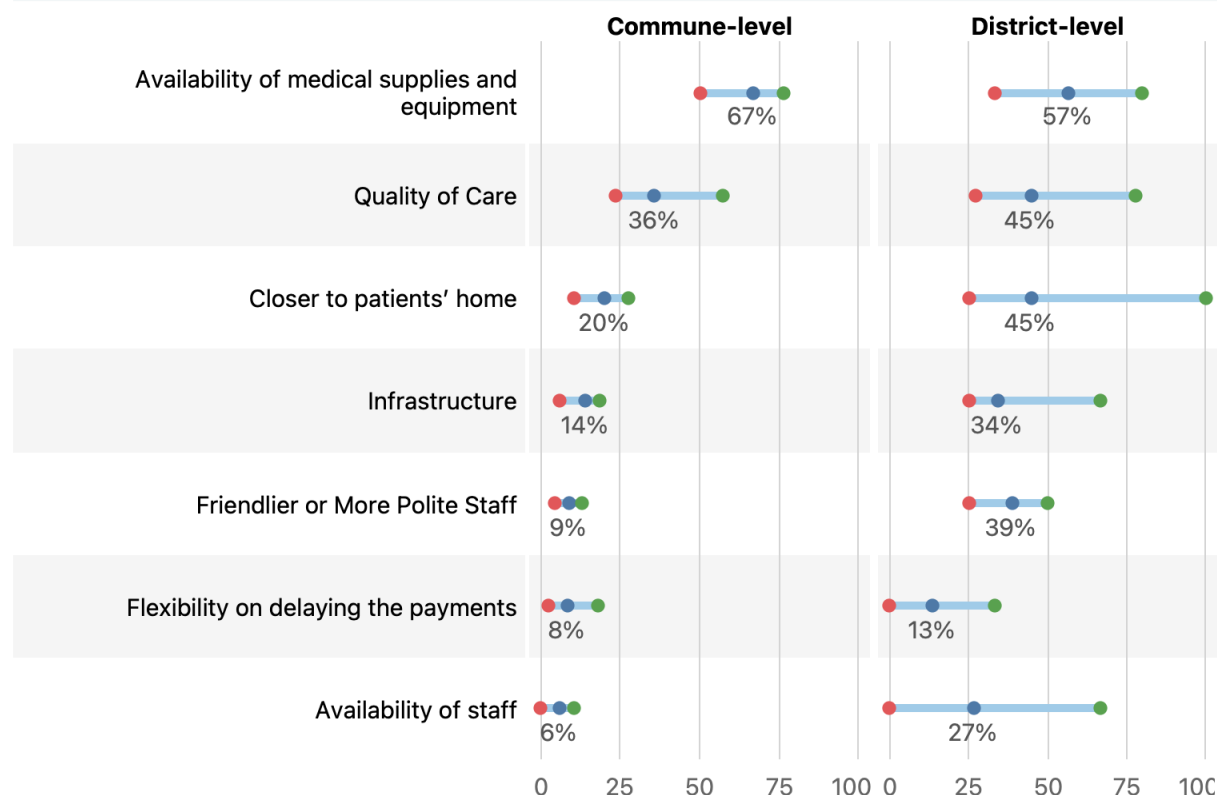
Bypassing to private facilities

Based on a rapid facility survey of 400 facilities in Dec 2023



Percent of facilities reporting reasons why community members prefer to go to private facilities

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.



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Quality of care processes

OUTPUTS

Việt Nam

- Although most of district-level facilities engage in quality assurance activities, only 66% of commune-level facilities reported implementing similar practices.
- Among facilities who have a death, **all commune-level** facilities reported conducting maternal and perinatal death reviews routinely.
- Only two-thirds** of the district level facilities conducted perinatal death reviews within 7 days of birth.

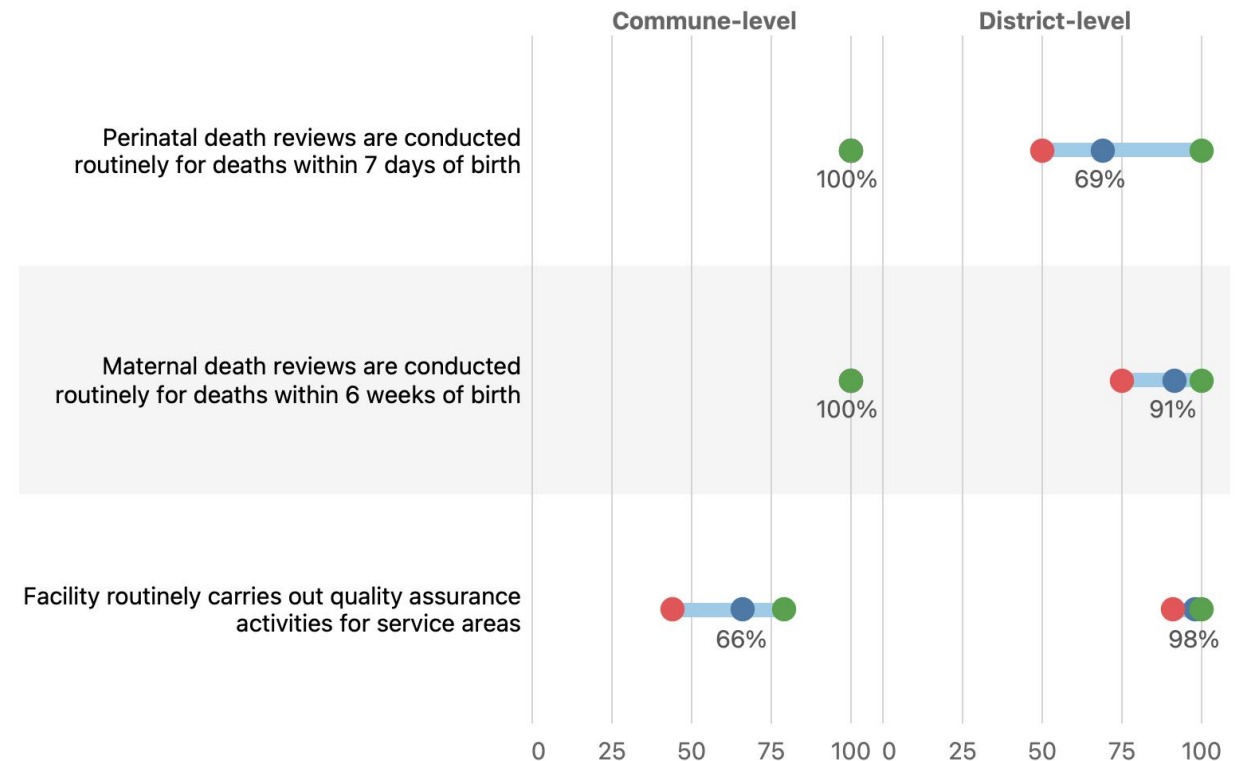
Quality of care process score Based on a rapid facility survey of 399 facilities in Dec 2023

Average share of quality of care criteria met at facilities (%)



Percent of facilities with adequate quality of care practices

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Quality of care processes

OUTPUTS

Việt Nam

- In Round 4, **11%** of facilities reported that all aspects of service delivery could have been improved.
- Overall, the differences among the different aspects are not very large, especially at the district-level.
 - Commune-level facilities reported a need to improve their ability to provide preventative and screening services and ensure prompt treatment delivery.

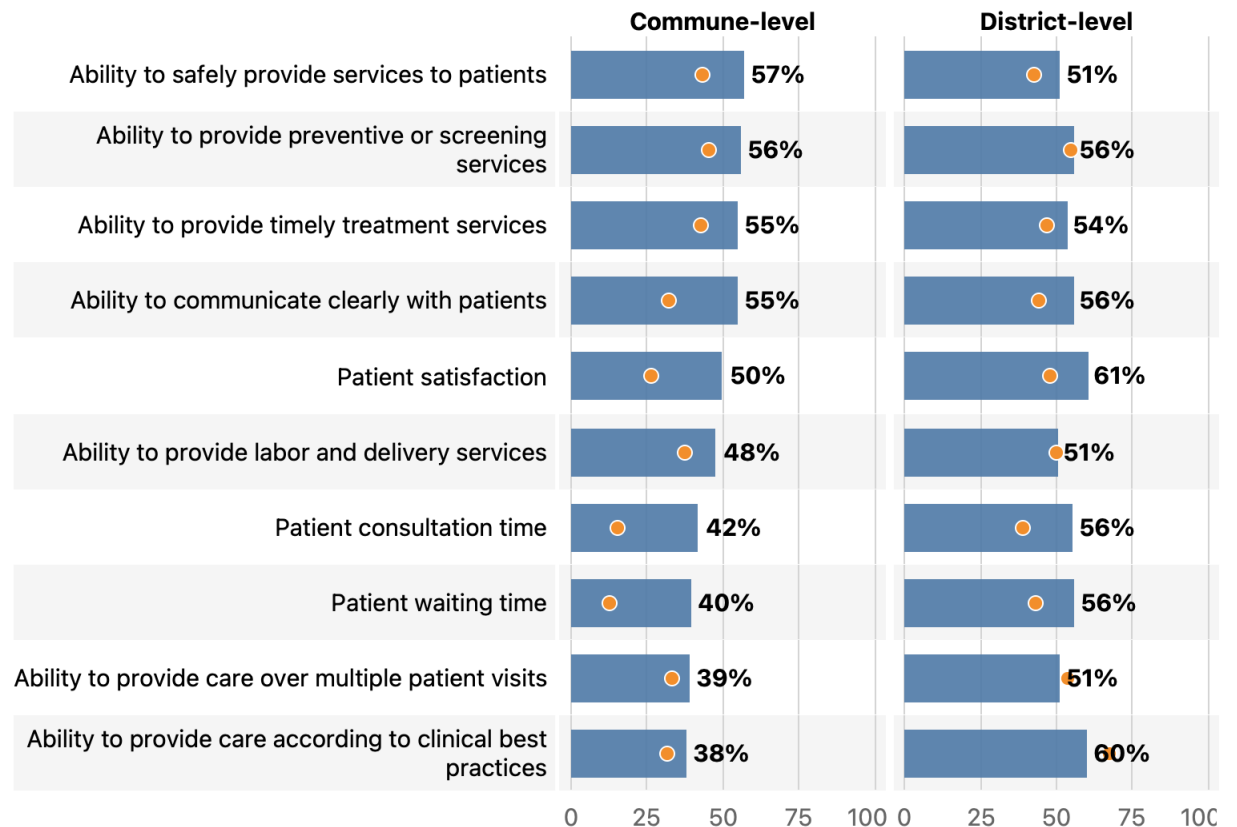
Quality of care challenges

Based on a rapid facility survey of 400 facilities in Oct 2022 to Dec 2023

Recent round (Dec 2023) Average across rounds

Percentage of facilities reporting that all aspects of service delivery could have been improved (%) **11%** **22%**

Percent of facilities reporting an aspect of service delivery that could have been improved



*A detailed regional breakdown is available in the annex of the presentation.



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Conclusion: key findings

- Viet Nam continues to face urgent and persistent challenges after COVID-19 pandemic, although the external shocks are declining up to the end of 2024.
- Health facilities reported lacking essential supplies and equipment to manage prioritized tracer conditions at PHC level
- Serious shortage of drugs and vaccines were identified; contributing challenges included not receiving enough supplies from higher levels, and changes in the procurement mechanism at health facilities.
- Human resource continues to be an issue, since only 24% of commune-level facilities meeting all staffing requirement
- Although most facilities meet basic infrastructure requirements, dilapidated or outdated physical infrastructure is a challenge in over half of sampled facilities and few facilities have dedicated sanitation for women or appropriate for persons with disabilities.
- Facilities are juggling many information systems and report challenges with interoperability/integration of different systems and management of software updates.



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Annex

Methodology Annex: Margins of error

	Margins of Error	Number Health Facilities in Sampling Frame	Sample Size Selected
Viet Nam	4.0%	12273	400
District-level	7.6%	702	100
Commune-level	4.7%	11100	300
Central Highlands	12.0%	719	44
Mekong River Delta	10.4%	1605	60
North Central And Central Coastal Areas	8.6%	2719	88
Northern Midlands	8.8%	2327	84
Red River Delta	9.8%	2369	68
South East	10.6%	860	56
<i>Confidence</i>		90%	1.64
<i>Prevalence</i>		50%	0.25

The total number of facilities by subnational level are proxied using the number of communes in each subnational division

Methodology Annex: Strengths and limitations of phone surveys

Growing academic literature and GFF's experience implementing phone surveys indicate the potential of rapid-cycle phone survey approaches to complement traditional, in-person surveys.

Strengths

- Enables a cost-effective, continuous data collection platform
- Helpful for monitoring in rapidly changing contexts and to capture changes over time
- Flexibility in scheduling interviews may lead to higher participation rates
- Potential for reduced social desirability bias with sensitive topics which may enhance data accuracy
- Phone surveys allows for easier monitoring of data collection quality and enumerator behavior (e.g., calls can be recorded, with consent, for quality checks and training purposes)

Limitations

- Potential under-representation of facilities in areas with low phone connectivity
- Shorter surveys are employed to mitigate respondent fatigue
- Simplified language usage may be necessary
- Limitations exist in measuring the quality of services provided solely through phone surveys
- Inability of in-person verification

Annex 1: External events challenge



Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Extreme financial difficulty	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	2%	0%	0%	0%	1%	
Major shortages in medicines and supplies	0%	0%	0%	0%	2%	0%	0%	2%	1%	0%	1%	1%	0%	2%	2%	0%	3%	0%	0%	0%	1%	0%	4%	0%	2%	4%	7%	4%	1%	1%	2%	1%
Natural disasters	0%	0%	0%	0%	3%	0%	0%	0%	10%	0%	0%	1%	2%	2%	2%	2%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	1%
Outbreaks, epidemics or pandemics	36%	7%	0%	9%	33%	10%	8%	7%	28%	2%	2%	1%	33%	4%	2%	2%	31%	0%	3%	0%	18%	3%	0%	7%	61%	9%	5%	2%	34%	5%	3%	4%
Social or political unrest	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%
Major changes in population	5%	2%	2%	2%	0%	0%	0%	0%	1%	0%	0%	1%	0%	4%	0%	0%	9%	0%	3%	3%	0%	0%	0%	0%	0%	2%	0%	0%	2%	1%	1%	1%

Annex 2: External events disruption

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Normal for this time of year	36%	73%	66%	55%	47%	77%	73%	72%	55%	69%	80%	83%	56%	75%	79%	81%	44%	56%	59%	66%	62%	69%	84%	82%	48%	61%	59%	64%	51%	69%	73%	74%
Higher than expected for this time of year	27%	11%	14%	39%	25%	17%	8%	22%	20%	16%	8%	8%	25%	15%	4%	12%	13%	25%	6%	16%	21%	19%	9%	13%	14%	9%	7%	11%	21%	16%	8%	16%
Lower than expected for this time of year	36%	16%	20%	7%	28%	7%	18%	7%	25%	15%	13%	9%	19%	10%	17%	8%	44%	19%	34%	19%	18%	12%	7%	4%	38%	30%	34%	25%	28%	15%	19%	11%

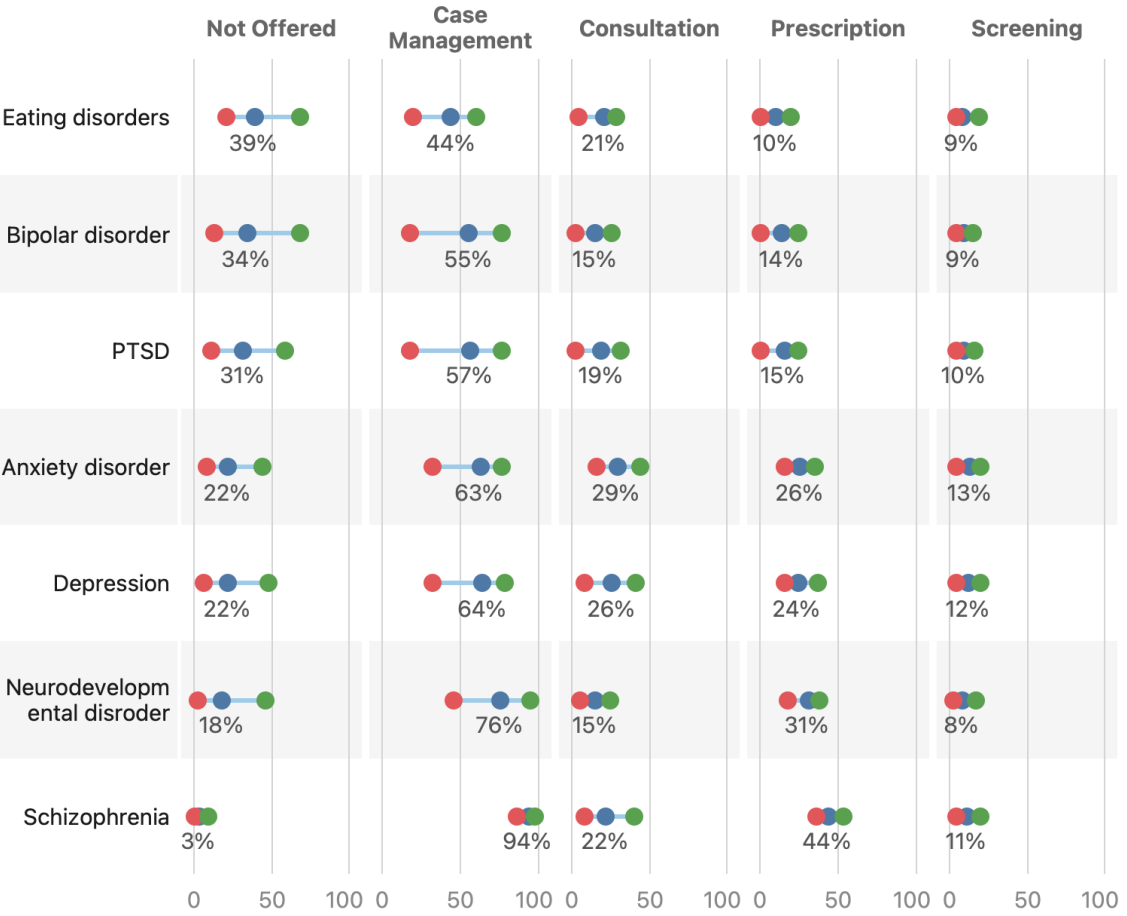
Annex 3: External events challenge

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Infrastructure	57%	27%	34%	36%	57%	57%	45%	37%	61%	49%	50%	49%	46%	40%	37%	31%	47%	22%	34%	28%	57%	46%	44%	35%	59%	46%	41%	54%	56%	44%	42%	40%
Financing	43%	41%	23%	30%	55%	50%	42%	37%	57%	48%	35%	33%	52%	42%	35%	37%	34%	38%	22%	22%	50%	37%	28%	24%	55%	50%	43%	36%	51%	44%	34%	32%
Human resources	61%	39%	36%	41%	63%	60%	38%	37%	63%	56%	49%	38%	67%	50%	38%	42%	50%	44%	38%	34%	71%	47%	40%	28%	70%	64%	63%	52%	65%	53%	44%	39%
Medical supplies and equipment	59%	45%	48%	36%	68%	63%	60%	37%	66%	60%	56%	51%	62%	50%	42%	37%	66%	41%	47%	47%	69%	62%	38%	31%	77%	80%	66%	64%	67%	59%	52%	44%
Community engagement and trust	32%	36%	23%	27%	48%	40%	25%	15%	47%	40%	34%	26%	27%	31%	27%	19%	31%	16%	16%	3%	43%	26%	18%	13%	57%	46%	41%	29%	42%	35%	27%	20%
Quality of care	45%	32%	30%	20%	60%	50%	42%	27%	58%	52%	42%	34%	40%	37%	33%	17%	47%	34%	28%	16%	53%	46%	26%	22%	63%	52%	46%	39%	54%	45%	36%	27%
Infection prevention and control	34%	18%	14%	11%	48%	38%	25%	18%	40%	31%	31%	19%	37%	31%	17%	10%	31%	28%	9%	6%	28%	21%	15%	10%	45%	30%	23%	16%	38%	29%	21%	14%
Communication/ coordination with higher-level authorities	27%	11%	11%	9%	42%	23%	18%	8%	31%	22%	19%	14%	27%	23%	15%	6%	22%	9%	13%	0%	32%	18%	18%	7%	36%	16%	25%	13%	32%	19%	18%	9%
Transportation of patients to or from this facility	30%	18%	14%	9%	37%	30%	22%	10%	38%	20%	15%	10%	50%	27%	17%	17%	47%	22%	6%	6%	28%	18%	10%	7%	43%	14%	25%	16%	38%	21%	16%	11%
Leadership capacity and grassroots HMIS	30%	25%	11%	11%	42%	30%	22%	12%	40%	33%	20%	10%	33%	27%	12%	12%	28%	13%	13%	3%	31%	21%	13%	10%	43%	25%	27%	14%	36%	26%	18%	11%

Annex 4: Service availability | Commune-level

Percentage of facility providing screenings, consultations, prescriptions or case management for the following mental health conditions

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Service availability | District-level

Percentage of facility providing screenings, consultations, prescriptions or case management for the following mental health conditions

Lowest regional score, Average, Highest regional score*



*A detailed regional breakdown is available in the annex of the presentation.

Annex 5: Service availability

Rounds	Central Highlands			Mekong River Delta			North Central And Central Coastal Areas			Northern Midlands - Northeast			Northern Midlands - Northwest			Red River Delta			South East			Việt Nam		
	1	3	4	1	3	4	1	3	4	1	3	4	1	3	4	1	3	4	1	3	4	1	3	4
IMCI services	84%			70%			78%			85%			81%			87%			61%			78%		
Child nutrition services	95%			85%			89%			92%			88%			94%			86%			90%		
Adolescent health services	98%			87%			81%			90%			81%			88%			89%			87%		
Family planning	100%			100%			100%			100%			100%			100%			96%			100%		
Antenatal care (ANC)	100%			100%			99%			96%			100%			100%			96%			99%		
Postnatal care (PNC)	100%			100%			99%			98%			100%			99%			98%			99%		
Prevention of mother-to-child transmission (PMTCT)	20%			43%			26%			31%			38%			31%			27%			31%		
Delivery/childbirth services	95%91%			90%68%			94%80%			94%79%			97%97%			82%74%			63%70%			88%78%		
Child immunization	98%			98%			100%			100%			100%			97%			98%			99%		
Communicable disease services (tuberculosis, malaria, and HIV)	100%			98%			98%			94%			100%			93%			95%			97%		
Non-communicable disease services	100%			100%			100%			100%			100%			99%			100%			100%		
Screening and/or diagnosis for cervical cancer	16%			27%			20%			21%			19%			18%			27%			21%		
Mental health services	89%82%			93%80%			95%91%			96%81%			94%84%			82%81%			84%86%			91%84%		
Services for victims of gender-based violence	16%			22%			24%			10%			22%			18%			13%			18%		
Basic surgical services	48%			83%			67%			65%			41%			66%			52%			63%		
Emergency services	100%			100%			99%			100%			100%			100%			98%			100%		
Blood transfusion services	45%			40%			73%			85%			88%			94%			43%			67%		
Rehabilitation or palliative care services	64%			77%			75%			71%			56%			74%			84%			73%		

Annex 6: Service availability mental health



Rounds	Central England		London		South East		Northeast	Northern Midlands - Northwest	Red River Delta	South East	Viet Nam
	4	4	4	4	4	4					4
Anxiety disorders	55%	58%	81%	54%	53%	72%	73%				66%
Depression	52%	62%	80%	54%	59%	74%	73%				67%
PTSD	37%	48%	69%	35%	34%	68%	63%				54%
Bipolar disorder	30%	47%	68%	35%	31%	66%	60%				52%
Schizophrenia	77%	75%	91%	79%	78%	76%	84%				81%
Eating disorders	30%	33%	69%	33%	38%	59%	56%				49%
Neurodevelopmental disorders	45%	53%	82%	48%	59%	75%	73%				65%

Annex 7: Service availability mental health

Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Are..	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	4	4	4	4	4	4	4	4
Anxiety disorder: screening	17%	15%	15%	10%	7%	19%	19%	15%
Anxiety disorder: consultation	36%	15%	33%	29%	37%	28%	40%	31%
Anxiety disorder: prescription	33%	32%	34%	31%	22%	24%	19%	28%
Anxiety disorder: case management	53%	66%	75%	55%	37%	76%	60%	64%
Anxiety disorder: not offered	33%	26%	11%	33%	37%	9%	15%	21%
Depression: screening	17%	10%	15%	10%	11%	19%	17%	14%
Depression: consultation	33%	8%	30%	24%	44%	26%	38%	28%
Depression: prescription	31%	38%	30%	31%	26%	24%	17%	28%
Depression: case management	50%	69%	78%	57%	44%	78%	63%	66%
Depression: not offered	36%	23%	13%	33%	30%	7%	15%	20%
PTSD: screening	14%	6%	10%	5%	7%	19%	15%	11%
PTSD: consultation	29%	4%	28%	11%	19%	20%	31%	21%
PTSD: prescription	23%	21%	23%	11%	0%	17%	8%	16%
PTSD: case management	40%	56%	63%	37%	22%	72%	52%	53%
PTSD: not offered	54%	40%	24%	55%	59%	15%	27%	35%
Bipolar disorder: screening	9%	6%	14%	5%	7%	19%	15%	12%
Bipolar disorder: consultation	23%	2%	24%	8%	15%	19%	28%	18%
Bipolar disorder: prescription	23%	21%	20%	13%	0%	13%	9%	15%
Bipolar disorder: case management	31%	55%	63%	37%	22%	72%	55%	52%
Bipolar disorder: not offered	63%	40%	25%	55%	63%	17%	30%	37%
Schizophrenia: screening	17%	6%	16%	10%	15%	19%	19%	15%
Schizophrenia: consultation	33%	9%	30%	26%	37%	20%	25%	25%
Schizophrenia: prescription	44%	49%	47%	57%	44%	39%	46%	47%
Schizophrenia: case management	94%	91%	95%	93%	89%	96%	90%	93%
Schizophrenia: not offered	6%	4%	0%	2%	7%	4%	2%	3%
Eating disorders: screening	9%	3%	11%	3%	7%	22%	15%	11%
Eating disorders: consultation	23%	6%	25%	15%	22%	26%	32%	22%
Eating disorders: prescription	20%	8%	16%	12%	0%	13%	4%	12%
Eating disorders: case management	29%	36%	57%	32%	26%	57%	43%	43%
Eating disorders: not offered	63%	56%	24%	56%	56%	24%	34%	40%
Neurodevelopmental disorder: screening	11%	2%	11%	5%	11%	20%	15%	11%
Neurodevelopmental disorder: consultation	23%	7%	24%	16%	19%	18%	23%	19%
Neurodevelopmental disorder: prescription	20%	26%	36%	30%	19%	32%	30%	29%
Neurodevelopmental disorder: case management	51%	61%	78%	57%	67%	92%	74%	71%
Neurodevelopmental disorder: not offered	43%	33%	10%	38%	30%	4%	15%	21%

Annex 9: Infrastructure | Score

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Availability of communications (continual access to telephone service and/or internet)	100%	100%	98%	100%	95%	98%	97%	97%	93%	98%	95%	99%	90%	96%	87%	96%	100%	100%	91%	100%	96%	99%	94%	99%	98%	100%	96%	98%	96%	99%	94%	98%
Availability of power	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Availability of emergency transportation, with driver and fuel available H24	100%	100%	100%	100%	93%	93%	93%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Availability of basic WASH	34%	34%	34%	34%	23%	23%	23%	23%	20%	20%	20%	20%	23%	23%	23%	23%	13%	13%	13%	13%	26%	26%	26%	26%	11%	11%	11%	11%	22%	22%	22%	22%
Basic protocols for cleaning	89%	89%	89%	89%	92%	92%	92%	92%	86%	86%	86%	86%	83%	83%	83%	83%	91%	91%	91%	91%	85%	85%	85%	85%	84%	84%	84%	84%	87%	87%	87%	87%
Functional hand hygiene facility (water with soap/ABHR) at all points of care and within 5m of toilets	98%	98%	98%	98%	98%	98%	98%	98%	95%	95%	95%	95%	90%	90%	90%	90%	94%	94%	94%	94%	93%	93%	93%	93%	96%	96%	96%	96%	95%	95%	95%	95%
Improved latrines, with one separated toilet for staff and for women (with menstrual hygiene facilities)	64%	64%	64%	64%	63%	63%	63%	63%	44%	44%	44%	44%	42%	42%	42%	42%	53%	53%	53%	53%	57%	57%	57%	57%	59%	59%	59%	59%	54%	54%	54%	54%
Safe disposal of non-sharps infectious waste	46%	46%	46%	46%	48%	48%	48%	48%	53%	53%	53%	53%	50%	50%	50%	50%	37%	37%	37%	37%	49%	49%	49%	49%	25%	25%	25%	25%	45%	45%	45%	45%
Improved water source on the facility premises	98%	98%	98%	98%	97%	97%	97%	97%	82%	82%	82%	82%	85%	85%	85%	85%	72%	72%	72%	72%	97%	97%	97%	97%	96%	96%	96%	96%	90%	90%	90%	90%

All except availability of communications were only collected in one round. The values were carryforward to the other rounds to get an estimate that it is not biased due to the items that are collected in each round

Annex 10: Infrastructure | Management of non-sharp infectious waste



Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	1	1	1	1	1	1	1	1
Burn in incinerator, with incinerator functional and with fuel available today	25%	17%	11%	20%	15%	11%	4%	14%
Burn in incinerator, but not currently functional or no fuel available today	0%	2%	0%	0%	0%	0%	2%	1%
Burn in modified burn barrel	46%	26%	22%	41%	52%	25%	13%	28%
Hiring haulage contractor to take medical waste to another health facility for disposal.	18%	29%	38%	28%	22%	33%	22%	29%
On-site treatment by sterilization systems (autoclave, microwave), then hiring waste treatment operator to transport the sterilized waste out for destruction	4%	2%	3%	2%	0%	5%	0%	2%
Hiring contractors to haulage medical waste out of the health facility without treatment	7%	24%	25%	9%	11%	26%	60%	26%
Other	0%	0%	1%	0%	0%	0%	0%	0%

All except availability of communications were only collected in one round. The values were carryforward to the other rounds to get an estimate that it is not biased due to the items that are collected in each round

Annex 11: Infrastructure | Latrines

	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	3	3	3	3	3	3	3	3
Rounds								
Improved functional and accessible latrine available for staff only	91%	88%	92%	81%	75%	94%	88%	88%
Improved functional and accessible latrine available for patients	84%	88%	81%	71%	78%	87%	82%	82%
Improved functional and accessible latrine available for women only	64%	63%	44%	44%	56%	59%	60%	55%
Improved functional and accessible latrine available for people with limited mobility	20%	12%	15%	15%	9%	3%	20%	13%

Annex 12: Infrastructure | Challenge

Rounds	Central Highlands		Mekong River Delta		North Central And Central Coastal A..		Northern Midlands - Northeast		Northern Midlands - Northwest		Red River Delta		South East		Việt Nam	
	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4
Old or deteriorating medical facility	39%	48%	47%	55%	43%	49%	37%	38%	31%	34%	43%	38%	48%	52%	42%	46%
Old or outdated equipment	36%	34%	45%	48%	42%	44%	37%	44%	34%	31%	26%	35%	59%	54%	40%	43%
Lack of space for patient consultations or treatment	30%	16%	17%	25%	25%	19%	21%	25%	16%	16%	19%	24%	27%	23%	22%	22%
Lack of space for staff (office, kitchen)	41%	39%	25%	27%	27%	24%	23%	31%	25%	28%	21%	25%	29%	23%	27%	27%

Annex 13: Infrastructure | Health Management System



Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	4	4	4	4	4	4	4	4
HIS	100%	97%	98%	100%	100%	96%	79%	95%
DHIS2	88%	93%	90%	96%	91%	87%	86%	90%
NCDs	98%	95%	98%	100%	88%	88%	88%	94%
Immunization	100%	100%	100%	100%	100%	97%	100%	99%
Communicable diseases	98%	97%	97%	100%	94%	97%	96%	97%
Maternal and Child	68%	67%	69%	76%	56%	61%	64%	66%
Tuberculosis management information system	72%	70%	68%	78%	53%	55%	61%	66%
Information system for human resource management in the health sector	68%	68%	69%	90%	81%	63%	62%	71%
Nutrition information management system	56%	55%	47%	56%	50%	37%	43%	48%
Population and family accounting management system	84%	76%	73%	79%	78%	67%	77%	75%
Electronic health records	64%	75%	83%	81%	72%	48%	59%	69%
Remote medical consultation	36%	36%	30%	40%	25%	29%	26%	32%

Annex 14: Infrastructure | Medical Certificate

Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	R4	R4	R4	R4	R4	R4	R4	R4
Use Medical Certificate Cause of Death (MCCOD) according to Circular 24/2020/TT-BYT dated 28/12/2020 with death case	41%	36%	29%	49%	50%	29%	37%	37%
Receiving Medical Certificate Cause of Death (MCCOD) training	16%	24%	22%	14%	22%	15%	23%	20%
Use online system to register a newborn	49%	15%	29%	41%	44%	30%	22%	31%
Percentage of facilities that recorded all their deaths last year using the Medical Certificate Cause of Death (MCCOD)	30%	25%	22%	36%	43%	27%	35%	29%

Annex 15: Infrastructure | Health Information System

Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	4	4	4	4	4	4	4	4
Percentage of facilities where all staff members can use the system to register newborns	24%	30%	36%	36%	50%	67%	38%	40%
Percentage of facilities that update the data on time based on Circular 37	88%	82%	92%	92%	88%	82%	86%	87%
Data validation and cleaning before system update	100%	100%	100%	100%	100%	100%	98%	100%
Data aggregation from the lower levels checked for quality and logical consistency	100%	100%	90%	85%	88%	93%	90%	92%

Annex 16: Infrastructure | Climate Resilience

	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
Rounds	4	4	4	4	4	4	4	4
Facility has an emergency contingency plan	86%	84%	91%	87%	87%	88%	93%	88%
Facility had assessments on its structural vulnerability to natural disasters and weather events in the past 2 years	21%	28%	33%	16%	16%	23%	33%	26%
Facility had safety drills or simulation for natural disasters and weather event in the past 2 years	25%	37%	27%	21%	41%	31%	46%	32%

Annex 17: Infrastructure | Routine



	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Rounds																																
Water always available in past 7 days	100%	98%	95%	98%	100%	97%	98%	100%	95%	98%	91%	100%	94%	92%	90%	92%	94%	94%	84%	100%	100%	99%	96%	99%	96%	96%	91%	96%	97%	97%	93%	98%
Electricity always available in past 7 days	80%	95%	89%	91%	87%	92%	80%	87%	76%	93%	63%	84%	79%	92%	42%	90%	84%	94%	59%	91%	79%	96%	56%	88%	91%	93%	88%	86%	82%	94%	68%	88%
Internet always available in past 7 days	84%	86%	93%	84%	87%	90%	88%	93%	81%	90%	77%	94%	77%	83%	58%	94%	91%	84%	78%	94%	90%	96%	69%	96%	95%	86%	84%	89%	86%	89%	78%	93%
Telephone service always available in past 7 days	100%	100%	95%	100%	93%	98%	93%	97%	92%	98%	95%	99%	88%	94%	85%	96%	100%	100%	91%	97%	94%	97%	94%	97%	98%	100%	95%	98%	94%	98%	93%	98%

Annex 19: Medical Supplies | Equipment Score

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4
Essential medicines	18%	7%	11%	9%	12%	8%	15%	20%	10%	13%	9%	7%	4%	6%	10%	10%	19%	19%	16%	9%	3%	4%	9%	7%	9%	7%	9%	5%	10%	9%	11%	10%
Essential medical equipments	41%	41%	41%	41%	35%	35%	35%	35%	30%	30%	30%	30%	27%	27%	27%	27%	38%	38%	38%	38%	18%	18%	18%	18%	39%	39%	39%	39%	31%	31%	31%	31%
In vitro diagnostics	14%	18%	18%	16%	20%	17%	27%	22%	15%	15%	23%	9%	15%	19%	23%	18%	13%	9%	25%	16%	12%	12%	26%	13%	16%	13%	18%	13%	15%	15%	23%	15%
PPEs	41%	23%	48%	50%	28%	37%	40%	47%	34%	30%	32%	24%	27%	31%	40%	33%	34%	28%	47%	38%	21%	40%	44%	35%	38%	43%	34%	30%	31%	34%	40%	35%
Essential vaccines	18%	18%	18%	11%	36%	36%	36%	12%	15%	15%	15%	6%	30%	30%	30%	14%	31%	31%	31%	13%	19%	19%	19%	16%	13%	13%	13%	6%	22%	22%	22%	11%

Annex 20: Medical Supplies | PPE

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4
Respirator Masks (e.g. N95, FFP2)	41%	23%	50%	50%	30%	40%	43%	47%	35%	31%	33%	24%	28%	31%	40%	33%	34%	31%	50%	41%	26%	40%	45%	35%	39%	44%	36%	30%	33%	35%	41%	36%
Surgical or medical masks	82%	89%	89%	89%	90%	88%	87%	92%	85%	67%	73%	70%	73%	81%	85%	83%	88%	81%	81%	88%	87%	96%	91%	93%	80%	75%	80%	79%	84%	82%	83%	84%
Latex or other disposable gloves	86%	86%	82%	93%	88%	88%	87%	92%	88%	73%	83%	75%	71%	83%	85%	90%	81%	72%	72%	88%	87%	93%	91%	91%	88%	71%	86%	79%	85%	81%	85%	86%
Disinfectants and sanitizers	91%	86%	89%	98%	88%	92%	93%	93%	91%	82%	88%	78%	75%	83%	92%	90%	94%	78%	84%	91%	93%	96%	97%	93%	93%	80%	89%	80%	89%	86%	91%	88%

Annex 21: Medical Supplies | Equipment Availability

Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	13	13	13	13	13	13	13	
Functional thermometer	100%	100%	100%	100%	100%	100%	100%	100%
Functional child weighing scale	100%	98%	100%	98%	100%	97%	98%	99%
Functional height board	100%	100%	100%	96%	100%	99%	96%	99%
Functional blood pressure apparatus	100%	100%	100%	100%	100%	100%	98%	100%
Oxygen delivery apparatus	100%	100%	95%	96%	100%	100%	95%	98%
Speculum	100%	98%	100%	100%	100%	100%	100%	100%
Equipment to collect pap smear specimen	41%	37%	28%	24%	38%	17%	43%	31%
Refrigerator with continuous temperature monitoring	100%	92%	91%	94%	100%	91%	85%	92%
Cold box or vaccine carrier with ice packs	100%	97%	95%	98%	100%	100%	100%	98%

Annex 22: Medical Supplies | Essential Medicines

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4
Amoxicillin or gentamicin	89%	89%	98%	95%	88%	93%	88%	92%	91%	85%	83%	86%	92%	96%	88%	94%	100%	94%	81%	84%	93%	93%	97%	91%	64%	61%	75%	70%	88%	87%	87%	88%
Oral rehydration salts	86%	86%	89%	91%	92%	95%	85%	90%	94%	86%	85%	85%	75%	90%	88%	88%	91%	88%	84%	81%	90%	91%	96%	91%	70%	61%	79%	71%	86%	86%	87%	86%
Zinc sulphate	70%	57%	52%	70%	77%	68%	76%	80%	51%	50%	47%	55%	30%	27%	57%	46%	38%	38%	47%	50%	42%	51%	57%	68%	35%	36%	48%	45%	50%	48%	55%	59%
Oxytocin or other uterotonic	91%	74%	89%	89%	92%	90%	88%	86%	81%	73%	74%	76%	81%	79%	90%	90%	91%	88%	94%	84%	85%	87%	91%	94%	48%	50%	68%	67%	81%	77%	84%	83%
Magnesium sulphate	61%	47%	66%	68%	78%	76%	75%	85%	61%	54%	58%	60%	46%	56%	65%	73%	63%	56%	53%	56%	53%	63%	71%	78%	38%	48%	59%	67%	57%	58%	64%	70%
Folic acid	63%	63%	63%	68%	72%	72%	72%	80%	52%	52%	52%	60%	67%	67%	67%	63%	56%	56%	56%	59%	62%	62%	62%	69%	50%	50%	50%	57%	60%	60%	60%	65%
Iron folic acid	80%	80%	80%	80%	77%	77%	77%	81%	66%	66%	66%	67%	73%	73%	73%	79%	72%	72%	72%	75%	59%	59%	59%	81%	61%	61%	61%	66%	69%	69%	69%	75%
Chlorohexidine	50%	50%	50%	52%	49%	49%	49%	56%	40%	40%	40%	44%	48%	48%	48%	42%	34%	34%	34%	34%	36%	36%	36%	47%	46%	46%	46%	35%	43%	43%	43%	45%
Long-acting reversable contraception methods	74%	74%	74%	70%	77%	77%	77%	75%	59%	59%	59%	53%	84%	84%	84%	71%	75%	75%	75%	84%	68%	68%	68%	72%	56%	56%	56%	61%	69%	69%	69%	68%
Short-acting reversable contraception methods	84%	84%	84%	82%	75%	75%	75%	78%	65%	65%	65%	61%	76%	76%	76%	82%	81%	81%	81%	84%	69%	69%	69%	78%	55%	55%	55%	68%	71%	71%	71%	74%
Metformin, insulin injection, other hypoglycaemic	55%	48%	60%	73%	69%	68%	73%	84%	48%	52%	54%	57%	39%	49%	47%	43%	48%	48%	48%	43%	51%	38%	48%	52%	44%	42%	45%	47%	50%	50%	54%	58%
First-line anti-hypertensives	98%	91%	100%	98%	97%	95%	85%	93%	93%	93%	83%	88%	90%	96%	90%	92%	94%	94%	88%	81%	88%	93%	88%	88%	79%	66%	66%	75%	91%	90%	85%	88%
Anti-malarials	95%	81%	81%	75%	22%	24%	32%	37%	56%	42%	34%	25%	51%	50%	45%	38%	69%	59%	50%	44%	20%	33%	24%	28%	30%	36%	29%	22%	47%	44%	39%	36%
Anti-asthmatics	43%	45%	52%	50%	77%	65%	57%	64%	62%	54%	40%	47%	44%	46%	41%	34%	50%	47%	31%	25%	52%	54%	32%	42%	44%	29%	40%	33%	55%	50%	42%	44%

Annex 23: Medical Supplies | Vaccines



	Central Highlands		Mekong River Delta		North Central And Central Coastal Areas		Northern Midlands - Northeast		Northern Midlands - Northwest		Red River Delta		South East		Việt Nam
	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3
Measles and rubella vaccine	80%	23%	75%	42%	71%	36%	80%	40%	84%	50%	79%	39%	87%	43%	78%
Penta vaccine	18%	11%	39%	16%	15%	5%	31%	14%	31%	16%	19%	23%	13%	9%	23%
BCG vaccine	84%	43%	81%	45%	77%	53%	86%	63%	91%	56%	85%	58%	87%	48%	83%
Polio vaccine	80%	27%	83%	45%	76%	42%	84%	51%	91%	53%	79%	52%	87%	42%	82%

Annex 24: Medical Supplies | Vitro-Diagnostics

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4				
Urine dipstick testing (glucose, protein, ketone)	26%	32%	42%	45%	36%	47%	45%	45%	36%	35%	43%	39%	29%	31%	33%	40%	27%	42%	47%	34%	38%	45%	48%	48%	22%	30%	38%	38%	32%	38%	42%	42%
Onsite blood glucose testing	36%	48%	45%	50%	68%	72%	78%	80%	48%	49%	50%	43%	45%	50%	44%	56%	27%	52%	57%	56%	44%	58%	58%	58%	43%	45%	55%	46%	46%	53%	56%	55%
Onsite malaria diagnostic testing	75%	77%	86%	82%	30%	33%	38%	39%	55%	46%	48%	41%	28%	33%	35%	30%	35%	40%	48%	42%	16%	20%	29%	23%	42%	47%	44%	51%	40%	41%	46%	43%
Onsite HIV diagnostic testing	24%	26%	25%	28%	33%	34%	51%	50%	26%	32%	42%	35%	27%	30%	32%	31%	34%	48%	52%	50%	32%	38%	44%	46%	26%	25%	18%	28%	29%	33%	37%	38%
Urine pregnancy test kit	43%	43%	43%	41%	78%	78%	78%	71%	54%	54%	54%	47%	70%	70%	70%	53%	65%	65%	65%	63%	72%	72%	72%	56%	56%	56%	46%	63%	63%	63%	53%	
Onsite COVID-19 diagnostic testing	73%	73%	86%	68%	68%	67%	73%	54%	66%	61%	59%	46%	46%	62%	69%	53%	75%	78%	84%	63%	53%	62%	74%	47%	75%	75%	86%	49%	64%	67%	74%	53%

Annex 25: Medical Supplies | Maintaining Challenge

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4
Delay in sending the request for the supplies	34%	16%	18%	9%	45%	29%	23%	17%	35%	30%	26%	14%	30%	20%	24%	19%	27%	16%	6%	9%	30%	32%	16%	6%	40%	30%	26%	14%	35%	26%	21%	13%
Delay in receiving requested supplies	11%	14%	18%	5%	33%	19%	22%	15%	29%	27%	23%	11%	25%	24%	10%	13%	17%	19%	0%	13%	25%	27%	10%	7%	31%	27%	29%	14%	26%	23%	17%	11%
Receive lower quantity, or do not receive, expected supplies	60%	43%	43%	26%	53%	42%	42%	35%	65%	44%	35%	34%	57%	49%	32%	35%	53%	42%	31%	28%	56%	48%	32%	27%	63%	64%	51%	59%	59%	48%	38%	35%
Some supplies are available, but unusable/expired	6%	9%	11%	2%	7%	7%	10%	5%	6%	7%	9%	8%	9%	8%	4%	14%	17%	3%	9%	6%	6%	6%	7%	6%	12%	18%	24%	13%	8%	8%	11%	8%
Lack of funds to order additional supplies	17%	14%	11%		40%	26%	23%		34%	28%	18%		24%	20%	19%		19%	12%	5%		24%	7%	24%		36%	38%	33%		29%	22%	19%	
Shortages at the district- or higher-level	44%	40%	47%		41%	31%	35%		36%	37%	29%		35%	27%	44%		21%	23%	35%		18%	20%	28%		48%	50%	37%		35%	33%	36%	

Annex 26: Medical Supplies | Stockout

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4	1	2	3	R4
Frequent stockouts in supplies for adult NCD services	16%	11%	11%	2%	13%	7%	2%	0%	9%	6%	5%	3%	6%	2%	2%	8%	9%	13%	13%	25%	16%	9%	6%	4%	31%	32%	28%	21%	14%	11%	9%	8%
Frequent stockouts in supplies for infectious disease services	0%	0%	0%	0%	3%	9%	2%	0%	3%	7%	4%	3%	2%	4%	2%	2%	3%	13%	6%	10%	5%	6%	0%	0%	25%	29%	10%	11%	6%	9%	3%	3%
Frequent stockouts in supplies for RMNCH+A services	2%	2%	14%	5%	5%	3%	2%	2%	4%	5%	3%	2%	4%	6%	2%	4%	3%	10%	0%	3%	6%	3%	0%	0%	36%	22%	22%	25%	9%	7%	5%	5%
Frequent stockouts in supplies for emergency care (trauma/oxygen services)	5%	0%	7%	2%	3%	0%	0%	0%	2%	1%	0%	0%	4%	0%	2%	2%	0%	3%	0%	0%	3%	0%	0%	0%	13%	9%	7%	5%	4%	2%	2%	1%

Annex 28: Human Resources | Availability



Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
At least 5 health providers	91%				100%				82%				73%				69%				85%				86%				85%			
At least 5 HW, with 1 doctor, 2 nurses/midwives, 1 pharmacist/technician	64%	64%	64%	64%	57%	57%	57%	57%	33%	33%	33%	33%	33%	33%	33%	33%	38%	38%	38%	38%	40%	40%	40%	40%	45%	45%	45%	45%	43%	43%	43%	43%
At least 1 of the medical doctors is a woman	58%	58%	58%	58%	48%	48%	48%	48%	54%	54%	54%	54%	77%	77%	77%	77%	54%	54%	54%	54%	61%	61%	61%	61%	58%	58%	58%	58%	58%	58%	58%	58%
At least 1 medical doctor	91%				87%				72%				83%				75%				87%				86%				82%			
At least 1 of the nurses/midwives is a woman	98%	98%	98%	98%	100%	100%	100%	100%	100%	100%	100%	100%	98%	98%	98%	98%	100%	100%	100%	100%	99%	99%	99%	99%	100%	100%	100%	100%	99%	99%	99%	99%
At least 2 nurses/midwives	98%				70%				83%				79%				72%				87%				79%				81%			
At least 4 nurses/midwives	34%				30%				40%				31%				25%				37%				39%				35%			
At least 1 pharmacist/technician	91%				100%				72%				50%				84%				64%				88%				77%			
At least 4 community health worker (CHW)	91%	85%			100%	93%			77%	61%			95%	95%			88%	83%			90%	88%			88%	71%			89%	81%		

Annex 29: Human Resources | Health Worker Availability



	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
Rounds	3	3	3	3	3	3	3	3
Facility in-charge considers that VHWs are very necessary for supporting the health sector	93%	91%	90%	92%	96%	75%	72%	86%
VHWs consistently received monthly allowance in the past 3 months	97%	86%	90%	97%	96%	83%	69%	88%
All VHWs are trained by MoH program	28%	59%	50%	22%	91%	43%	61%	49%

Annex 30: Human Resources | Challenges

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
High turnover	18%	18%	5%	9%	22%	8%	13%	13%	14%	7%	10%	5%	21%	4%	4%	12%	9%	13%	16%	13%	28%	3%	7%	7%	38%	18%	18%	13%	22%	9%	10%	10%
Absenteeism	0%	0%	0%	2%	2%	0%	3%	3%	2%	0%	1%	1%	4%	0%	0%	4%	0%	0%	3%	0%	1%	0%	0%	0%	9%	5%	0%	2%	3%	1%	1%	2%
Early retirement	2%	9%	5%	7%	10%	5%	10%	3%	6%	5%	6%	3%	2%	2%	2%	4%	0%	0%	3%	0%	4%	1%	1%	0%	9%	9%	5%	4%	5%	5%	5%	3%
Unfilled positions or staff shortage	45%	45%	36%	39%	50%	36%	30%	33%	44%	34%	33%	30%	48%	48%	37%	42%	50%	44%	34%	28%	43%	35%	31%	31%	68%	61%	46%	50%	49%	42%	35%	36%
High work burden	68%	36%	34%	30%	72%	37%	38%	23%	56%	37%	34%	32%	58%	27%	27%	25%	50%	22%	31%	19%	38%	18%	22%	16%	80%	41%	48%	41%	60%	32%	34%	27%
Low remuneration	77%	55%	64%	39%	85%	65%	67%	40%	76%	65%	67%	47%	75%	65%	58%	38%	75%	56%	56%	44%	65%	49%	47%	32%	93%	75%	73%	59%	78%	62%	62%	43%
Delayed or late salary payments			0%	2%			8%	15%			7%	6%			6%	2%			9%	0%			1%	1%			11%	11%			6%	6%
Some services are dependent on volunteers (who are not paid)			0%	2%			3%	2%			1%	0%			0%	2%			0%	0%			2%	3%			4%	0%			2%	1%
Lack of training	16%	16%	14%	14%	25%	25%	22%	7%	24%	20%	10%	5%	33%	18%	2%	2%	16%	13%	9%	0%	19%	6%	6%	6%	32%	14%	20%	7%	24%	16%	12%	6%
Lack of satisfaction with job condition	16%	14%	14%	9%	20%	14%	10%	7%	22%	14%	8%	5%	31%	10%	10%	6%	10%	9%	16%	0%	21%	12%	4%	9%	30%	16%	16%	11%	22%	13%	10%	7%

Annex 31: Financing | Budget and Reimbursement



Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	4	4	4	4	4	4	4	4
The facility receives funding from mandatory social insurance, via claims (excluding salaries and in-kind resources)	90%	90%	87%	100%	87%	100%	83%	90%
The facility has an official allocated budget for the current financial year (excluding salaries and in-kind resources)	48%	63%	50%	50%	34%	77%	35%	53%
The facility received in full its expected allocated budget in past 3 months	100%	92%	84%	92%	100%	92%	95%	92%
The facility experienced delays in receiving its allocated budget in the past 3 months	5%	13%	7%	13%	11%	10%	11%	10%
The facility received in full its expected insurance claim reimbursements in the past 3 months	58%	43%	65%	58%	69%	59%	47%	57%
The facility experienced delays in receiving reimbursement of insurance funds in past 3 months	0%	7%	9%	0%	23%	0%	12%	7%
Percentage of facilities that have some autonomy in how they manage funds and that report information on funds received/expenses in a FMIS at least once a year (%)	48%	78%	69%	38%	38%	66%	67%	61%

Annex 32: Financing | Fee exempt



Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	4	4	4	4	4	4	4	4
Facility charged user fees for any outpatient or inpatient services in past 3 months	32%	60%	34%	37%	28%	34%	48%	40%
Health insurance card holders (covered by exemptions/partial reductions)	100%	100%	100%	100%	100%	100%	92%	99%
Percentage of facility revenue coming from user fees	29%	22%	14%	12%	25%	20%	23%	19%
The facility has received goods or staff "in-kind" during the past three months from external donors	11%	2%	1%	2%	19%	0%	5%	4%
Percentage of facilities that have some autonomy in how they manage funds and that report information on funds received/expenses in a FMIS at least once a year (%)	48%	78%	69%	38%	38%	66%	67%	61%



	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East					Việt Nam			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4					
Rounds																																	
The facility received supportive supervision visits in the past 3 months	95%				95%				92%				83%				100%				90%				82%				90%				
Adequate reasons for referrals and sharing of information from the facility	51%	51%	51%	51%	57%	57%	57%	57%	65%	65%	65%	65%	61%	61%	61%	61%	71%	71%	71%	71%	66%	66%	66%	66%	42%	42%	42%	42%	60%	60%	60%	60%	
Adequate reasons for referrals and sharing of information to the facility	36%	36%	36%	36%	57%	57%	57%	57%	42%	42%	42%	42%	64%	64%	64%	64%	57%	57%	57%	57%	53%	53%	53%	53%	55%	55%	55%	55%	51%	51%	51%	51%	

Annex 34: Leadership and Coordination | High Level

Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	2	2	2	2	2	2	2	2
Services needed were beyond the scope of the facility's care mandate	86%	97%	88%	88%	97%	90%	77%	89%
Services needed were within the facility's mandate, but the facility was too full/busy	0%	0%	0%	0%	0%	1%	0%	0%
Services needed were within the facility's mandate but required providers were absent or not available	0%	0%	0%	0%	0%	0%	0%	0%
Services needed were within the facility's mandate but required equipment was not functional/stocked out/not functional	23%	18%	17%	19%	16%	16%	27%	19%
Services needed were within the facility's mandate but required supplies were not available/stocked out	2%	10%	3%	8%	3%	10%	11%	7%
Services needed were within the facility's mandate but required medicines were not available/stocked out	34%	17%	14%	19%	22%	6%	25%	18%
Patient/patient's family requested referral to another facility	16%	30%	25%	15%	19%	29%	25%	24%
No referrals from this facility in the past 3 months	9%	3%	13%	12%	3%	7%	23%	11%

Annex 35: Leadership and Coordination | Low Level

	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
Rounds	2	2	2	2	2	2	2	2
Services needed were beyond the scope of the facility's care mandate	91%	87%	82%	85%	88%	82%	71%	83%
Services needed were within the facility's mandate, but the facility was too full/busy	0%	0%	0%	0%	0%	0%	0%	0%
Services needed were within the facility's mandate but required providers were absent or not available	9%	0%	0%	0%	0%	6%	0%	2%
Services needed were within the facility's mandate but required equipment was not functional/stocked out/not functional	36%	7%	32%	23%	38%	18%	0%	21%
Services needed were within the facility's mandate but required supplies were not available/stocked out	0%	7%	5%	8%	0%	18%	0%	6%
Services needed were within the facility's mandate but required medicines were not available/stocked out	55%	20%	18%	8%	13%	0%	29%	19%
Patient/patient's family requested referral to this facility	9%	20%	36%	23%	38%	35%	29%	28%
No referrals to this facility in the past 3 months	0%	7%	14%	15%	13%	12%	21%	12%

Annex 36: Community Engagement | Score

	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
Rounds	3	3	3	3	3	3	3	3
The facility has a mechanism to seek feedback from its community	98%	100%	100%	98%	100%	100%	100%	99%
The facility has a mechanism to share information with its community	100%	100%	100%	100%	100%	100%	100%	100%
The facility has met with community management committee in last 12 months	98%	98%	95%	94%	94%	98%	98%	97%

Annex 37: Community Engagement | Engagement Ways

Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	3	3	3	3	3	3	3	3
Through village health workers (VHWs)	73%	80%	68%	79%	75%	75%	68%	74%
Through outreach campaigns or home visits	59%	67%	64%	62%	56%	62%	66%	63%
Through posters, message boards, or audiovisual display/TV screen at the health facility	55%	65%	59%	48%	41%	66%	71%	60%
Through posters or message boards (including election boards) in the community	41%	50%	42%	50%	28%	65%	52%	48%
Through radio or television broadcasts	70%	82%	85%	79%	69%	88%	84%	81%
Through community meetings or events	75%	75%	69%	79%	69%	69%	77%	73%
Through social media	59%	55%	63%	63%	75%	47%	77%	62%
Health facility does not share information with the communities it serves	0%	0%	0%	0%	0%	0%	0%	0%

Annex 38: Community Engagement | Feedback

	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	3	3	3	3	3	3	3	3
<div><div>Rounds</div><div>Through village health workers (VHWs)</div></div>	52%	72%	63%	73%	72%	74%	64%	67%
<div><div></div><div>Through outreach or home visits</div></div>	52%	63%	60%	48%	53%	62%	63%	58%
<div><div></div><div>Through suggestion box</div></div>	36%	50%	36%	37%	44%	43%	59%	43%
<div><div></div><div>Through patient surveys/questionnaires</div></div>	41%	48%	41%	35%	31%	50%	50%	43%
<div><div></div><div>Through community meetings or events</div></div>	77%	70%	70%	58%	66%	84%	77%	72%
<div><div></div><div>Through social media</div></div>	41%	43%	41%	48%	63%	43%	63%	47%
<div><div></div><div>Health facility does not have any mechanism to seek feedback from the catchment population and/or patients it serves</div></div>	2%	0%	0%	2%	0%	0%	0%	1%

Annex 39: Community Engagement | Not Seeking Care



	Central Highlands		Mekong River Delta		North Central And Central Coastal Areas		Northern Midlands - Northeast		Northern Midlands - Northwest		Red River Delta		South East		Việt Nam	
	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3
<div>Rounds</div> <div>Some community members do not trust in the facility</div>	39%	41%	45%	50%	43%	40%	33%	35%	33%	22%	62%	56%	75%	50%	50%	44%
Some community members prefer to receive care from higher-level facilities	100%	82%	95%	92%	90%	89%	100%	90%	100%	75%	92%	87%	94%	95%	95%	88%
Some community members prefer to receive care from private facilities	89%	68%	65%	80%	73%	72%	94%	81%	67%	53%	77%	72%	84%	86%	79%	74%
Some community members prefer to receive care from traditional medicine	39%	23%	15%	22%	20%	15%	50%	37%	22%	25%	15%	26%	28%	38%	27%	26%
Some community members have difficulties to reach this facility	44%	23%	20%	12%	17%	13%	61%	19%	44%	9%	0%	21%	22%	16%	28%	16%
Some community members have difficulty in affording the cost of health services	28%	34%	20%	37%	13%	38%	61%	33%	44%	16%	0%	24%	31%	36%	27%	32%

Annex 40: Community Engagement | Bypass

Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	3	3	3	3	3	3	3	3
Closer to patients' home	20%	19%	27%	29%	29%	33%	23%	26%
Infrastructure	20%	19%	17%	12%	24%	14%	27%	19%
Availability of medical supplies and equipment	53%	60%	60%	67%	65%	71%	73%	65%
Availability of staff	10%	4%	3%	7%	18%	22%	15%	10%
Quality of Care	40%	44%	27%	38%	53%	24%	52%	38%
Friendlier or More Polite Staff	10%	13%	22%	14%	12%	12%	19%	15%
Flexibility on delaying the payments	17%	4%	5%	12%	6%	10%	15%	9%

Annex 41: Quality of care | Challenge

Rounds	Central Highlands				Mekong River Delta				North Central And Central Coastal Areas				Northern Midlands - Northeast				Northern Midlands - Northwest				Red River Delta				South East				Việt Nam			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Ability to provide preventive or screening services	64%	55%	45%	52%	67%	52%	48%	40%	64%	60%	60%	47%	75%	51%	62%	55%	66%	63%	59%	59%	53%	53%	54%	35%	75%	50%	55%	55%	66%	55%	55%	48%
Ability to provide timely treatment services	61%	36%	43%	39%	72%	57%	53%	28%	66%	66%	57%	47%	77%	46%	58%	56%	78%	47%	41%	50%	56%	51%	49%	32%	70%	63%	61%	60%	68%	54%	53%	44%
Ability to provide labor and delivery services	64%	36%	39%	50%	65%	51%	52%	25%	59%	55%	49%	40%	59%	45%	56%	49%	66%	47%	44%	50%	53%	49%	42%	31%	50%	41%	49%	52%	58%	47%	47%	41%
Ability to provide care over multiple patient visits	31%	50%	50%	63%	50%	54%	29%	31%	29%	58%	40%	36%	44%	67%	62%	64%	43%	67%	80%	86%	36%	64%	53%	39%	38%	47%	53%	64%	37%	57%	48%	49%
Ability to provide care according to clinical best practices	9%	60%	70%	70%	47%	53%	44%	50%	31%	62%	43%	33%	53%	75%	58%	69%	57%	86%	83%	88%	30%	58%	62%	65%	50%	47%	53%	87%	38%	60%	54%	61%
Ability to safely provide services to patients	66%	41%	39%	39%	84%	58%	48%	33%	73%	65%	55%	43%	66%	54%	47%	46%	72%	39%	34%	39%	79%	66%	54%	49%	67%	64%	53%	50%	73%	58%	49%	43%
Ability to communicate clearly with patients	82%	27%	32%	36%	95%	57%	47%	22%	86%	61%	52%	36%	88%	50%	44%	40%	91%	41%	25%	28%	79%	63%	54%	35%	89%	55%	39%	46%	87%	53%	45%	35%
Patient waiting time	68%	25%	30%	27%	92%	40%	37%	22%	80%	45%	43%	23%	75%	33%	38%	23%	81%	28%	19%	6%	65%	47%	44%	19%	84%	43%	38%	16%	78%	39%	38%	20%
Patient consultation time	84%	41%	30%	25%	90%	42%	38%	22%	78%	47%	41%	23%	83%	38%	35%	27%	81%	28%	25%	13%	65%	56%	43%	18%	77%	45%	38%	20%	79%	44%	37%	21%
Patient satisfaction	80%	34%	30%	41%	90%	52%	37%	25%	82%	63%	47%	34%	83%	52%	40%	31%	88%	47%	25%	22%	72%	63%	47%	28%	75%	70%	50%	41%	81%	56%	41%	32%

Annex 42: Quality of care | Process Score

Rounds	Central Highlands	Mekong River Delta	North Central And Central Coastal Areas	Northern Midlands - Northeast	Northern Midlands - Northwest	Red River Delta	South East	Việt Nam
	4	4	4	4	4	4	4	4
Facility routinely carries out quality assurance activities for service areas	82%	67%	80%	77%	84%	58%	79%	74%
Maternal death reviews are conducted routinely for deaths within 6 weeks of birth	86%	100%	83%	100%	100%	100%	100%	93%
Perinatal death reviews are conducted routinely for deaths within 7 days of birth	67%	83%	75%	71%	100%	67%	80%	75%



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