

**BỘ Y TẾ
BAN QLCT HỢP TÁC Y TẾ
GIỮA VIỆT NAM VÀ WHO**

**CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc**

Số: 10 /CV-BQLDA

Hà Nội, ngày 22 tháng 3 năm 2016

V/v thông báo mẫu Báo cáo kỹ thuật và dự toán DFC.

TRƯỜNG ĐẠI HỌC DƯỢC HÀ NỘI
Đ Số: 260
Ê Ngày: 25/3/2016
N Chuyên: <i>phụ TCKT</i>

Kính gửi : Đại học Dược Hà Nội

Chương trình Hợp tác Y tế giữa Việt Nam và Tổ chức Y tế thế giới (WHO), tài khóa 2016-2017 đã được Bộ Y tế phê duyệt nội dung Văn kiện dự án theo Quyết định số 924/QĐ-BYT ngày 21/3/2016.

Theo thông báo của Văn phòng WHO tại Việt Nam, mẫu đề cương và dự toán DFC có một số điểm thay đổi cho phù hợp với chương trình tài khóa mới. Để giúp các đơn vị nắm rõ được những thay đổi trong các mẫu đề cương và dự toán DFC, Ban QLDA thông báo và gửi kèm công văn các biểu mẫu mới để các đơn vị thực hiện áp dụng ngay.

Trong quá trình triển khai nếu gặp khó khăn, vướng mắc đơn vị liên hệ Ban QLCT Hợp tác Y tế giữa Việt Nam và WHO, Điện thoại: 04.37265489, Email: pmu_who@yahoo.com.

Nơi nhận:

- Như trên;
- WHO để phối hợp;
- P. Giám đốc (để b/c);
- Lưu: VT, TCKT, KH.



Phan Lê Thu Hằng



World Health Organization

DFC Estimated Budget Breakdown (for reference only)

Activity 1:				
Timeframe (specify planned date or identify week and month):				
Location (i.e. City, district, province, and region):				
Descriptions	Person	Rate (VND)	Days	Total Amount (VND)
Per diem for non-resident participants (if any)	0	0	0	0
Per diem for non-resident participants for the night prior to the training (if any)	0	0	0	0
Per diem for non-resident participants for the day of the training (if any)	0	0	0	0
Meals for resident participants (if any)	0	0	0	0
Airfare for participants (if any)	0	0	0	0
Airport taxi for participants (if any)	0	0	0	0
Road transport costs of participants from the other provinces (0 km/way x 2 ways = 0 km) (if any)	0	0	0	0
Lunch for ? trainers and ? Organizers (if any)	0	0	0	0
Fee for trainers (if any)	0	0	0	0
Fee for organizers/service (if any)	0	0	0	0
Refreshment (if any)	0	0	0	0
Meeting venue (if any)	0	0	0	0
Rental of equipment (projector, laptop computer, wireless microphones) (if any)	0	0	0	0
Meeting banner (if any)	0	0	0	0
Printing & stationery (if any)	0	0	0	0
... (if any)	0	0	0	0
Miscellaneous (lumpsum) (if any)				0
Sub-total 1				0

Activity 2:				
Timeframe (specify planned date or identify week and month):				
Location (i.e. City, district, province, and region):				
Descriptions	Person	Rate (VND)	Days	Total Amount (VND)
Per diem for non-resident participants (if any)	0	0	0	0
Per diem for non-resident participants for the night prior to the training (if any)	0	0	0	0
Per diem for non-resident participants for the day of the training (if any)	0	0	0	0
Meals for resident participants (if any)	0	0	0	0
Airfare for participants (if any)	0	0	0	0

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Airport taxi for participants (if any)	0	0	0	0
Road transport costs of participants from the other provinces (0 km/way x 2 ways = 0 km) (if any)	0	0	0	0
Lunch for ? trainers and ? Organizers (if any)	0	0	0	0
Fee for trainers (if any)	0	0	0	0
Fee for organizers/service (if any)	0	0	0	0
Refreshment (if any)	0	0	0	0
Meeting venue (if any)	0	0	0	0
Rental of equipment (projector, laptop computer, wireless microphones) (if any)	0	0	0	0
Meeting banner (if any)	0	0	0	0
Printing & stationery (if any)	0	0	0	0
... (if any)	0	0	0	0
Miscellaneous (lumpsum) (if any)				0
Sub-total 2				0

Activity 3:

Timeframe (specify planned date or identify week and month) :

Location (i.e. City, district, province, and region) :

Descriptions	Person	Rate (VND)	Days	Total Amount (VND)
Per diem for non-resident participants (if any)	0	0	0	0
Per diem for non-resident participants for the night prior to the training (if any)	0	0	0	0
Per diem for non-resident participants for the day of the training (if any)	0	0	0	0
Meals for resident participants (if any)	0	0	0	0
Airfare for participants (if any)	0	0	0	0
Airport taxi for participants (if any)	0	0	0	0
Road transport costs of participants from the other provinces (0 km/way x 2 ways = 0 km) (if any)	0	0	0	0
Lunch for ? trainers and ? Organizers (if any)	0	0	0	0
Fee for trainers (if any)	0	0	0	0
Fee for organizers/service (if any)	0	0	0	0
Refreshment (if any)	0	0	0	0
Meeting venue (if any)	0	0	0	0
Rental of equipment (projector, laptop computer, wireless microphones) (if any)	0	0	0	0
Meeting banner (if any)	0	0	0	0
Printing & stationery (if any)	0	0	0	0
... (if any)	0	0	0	0
Miscellaneous (lumpsum) (if any)				0
Sub-total 2				0

TOTAL (1+2+3) **0**



**World Health
Organization**

**Viet Nam Country Office
Direct Financial Cooperation (DFC)
Application Form**

PROPOSAL FOR APPROVAL OF ACTIVITIES

(To be submitted at least 1 month before beginning activity)

Note: Please fill in the following form fields in English, providing references where appropriate. Please do not exceed the indicated word limits.

I. BASIC INFORMATION – Implementing partner

Name of Organization/Department:

Name of Director/Officer in Charge:

Mailing Address:

Telephone Number:

Contact Email:

Date of Application:

Focal Point/Responsible Person for this proposal:

II. BASIC INFORMATION – DFC Activity (To be jointly prepared by WHO Responsible Officer and Implementing Partner)

Title of DFC Activity <i>(This information will be shown as the title of the work to be performed in the contract sent to the supplier)</i>	WHO Output	DFC Planned Start Date	DFC Completion Required by Date	Total DFC Amount (VND)
	Choose an item.	Click here to enter a date.	Click here to enter a date.	

PTAEO INFORMATION (to be filled in by WHO)

Project Name and Project No.	Task No.	Award No.	Amount (VND)	Remarks
Choose an item.				
Choose an item.				
Choose an item.				
Choose an item.				
Choose an item.				

	Description of Activity	Timeframe (specify planned date or identify week and month)	Location (i.e. City, district, province, and region)
Activity 1			
Activity 2			
Activity 3			

Deliverable <i>(Deliverable name can be modified from the template list)</i>	Description of Deliverable	Due date	% of Payment	Amount
Choose an item.		Click here to enter a date.	Choose an item.	
Choose an item.		Click here to enter a date.	Choose an item.	
Choose an item.		Click here to enter a date.	Choose an item.	
Choose an item.		Click here to enter a date.	Choose an item.	
Choose an item.		Click here to enter a date.	Choose an item.	

Notes: The contract printed out will show only the text in the "Deliverable" field. Same deliverables must be reflected when DFC Purchase Requisition is created in WHO Global Service Management (GSM)

1st deliverable must always be "Countersigned Contract". The wording of the 1st deliverable must be exactly as "Countersigned Contract".

Final/last deliverable name is required to be "DFC report". This is a consolidated technical and financial report that is part of the DFC contract output from WHO GSM. The report is mandatory, even though it may not be linked to a payment in the current contract.

III. TECHNICAL INFORMATION

A. Background

(1) State the problem which the sequence of activities, including the present activity, is expected to address. The background should include: relevance/importance of the problem/activity; background information to educate the reader; and, reference to previous related work by others – cite literature from credible sources. (Limit 250 words)

(2) Justify why an activity of the type proposed is the most appropriate method of overcoming this problem, show the relevance of these objectives to the current work-plan and/or other strategic programme area(s) associated with this problem. Also, explain how/if this activity builds on previous activities. (Limit 200 words)

(3) Demonstrate how this activity is linked or can contribute to the National Health Plan, national strategies, policies or programmes or national health objectives. Identify the specific outcome or impact indicator to which this activity will contribute:

B. Specific Objectives, Outcomes and Deliverables:

(1) Clearly state – in "measurable" terms – the immediate objectives of the proposed activity and show the relevance of these objectives to the work-plan and/or country cooperation strategy, in programme area(s) associated with this problem. (Limit 150 words)

(2) Identify the expected outputs of the activity in bullet points.

(3) Identify to which outcome/impact indicator in the national health plan, strategy, policy or programme would the outputs identified in (2) above contribute:

(4) Establish the time-frame (milestones) for the activity, including the preparation and submission of the final report.

C. Methods and Approach:

Identify the method for ensuring the desired objectives, outputs and deliverables are met through this activity and for its participants. Provide specific details. (Limit 150 words)

*(Please include a copy of the tentative agenda and a plan of activities as **annex 1**)*

D. Monitoring, Evaluation and Follow-Up:

(1) Explain the methods of evaluation that you intend to use **before, during or immediately following** the activity to assess its effectiveness. (Limit 150 words)

(2) Explain the methods of evaluation you intend to use in order to assess the long-term impact of the activity. (Limit 150 words)



(3) Identify the follow-up actions that are intended to be taken and their time-frame. (In bullet points)

E. References

Requests for support should take into account national, regional and/or global guidance and the state of the current scientific literature. Evidence-based proposals are encouraged and are more likely to be successful. All references cited should be placed here. Use an appropriate citation method for example Vancouver or Harvard. If you are unsure please contact your WHO focal point for this activity who will advise you.

F. Participants/Invitees and selection criteria

*(Please include a list of participants and/or the institute/department/organization from which participants will be invited as **annex 2**, including: the name of the institute/department/organization and the city/province they are from)*

(1) Indicate the number of participants:

(2) Identify the selection criteria for participants (limit 100 words):

G. Technical Staff Support

Number of organizers/coordinators/trainers/lecturers:

*(Where appropriate, please include a list of all trainers and/or facilitators as **annex 3**, including: names and designations, and **brief CVs** if specifically requested, with justifications for appointment)*

IV. BUDGET AND FINANCIAL DETAILS:

A. Overall Budget Estimate:

*(Please include a full and detailed budget estimation in VND for each component of the activity as **annex 4**, including transportation, venue hire, material costs, staff costs and so on. Include the total cost for the whole activity)*

Provide an estimate for the overall budget of the activity: VND

B. Procurement

*(Please include a full and detailed list for required procurement of supplies/items related to this activity as **annex 5**, including product name, designation, source and price in VND)*

Proposal prepared by (name of Responsible officer from IP):

Manager (from Implementing Partner):

(with official stamp and signature)

Name:

Signature:.....

Date:

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Annex 1: Agenda – Please include a copy of the tentative agenda)

Annex 2: Participants – Use the template as a guide. (Please include a full list of participants including: their name and title, their position, the name of their department/organization, which city/province they are from and CVs if specifically requested)

Name & Title	Position	Gender	Department/Organization	City/Province

Annex 3: Staff – Use the template as a guide. (Please include a list of all facilitators/trainers, including: names, position and brief CVs, with justifications for appointment)

Name & Title	Position	Gender	Department/Organization	Justification for Appointment

Annex 4: Budget – Please include a full and detailed budget estimation in VND for each component of the activity including items such as: transportation, venue hire, material costs, and staff costs. Also, state the total cost for the whole activity.

Annex 5: Procurement – Use the template as a guide. (Please include a full and detailed list for required procurement of supplies related to this activity as annex 5, including product name, designation, source and price in VND)

Item	Rate	Unit/Number	Source	Cost (VND)