

# Populated Printable COP Without TBD Partners

2008

Vietnam

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**Table 1: Overview****Executive Summary**

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Vietnam Executive Summary FY08.doc	application/msword	9/27/2007		VChao2

**Country Program Strategic Overview**

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes  No

Description:

**Ambassador Letter**

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COP 08 Letter from Amb Michalak to Amb Dybul.pdf	application/pdf	9/26/2007		VChao2

**Country Contacts**

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**Global Fund**

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

**Table 2: Prevention, Care, and Treatment Targets**

**2.1 Targets for Reporting Period Ending September 30, 2008**

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
<b>Prevention</b>				
<b>End of Plan Goal</b>	660,000			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	195,000	0	195,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	900	0	900
<b>Care (1)</b>				
<b>End of Plan Goal</b>	110,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	50,000	12,000	62,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	2,940	500	3,440
8.1 - Number of OVC served by OVC programs	0	5,594	919	6,513
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	116,760	78,000	194,760
<b>Treatment</b>				
<b>End of Plan Goal</b>	22,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	13,000	4,000	17,000
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>	0			

## 2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
<b>Prevention</b>				
	<b>End of Plan Goal</b>	660,000		
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	284,800	0	284,800
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	1,180	0	1,180
<b>Care (1)</b>				
	<b>End of Plan Goal</b>	110,000		
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	80,000	20,000	100,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	3,920	1,000	4,920
8.1 - Number of OVC served by OVC programs	0	8,345	450	8,795
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	149,760	84,000	233,760
<b>Treatment</b>				
	<b>End of Plan Goal</b>	22,000		
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	17,000	5,000	22,000
<b>Human Resources for Health</b>				
	<b>End of Plan Goal</b>	0		

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: HCD Project**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5412.08  
**System ID:** 7109  
**Planned Funding(\$):** \$359,093  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Abt Associates  
**New Partner:** No

**Mechanism Name: PHE: Health Systems 20/20**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 6216.08  
**System ID:** 7101  
**Planned Funding(\$):** \$150,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Abt Associates  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3112.08  
**System ID:** 7102  
**Planned Funding(\$):** \$350,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Armed Forces Research Institute of Medical Sciences  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5205.08  
**System ID:** 7103  
**Planned Funding(\$):** \$50,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Association of Public Health Laboratories  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Health Policy Initiative**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3115.08  
**System ID:** 7122  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Constella Futures Group  
**New Partner:** No

**Mechanism Name: PHE: Health Policy Initiative - Methadone**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7920.08  
**System ID:** 7920  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Constella Futures Group  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3107.08  
**System ID:** 7104  
**Planned Funding(\$):** \$10,794,123  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Family Health International  
**New Partner:** No

Sub-Partner: National Institute for Hygiene and Epidemiology  
Planned Funding: \$50,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: STDs/HIV/AIDS Prevention Center  
Planned Funding: \$70,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Ho Chi Minh City Provincial AIDS Committee  
Planned Funding: \$400,000  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Haiphong Provincial Health Service

Planned Funding: \$316,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Campha Township Health Center

Planned Funding: \$84,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Hanoi Women's Union

Planned Funding: \$65,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: An Giang Preventive Medicine Center

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HVSI - Strategic Information

Sub-Partner: Bach Mai Hospital

Planned Funding: \$60,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Can Tho Provincial Health Service

Planned Funding: \$177,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Van Don District Health Center

Planned Funding: \$170,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Nordic Assistance Vietnam

Planned Funding: \$30,000

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Khanh Hoa Provincial AIDS Center

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Nghe An Provincial AIDS Center

Planned Funding: \$200,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Hanoi Fatherland Front Association

Planned Funding: \$35,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: National Cancer Hospital

Planned Funding: \$60,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Thu Duc District Preventive Medicine Center

Planned Funding: \$85,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Mongcai Preventive Medicine Center

Planned Funding: \$120,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Hanoi Trade Union

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Binh Thanh District Health Center

Planned Funding: \$200,000

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Nhi Xuan 06 Center
Planned Funding: \$60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Vietnam Women's Union
Planned Funding: \$90,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Catholic Relief Services
Planned Funding: \$260,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services
Sub-Partner: Tan Chau District Hospital
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Tinh Bien District Hospital
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Thot Not District Preventative Medicine Center
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Khanh Hoa Center for Health Education and Communication
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Dien Bien Provincial Health Service

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: \$150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Long An Provincial Health Service
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner: Lang Son Provincial health Service
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HVSI - Strategic Information
Sub-Partner: Da Nang Provincial Health Service
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Ministry of Health, Vietnam
Planned Funding: \$150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information
Sub-Partner: Hanoi School of Public Health
Planned Funding: \$80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information
Sub-Partner: National Institute of Dermato-Venereology
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information
Sub-Partner: Consultation for Investment in Health Promotion
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: East West Center
Planned Funding: \$100,000

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information

Sub-Partner: International Center for Equal Healthcare Access

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services

Sub-Partner: N/A

Planned Funding: \$585,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 8690.08

**System ID:** 8690

**Planned Funding(\$):** \$117,670

**Procurement/Assistance Instrument:** USG Core

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Food and Nutrition Technical Assistance

**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3094.08

**System ID:** 7105

**Planned Funding(\$):** \$1,085,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Hanoi School of Public Health

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3093.08  
**System ID:** 7107  
**Planned Funding(\$):** \$6,604,950  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ho Chi Minh City Provincial AIDS Committee  
**New Partner:** No

**Mechanism Name: US Lab Consortium**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5255.08  
**System ID:** 7108  
**Planned Funding(\$):** \$230,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Laboratory Branch Consortium Partners  
**New Partner:** No

**Mechanism Name: UNAIDS/DOD**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3089.08  
**System ID:** 7110  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Joint United Nations Programme on HIV/AIDS  
**New Partner:** No

**Mechanism Name: ORC/MACRO**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5171.08  
**System ID:** 7112  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Macro International  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3095.08  
**System ID:** 7113  
**Planned Funding(\$):** \$895,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Defense, Vietnam  
**New Partner:** No

**Mechanism Name: Vietnam Administration for HIV/AIDS Control (VAAC)**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5170.08  
**System ID:** 7114  
**Planned Funding(\$):** \$15,476,177  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Health, Vietnam  
**New Partner:** No

**Mechanism Name: General Statistics Office**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7540.08  
**System ID:** 7540  
**Planned Funding(\$):** \$320,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Planning and investment  
**New Partner:** Yes

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7554.08  
**System ID:** 7554  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Public Security  
**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8693.08  
**System ID:** 8693  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: AED Smartworks Follow-on**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7270.08  
**System ID:** 7270  
**Planned Funding(\$):** \$625,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	15974.08	PEPFAR Vietnam requests early funding of \$7,0,000 for this continuing activity. This activity will be competed in early calendar year 2008 to a new partner. Funding will need to be available at the time of award to ensure a seamless continuation of key services provided through this activity.	\$70,000	\$140,000
06-HBHC	9564.08	PEPFAR Vietnam requests early funding of \$132,000 for this continuing activity. This activity will be competed in early calendar year 2008 to a new partner. Funding will need to be available at the time of award to ensure a seamless continuation of key services provided through this activity.	\$132,000	\$265,000
05-HVOP	5814.08	PEPFAR Vietnam requests early funding of \$110,000 for this continuing activity. This activity will be competed in early calendar year 2008 to a new partner. Funding will need to be available at the time of award to ensure a seamless continuation of key services provided through this activity.	\$110,000	\$220,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: HPI (Follow-on)**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8674.08  
**System ID:** 8674  
**Planned Funding(\$):** \$1,365,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Methadone**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7655.08  
**System ID:** 7655  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: Methadone**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7657.08  
**System ID:** 7657  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: New PHEs**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8873.08  
**System ID:** 8873  
**Planned Funding(\$):** \$750,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: OI procurement**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7659.08  
**System ID:** 7659  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: PSI Follow-on**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7269.08  
**System ID:** 7269  
**Planned Funding(\$):** \$3,100,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HVCT	5334.08	PEPFAR Vietnam requests early funding of \$600,000 for this continuing activity. This activity will be competed in early calendar year 2008 to a new partner. Funding will need to be available at the time of award to ensure a seamless continuation of key services provided through this activity.	\$600,000	\$1,200,000
05-HVOP	9598.08	PEPFAR Vietnam requests early funding of \$500,000 for this continuing activity. This activity will be competed in early calendar year 2008 to a new partner. Funding will need to be available at the time of award to ensure a seamless continuation of key services provided through this activity.	\$500,000	\$1,000,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Save the Children U.S. Follow-on**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 7271.08

**System ID:** 7271

**Planned Funding(\$):** \$0

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** N/A

**New Partner:** Yes

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	5510.08	PEPFAR Vietnam requests early funding of \$350,000 for this continuing activity. This activity will be competed in early calendar year 2008 to a new partner. Funding will need to be available at the time of award to ensure a seamless continuation of key services provided through this activity.	\$350,000	\$0

**Mechanism Name: TBD**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 8672.08

**System ID:** 8672

**Planned Funding(\$):** \$2,035,000

**Procurement/Assistance Instrument:** USG Core

**Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Prime Partner:** N/A

**New Partner:** No

**Mechanism Name: Training/Applications development**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 5172.08

**System ID:** 7094

**Planned Funding(\$):** \$275,000

**Procurement/Assistance Instrument:** Contract

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** N/A

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: UNC/Measure Evaluation Follow-on**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3099.08  
**System ID:** 7126  
**Planned Funding(\$):** \$390,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: VCHAP Follow-on**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3096.08  
**System ID:** 7106  
**Planned Funding(\$):** \$2,286,700  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: PHE: Impact of HIV prevention programming among IDU**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7767.08  
**System ID:** 7767  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: Transactional Sex**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7305.08  
**System ID:** 7305  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Unallocated**

**Mechanism Type:** Unallocated (GHCS)  
**Mechanism ID:** 7231.08  
**System ID:** 7231  
**Planned Funding(\$):** \$1,067,670  
**Procurement/Assistance Instrument:**  
**Agency:**  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3106.08  
**System ID:** 7115  
**Planned Funding(\$):** \$925,500  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** National Institute for Hygiene and Epidemiology  
**New Partner:** No

**Mechanism Name: New Partners Initiative**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 7214.08  
**System ID:** 7214  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Nordic Assistance Vietnam  
**New Partner:** No

**Mechanism Name: Community REACH Vietnam**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3102.08  
**System ID:** 7117  
**Planned Funding(\$):** \$10,763,051  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Pact, Inc.  
**New Partner:** No  
  
Sub-Partner: CARE International  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Harvard University Kennedy School of Government
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: International Center for Research on Women
Planned Funding: \$250,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Pathfinder International
Planned Funding: \$400,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Worldwide Orphans Foundation
Planned Funding: \$323,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Mai Hoa
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services
Sub-Partner: Center for Community Health and Development
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: STDs/HIV/AIDS Prevention Center
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Pastoral Care
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services
Sub-Partner: World Vision International
Planned Funding: \$495,000

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Xuan Vinh Group, Ho Chi Minh City
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Bright Futures Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Vietnam Women's Union
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Medecins du Monde
Planned Funding: \$928,617
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing
Sub-Partner: AIDS Healthcare Foundation
Planned Funding: \$110,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Dong Cam District Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services
Sub-Partner: Tue Tinh Duong District Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services
Sub-Partner: Care Binh Thuy Pen
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services

Sub-Partner: Green Hope Club

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services

Sub-Partner: Ha Long City Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services

Sub-Partner: Tay Ho People's Committee

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Hanoi Medical University

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Hai Phong Secondary Medical School

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Hai Phong Provincial AIDS Committee

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Hai Phong Medical School

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Ha Noi Provincial AIDS Committee

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Quang Ninh Provincial AIDS Committee  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Can Tho Provincial AIDS Committee  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Ho Chi Minh City Provincial AIDS Committee  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: An Giang Provincial AIDS Committee  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Ha Noi AIDS Prevention Center  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5175.08  
**System ID:** 7118  
**Planned Funding(\$):** \$13,560,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Partnership for Supply Chain Management  
**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
10-HTXD	9381.08	Early funding of \$5,000,000 is requested. Early funding will ensure that there will be no break in ART drug supply and drug management. Projections for drugs are made with little or no buffer stock, due to pending expiration dates. Early funding is needed to cover any unforeseen emergencies or events, such as rapid increase for second line drugs, which are ordered in low supply because of costs, and to ensure a continual supply of all ART drugs.	\$5,000,000	\$11,650,000
11-HTXS	5832.08	Early funding of \$500,000 is requested. Early funding will allow SCMS to order and handle needed ART drugs in a seamless manner. They will also be able to provide needed technical assistance for any new drug regimes or in case of any emergencies.	\$500,000	\$1,200,000

**Mechanism Name: PATH TB Country Support**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5217.08  
**System ID:** 7119  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** PATH  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7769.08  
**System ID:** 7769  
**Planned Funding(\$):** \$150,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Regional Development Mission/Asia  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3661.08  
**System ID:** 7121  
**Planned Funding(\$):** \$308,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/ Substance Abuse and Mental Health Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** Substance Abuse and Mental Health Services Administration  
**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	15499.08	The Vietnam management team requests 50% of agency management and staffing funds as early funding to ensure that program operations can continue smoothly and planning for expansion of programmatic activities can begin as early as possible in FY08. This request covers ongoing mandatory costs to be incurred through the first seven months of FY08.	\$15,500	\$31,000

**Mechanism Name: TB CAP**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 6133.08  
**System ID:** 7100  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Tuberculosis Control Assistance Program, KNCV Foundation  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 6132.08  
**System ID:** 7111  
**Planned Funding(\$):** \$1,485,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** United Nations Resident Coordinator  
**New Partner:** No  
  
 Sub-Partner: Joint United Nations Programme on HIV/AIDS  
 Planned Funding: \$375,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys Strengthening  
  
 Sub-Partner: United Nations Office on Drugs and Crime

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: \$500,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: World Health Organization  
 Planned Funding: \$250,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HVCT - Counseling and Testing, HVSI - Strategic Information

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3090.08  
**System ID:** 7125  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Hawaii  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3108.08  
**System ID:** 7127  
**Planned Funding(\$):** \$4,452,324  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	9684.08	The Vietnam management team requests 50% of agency management and staffing funds as early funding to ensure that program operations can continue smoothly and planning for expansion of programmatic activities can begin as early as possible in FY08. This request covers ongoing mandatory costs to be incurred through the first seven months of FY08.	\$1,034,000	\$2,067,993

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3367.08

**System ID:** 7128

**Planned Funding(\$):** \$2,575,689

**Procurement/Assistance Instrument:** USG Core

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** US Centers for Disease Control and Prevention

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	9687.08	The Vietnam management team requests 50% of agency management and staffing funds as early funding to ensure that program operations can continue smoothly and planning for expansion of programmatic activities can begin as early as possibly in FY08. This request covers ongoing mandatory costs to be incurred through the first seven months of FY08.	\$124,000	\$247,603

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3694.08

**System ID:** 7129

**Planned Funding(\$):** \$2,855,000

**Procurement/Assistance Instrument:** USG Core

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Prime Partner:** US Centers for Disease Control and Prevention

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	9891.08	The Vietnam management team requests 50% of agency management and staffing funds as early funding to ensure that program operations can continue smoothly and planning for expansion of programmatic activities can begin as early as possibly in FY08. This request covers ongoing mandatory costs to be incurred through the first seven months of FY08.	\$730,000	\$1,409,765

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Center of Excellence**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3109.08

**System ID:** 7130

**Planned Funding(\$):** \$1,897,200

**Procurement/Assistance Instrument:** USG Core

**Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Prime Partner:** US Department of Defence/Pacific Command

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	10164.08	The Vietnam management team requests 50% of agency management and staffing funds as early funding to ensure that program operations can continue smoothly and planning for expansion of programmatic activities can begin as early as possible in FY08. This request covers ongoing mandatory costs to be incurred through the first seven months of FY08.	\$192,500	\$385,000
11-HTXS	10233.08	In FY07, DOD's support of a short-term consultancy for the 06 pilot program left a gap in DOD's plan for that year. In FY08, \$80,000 of early funding is requested to ensure program continuity.	\$80,000	\$340,000
05-HVOP	10043.08	In FY07, DOD's support of a short term consultancy for the 06 pilot program had left a gap in DOD's plan for that year. \$80,000 of early funding is requested to ensure program continuity.	\$80,000	\$230,000

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 7228.08

**System ID:** 7228

**Planned Funding(\$):** \$50,000

**Procurement/Assistance Instrument:** USG Core

**Agency:** HHS/Office of the Secretary

**Funding Source:** GHCS (State)

**Prime Partner:** US Department of Health and Human Services

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: HHS/CDC CSCS**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7252.08  
**System ID:** 7252  
**Planned Funding(\$):** \$245,523  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Mechanism Name: HHS/CDC ICASS**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7251.08  
**System ID:** 7251  
**Planned Funding(\$):** \$579,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Mechanism Name: State**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8685.08  
**System ID:** 8685  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Bureau of Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Mechanism Name: State**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8686.08  
**System ID:** 8686  
**Planned Funding(\$):** \$550,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Bureau of Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	An Giang Preventive Medicine Center	N	\$50,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Bach Mai Hospital	N	\$60,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Binh Thanh District Health Center	N	\$200,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Campha Township Health Center	N	\$84,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Can Tho Provincial Health Service	N	\$177,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	\$260,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Consultation for Investment in Health Promotion	N	\$70,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Da Nang Provincial Health Service	N	\$50,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Dien Bien Provincial Health Service	N	\$150,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	East West Center	N	\$100,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Haiphong Provincial Health Service	N	\$316,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Hanoi Fatherland Front Association	N	\$35,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Hanoi School of Public Health	N	\$80,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Hanoi Trade Union	N	\$0
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Hanoi Women's Union	N	\$65,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Ho Chi Minh City Provincial AIDS Committee	N	\$400,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	International Center for Equal Healthcare Access	N	\$50,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Khanh Hoa Center for Health Education and Communication	N	\$70,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Khanh Hoa Provincial AIDS Center	N	\$50,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Lang Son Provincial health Service	N	\$50,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Long An Provincial Health Service	N	\$100,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Ministry of Health, Vietnam	N	\$150,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Mongcai Preventive Medicine Center	N	\$120,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	National Cancer Hospital	N	\$60,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	National Institute for Hygiene and Epidemiology	N	\$50,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	National Institute of Dermato-Venereology	N	\$50,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Nghe An Provincial AIDS Center	N	\$200,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Nhi Xuan 06 Center	N	\$60,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Nordic Assistance Vietnam	N	\$30,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	STDs/HIV/AIDS Prevention Center	N	\$70,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Tan Chau District Hospital	N	\$70,000

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Thot Not District Preventative Medicine Center	N	\$25,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Thu Duc District Preventive Medicine Center	N	\$85,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Tinh Bien District Hospital	N	\$70,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Van Don District Health Center	N	\$170,000
3107.08	7104	Family Health International	U.S. Agency for International Development	GHCS (State)	Vietnam Women's Union	N	\$90,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	AIDS Healthcare Foundation	N	\$110,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	An Giang Provincial AIDS Committee	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Bright Futures Group	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Can Tho Provincial AIDS Committee	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Care Binh Thuy Pen	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	CARE International	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Center for Community Health and Development	N	\$100,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Dong Cam District Health Center	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Green Hope Club	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Ha Long City Health Center	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Ha Noi AIDS Prevention Center	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Ha Noi Provincial AIDS Committee	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Hai Phong Medical School	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Hai Phong Provincial AIDS Committee	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Hai Phong Secondary Medical School	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Hanoi Medical University	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Harvard University Kennedy School of Government	N	\$200,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Ho Chi Minh City Provincial AIDS Committee	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	International Center for Research on Women	N	\$250,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Mai Hoa	N	\$10,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Medecins du Monde	N	\$928,617
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Pastoral Care	N	\$20,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Pathfinder International	N	\$400,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Quang Ninh Provincial AIDS Committee	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	STDs/HIV/AIDS Prevention Center	N	\$50,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Tay Ho People's Committee	N	\$0

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Tue Tinh Duong District Health Center	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Vietnam Women's Union	N	\$0
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	World Vision International	N	\$495,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Worldwide Orphans Foundation	N	\$323,000
3102.08	7117	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Xuan Vinh Group, Ho Chi Minh City	N	\$0
6132.08	7111	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Joint United Nations Programme on HIV/AIDS	N	\$375,000
6132.08	7111	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	United Nations Office on Drugs and Crime	N	\$500,000
6132.08	7111	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	World Health Organization	N	\$250,000

**Table 3.3: Program Planning Table of Contents**

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

**Total Planned Funding for Program Area: \$3,652,472**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$207,000
Estimation of other dollars leveraged in FY 2008 for food	\$0

**Program Area Context:**

**CURRENT PROGRAM CONTEXT**

The HIV prevalence among pregnant women at most antenatal care (ANC) sites in Vietnam remains under 1% (UNAIDS, 2006) yet increases have been seen in several provinces in recent years. The Vietnam Ministry of Health's (MOH) 2006 sentinel surveillance revealed rates higher than 1% in several provinces, including Hanoi, Quang Ninh, Thai Nguyen, Dien Bien, and Lang Son. With an estimated 1.5 million deliveries per year, this translates to about 6,000 HIV-positive pregnant women giving birth to 1,700-2,100 HIV-positive newborns in the absence of PMTCT. The government of Vietnam (GVN) has made PMTCT a national priority, setting a goal of providing counseling to 90% of pregnant women, testing to 60%, antiretroviral (ARV) prophylaxis to all HIV-positive mothers and their infants, and providing a continuum care and treatment to 90% of HIV-positive mothers and their infants by 2010.

PEPFAR currently supports PMTCT in five high-prevalence provinces: Hanoi, Ho Chi Minh City (HCMC), Quang Ninh, Hai Phong, and An Giang. PEPFAR directly supported PMTCT services are available at seven national and provincial hospitals, 20 district hospitals, and 270 commune health centers. All sites are linked to designated hospitals where prophylactic ARVs, or treatment as needed, is provided to HIV-positive mothers and their children. Due to a delay in the funding cycle, planned expansion in FY07 will begin at the end of 2007. The World Bank, Global Fund (GF), and UNICEF provide support to 12 districts and seven provincial hospitals. When UNICEF withdraws from their pilot at the end of 2007, PEPFAR may need to provide support to some of these sites.

GF Round 6 funding is approved and will be available in early 2008; GF plans to expand PMTCT coverage to 25 districts by 2012. Boehringer-Ingelheim Pharmaceutical continues to donate Nevirapine (NVP) pills and suspensions for single-dose use at selected hospitals. The Clinton HIV/AIDS Initiative (CHAI) plans to provide support for training, early infant diagnosis, ARVs for PMTCT prophylaxis, cotrimoxazole for exposed children, and formula replacement for a limited number of infants.

**KEY ACCOMPLISHMENTS**

With PEPFAR support, 165,800 pregnant women received counseling and HIV testing between August 2006 and July 2007. Of those, 972 HIV-positive pregnant women (16% of the total estimated 6,000 HIV-positive pregnant women in the country) were identified and 695 women (11.6% of the total) and 780 babies received ARV for PMTCT prophylaxis.

PMTCT is integrated into routine ANC and "opt-out" testing is applied at all PEPFAR-supported sites. The prophylaxis protocol of AZT/3TC/NFV by 34 weeks was abandoned after the recent recall of NFV. The sole option for women diagnosed with HIV during pregnancy is AZT starting at 28 weeks, followed by single-dose NVP at labor, and one week of AZT/3TC postpartum. Single-dose NVP is available for those who test positive at labor. Clinical staging and evaluation for opportunistic infections (OI), TB, and the need for cotrimoxazole prophylaxis and treatment for mothers during and after pregnancy are provided at affiliated out-patient clinics (OPC).

Infants are given a single-dose of NVP at birth followed by one week of AZT. Infant follow-up includes: cotrimoxazole at six weeks of age; formula for six months if mother and counselor agree that the option is acceptable, feasible, affordable, safe, and sustainable; antibody testing at 18 months as directed by the national guidelines for HIV diagnosis and treatment; and DNA PCR testing at two and six months. Currently PCR for early infant diagnosis is available through the National Institute for Hygiene and Epidemiology in Hanoi and the Pasteur Institute in Ho Chi Minh City, but a protocol for broader use in four laboratories across the nation is being developed with PEPFAR technical support. HIV-infected babies will continue to receive formula supplementation until 12 months of age.

Partner counseling and testing are offered at all PEPFAR sites. Linkages between the PMTCT program and voluntary counseling and testing, palliative care, and ARV services have been established and strengthened. A case management network is available

to provide community-based care (CBC) and support.

Services and capacity building activities have been provided at all levels. PEPFAR has provided technical support to a national PMTCT implementation protocol, which will serve to standardize PMTCT services nationwide. In FY06, PEPFAR funded UNAIDS to carry out an assessment of national PMTCT program and different models implemented nationwide. Much of the knowledge gained from this assessment, completed in June 2006, has been used to design the implementation protocol.

#### OPPORTUNITIES/CHALLENGES

National geographic coverage of PMTCT remains low, with only 47 of 665 districts, or 7%, providing PMTCT services. The current lack of a national protocol and scale up plan has limited the extent of donor coordination in expanding coverage.

Even though the new HIV/AIDS law states that pregnant women should be provided HIV testing free-of-charge, the government has been unable to do so. Limited free HIV tests are provided by many donors, including PEPFAR, which offers them only at the district and commune levels. Thus, for the many women who seek care at provincial and national hospitals, the test can be a considerable sum added to the already high cost of ANC. The result is that almost half of all HIV-positive pregnant women are diagnosed during labor. The concentrated nature of the epidemic poses another barrier to early HIV testing since the population in general, and pregnant women specifically, are often unaware of the risk of contracting HIV and are reluctant to be tested.

Referral of children, and specifically referral of mothers, to OPCs for follow-up, care, and treatment, has been challenging due to overcrowded clinics and the travel distance between home and OPCs. Frequent staff turnover and/or rotation prevent health care staff from practicing and retaining skills, which requires routine refresher training.

The recent change in the health care administrative system has posed interruptions to the PMTCT network; this included establishing Preventive Medicine Centers at the district level without clear government guidelines on the roles and responsibilities of the staff and the organization.

#### KEY STRATEGY ELEMENTS

To attain Vietnam's strategy goals and PEPFAR targets, an aggressive and coordinated expansion is planned in FY08. PEPFAR will expand PMTCT coverage in 14 provinces that currently have services. PEPFAR will also support expansion into three additional provinces that currently do not have PMTCT services. By September 2009, PEPFAR will support a total of 18 national and provincial hospitals and 92 districts and 660 communes in 17 provinces. With GF Round 6 approved, and CHAI plans to provide Vietnam with PMTCT support, PEPFAR will continue to work with international partners and the MOH/Vietnam Administration for AIDS Control (VAAC) to develop a national strategy for donor coordination to ensure that multi-donor resources are most effectively utilized.

To increase the early uptake of HIV testing, PEPFAR will work with the government to advocate for free or subsidized testing for pregnant women in all settings nationally. In order to increase service assessment and early HIV testing, social marketing to increase awareness of HIV testing and PMTCT services will be expanded in FY08.

The expansion of PEPFAR-supported care and treatment programs, which include pediatric and adult OPCs, will help address the issue of overcrowded OPCs and help reduce patients' travel distances, thus facilitating the referral of mothers and children to continuing care. Family-centered care -- where all care and treatment for adults and children and PMTCT services are provided in one location -- will be implemented where feasible. ARV prophylaxis will be started at ANC sites and at OPCs as needed.

In FY08, commune health workers will receive refresher training to improve counseling and care skills to support HIV-positive women, their partners and children, and to support early referral to OPCs, legal, vocational, and other social support services. Additionally, HIV-positive women will be referred for sexually transmitted infections screening and treatment, and women diagnosed with genital ulcers or urethral discharge syndrome will be counseled and provided with HIV testing.

Upstream support will build VAAC and provincial capacity to implement quality PMTCT interventions nationwide. Starting in FY07, and continuing in FY08, PEPFAR will support the revision of the national guidelines for HIV diagnosis and treatment that include PMTCT, and the development and implementation of a national training curriculum for PMTCT services. PEPFAR will also provide technical assistance to support implementation of nationwide quality assurance procedures, routine program monitoring and evaluation, and support for the national reporting system. PEPFAR will also provide technical support for development and monitoring of DNA PCR testing through dried blood spots for early infant diagnosis.

PEPFAR will continue to provide technical support and capacity building to Vietnam's Ministry of Defense and several military hospitals through on-site mentoring and workshops. HIV counseling and testing, and ARVs for PMTCT prophylaxis, will be available at three military hospitals.

#### Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	53
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	284800
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1180
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	925

## Custom Targets:

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3093.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Ho Chi Minh City Provincial AIDS Committee	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 5543.08	<b>Planned Funds:</b> \$679,950
<b>Activity System ID:</b> 15267	
<b>Activity Narrative:</b> This is a continuing activity from FY07.	

FY08 funds will continue to support Ho Chi Minh City's (HCMC) strategy to expand PMTCT services in the city. In FY08, activities will focus on: 1) expanding services to two general hospitals and reproductive health centers; 2) improving the quality of services, especially referrals; 3) promoting early HIV testing during antenatal care (ANC); 3) assessing the reasons for loss to follow up of women and evaluation of the effectiveness of the program; and 4) finalizing and implementing the PMTCT monitoring and evaluation software.

HCMC has the highest number of HIV-positive pregnant women (over 600 per year). From Aug 2006 to July 2007, 150,000 pregnant women received HIV counseling and testing and 751 HIV-positive women were identified. Among those, 524 women and 526 children received ARV prophylaxis. HCMC also has the highest service coverage in the nation, with 90% geographic and numeric coverage and all 24 districts and 208 communes providing PMTCT services.

In FY08, PEPFAR will continue to support HCMC Provincial AIDS Committee (HCMC PAC) to expand PMTCT services to two city general hospitals and the City Reproductive Health Center where a significant portion of the city's pregnant women come to seek ANC.

PMTCT is integrated into routine ANC, and "opt-out" testing will be implemented at all sites. Currently, PEPFAR supports ARV prophylaxis at two obstetrics hospitals and six district health centers, where women are referred from other districts. However, to ensure timely access to ARV prophylaxis and reduce travel time for pregnant women, more district health centers will provide ARV prophylaxis in FY08. Clinical staging and evaluation for OIs, TB, cotrimoxazole prophylaxis and treatment during and after pregnancy for mothers are provided at affiliated out-patient clinics (OPCs). HIV-positive women will be referred for STI screening and treatment, women with genital ulcers or urethral discharge will be counseled and provided with HIV testing in order to improve primary prevention.

Activities will also focus on strengthening linkages between OB/GYN hospitals, community, and OPCs to reduce loss to follow-up of mother-infant pairs. More OPCs, supported by different donors are now available throughout the city, making it easier to refer pregnant women before and after birth for follow-up care and treatment. This will be accomplished through standardized referral forms and service providers and OPC case managers' frequent communication to patients. The family-centered care model will be applied at all levels if possible, where PMTCT, pediatrics and adult care and treatment will be provided in the same location or area, making it more convenient for family members to access services.

Health workers at the commune level will receive refresher training to improve counseling, education and care skills to support HIV-positive women, their partners, and children born to HIV-positive mothers and to support early referral to OPCs, legal and vocational support, and other social support services. Community health care workers and case managers will continue to serve as educators and adherence supporters during the antenatal period. They will play an integral role in linking women, children and their families to comprehensive services available in HCMC, including counseling and testing, care and treatment, community- and home-based care and additional OVC services including a new drop-in center that will provide psychosocial support through trained case manager and support groups.

More than 50% of HIV-positive pregnant women were identified at the two city OB hospitals where testing is not free of charge. The result is about half of HIV-positive pregnant women delivering at city OB hospitals were diagnosed at labor, too late for long term prophylaxis and sometimes even single-dose NVP. Starting in FY07 and increasingly in FY08, PEPFAR will provide HIV test subsidization to the two city hospitals to increase the number of HIV-positive pregnant women diagnosed during ANC. Social marketing activities such as media interventions to increase awareness of HIV testing and PMTCT services will also aim to increase service assessment and uptake of HIV testing among pregnant women.

In FY08, PEPFAR will support HCMC PAC to carry out a survey to determine the reasons for loss to follow up of women once discharged from OB hospitals. PEPFAR will also support HCMC PAC to assess the effectiveness of the program and identify program gaps.

Starting in FY06, PEPFAR has been supporting HCMC PAC to develop computer software for PMTCT patient and data management. In FY08, in addition to continued improvement of the paper-based reporting system, HCMC PAC will complete the development of PMTCT software and will pilot the software at selected city and district sites. This reporting system is in line with and will support data collection and reporting to the national monitoring and evaluation system.

## HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9383

**Related Activity:** 15271, 15273

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24567	5543.24567.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$650,000
9383	5543.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$132,000
5543	5543.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$102,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15271	9535.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$15,000
15273	5829.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$1,665,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

Estimated PEPFAR dollars spent on food \$90,000

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	10	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	135,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	525	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	75	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Ho Chi Minh City

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 5170.08

**Prime Partner:** Ministry of Health, Vietnam

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 5542.08

**Activity System ID:** 15291

**Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$1,840,000

**Activity Narrative:** This is a continuing activity from FY07.

This ongoing activity will support the national PMTCT scale-up strategy to reach 80% geographic coverage, provide counseling to 90% and testing to 60% of pregnant women, provide prophylaxis to 100% of HIV-positive mothers and their infants, and continuing care and treatment services to 90% of HIV-positive mothers and their babies.

This activity focuses on five main objectives in support of the program area strategy: 1) expanding PMTCT coverage; 2) strengthening referrals and linkages between PMTCT sites to out-patient clinics (OPCs) and community-based programs providing counseling, care and treatment and other support services to mothers, children and family members; 3) promoting early HIV testing during antenatal care (ANC); 4) evaluating the effectiveness of the program; and 5) building capacity to oversee PMTCT programs at the Vietnam Administration for HIV/AIDS Control (VAAC).

In FY08, VAAC will expand PMTCT services in 13 high-prevalence provinces that currently receive or will begin to receive PMTCT services in FY07, and will expand services to three additional provinces that do not have adequate PMTCT coverage, starting at the provincial level. The goal is to increase both geographic and numeric coverage nationwide to increase the number and proportion of HIV-positive pregnant women who are tested early and subsequently receive appropriate ARV prophylaxis and/or treatment.

At the national level, the National OB/GYN Hospital continues to act as the principal implementer, educator and technical assistance (TA) and quality assurance (QA) provider, to provide training, implementation assistance, produce information, education and communication (IEC) materials, provide QA and monitoring of the provinces and to lead the implementation of the national PMTCT network.

PMTCT is integrated into routine ANC, and "opt-out" testing will be implemented at all sites. All sites will provide HIV counseling and testing, aimed at identifying HIV-positive pregnant women early. ARV prophylaxis will be provided on-site or at a designated adult OPCs closely linked to the PMTCT site. Clinical staging and evaluation for OIs, TB, cotrimoxazole prophylaxis and treatment during and after pregnancy for mothers will be provided at affiliated OPCs. HIV-positive women will be referred for STI screening, and provider-initiated counseling will be scaled up such that women with genital ulcers or urethral discharge will be counseled and provided with HIV testing.

The family-centered care model will be applied at all levels if possible, where PMTCT, pediatrics and adult care and treatment will be provided in the same location or area, making it more convenient for family members to access services. New PEPFAR-supported PMTCT sites will be started in areas where other services, especially adult and pediatric OPCs and home-based care already exist. PEPFAR will work closely with other donors such as Global Fund, Clinton Foundation HIV/AIDS Initiative, World Bank, and with VAAC to coordinate service expansion for maximum use of resources and to promote the family-centered care model.

Health workers at the commune level will receive refresher training to improve counseling, education and care skills to support HIV-positive women, their partners, and children born to HIV-positive mothers and to support early referral to OPCs, legal and vocational support, and other social support services. Community health care workers and case managers will continue to serve as educators and adherence supporters during the antenatal period. They will play an integral role in linking women, children and their families to comprehensive services available, including counseling and testing, care and treatment, community- and home-based care and additional OVC services including a new drop-in center in Hanoi that will provide psychosocial support through trained case manager and support groups.

Since FY06, PEPFAR has supported the Ministry of Health (MOH) to provide HIV testing free of charge at the district level and lower, but not at the national and provincial level. However, the cost of HIV testing is causing some women to delay HIV testing until delivery and program data show that many HIV-positive pregnant women have received only single dose NVP as a PMTCT prophylaxis option. To promote early identification of HIV-positive women, starting in FY07 and increasing in FY08, PEPFAR will continue to help subsidize (full or partially) HIV testing at the provincial level and higher.

In FY08, PEPFAR will support VAAC to begin an assessment of the effectiveness of the national program. The assessment will help to expose the gaps and weaknesses of the program systematically and provide recommendations to strengthen the program.

PEPFAR will continue to support capacity building at VAAC through several activities: TA for development of national guidelines, a national implementation protocol and scale-up plan, training and TA for new VAAC staff in PMTCT programming and evaluation, and support to develop a national protocol and implementation for DNA PCR utilizing dried blood spots (refer to Laboratory Infrastructure section). PEPFAR will continue to advocate for the expansion of PCR for early infant diagnosis (EID) to two additional regional laboratories, increasing the total number of laboratories providing PCR for EID to four nationwide in FY08.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9384

**Related Activity:** 15295, 15297

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24579	5542.24579.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	10502	5170.09	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,920,000
9384	5542.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$1,353,000
5542	5542.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$200,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15295	9531.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$30,000
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

Estimated PEPFAR dollars spent on food \$99,000

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	27	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	143,330	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	535	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	400	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

An Giang  
Ba Ria-Vung Tau  
Bac Ninh  
Bin Duong  
Can Tho  
Cao Bang  
Ha Noi  
Ha Tay  
Hai Phong  
Nam Dinh  
Nghe An  
Quang Ninh  
Soc Trang  
Son La  
Thai Binh  
Vinh Long

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 3367.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease  
Control and Prevention

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child  
Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 9382.08

**Planned Funds:** \$35,000

**Activity System ID:** 15377

**Activity Narrative:** This is a continuing activity from FY07.

Funds requested between GHAI and Base (GAP) account will support an LES (Pediatric AIDS Specialist) and 50% of two LES Program Officers, including salary, benefits/allowances and official travel costs. As members of the Care and treatment Team, these staff will provide technical assistance (TA) and program oversight to the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) PMTCT programs in design, implementation and evaluation of PMTCT programs. Technical assistance includes developing training curricula and conducting training to clinicians on PMTCT-related issues and conducting quality assurance control on the implementation of protocols.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9382

**Related Activity:** 15387

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9382		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$87,272

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15387	9853.08	7129	3694.08		US Centers for Disease Control and Prevention	\$47,522

### Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

### Indirect Targets

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3694.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 9853.08	<b>Planned Funds:</b> \$47,522
<b>Activity System ID:</b> 15387	

**Activity Narrative:** This is a continuing activity from FY07.

Funds requested between GHAI and Base (GAP) account will support an LES (Pediatric AIDS Specialist) and 50% of two LES Program Officers, including salary, benefits/allowances and official travel costs. As members of the Care and Treatment Team, these staff will provide technical assistance (TA) and program oversight to the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) PMTCT programs in design, implementation and evaluation of PMTCT programs. Technical assistance includes developing training curricula and conducting training to clinicians on PMTCT-related issues and conducting quality assurance control on the implementation of protocols.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9853

**Related Activity:** 15377

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9853		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$32,728

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15377	9382.08	7128	3367.08		US Centers for Disease Control and Prevention	\$35,000

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

**Indirect Targets**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3109.08

**Mechanism:** Center of Excellence

**Prime Partner:** US Department of  
Defence/Pacific Command

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child  
Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 9726.08

**Planned Funds:** \$80,000

**Activity System ID:** 15399

**Activity Narrative:** This is a continuing activity from FY07. The only changes to the activity since approval in the FY07 COP are:

- The US DOD's Pacific Command (PACOM) will assess current space for PMTCT activities and will fund renovations that improve service capacity.
- This activity will also include the procurement of consumables, such as HIV test kits and supplies.

FY07 Activity Narrative:

The Center of Excellence – DMHA, the executing agent for US DOD's Pacific Command, will provide program oversight and coordination of activities with DOD partners and the Vietnam Ministry of Defense. Requested funds will be used to cover costs incurred by the DOD HIV Prevention and Treatment team, in provision of technical oversight, program design, implementation and evaluation of PMTCT activities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9726

**Related Activity:** 15284, 15361

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9726		Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$15,000

**Emphasis Areas**

Construction/Renovation

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

**Indirect Targets**

**Target Populations**

**Special populations**

Most at risk populations

Military Populations

**Other**

Pregnant women

**Coverage Areas**

Can Tho

Ha Noi

Ho Chi Minh City

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 3107.08

**Mechanism:** N/A

**Prime Partner:** Family Health International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 16393.08

**Planned Funds:** \$210,000

**Activity System ID:** 16393

**Activity Narrative:** This is a new activity in FY08.

Family Health International (FHI) will contribute toward the Vietnamese national PMTCT scale-up strategy by providing PMTCT services at district sites, where FHI also has adult and pediatrics care and treatment services in a family-centered model.

To date FHI provides PMTCT services at three sites: one district-level PMTCT site (Van Don District, Quang Ninh Province) and two other sites implemented with partners (UNICEF in Tan Chau, An Giang and CDC-LifeGAP in Cam Pha, Quang Ninh). A total of 60 women have received PMTCT counseling and testing across these three sites since FHI became involved in PMTCT in March 2007 and a total of five mother-infant pairs have received full ART/PMTCT coverage.

In FY07 FHI expanded PMTCT services to three new districts: Thot Not, Can Tho; Hai An, Hai Phong; and Tinh Bien, An Giang. A total of 700 women will receive counseling and an estimated 53 mother-infant pairs will receive full ART/PMTCT coverage. In FY08 FHI will expand PMTCT services to seven more districts, bringing the total number of districts receiving PMTCT services to 13.

FHI's approach is based on family-centered care principles, integrating PMTCT into existing FHI-supported continuum of care (CoC) sites which consist of linked HIV out-patient clinics (OPCs) and home-care teams. PMTCT services will be integrated into ANC and "opt-out" HIV counseling and testing will be implemented in all sites. Clinical staging and evaluation for OI, TB, cotrimoxazole prophylaxis and treatment will be provided during and after pregnancy for mothers at FHI-supported OPCs, that are located nearby. ARV prophylaxis and follow-up will be provided at the OPC.

Infants will be given single-dose Nevirapine and one week of AZT. Infant follow-up includes cotrimoxazole at six weeks; formula for six months, if needed, and if mother and counselor agree that the option is acceptable, feasible, affordable, safe, and sustainable; antibody testing at 18 months as directed by national guidelines; and DNA PCR testing for early infant diagnosis (EID) at two and six months, currently through two labs, one in the North and one in the South. HIV-infected babies will continue to receive formula supplement until 12 months of age and will be closely monitored for growth and nutritional status.

FHI will support the development of strong referral links between PMTCT services at the commune and district level. Home-based care teams will continue to be trained in how to provide follow-up services to women/couples receiving PMTCT services. To create a more enabling environment, FHI will support local stigma and discrimination reduction activities.

FHI will work closely with key partners to provide high-quality PMTCT services, in particular the Vietnam Ministry of Health, US CDC, Management Sciences for Health, and UNICEF. This will include joint development of standard operating procedures (SOPs) and services systems including the use of dried blood spots (DBS) for PCR.

In order to ensure quality services, FHI will support the training, mentoring, QA/QI, and supportive supervision of PMTCT providers in close coordination with the Vietnam Administration of HIV/AIDS Control (VAAC) and other PEPFAR partners.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15257, 15259

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15257	5454.08	7104	3107.08		Family Health International	\$680,000
15259	5838.08	7104	3107.08		Family Health International	\$1,340,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

Estimated PEPFAR dollars spent on food \$18,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	13	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	121	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	50	False

## Target Populations

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

An Giang  
Can Tho  
Hai Phong  
Long An  
Nghe An  
Quang Ninh  
Dien Bien

### HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs  
Budget Code: HVAB  
Program Area Code: 02

**Total Planned Funding for Program Area: \$2,186,871**

Estimated PEPFAR contribution in dollars \$0  
Estimated local PPP contribution in dollars \$0

### Program Area Context:

#### CURRENT PROGRAM CONTEXT

Vietnam has historically featured a patriarchal society influenced by Confucian values that strongly discourage premarital sex. Behavioral and surveillance data support the notion that HIV infection risks in the general population remain low. UNAIDS estimates that adult HIV prevalence is 0.53% – a figure that is lower than the US estimate – and the average age of sexual debut is 20 years for men and 19 for women. In the 2005 Vietnam AIDS Indicator Survey (AIS), less than 1% of never-married 18- to 24-year-old youth reported that they had ever had sex. The principal driving force behind HIV transmission in Vietnam is a significant injection drug use epidemic, which accounts for more than 60% of new infections among youth, according to the MOH. Alcohol and other drugs use also appear to be important correlates of risk in segments of the urban youth population.

Nevertheless, rapid social and economic change have ignited hotspots for sexual transmission of HIV in urban settings, and increased migration for work has been accompanied by increases in the number of entertainment establishments in which men can meet transactional sex partners. A 2004 DKT study found that 90% of mobile men reported having commercial sex, and the 2005 Survey Assessment of Vietnamese Youth (SAVY) found that 33% of sexually active urban males between the ages of 14 and 25 reported having had sex with a sex worker. Formative work by PEPFAR partners suggests that it is not uncommon for urban men – and some women – to remain abstinent until marriage, and then to have extramarital relationships. An FHI study in entertainment establishments found that 60-70% of married men reported visiting sex workers, usually in the company of peers. Although injection drug use remains the central focus of prevention efforts, addressing the risks of commercial and transactional sex and the male norms that support these risky behaviors have emerged as critical prevention priorities.

The Government of Vietnam's (GVN) prevention approach relies heavily on IEC campaigns using print and billboard media. Propaganda messages mix positive social modeling, fear, and shame to steer youth away from drugs and prostitution and toward social responsibility. Recently, the GVN has made efforts to incorporate reproductive health and HIV prevention content into existing curricula for secondary students with PEPFAR support. The Asian Development Bank (ADB) has used SAVY findings to launch a five-year, \$20 million project supporting media and community-based programming for mainstream and higher-risk youth. Other donors support targeted prevention outreach for high-risk populations, but the USG is the only major donor investing in programs to address norms of male behavior as they pertain to the spread of HIV.

#### KEY ACCOMPLISHMENTS

Through PEPFAR support to FHI, the Behind the Pleasure study and the Live Like a Real Man campaign have called national attention to the fact that paying for sex has emerged as an increasingly common and risky practice among urban men. AED has established HIV prevention programming in targeted workplaces, in an effort to change norms that encourage male employees to become clients of sex workers. Support to local NGO STD/HIV/AIDS Prevention Center (SHAPC) has provided structured peer education programming to university students at risk for engaging in transactional sex. PEPFAR has established comprehensive interventions for the military, with an emphasis on increasing perceptions among male recruits of the risks associated with having

multiple or transactional sex partners. PEPFAR also reinforces safer behavioral norms among in-school youth by providing technical support to the Ministry of Education and Training (MOET) to implement a pre-tested, school-based curriculum nationally that is linked to community interventions for parents and for out-of-school youth.

#### OPPORTUNITIES/CHALLENGES

The historical portrayal of sex work as a “social evil” in Vietnam has made transactional sex a clandestine enterprise, and has frustrated attempts to scale up effective venue-based interventions based on the successful Thai and Cambodian models. In addition, despite recent economic growth in Vietnam, many women still face limited opportunities for economic advancement – and transactional sex has emerged as a means for women to fulfill a variety of wants and needs. High unemployment rates have also contributed to migration for work among men and women, increasing exposure to drug use and sexual risk in urban centers.

To address these challenges, Vietnam maintains a network of quasi-governmental service organizations in the absence of civil society. Access to television across Vietnam has increased, and television is the most common source for health information. SAVY data suggest peer outreach accompanied by media messaging may be most effective for men and out-of-school youth, while school programs that include parents and teachers may be most effective for students.

#### KEY STRATEGY ELEMENTS

To facilitate comprehensive prevention programming consistent with GVN priorities, PEPFAR plans to provide complementary “condoms and other prevention” funding support for all of its AB activities. Given Vietnam’s large population and highly concentrated epidemic, AB programming will focus on meeting the prevention needs of high-risk youth, supporting the partner reduction elements of programs for prospective clients of sex workers, and providing technical assistance to reinforce protective sexual norms among general population youth.

A TBD follow-on partner for Save the Children US activities will serve as a cornerstone of PEPFAR prevention efforts for high-risk youth in FY08. These efforts will target out-of-school and street-based youth, youth in vocational schools, and university youth with structured peer education to prevent or reduce the risks associated with drug use and sexual activity. To address male norms that reinforce young men’s involvement in transactional and extramarital relationships, the program will incorporate elements of the evidence-based Program H—an intervention shown to positively influence safer sexual behaviors—into peer education for young men.

The foundational work PEPFAR has supported for prospective male clients of sex workers will be scaled up through a consortium of behavior change partners in FY08. PSI will lead efforts to establish and reinforce protective norms of male behavior through targeted peer outreach and media activities, leveraging relationships with outreach partners and provincial authorities to target men in entertainment establishments. These activities will emphasize risks associated with multiple and transactional sexual partnerships, the HIV-related risks of alcohol abuse in these settings, and will reinforce positive gender norms among male peer groups. The consortium will engage community leaders as positive role models for young men, and will support community-based and mass-media efforts to reinforce elements of Save the Children’s work with high-risk youth.

In FY08, a TBD partner will refine the focus of AED’s previous workplace programming to deliver more structured and targeted peer education programs to prospective clients of sex workers and to women at risk of engaging in transactional relationships. This programming will increase perceptions of risk associated with such sexual partnerships, address alcohol and HIV risk, and reinforce gender-sensitive norms that foster the adoption of safer behaviors.

PEPFAR support for Ministry of Public Security HIV prevention programs with police and public security is an important new component of the FY08 prevention portfolio. This activity will establish sustainable peer education approaches and will address the essential role this sector plays in facilitating access to prevention programming in key venues and hotspots, and among most-at-risk populations.

SHAPC will expand its peer-led prevention work among university students in FY08. Additionally, MOET will continue to receive technical support to refine and implement national curriculum-based HIV prevention programs for secondary students.

Expansion of FHI-supported outreach coordinators to each of the PEPFAR focus provinces in FY08 will help to ensure that comprehensive prevention programs are focused and coordinated at the provincial level, and that linkages among prevention, care, and treatment efforts are strengthened. Pact will continue to foster sustainability of prevention efforts, building the technical and management capacity of CBOs and local non-governmental organizations to function independently.

Targets will go up for FY08, but the PEPFAR team is prioritizing the delivery of high-quality prevention services and the integration of quality assurance mechanisms into routine program monitoring. For the purpose of assessing program coverage, partners have been asked only to count individuals reached via structured, interactive one-on-one and small group educational approaches towards direct targets. Given the need to focus prevention programming on most-at-risk populations in Vietnam, the targets provided reflect a subset of the Condoms and Other Prevention targets -- which reflect the total number of individuals reached with comprehensive programming that includes but extends beyond abstinence and being faithful programming.

#### Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	492400
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6640

## Custom Targets:

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Mechanism:** Community REACH Vietnam

**Prime Partner:** Pact, Inc.

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 15972.08

**Planned Funds:** \$250,000

**Activity System ID:** 15972

**Activity Narrative:** Pact sub-partner: Ministry of Education and Training (MOET)

This is a continuing activity from FY07 that was previously funded entirely under the Condoms and Other Prevention section of the COP. The narrative provided below is unchanged from FY07. Major updates to this activity since approval in FY07 are:

- The activity is now being funded across both the AB and Condoms and Other Prevention sections of the COP to facilitate the delivery of comprehensive prevention programming in compliance with PEPFAR technical considerations and guidance.
- In FY08, technical assistance provided to MOET will support the regional adaptation and national integration of the revised national reproductive health and HIV prevention curriculum for secondary students.

FY07 Activity Narrative:

With PEPFAR support, Save the Children USA and Pact/Vietnam supported MOET's development of the National Plan of Action (NPA) for Reproductive Health (RH) and HIV/AIDS Prevention Education for the Secondary School System, which was formally approved in March 2007. The NPA is a critical document that outlines how Vietnamese young people attending lower and upper secondary schools will be provided with access to accurate, high quality information on HIV/AIDS and related prevention modalities and the opportunity to acquire the skills needed to prevent HIV transmission and other reproductive health problems.

As a precursor to NPA development, Save the Children USA supported MOET to systematically assess previous and current school-based HIV/AIDS education programs. This review examined policy documents, curricular studies, extra-curricular activities and teacher training on HIV education for secondary school students in Vietnam and provided recommendations for improvement. The most critical recommendation made, and hence the most important step to operationalizing the now formalized NPA, involves synthesizing currently fractured curricula and activities aimed at secondary students into a cohesive, single program.

Through a competitive process, Pact/Vietnam will identify a partner to support MOET to respond to this key task within the NPA – curriculum synthesis. Technical assistance to MOET will entail: 1) reviewing and assessing previous and current pilot reproductive health and HIV prevention education programs in secondary schools and teacher training colleges/universities and identifying the most effective components for synthesis into unified, comprehensive HIV/AIDS prevention national curricula; 2) designing additional modules to address gaps (e.g., drug use prevention); 3) pilot testing components of a revised curriculum and teacher training materials in one priority province to be identified in collaboration with MOET and PEPFAR; and 4) writing a detailed plan and guideline for school management to implement a unified HIV prevention/reproductive health curriculum in the secondary school system and teacher training colleges/universities nationwide.

Efforts this year will focus on developing, pre-testing, and finalizing the unified curriculum and teacher training materials, which will readily be taken-up in the following year on a broad scale.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15312

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15312	12263.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

### Other

Teachers

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Activity ID:** 15973.08

**Planned Funds:** \$90,000

**Activity System ID:** 15973

**Activity Narrative:** Pact sub-partner: Local Partners Initiative (LPI)

This is a continuing activity from FY07. Because this activity was embedded in a larger Pact narrative in FY07, a new narrative for FY08 is provided below.

In FY08, Pact will continue to provide small grants to local partners to design and implement community-based prevention approaches for most-at-risk populations in PEPFAR's focus provinces. This LPI will support outreach, behavior change communications, commodities, service referral, and community mobilization. The selected partners in FY07 will continue to receive funding for a second year and an additional set of new partners will be supported in FY08.

Pact will work with all selected partners on program design, monitoring, implementation planning, and evaluation. Technical support strategies will include site visits, report reviews, and technical review of assessment tools and protocols. Pact will facilitate coordination with other prevention, care and treatment programs supported by PEPFAR, other donors, and the government of Vietnam (GVN).

Through the LPI program, 100 outreach workers will be trained and 3,000 individuals will be reached with programming to prevent the sexual transmission of HIV and to address the HIV risks associated with drug use.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15316

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15316	9618.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$200,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

An Giang

Can Tho

Ha Noi

Hai Phong

Ho Chi Minh City

Lai Chau

Nghe An

Quang Ninh

Son La

Dien Bien

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Mechanism:** Community REACH Vietnam

**Prime Partner:** Pact, Inc.

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 15975.08

**Planned Funds:** \$25,000

**Activity System ID:** 15975

**Activity Narrative:** Pact sub-partner: CARE

This is a continuing activity from FY07. In the AB section of the FY07 COP CARE's activities were embedded in the Pact narrative, so a new AB narrative is being provided for FY08.

In Vietnam, most-at-risk populations (MARPs) are often hidden in the community due to official campaigns or to stigma and discrimination. CARE International works with provincial AIDS centers (PACs) to build capacity for local community-based and faith-based organization (CBOs and FBOs) HIV prevention programs to reach vulnerable and frequently hidden groups. With technical support from Pact Vietnam, CARE activities comprise a key element in the PEPFAR strategy for HIV prevention. Both AB and Other Prevention funding streams will assist CARE to train core CBO and FBO members in Hanoi, Ho Chi Minh City (HCMC), Quang Ninh, Can Tho, and An Giang. In FY08 CARE will establish activities in Hai Phong and Nghe An, training a total of 130 people to provide comprehensive HIV prevention messaging to 10,000 members of high risk groups through sustained personal interaction.

Consistent with the PEPFAR Vietnam 5-Year Strategy and a refined focus on high risk populations, CARE will improve outreach workers' skills through six training of trainer (TOT) courses for 130 peer educators (PE). Two courses will train new PE while four others will facilitate existing workers' professional development in behavior change communication (BCC), counseling skills, techniques for reaching hidden MARPs, and improved counseling and testing (CT) referral. Following TOT completion, CARE will provide information, education and communication (IEC) materials and a manual to guide and assist CBOs in their work. Monthly information sharing meetings will allow outreach workers to share insights, improve skills and develop new ideas on a regular basis. In FY08, CARE-sponsored competitions for CBO teams will facilitate brainstorming on case studies and skill sharing, while invited media will spotlight the importance of CBO activities to the wider community. All skills will develop outreach workers' ability to stress abstinence or faithfulness to a single partner as the single most effective way to prevent HIV infection.

CARE International community-based HIV prevention programs form an integral part of the expressed PEPFAR prevention strategy, reaching critical and hidden populations in the community, improving referral to counseling and testing, and introducing HIV+ clients to care and treatment services sponsored by PEPFAR and by other donors. CT referral will be guided by PEPFAR CT social marketing partner (TBD pending competition). CARE outreach will be closely linked to other partners' work through PEPFAR-supported outreach coordinators to ensure maximum coverage of at-risk clients while minimizing overlap with other partners and donors. Pact will support coordinators' efforts to ensure linkages among prevention initiatives to enhance effectiveness and coordination, and ensure access to a comprehensive continuum of HIV care and treatment.

Primary clients of CARE supported CBOs/FBOs include injecting drug users (IDU), commercial sex workers (CSW), men who have sex with men (MSM), and PLWHA already marginalized by law, by their HIV status, and by society. To reach vulnerable and often hidden populations, CARE supports CBO members and peer educators—often members of target groups—to reach others in their networks and provide accurate information on reducing HIV risk, encouragement to learn their HIV status, and links to free HIV care and treatment. Prevention messages are tailored to the risk behaviors for each target group and are developed in a participatory manner through 11 current CBOs in Hanoi, Hai Phong and Quang Ninh. Messaging for IDU will stress the importance of refraining from sharing injecting equipment and will provide referrals to addiction counseling currently being scaled up by PEPFAR partner FHI. Sex worker outreach will focus on correct, consistent condom use with referral to CT and addiction counseling as needed. MSM outreach will convey the need for partner reduction as well as for safer practices. In FY08, CARE will continue to strengthen and expand its peer educator network to increase access to vulnerable populations.

CARE support for CBO/FBO activities addresses critical gender issues, particularly male norms and behaviors that contribute to HIV transmission in Vietnam. Through outreach to primarily male IDU, outreach workers seek to reduce risky behaviors estimated to be the root cause of most HIV infections throughout the country.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15268, 15292, 15254, 15315

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15315	5816.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$150,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	130	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

### Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

An Giang

Can Tho

Ha Noi

Hai Phong

Ho Chi Minh City

Nghe An

Quang Ninh

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 7214.08

**Prime Partner:** Nordic Assistance Vietnam

**Mechanism:** New Partners Initiative

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 15976.08

**Planned Funds:** \$0

**Activity System ID:** 15976

**Activity Narrative:** This is a new activity in FY08.

Through the New Partners Initiative, Nordic Assistance to Vietnam (NAV) will build the capacity of faith-based organizations (FBOs) in six provinces to prevent the spread of HIV/AIDS and to address care needs of PLWHA, OVC and AIDS patients by working through FBO networks. NAV has been working on HIV/AIDS prevention and care in Vietnam since 1996, and was the first organization that brought together Buddhists and Catholics in interfaith teams to provide care and support and to address the complex issues related to HIV/AIDS Prevention and Stigma and Discrimination.

NAV will provide initial training for 250 members of communicator teams comprised of Buddhist monks, nuns, Catholic priests and nuns, and lay volunteers in Behavior Change Communication (BCC) and stigma & discrimination. NAV will support the establishment of a communicator team for each FBO and project site. The prevention programs will encourage the voluntary participation of members of local self-help groups (SHGs). The communicator team will reach 35,000 individuals with comprehensive ABC and stigma reduction messages through peer outreach and other activities.

Through this initiative, NAV will build the local capacity of Buddhist and Catholic organizations to effectively manage HIV/AIDS programs in a sustainable manner.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15969

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15969	15969.08	7214	7214.08	New Partners Initiative	Nordic Assistance Vietnam	\$0

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Da Nang

Ha Noi

Hai Phong

Ho Chi Minh City

Quang Ninh

Thua Thien-Hue

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3108.08

**Prime Partner:** US Agency for International Development

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 5512.08

**Planned Funds:** \$212,060

**Activity System ID:** 15365

**Activity Narrative:** Funding will be provided to cover 100% of an existing LES (Prevention Specialist), 30% of an existing LES (Drug Rehab Specialist) 20% of an existing GHFP Fellow (Senior Prevention Advisor) and 30% of an existing GHFP Fellow (Drug/Rehabilitation Advisor) focusing on MARPS and youth, including salary, benefits and official travel costs.

These staff will provide technical assistance and oversight to AB programs implemented by PEPFAR partners, including local and international NGOs, Government of Vietnam (GVN) organizations and UN agencies. Funding will be provided to ensure that AB messages are well-incorporated in all ABC BCC interventions.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9493

**Related Activity:** 15366, 15370

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24657	5512.24657.09	U.S. Agency for International Development	US Agency for International Development	10527	3108.09		\$36,211
9493	5512.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$141,871
5512	5512.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$60,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15366	9597.08	7127	3108.08		US Agency for International Development	\$531,372
15370	5338.08	7127	3108.08		US Agency for International Development	\$66,000

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 9480.08

**Activity System ID:** 15252

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$222,561

**Activity Narrative:** FHI: Outreach

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- From October 2006 through July 2007 FHI has provided BCC to a combined total of 177,000 most-at-risk populations (this includes approximately 19,000 FSW, 130,000 clients, 8,000 IDU, and 20,000 MSM). Many of these were potential clients of CSW reached through the “Live Like A Real Man” campaign targeting men in entertainment establishments where commercial sex may be arranged. The follow-on CSW client work was competitively awarded to a consortium of partners led by PSI. Hence, FY08 target numbers will be lower than FY07 figures.
- In FY08, the PEPFAR prevention strategy will sharpen partners’ focus on high risk populations to increase capacity of existing interventions, reach more individuals, improve referral to counseling and testing, and to offer more relevant services at MARP friendly community sites and on an outreach basis. To this end, skills of outreach workers, case managers, health educators, and other personnel will be improved through technical assistance from experienced, existing sites. Highly trained case managers and addiction counselors will reduce program management functions to apply addiction counseling skills for IDU on a regular basis.
- FHI will receive FY08 funding to support AB programming for truck drivers, a population identified as engaging in high-risk behavior with female sex workers, along the national highway corridor. Peer outreach workers and health educators will intercept men at truck stops and other locations along the national highway to encourage reduced use of commercial sex workers as part of a comprehensive ABC prevention strategy.
- Through FY08 funding, FHI will implement HIV prevention programs in 10 provinces where PEPFAR works. In one or more provinces FHI will be the primary partner providing HIV prevention, care and treatment services for an entire province, in close partnership with the MOH VAAC.

**FY07 Activity Narrative:**

PEPFAR will support FHI to train health educators and peer educators to deliver effective AB messages to appropriate most-at-risk populations (MARPs) in the six current and one planned focus provinces, in addition to three prevention-oriented provinces, reaching a total of 48,000 people. Outreach teams will incorporate AB messaging in daily contacts with drug users, men who have sex with men (MSM) and, where possible, with peers and family members of MARPs, stressing the reduction of sexual partnerships. Outreach workers will be trained in peer counseling skills to help clients develop strategies to reduce risk of HIV transmission. Behavior Change Communication (BCC) materials stressing similar messages will be distributed to key populations through outreach activities and at drop-in centers where clients can receive additional counseling, HIV counseling and testing, and other services.

FHI will receive funding from PEPFAR to address male cultural and social norms to stress marital fidelity among current or potential clients of female sex workers (FSW) in all focus provinces. The intervention is based on FY05 and 06 research among FSW clients that identified situational factors—such as drinking with co-workers and peer pressure—that often lead to sex worker visits. Health promoters will employ intensive outreach to target 70,000 high-risk men in entertainment establishments, such as beer bars, karaoke, hotels and other locations identified through mapping. One hundred health promoters will be trained to convey abstinence and be faithful messages to men.

FHI will cooperate with Health Policy Initiative to promote greater involvement of People Living With HIV/AIDS (PLWHA) in abstinence and faithfulness approaches, building PLWHA skills to counsel clients on the importance of fidelity to one partner as part of a comprehensive prevention strategy (refer to HVOP FHI 10207). PEPFAR will support training for 50 service providers and 100 PLWHA peers who will counsel clients at out-patient clinics, PLWHA support group meetings and home-based care visits. Twenty-five hundred positive PLWHA will be reached through peer counseling sessions that stress fidelity as a primary means to prevent infection or cross-infection.

FHI will provide a sub-grant and technical assistance to support Vietnam-based NGO Consultation of Investment in Health Promotion’s (CIHP) internet-based counseling and HIV/AIDS education program, which aims to reach MSM nationwide, and will include discussions on being faithful and partner reduction as part of its comprehensive prevention approach. Counseling will be provided in a manner that enables MSM accessing on-line service to strategize appropriate ways to reduce risk of HIV transmission. Forty five MSM peer educators will be trained to provide on-line counseling, and an estimated 2,400 individuals will be reached. FHI will work closely with CIHP to build overall capacity and sustainability.

FHI will expand the scope and scale of substance abuse treatment options initiated in FY05 and FY06 by FHI to enable Vietnam to attain and retain an adequate number of health workers needed to address drug addiction sufficiently in focus provinces, and to accomplish PEPFAR goals. Training sessions will be developed and delivered as a series of coordinated, strategic interventions that address the lack of community based treatment options and absence of experienced substance abuse counselors. Both pre-service and long term training will assist development of a skilled cadre of substance abuse counselors through recruitment of new staff and leveraging existing resources by training government and other donors’ workforces. A comprehensive array of substance abuse treatment options supports the PEPFAR Vietnam 5 -Year Strategy to bolster Vietnam’s national drug control policy. These activities will result in more than 300 individuals trained in substance abuse treatment and more than 6,000 reached with prevention messaging based on abstinence from drug use (see HVOP FHI 10207) and abstinence and being faithful as an essential means of preventing HIV transmission (6,000 person target).

FHI will expand a nationwide network of case managers, drug counselors, and social workers for inpatient and community substance abuse programs. This activity began with FY05 and FY06 FHI training of addictions counselors and case managers in Haiphong and Ho Chi Minh City. In 2007, PEPFAR will support FHI to train more than 30 new counselors and will integrate a Training Of Trainers (TOT) for 12 of the most qualified counselors. All trainees will be taught to employ a prioritized AB message in conjunction with abstinence from drug use. Developing a nationwide core of counselors and case managers will help

**Activity Narrative:** "legitimize" the profession of addiction counseling and ensure sustainability without continued reliance on expensive foreign technical assistance.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9480

**Related Activity:** 15348, 15292, 15253, 15258

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24669	9480.24669.09	U.S. Agency for International Development	Family Health International	10533	3107.09	USAID-FHI	\$214,247
9480	9480.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$255,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15258	9508.08	7104	3107.08		Family Health International	\$1,360,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	121,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	670	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

### Other

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh

Khanh Hoa

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Lai Chau

Nghe An

Son La

Dien Bien

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 9486.08

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$100,000

**Activity System ID:** 15240

**Activity Narrative:** FHI: BCC Coordination

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- Family Health International was selected to implement this FY07 TBD activity.
- FY07 plans called for provincial outreach coordinators in four PEPFAR focus provinces. Through FY08 funding, the USG team will support FHI placement of provincial outreach coordinators in nine provinces where the epidemic is most severe.

FY07 Activity Narrative:

Both HVAB and HVOP funding for this activity will support the recruitment and placement of a provincial outreach coordinator in each of four focus provinces where the epidemic is most severe. Provincial outreach coordinators will work closely with Provincial Health Departments and will take the lead coordinating all PEPFAR Behavior Change Communication (BCC) activities and linking them to activities sponsored by Government of Vietnam (GVN) and other donors. The PEPFAR outreach coordinators will be responsible for improving the scope and scale of PEPFAR and other BCC programs which include AB interventions as part of a broad strategic portfolio to avert 660,000 new HIV infections. Funding for this activity will ensure that BCC innovation incorporates abstinence and fidelity messaging as a component integrated in outreach messaging to appropriate at-risk populations and lower risk youth, including clients of sex workers, in- and out-of-school youth, and women who are at increased vulnerability for sex work. Messaging on risk hierarchy will emphasize that abstinence and/or faithfulness to one partner are effective means of avoiding HIV transmission. Coordinators will ensure the availability of full network model services, including STI treatment, AIDS care and support and addiction counseling.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9486

**Related Activity:** 15292, 15268, 15245, 15252

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9486	9486.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$50,000

#### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15252	9480.08	7104	3107.08		Family Health International	\$222,561
15245	9600.08	7104	3107.08		Family Health International	\$100,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000

#### Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Lai Chau

Nghe An

Son La

An Giang

Can Tho

Dien Bien

Ha Noi

Hai Phong

Quang Ninh

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 9482.08

**Activity System ID:** 15308

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$197,250

**Activity Narrative:** Pact Direct

This is a continuing activity from FY07.

In Vietnam, Pact serves as an umbrella organization providing grants, technical assistance and oversight, and program management support to multiple partners engaged in community-based HIV prevention programs. Pact will assist PEPFAR with the implementation of its AB prevention strategy by supporting sub-partners' efforts to stress abstinence and faithfulness as a critical element of all programs. In concordance with the Five-Year PEPFAR/Vietnam strategy, programs are designed and implemented in the context of a comprehensive ABC prevention approach, with appropriate AB targeting by beneficiary group. Prevention activities will be undertaken with the guidance of the USG outreach coordinator in each focus province. Pact's activity consists of three components:

The first is to provide an effective and transparent award and administration system for provision of grants to STI/HIV/AIDS Prevention Center (SHAPC), CARE, Vietnam's Ministry of Education and Training (MOET), and multiple organizations TBD, including new partners. This system will facilitate rapid launch, implementation, and/or expansion of AB prevention programming in all priority provinces. Local partners in particular will continue to receive capacity building support through assistance with program design, implementation, planning, and activity-based budgeting. Pact will maintain a system for rapid disbursement of funds; monitor financial management; and, among Vietnamese NGOs, will support development of compliant sub-agreements with local government, mass organizations, and community-based organization (CBO) partners. Capacity building support related to organizational development will be provided to local NGO partners in an effort to increase the reach, impact, and sustainability of civil society engagement in the national HIV/AIDS response.

The second component is to provide partner programs with high-quality technical support to assist in achieving and reporting results. Pact will monitor the performance and quality of its partners' AB prevention programming through review of quarterly reports and periodic site visits. Pact will also conduct technical review of baseline/formative assessment tools, prevention messages/materials, and training curricula, with a focus on local NGO partners and drawing on expertise offered by other PEPFAR partners. All sub-grantees will be encouraged to account for the complex linkages between gender and HIV vulnerability in all prevention programming and to design programs conducive to reducing stigma and discrimination against PLWHA. Pact will continue to support development of rigorous monitoring and evaluation frameworks and data collection systems among all partners to ensure complete and accurate reporting against PEPFAR targets, including AB targets, and the effective use of data for decision-making.

The third component is to ensure effective coordination among Pact partner AB programs, and between these programs and those implemented by other PEPFAR partners and relevant government and non-governmental programs. Particular efforts will be made to coordinate with PEPFAR-supported Ministry of Health peer outreach activities. Pact will promote linkages among partner prevention programs and other services beneficiaries may require, including prevention/other behavior change programming; counseling and testing; STI diagnosis and treatment; addictions counseling and treatment; and HIV care and treatment, as necessary.

For FY08, the budget for this activity reflects Pact's management and operational costs for building the technical and management capacity of its sub-partners with a focus on local NGOs and CBOs. Separate activity narratives have been developed for Pact sub-partners, and the budgets for these activities are exclusive of the additional contributions Pact makes to these programs in terms of technical and management capacity building.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9482

**Related Activity:** 15840, 15334

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24680	9482.24680.09	U.S. Agency for International Development	Pact, Inc.	10534	3102.09	Community REACH Vietnam	\$1,554,000
9482	9482.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$325,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15840	9601.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$368,395
15334	5331.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$150,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

**Indirect Targets**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 9484.08

**Activity System ID:** 15310

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$50,000

**Activity Narrative:** Pact sub-partner: STD HIV/AIDS Prevention Center (SHAPC)  
This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- In FY08, the program will sharpen its focus on meeting the HIV prevention needs of higher risk university students, based on the findings of a rapid assessment conducted with technical support from Pact in FY07.
- With expanded funding in FY08, SHAPC will train 240 peers to reach 10,400 students with comprehensive ABC HIV prevention education that also addresses the HIV risks associated with drug and alcohol use.
- Targets for FY08 have been revised to reflect the fact that the program will only count individuals reached through interactive one-on-one or small group approaches towards direct targets.
- As of July 2007, 71 peer educators have been trained and have provided HIV prevention education to 2,200 students in Hanoi universities.

FY07 Activity Narrative:

In line with the PEPFAR Vietnam 5-Year Strategy, the activity is part of a comprehensive ABC approach to HIV/AIDS prevention.

PEPFAR will fund local NGO STD HIV/AIDS Prevention Center (SHAPC) to take a lead role with the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) in interventions targeting university students at a stage when many are becoming sexually active. In partnership with Pact, and building on PEPFAR FY05 and FY06 support, SHAPC will train 160 Youth Union health leaders to promote prevention messages and life skills training approaches, and will reach 15,000 university students in Hanoi.

A range of programming approaches will be used to reinforce consistent prevention messages, based on formative research related to youth sexual practices and decision-making. This approach is grounded in evidence-based best practices related to HIV/AIDS communications with youth and the PEPFAR Vietnam 5-Year Strategy to promote healthy lifestyles and the adoption of protective practices. The activity will be conducted under the guidance of the PEPFAR-supported Hanoi outreach coordinator, when appointed. This activity has three components. The first involves the revision and distribution of a comprehensive HIV prevention booklet—including abstinence and being faithful messages—developed with PEPFAR FY05 support. The 15,000 students who will receive the booklet will be encouraged to share it with others in order to increase reach. In addition, HIV/health material desks will be maintained in all seven targeted universities to provide students with access to in-depth materials on sexual delay, mutual faithfulness, and partner reduction, among other topics.

The second component involves the training of 160 trainers (selected from among Youth Union leaders in the universities) in HIV/AIDS prevention and life skills education. These trained youth union leaders will subsequently educate students, emphasizing accurate HIV/AIDS transmission information and age-appropriate prevention strategies. Trained youth union leaders will also provide students with relevant life skills training to enhance students' ability to adopt behaviors about which they have learned. Instilling HIV/AIDS training capacity in the youth union at each university, along with continuing efforts to ensure high-level buy-in from university leadership, will assist SHAPC in working towards sustained HIV/AIDS prevention education in the university system. Sustainability and program quality will also be enhanced through capacity building and technical support provided to SHAPC by Pact.

The third component of this activity involves using music/knowledge contests and writing competitions to provide and enhance HIV/AIDS knowledge and generate dialogue among the general student body in all seven universities, an approach that has proven popular and effective in SHAPC's FY05 program and is rooted in best practices in HIV/AIDS communications with youth. The information provided will reinforce messages on sexual delay, mutual fidelity, and partner reduction delivered via both the information booklets and HIV/AIDS education and life skills components described above. Pact will monitor performance and quality of programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

PACT (SHAPC) have identified an excess pipeline of \$50,000. Accordingly, its budget would be reduced by \$50,000. No targets will be changed.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9484

**Related Activity:** 15319

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9484	9484.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$120,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15319	5820.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$150,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,400	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	240	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

## Coverage Areas

Ha Noi

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 9494.08

**Activity System ID:** 15311

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$900,000

**Activity Narrative:** Pact sub-partner: Integrated Behavior Change Communication (iBCC) Consortium

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- Following a fair and open RFA competition executed by Pact Vietnam, a consortium of partners led by Population Services International (PSI) was awarded the portfolio of activities targeting current and potential clients of sex workers. The successful application is entitled “integrated Behavior Change Communication” or iBCC. The consortium consists of PSI, Save the Children US, Hanoi Medical University, and the AIDS Program in Ho Chi Minh City (HCMC). PSI outreach activities focus on mobile men and men in entertainment establishments such as karaokes and beer halls, while Save US outreach will focus on young men in university areas.
- Whereas FY07 support for the male client intervention was funded solely through the AB funding stream, FY08 support for client outreach will be split funded between AB and Condoms and Other Prevention in accordance with the FY08 Country Operational Plan Guidance. This provides for a more appropriate and comprehensive ABC approach in line with the PEPFAR Vietnam 5-Year Strategy.
- The iBCC program will increase capacity at the provincial level through additional staffing (interpersonal communicators) within provincial AIDS centers (PACs). Consortium members will expand coverage of ‘surround media’, through mass and mid-media activities and engage the target audience through innovative media (websites and text messaging).
- FY07 funding provided for implementation in Hanoi, HCMC, Hai Phong and Can Tho. With FY08 support, the iBCC program will be expanded to two additional provinces, An Giang and Quang Ninh, and two additional HCMC districts. In total, 200 individuals will be trained to promote HIV prevention through abstinence and/or being faithful, reaching 168,000 potential clients.
- Targets for FY08 have been revised to reflect the fact that the program will only count individuals reached through interactive one-on-one or small group approaches towards direct targets.

**FY07 Activity Narrative:**

Pact TBD will lead PEPFAR prevention activities with the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) targeting current and potential clients of sex workers, an important bridge population. In collaboration with Pact and a partner to be identified in FY06, PEPFAR will support a media campaign and associated community outreach in Haiphong, Hanoi, Ho Chi Minh City, and up to 4 additional provinces, to reduce the acceptability and practice of sex worker visitation. Through this activity, 180 peer educators will be trained to provide AB prevention education and referrals to 180,000 current and potential clients of sex workers.

The initiative is grounded in the PEPFAR Vietnam 5-Year Strategy’s recognition of the growing risks of HIV transmission among younger Vietnamese men—and the potential role of this population in contributing to a generalized epidemic. It is based on evidence gathered through PEPFAR-supported formative research illuminating the social norms and decision-making dynamics that underlie men’s use of sex workers. The activity aims to modify male norms and behaviors. Specifically, building on strong cultural associations between masculinity and social/family responsibility, and changing prevailing norms associating masculinity with extramarital sex and commercial sex, this activity aims to change norms around sex worker use.

The activity has two components. The first is continued development and adaptation of a television, radio, and print media campaign launched by Family Health International (FHI) in FY05 and continued, with adaptations in messages and media, by a new partner in FY06. Continuing adaptations of the campaign will be based on ongoing monitoring and evaluation of reach, acceptability, and effectiveness in participating provinces and among targeted male subgroups (e.g., university students, mobile workers) and in new provinces.

The second component involves peer outreach to complement and build on mass media messaging in priority districts of exposed provinces. In new provinces, including previously un-reached areas, entertainment establishments will be mapped in neighborhoods and districts known for commercial sex. Many Vietnamese men gather regularly to socialize with peers and colleagues in a range of entertainment establishments, including karaoke bars, beer halls, and discotheques. It is within these establishments, or following visits to them, that commercial sex is often sought. This activity responds to a key challenge identified by the PEPFAR AB strategy: AB messaging, while culturally appropriate, has historically been limited to such traditional venues as schools and health centers, missing a significant proportion of men at risk.

A group of 180 peer educators will be recruited and trained and/or provided with refresher training. Training sessions will equip peer educators to tailor Behavior Change Communication (BCC) strategies and messages to particular male sub-groups. Peer educators will provide accurate information on HIV/AIDS transmission and prevention, emphasizing the benefits of being faithful to one partner, partner reduction, and fostering new male norms that popularize abstinence from sex worker use. The outreach component will be linked with the media campaign through consistent messaging and distribution of items branded with the media campaign logo (e.g., key chains, discotheque tickets, and informational materials) at outreach sites. Peer educators will also provide referrals to Counseling and Testing (CT), STI management, and addictions counseling and treatment, as needed. The peer outreach component will be coordinated with VAAC and HCMC PAC peer outreach interventions, and will be conducted under the guidance of the provincial outreach coordinators in Haiphong, Hanoi, HCMC and other selected provinces.

This project will be closely coordinated with Save the Children US’ (Save US) prevention/AB work in HCMC, Hanoi, and Quang Ninh (refer to HVAB SaveUS 9483). While males targeted by the media and peer intervention are older (ages 18-35) than those targeted by Save US (15-24), both projects will conduct outreach in entertainment establishments. In anticipation of potential overlap of target populations and venues, IEC and BCC outreach messaging will be coordinated to ensure consistency, maximize resources, and minimize duplication.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9494

**Related Activity:** 15968, 15268, 15292, 15345

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9494	9494.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$1,045,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15968	15968.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$300,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* In-Service Training

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	168,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

## Indirect Targets

This activity includes a national media campaign that will air commercials on national television, radio, and in newspapers. Indirect targets will include men (and women) who hear messages on male norms, behaviours and sexual decision-making through various media outlets.

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

## Coverage Areas

An Giang

Can Tho

Ha Noi

Hai Phong

Ho Chi Minh City

Quang Ninh

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

**Total Planned Funding for Program Area: \$600,000**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

## Program Area Context:

### CURRENT PROGRAM CONTEXT

There are no official statistics on the safety of Vietnam's blood supply. But the available data suggests there are multiple risk factors, including inadequate screening, reliance on paid donors, poorly equipped blood banks, and overuse of blood and blood products. The World Health Organization (WHO) estimates that the total blood supply meets just 30% of the country's requirements. Data gathered by the Vietnam Red Cross in 2005 found that only 37% of blood collected in Hanoi came from voluntary donors. Anecdotal evidence suggests that during emergencies many district hospitals do not test blood for medically transmitted diseases.

The Ministry of Health's (MOH) National Institute of Haematology and Blood Transfusion is leading the nation's blood safety efforts. They are building and stocking three national blood banks, improving screening capabilities to detect medically transmitted diseases, establishing national guidelines to ensure universal testing of donated blood, promoting appropriate clinical use of blood and blood products, and promoting a voluntary blood donation system. Their efforts are supported by key partners including WHO, the Luxembourg Agency for Development Cooperation (Lux-Development), and the World Bank (WB). Lux-Development focuses on regional transfusion centers, where it supports blood safety measures through equipment procurement and maintenance, training, and technical assistance (TA). The WB and WHO concentrate their efforts on central level advocacy and policy, institutional framework design, storage capacity development and establishing a voluntary non-remunerated blood donor system.

These efforts, however, focus only on the civilian health sector. Vietnam's large military health system, which is operated by the Ministry of Defense (MOD) and serves military personnel, their dependents as well as civilians, was receiving no such assistance. Apart from provisional national screening guidance that has been in place for over a decade, there were no systems in place to ensure that the different health care systems, operated by their own ministries, maintained equitable standards.

A survey conducted by the U.S. Department of Defense (DOD) and MOD to assess overall programmatic needs related to HIV/AIDS in 2005 made clear that funds and TA for blood safety efforts were not addressing the blood safety needs within the MOD health care system. More than half of all patients at MOD hospitals are civilians. A DOD review of Military Hospital 103 in Hanoi found that over 80% of blood units were obtained from paid donors. Blood screening procedures and storage equipment were outdated. The hospital's laboratories did not have a quality assurance (QA) program. It was not clear whether HIV-positive donors were informed of their status and counseling was not offered to those who tested positive. Antiretroviral therapy was not offered, nor was it available. In FY08, PEPFAR will continue working with the MOD to address the blood safety needs of the military's health care system.

### KEY ACCOMPLISHMENTS

Since PEPFAR support began in FY05, several blood safety objectives outlined in the Vietnam National HIV/AIDS Strategy and the MOD's "Action Plan to Implement the National HIV/AIDS Strategy for the Vietnamese Military" have been achieved. PEPFAR funds have been used to renovate and equip the blood transfusion centers at Military Hospitals 103 in Hanoi, 175 in Ho Chi Minh City (HCMC), and 17 in Danang to expand storage space and to screen blood for HIV, hepatitis B, hepatitis C, and syphilis. In addition to improved screening and storage, new counseling and testing centers were established near the blood centers. PEPFAR trained center staff in counseling and helped MOD establish a referral system for HIV-infected blood donors to access care and ART. To date, 110 MOD health care personnel have been trained in blood safety standards, including referral to care and treatment. As an important step towards long-term sustainability of its blood safety programs, MOD committed to screening all blood units and maintaining a sufficient supply of HIV test kits at the sites, which was not contingent on donor funding. In addition, the PEPFAR team persuaded MOD to support the development of non-remunerated blood donor programs. MOD is successfully working with the Vietnam Youth Union to increase voluntary donations through regular blood drives. This model of collaborating with mass organizations to recruit volunteers to donate blood will be continued.

### OPPORTUNITIES/CHALLENGES

MOD's Military Medical Department rarely interacts with MOH's civilian health network, which makes coordinating national blood safety standards a challenge. The lack of coordination between ministries often results in the duplication of efforts. To maximize PEPFAR Vietnam's support, we actively promote standardization between the MOD and MOH systems. For example, the U.S. Army Blood Program will assist MOD with the development of a systematic blood safety program that incorporates national guidelines set by MOH. These guidelines include screening all blood units before transfusion, rational use of blood, and alternatives to transfusion.

PEPFAR, through DOD and the Armed Forces Research Institute of Medical Sciences (AFRIMS), will help strengthen the capacity of MOD to manage and develop a blood safety monitoring system. DOD will facilitate the sharing of data on blood supply and safety measures with other ministries and international counterparts. The emphasis on the collection and dissemination of such data in FY08 is expected to enhance the quality and direction of future programming.

While progress has been made in enhancing blood storage and screening capacity within three military hospitals, shortages of screened blood do occur in other geographic regions. For example, when a blood shortage occurs in Danang province, blood is transferred from HCMC military blood banks. In emergency situations, cost and time delays increase the risk of hospitals using inadequately screened blood. The addition of four new blood centers in FY08 will help alleviate this problem. As a stop-gap measure, MOD will continue to prioritize the transfer of screened blood from PEPFAR-supported military blood banks to military facilities experiencing shortages.

The sustainability of operating a quality blood safety program at existing and new sites is directly linked to the quality of human capacity building. PEPFAR will provide MOD with the resources and TA required to increase storage space, equip laboratories, strengthen screening systems, and train health care staff. In FY08, PEPFAR will expand QA training (see Laboratory Infrastructure narrative) with the assistance of the College of American Pathologists' certified laboratory at AFRIMS in Bangkok, Thailand.

### KEY STRATEGY ELEMENTS

The goal of this program is to establish a sustainable blood safety program within the MOD health care system, through the building of internal capacity and technical support. This program will necessarily be linked to appropriate testing, counseling, and care and treatment referral for blood donors. In FY08, PEPFAR will continue to support improved blood safety within the military medical system to prevent medical transmission of HIV through: 1) improving storage and screening capacity of blood products; 2) promoting adherence to the national policy on blood safety, which calls for the screening of all donated blood; 3) promoting appropriate clinical use of blood; 4) strengthening collaboration with key national partners from MOH and other international donors; 5) expanding CT and referral systems; and 6) promoting the establishment of a 100% volunteer blood donor system. To address MOD's HIV/AIDS prevention strategy, based upon their request, PEPFAR will support MOD to maintain support for HIV blood safety activities at the four existing hospitals and will expand activities to four additional sites.

**Program Area Downstream Targets:**

3.1 Number of service outlets carrying out blood safety activities	8
3.2 Number of individuals trained in blood safety	120

**Custom Targets:**

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3109.08	<b>Mechanism:</b> Center of Excellence
<b>Prime Partner:</b> US Department of Defence/Pacific Command	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Medical Transmission/Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Area Code:</b> 03
<b>Activity ID:</b> 5539.08	<b>Planned Funds:</b> \$600,000
<b>Activity System ID:</b> 15401	

**Activity Narrative:** This is a continuing activity from FY07.

Major changes to this activity since approval in the FY07 COP are:

- Geographic coverage will be expanded to four new sites, to include infrastructural improvements for enhanced blood storage, enhanced human and laboratory screening capacity at Military Hospitals 7a (Ho Chi Minh City), 108 (Hanoi), 87 (Nha Trang), and Navy Hospital (Hai Phong).
- A blood safety component has been integrated that is budgeted in this activity and includes the following elements:
  - Provision of blood safety training for 120 individuals that is consistent with national plans and policies, while national guidelines for blood collection, screening, storage, and transfusion are completed
  - Extend application of a quality assurance (QA) system to cover all stages of the transfusion process at all PEPFAR-supported sites
  - Enhance infrastructural and technical capacity at Military Hospital 108 to be the MOD blood bank and to oversee QA and quality control (QC) activities for all military sites
  - Promotion of voluntary, non-remunerated blood-donation
  - Coordination strengthening between key partners
- Significant progress to date includes:
  - Increased storage and screening capacity at four MOD sites: Military Hospitals 103 (Hanoi), 175 (HCMC), and 17 (Danang). A fourth site, Hospital 121 (Can Tho) will be completed at the end of this year.
  - Linkages between blood screening and counseling and testing formalized at four sites
  - Increased voluntary blood-donation through partnership between Military Medical Department and Youth Union. In FY06 MOD conducted two additional voluntary blood drives.

FY07 Activity Narrative:

The objectives of the US Department of Defense (DOD) and Vietnam Ministry of Defense (MOD) blood safety program are: to establish the standard for HIV blood safety within the MOD healthcare system; to promote a robust, voluntary blood donor program; to support the establishment of sustainable, quality-focused blood safety programs; and to strengthen linkage of blood safety, appropriate HIV counseling and testing, and referral for identified HIV positive persons. The number of DOD-supported service outlets carrying out blood safety activities this year will reach 4, and 60 individuals will receive training.

The Center of Excellence (COE) will implement the following activities with technical assistance (TA) from other agents of the US military (components of US PACOM, Armed Forces Research Institute for Medical Sciences and US Army Blood Program): evaluation of laboratory sites, procurement of key equipment and supplies, training of laboratory workers, implementation of planned physical and technological upgrades, support for the development and implementation of additional communication materials, community engagement for voluntary blood drives, renovation of blood transfusion facilities, and establishment of a counseling and referral system at Military Hospitals 121 in Can Tho and 17 in Danang.

Consistent with needs expressed by the host country's implementing partner, MOD, and the lack of resources provided by other donors, support for blood safety activities at sites identified in FY05 and FY06 will continue with quality management for HIV diagnosis, and maintain linkage for the counseling and referral system. In addition, the US Army Blood Program and the US PACOM staff will provide technical assistance to MOD blood safety programs through a joint workshop. A key activity in FY07 will be the development of a voluntary blood donor program within the MOD system, which will replace the existing dependence on paid blood donors over time. Support will be provided for community volunteer blood drives. Finally, site visits to Military Hospitals 121 and 17 will be undertaken to assess HIV blood safety and counseling and testing needs. Plans for renovation will be obtained as needed and appropriate equipment ordered.

This blood safety program was included in FY05 and FY06 COP and has been linked to counseling and testing services for HIV testing at blood banks and military treatment facilities (Military Hospitals 103 in Hanoi, 175 in Ho Chi Minh City). HIV-positive persons identified at these sites will be referred to the treatment programs located at these facilities. In addition, the trained staff at the centers will be able to assist other hospital staff in providing appropriate counseling services to persons receiving HIV tests.

Blood safety will address 1 of the 9 action areas established by the Government of Vietnam (GVN) in the Vietnam National HIV/AIDS Strategy.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9496

**Related Activity:** 15288, 15404, 15250

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24723	5539.24723.09	Department of Defense	US Department of Defense	10541	3109.09	DoD - Defence-Partnered HQ activities	\$0
9496	5539.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$425,000
5539	5539.06	Department of Defense	Armed Forces Research Institute of Medical Sciences	3112	3112.06		\$288,084

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15288	5329.08	7113	3095.08		Ministry of Defense, Vietnam	\$250,000
15404	9517.08	7130	3109.08	Center of Excellence	US Department of Defence/Pacific Command	\$45,000

### Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	8	False
3.2 Number of individuals trained in blood safety	120	False

### Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

**Total Planned Funding for Program Area: \$126,500**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

## CURRENT PROGRAM CONTEXT

Poor medical injection practices still exist in many of Vietnam's national, provincial, and district hospitals. Sharps containers and disposable needles should be available at all hospitals, but this is often not the case. Surveys indicate that many nurses in government and private facilities lack knowledge of correct injection safety techniques and have little information about post-exposure prophylaxis procedures. A 2005 study conducted by Vietnam's Ministry of Health (MOH) found that 35.4% of nurses failed to wash their hands prior to giving injections and 9.5% recapped used needles. MOH reported 515 HIV-related sharps injuries in 2006 but because of under-reporting, the number is believed to be much higher. There has been no study to determine the sero-conversion rate among health workers exposed to HIV. There is currently no data on injection safety practices in private clinics.

To improve injection safety practices, PEPFAR is working with the Nursing Division within MOH. The Division provides leadership and sets policy for Vietnam's nursing activities, which includes medical injections. The Nursing Division works in tandem with the Vietnam Nursing Association (VNA). Of the approximately 61,000 nurses and midwives in Vietnam, some 40,000 are association members.

## KEY ACCOMPLISHMENTS

The Nursing Division, with technical assistance from WHO, the Vietnam-CDC Harvard Medical School AIDS Partnership (VCHAP) and others, is reviewing injection safety practices among health care workers. With support from PEPFAR, MOH's Department of Therapy will set up a technical working group to review the results of this assessment, collect comments from experts, and develop national guidelines on safe injection practices.

In FY07, four injection safety training-of-trainers (TOT) sessions were conducted in the seven PEPFAR focus provinces. The 120 nurses who graduated are helping to carry out training programs for their nursing colleagues.

PEPFAR funds were used to help MOH procure and distribute 3,300 sharps containers to 26 provincial and district hospitals in the seven focus provinces.

## CHALLENGES/OPPORTUNITIES

While some private and government health facilities conduct trainings on injection safety, there is no national curriculum nor are there standard training materials. Many hospitals, particularly those at the district level, have limited budgets to buy sharps containers. Another stumbling block is that injection safety is seen as a low priority. Although PEPFAR purchased sharps containers for hospitals in focus provinces in FY07, coverage is still limited. As a result of the PEPFAR master trainer courses, hundreds of nurses have now been trained in injection safety. Yet with 61,000 nurses in Vietnam, this falls short of meeting the country's needs. In order to help address this, additional training for nurses and care providers in FY08 will expand to three new provinces.

## KEY STRATEGY ELEMENTS

In FY08, PEPFAR will support the implementation of four injection safety activities in the current seven PEPFAR focus provinces, the newly added eighth focus province, and two non-focus provinces through the:

1. Development of a national training curriculum on injection safety;
2. Increase in capacity of nurses to practice injection safety through TOT and refresher training courses;
3. Design, printing, and dissemination of leaflets and brochures on injection safety; and
4. Procurement of equipment and supplies for health services safety in 10 provinces.

PEPFAR will provide MOH with ongoing technical assistance to reinforce safe injection practices at the national, provincial and district levels. PEPFAR prime partner Pact will work closely with technical consultants from WHO, VCHAP, and other agencies to support the Nursing Division and VNA to promote injection safety in accordance with Vietnam's universal precautions program.

## Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety 210

## Custom Targets:

**Table 3.3.04: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3102.08	<b>Mechanism:</b> Community REACH Vietnam
<b>Prime Partner:</b> Pact, Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Medical Transmission/Injection Safety
<b>Budget Code:</b> HMIN	<b>Program Area Code:</b> 04
<b>Activity ID:</b> 9497.08	<b>Planned Funds:</b> \$126,500
<b>Activity System ID:</b> 15355	

**Activity Narrative:** This is a continuing activity from FY07.

PEPFAR, with management oversight from Pact Vietnam, will help Vietnam's Ministry of Health's (MOH) Nursing Division to develop a national training curriculum on injection safety. The training materials currently available in Vietnam will be collected and reviewed, and used to develop a safety manual that can be used by health professionals across the country. Technical assistance (TA) will be provided by in-country and international experts, including the World Health Organization (WHO), working in collaboration with an MOH technical working group. PEPFAR funds will be used to design and print the national training manual.

In order to strengthen nursing knowledge and skills in injection safety, PEPFAR will support the Nursing Division and the Vietnam Nursing Association to coordinate and implement a series of three baseline training programs in the eight PEPFAR focus provinces. Three training-of-trainers (TOT) courses will be held for 90 nurses who will subsequently coordinate and carry out training programs for their nursing colleagues. There will also be three refresher training courses for the 120 nurses who attended the injection safety TOT sessions in 2007.

To provide adequate information to nurses involved in the practice of infection safety at clinics, the Nursing Division and the Vietnam Nursing Association will design, develop, and distribute brochures and leaflets on injection safety to PEPFAR-supported national, provincial and district level hospitals in the eight focus provinces.

PEPFAR will provide approximately 7,000 sharps containers for 26 national, provincial and district hospitals in the current seven PEPFAR focus provinces. In FY08, when an eighth focus province is added, PEPFAR will provide sharps containers to nine additional hospitals, bringing the total to 35.

**FY07 Activity Narrative:**

PEPFAR will support development and dissemination of national injection safety guidelines, and procurement of sharps disposal equipment for the six current and one new PEPFAR focus provinces.

WHO will work in partnership with the MOH/Vietnam Administration for HIV/AIDS Control (VAAC) Nursing Division, the Vietnam Nursing Association, the Nursing Department of Hanoi Medical University, and the HHS/National Institute of Occupational and Environmental Health to strengthen the government of Vietnam's (GVN) medical transmission/injection safety program. This will be accomplished through the following activities:

National guidelines on injection safety will be developed and training programs designed and implemented: WHO has, in the past, supported the GVN in the design and implementation of surveys to review practices on injection safety among health care workers. With support from PEPFAR, the results of these surveys along with other information will be used to develop a draft of national guidelines and a training manual on safe injection practices. Specifically, PEPFAR will support the establishment of a technical working group (TWG) which will collect comments from experts and finalize a set of national guidelines on injection safety. PEPFAR funding will also be used to design and print national guidelines.

Nursing skills among 120 nurses will be strengthened: PEPFAR funds will be used to establish a TWG within the VAAC Nursing Division that will review existing material and information to develop a training document designed to address safe injection practices among nurses in Vietnam. Funding will also be used to coordinate and implement a series of four training programs that specifically address the issues of injection safety among the nursing profession. Four TOT programs will be held for 120 nurses in the seven PEPFAR focus provinces, who will subsequently coordinate and carry out training programs for their nursing colleagues within these provinces. It is expected that the TOTs will be completed in FY07, while the subsequent training activities will take place in FY08.

Sharps containers will be provided for 26 provincial and district hospitals in the seven focus provinces: With the exception of a limited number of out-patient clinics that are currently supported with PEPFAR funding, hospitals in Vietnam use their own budgets to buy sharps containers for proper disposal of needles. Budget constraints preclude many hospitals, particularly those at the district level, from purchasing these containers, and they are therefore unable to adhere to universal precautions with regard to proper disposal of needles. Under this activity, PEPFAR funds will be used to expand current coverage to 26 provincial and district hospitals in the seven focus provinces. Specifically, funding will be used to procure an estimated 3,300 sharps containers, and to support VAAC for distribution of the containers. The provision of other injection safety commodities will be considered in FY08.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9497

**Related Activity:** 15265

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9497	9497.07	U.S. Agency for International Development	United Nations Development Programme	5165	3111.07	UNDP	\$75,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Retention strategy

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	210	False

## Indirect Targets

## Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Nghe An

Son La

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

**Total Planned Funding for Program Area: \$14,426,129**

Amount of total Other Prevention funding which is used to work with IDUs \$4,897,119

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

## **Program Area Context:**

### **CURRENT PROGRAM CONTEXT**

Despite dramatic increases in USG resources available to combat HIV/AIDS in Vietnam, the country's large population and low prevalence concentrated epidemic calls not only for a "prevention focus," but also for a highly focused approach to prevention: one that prioritizes reaching, partnering with, and meeting the needs of most-at-risk populations.

UNAIDS estimates that adult HIV prevalence in Vietnam is 0.53%, but prevalence among injecting drug users (IDU) is estimated at 23.1% and reaches 70% in some provinces (MOH). Although HIV has spread to other high-risk populations, evidence suggests that IDU is still the upstream cause of many new HIV infections. HIV prevalence among female sex workers (FSW) is 4.2%, but the 2005/2006 Integrated Behavioral and Biological Survey (IBBS) revealed that HIV infection rates were three to thirty times higher among sex workers who reported IDU than those who did not, and that IDU was a strong predictor of overall HIV prevalence in this population. Similarly, the IBBS found HIV prevalence of 9% among men who have sex with men (MSM) in Hanoi and 5% in Ho Chi Minh City, with figures three to five times higher among MSM who reported IDU. Almost 80% of reported AIDS cases are in men between the ages of 20 and 39. Among youth, vulnerability to HIV infection is substantial among those who inject drugs, have transactional sex, or both.

Care and treatment needs initially prompted many donors to prioritize support for health services and infrastructure in the fight against HIV/AIDS, but the stigma and discrimination surrounding HIV, IDU, sex work, and MSM have constrained service uptake. As a result, outreach-based prevention efforts have taken on new precedence, fueled by recognition that these are essential to reaching those with the greatest HIV-related needs. DfID, World Bank, Global Fund (GF), and the Asian Development Bank all fund MOH peer outreach and counseling and testing (CT) referral for high-risk populations, but with limited technical support. Additional technical support may come through a Round 7 proposal to the GF. A new five-year, \$20 million ADB project is introducing media and community-based interventions for mainstream and higher-risk youth.

### **KEY ACCOMPLISHMENTS**

The findings from an evaluation of PEPFAR-supported outreach programs will inform program improvement in FY08, and the PEPFAR team has played an instrumental role in the past year establishing a pilot methadone program in six sites. Given that medication assisted therapy (MAT) has proven HIV prevention benefits for IDU, the team anticipates an important role for USG in the scale-up of MAT in Vietnam, and has started to integrate critical supportive services for recovering IDU into its network of community-based drop-in centers. These services include drug and alcohol addiction counseling, job placement, and links to clinical services. PEPFAR is also supporting a pilot prevention, care and treatment initiative for residents and former residents of rehabilitation centers, and this work has already helped to identify opportunities to provide strategic relapse prevention and other services within these facilities, and in the community.

### **OPPORTUNITIES/CHALLENGES**

Legal sanctions against sex work and drug use have driven both practices underground, making it difficult to obtain accurate size estimates for key target populations and to address their needs. Improving size estimation is a strategic information priority for FY08. Peer outreach models adopted by USG and other donors leverage existing sexual and injecting networks to access hidden populations, but these efforts remain limited in their reach and in their impact on the uptake of HIV counseling and testing and clinical services. The provision of sustained prevention programming is complicated by frequent placement of sex workers and IDU in rehabilitation centers run by the Ministry of Labor, Invalids and Social Affairs (MOLISA). Currently about 5,000 CSW and 60,000 IDU reside in centers, where MOLISA reports HIV prevalence rates as high as 70% and post-release relapse as high as 85%.

Formal brothels are rare in Vietnam, but studies suggest that many married and unmarried men pay for sex with partners ranging from street-based sex workers to women working at guest houses and entertainment establishments. Expanding access to prevention education and commodities in entertainment establishments remains challenging given owners' fear of police scrutiny. While available at pharmacies, condoms are often unavailable at critical non-traditional outlets such as guest houses and karaoke bars.

Despite these challenges, the new HIV/AIDS law provides for a far more comprehensive and consultative approach to HIV prevention, encouraging PEPFAR and other donors to coordinate and integrate their operations in support of the government of Vietnam's (GVN) prevention strategy.

### **KEY STRATEGY ELEMENTS**

Because drug use prevention, risk reduction, and treatment must each be central components of HIV prevention efforts in Vietnam, PEPFAR has prioritized the integration of addiction and relapse prevention services into its existing outreach programs for IDU, CSW and MSM for FY08. FHI will expand its addiction counseling training, improving access to individual and group counseling in client-friendly drop-in centers supported by a range of outreach partners. A TBD follow-on to the SMARTWork program will improve job placement services in these same sites to prevent relapse among recovering drug users by facilitating essential social and economic stability. To improve links between outreach and facility-based prevention, care and treatment services, outreach partners will expand delivery of HIV counseling and testing, STI treatment, and prevention education in drop-in centers and other community settings recognized as safe spaces by most-at-risk populations. Given the high HIV infection risks faced by sex workers who are also IDU, PSI will implement and disseminate a pilot intervention for this population.

To establish a more structured and targeted approach to prevent drug use, a TBD partner will promote norms among IDU that prevent initiation of new users by integrating the evidence-based Break the Cycle model into existing IDU outreach programs. In addition, Save the Children US will scale up targeted programs for high-risk youth – a key priority for COP 08 – to prevent drug use initiation and address HIV-related drug and sexual risks.

Expanded condom social marketing efforts will focus on raising risk perceptions associated with multiple sexual partnerships and transactional sex, and will improve access to condoms and risk reduction education in non-traditional venues. With PEPFAR support, the Ministry of Public Security will initiate peer-led prevention programs among police and public security, forging partnerships to facilitate delivery of prevention services in key establishments and among most-at-risk populations. Complementing existing outreach for sex workers, a consortium of local and international partners will refresh and scale up an outreach and media-based campaign promoting partner reduction and correct, consistent condom use for prospective male clients. In addition, a new TBD activity will forge an innovative cross-border partnership with the PEPFAR Cambodia team to better understand and address the needs of Vietnamese women who engage in transactional sex along the border and in Phnom Penh.

To overcome barriers to prevention programming in entertainment establishments, HPI will lead policy efforts to implement the 100% Condom Use Program in a pilot province in Vietnam. The TBD SMARTWork follow-on will refine its focus on reaching potential sex worker clients, and beer promoters and other women who may engage in transactional relationships, through workplace peer education and innovative “workplace programming” in entertainment establishments. Save the Children US will address gender norms that contribute to young men’s demand for sex work through programming for high-risk youth adapted from the evidence-based Program H intervention, an initiative shown to positively influence safer sexual behaviors.

UNAIDS will complement MSM outreach efforts by building the capacity of MSM groups to implement sustainable, evidence-based prevention programming.

Positive prevention will be addressed by mainstreaming prevention activities into care and treatment efforts, including the integration of specific risk reduction counseling for HIV+ individuals and discordant couples into HIV counseling and testing services. HPI will also build the capacity of members of PLWHA groups to provide prevention counseling and services in community settings to PLWHA and their family members and peers.

TBD funding will support expanded programming both in and outside of GVN rehabilitation centers in FY08 (see IDU Interventions document). This programming will establish relapse prevention services (including access to MAT where feasible), risk reduction services, and HIV care and treatment services for rehabilitation center residents, returnees, and members of their peer and family networks.

PEPFAR will expand support for outreach coordinators in every focus province to improve the coordination and quality of activities across partners and with other donors. In addition, PEPFAR will extend prevention outreach efforts to one new focus province and two adjacent priority provinces in the northwest, reaching a large IDU population with considerable unmet needs (see uploaded Geographic Coverage document). Linked to this expansion, the team will conduct an impact evaluation of its IDU outreach programming in one of these provinces, using the BED assay for HIV incidence estimation as proposed in interim recommendations from the PEPFAR surveillance and survey and lab technical working groups.

**Program Area Downstream Targets:**

5.1 Number of targeted condom service outlets	1551
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	685100
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	14662

**Custom Targets:**

**Table 3.3.05: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 6132.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> United Nations Resident Coordinator	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 12292.08	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 15356	

**Activity Narrative:** United Nations Office on Drugs and Crime (UNODC)

This is a continuing activity from FY07.

The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- In accordance with the PEPFAR Vietnam 5-Year Strategy and a refined prevention focus, UNODC counselors and peer educators will sharpen their BCC communication focus on individuals at highest risk for HIV infection.
- Project workers will improve linkages between community based substance abuse interventions and PEPFAR or other donor sponsored HIV counseling and testing sites with referral to care and treatment for those who are HIV positive.
- Project workers will expand the scale and coverage of community based substance abuse and HIV prevention programs, aftercare management, and relapse prevention programs in Lao Cai and Son La provinces. Program interventions will also be implemented in one to two additional highland provinces identified in conjunction with the Vietnam Ministry of Health and the PEPFAR team.
- Scale up of project activities will allow project staff to increase the number of individuals trained to provide comprehensive HIV prevention messaging to 410 and the number of individuals reached through interpersonal communication to 3,300.

**FY07 Activity Narrative:**

The UN Office on Drugs and Crime (UNODC) will lead PEPFAR supported efforts to implement evidence-based community models for HIV/AIDS prevention through substance abuse treatment and aftercare without involuntary assignment to rehabilitation centers. Through this activity 80 counselors will provide community based substance abuse treatment for 1,200 ethnic minority people. UNODC will train 300 peer outreach workers to provide HIV prevention education and referrals to 2,100 drug users. Vocational training will be provided for 600 former drug users and 300 former users will find job placement. Culturally-appropriate prevention education materials will be distributed to 14,000 households.

This activity has three components. First, based on successful work funded by Denmark, Italy, and Luxembourg from 2002-2007, UNODC will train 80 workers to provide voluntary, community based substance abuse treatment for 1,200 ethnic minority people. This will include detoxification, after-care, relapse prevention support, and appropriate vocational training for recovering drug users in the Northwestern Highlands, an area neglected by mainstream HIV prevention, care and treatment interventions. These substance abuse treatment and HIV prevention services will be offered in clients' home districts and communes, avoiding the stigma, fear, and family difficulties associated with mandatory government detoxification centers. The program will be tailored to highland ethnic minority drug users and their families through service development that fits the unique situation of these close-knit communities, including voluntary participation, use of minority languages and support from drug users' relatives and neighbors. An additional 300 peer educators will reach 2,100 drug users with HIV prevention messages and referrals in these same communities.

Second, 600 former drug users will receive appropriate vocational training and local businesses will employ 300 recovering drug users, empowering them to rebuild their lives and regain community status. Alternative support measures will include microcredit support to encourage self-employment initiatives by recovering drug users. Experience has demonstrated this programming is particularly effective and appropriate for recovering highland drug users; past support has included livestock and foodstuff production, handicrafts, and other local skills promotion, like silversmithing.

Third, this activity will facilitate referral of clients to local USG and government supported wrap-around HIV prevention, care and treatment services. These will include substance abuse counseling, comprehensive ABC messaging for HIV prevention, counseling and testing, and a network of HIV services. As appropriate, drug users will be supplied with condoms and instructed in correct consistent condom use. This intervention will take place in Son La province, where Life-GAP HIV services are available, Lao Cai and one to two additional provinces selected in discussion with the PEPFAR team.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12292

**Related Activity:** 15292, 15296

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12292	12292.07	U.S. Agency for International Development	United Nations Development Programme	5165	3111.07	UNDP	\$300,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15296	5325.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,900,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,300	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	410	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

### Other

People Living with HIV / AIDS

## Coverage Areas

Lao Cai

Son La

Lai Chau

Dien Bien

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3661.08

**Mechanism:** N/A

**Prime Partner:** Substance Abuse and Mental Health Services Administration

**USG Agency:** HHS/ Substance Abuse and Mental Health Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 15836.08

**Planned Funds:** \$231,000

**Activity System ID:** 15836

**Activity Narrative:** This is a new activity in FY08.

Technical assistance in the area of other prevention will be provided by this position. Technical oversight and direction for activities related to the prevention of drug abuse, primarily heroin, will be provided by the Substance Abuse Treatment Advisor from HHS/SAMHSA. Technical assistance includes program conception, development, management and evaluation. Funds requested will support 75% of one full-time staff salary, allowances and support, including travel, communications, equipment, and procurement.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15388, 15366, 15367, 15837

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15366	9597.08	7127	3108.08		US Agency for International Development	\$531,372
15367	6480.08	7127	3108.08		US Agency for International Development	\$500,000
15837	15837.08	7128	3367.08		US Centers for Disease Control and Prevention	\$107,902
15388	5824.08	7129	3694.08		US Centers for Disease Control and Prevention	\$197,898

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3367.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 15837.08

**Planned Funds:** \$107,902

**Activity System ID:** 15837

**Activity Narrative:** This is a new activity in FY08.

Funds requested between GHAI and Base (GAP) accounts will support three LES positions (two Medical Research Scientists, and one Program Officer), and 25% of one new USDH Behavioral Scientist who will provide expertise in behavioral interventions, behavioral and biologic surveys and will support the PEPFAR Prevention Technical Working Group. Support requested will include salary, benefits and official travel costs. As part of the CDC Vulnerable Populations Team, the LES staff will provide technical assistance to government of Vietnam (GVN) agencies, including the Ministry of Health (MOH) and the Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC), in close collaboration with other PEPFAR partners and under the leadership of the PEPFAR Prevention Technical Working Group. This includes coordinating with MOH, HCMC-PAC, and other PEPFAR partners on all activities related to program design, implementation and evaluation of prevention interventions targeting MARPs, including IDU and CSW.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15388

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15388	5824.08	7129	3694.08		US Centers for Disease Control and Prevention	\$197,898

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3115.08

**Mechanism:** Health Policy Initiative

**Prime Partner:** Constella Futures Group

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 15838.08

**Planned Funds:** \$0

**Activity System ID:** 15838

**Activity Narrative:** HPI: 100% CUP

This is a continuing activity from FY07, but a new narrative is being provided for FY08 to reflect an improved focus on provincial implementation.

Based on international best practices from Thailand, China and Indonesia, and upon FY07 advocacy work, Health Policy Initiative (HPI) will pilot a 100% Condom Use Program (100% CUP) in Can Tho to increase condom use among vulnerable groups with an emphasis on direct sex workers. Can Tho was selected based on perceived support from provincial HIV/AIDS authorities and existing commitment to condom provision. The 100% CUP program will be implemented through specific steps to build links between provincial agencies; establish provincial partnership among police, health and local authorities, venues, clients and sex workers; and link the program to ongoing HIV and STI services. In Can Tho sequential steps will include: a) an MOU on 100% condom use signed by partner agencies; b) establishment of a provincial management unit including the Provincial AIDS Center and law enforcement; c) elaboration of a strategic plan with sectoral responsibilities, program targets, and M&E components; and d) development of a regular reporting schedule.

One hundred percent Condom Use Programming is an integral part of the PEPFAR Vietnam 5-Year Strategy and comprehensive ABC HIV prevention programs. Whereas many outreach programs target either sex workers or potential clients, the 100% CUP is uniquely positioned to join these facets together with the explicit cooperation of law enforcement, health authorities, and other stakeholders. This collaboration will assist the PEPFAR team reach planned FY08 targets not only through outreach, but by reducing the fear or arrest and stigmatization that causes sex workers and clients to avoid health seeking behaviors.

A key lesson in the success of international 100% CUPs is that they must be implemented together with other strategies such as appropriate and friendly health services, and that coverage must be comprehensive to ensure that sex without condoms cannot be purchased in the province. The pilot 100% CUP will be linked to existing PEPFAR activities and other donor interventions. HPI will ensure that activities are coordinated with provincial HIV services, including outreach, positive prevention programs, HIV counseling and testing, STI service, and clinical and community-based HIV care and treatment. These linkages will facilitate the extension of the 100% CUP to non-venue-based sex workers. HPI will also link the program with the legal clinic in Can Tho to ensure the clinic can provide assistance on legal matters arising from the implementation of CUP (i.e., ensuring condom possession is not used as evidence of prostitution).

Populations targeted by the 100% CUP pilot include sex workers and their clients, those traditionally marginalized by law enforcement and by social behavior standards. To effectively reach these often hidden populations, HPI will develop a list of venues to ensure adequate coverage. Teams of public health worker community representatives and police will be trained to liaise regularly with target venues and will be responsible for monitoring and ensuring the compliance of venues with the program. Stakeholders will receive training on condom use and 100% program guidelines and provisions. Review of existing condom distribution networks and establishment of additional distribution networks will be coordinated with the TBD PEPFAR condom social marketing partner. An identification card system for outreach workers, as outlined in the Vietnam HIV/AIDS decree, will enable these individuals to conduct condom distribution without fear of arrest. IEC activities for clients and sex workers will promote use of condoms in commercial sex and use of condoms with non-commercial sex partners. Finally, incorporation of STI services into the program will highlight the role of STI workers and physical examinations for sex workers and—if appropriate—contact tracing to ascertain the sources of the infection and provide information to direct prevention efforts.

Piloting the 100% CUP in Can Tho will allow the Vietnam PEPFAR team to address gender issues including male norms and behaviors and improve gender equity. By establishing policies that require condom use, men will regularize condom use with commercial and non-commercial sex partners, and women will not be subjected to pressures to engage in high risk unprotected sexual activity at the insistence of clients or venue owners.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15292, 15253, 15254, 15296, 15344

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15296	5325.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,900,000

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	0	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 9601.08

**Activity System ID:** 15840

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$368,395

**Activity Narrative:** Pact Direct

This is a continuing activity from FY07.

In Vietnam, Pact serves as an umbrella organization providing awards, technical guidance and oversight, and program management support to multiple partners engaged in community-based HIV prevention programs. In FY08, PEPFAR will support other prevention messaging in accordance with the Five-Year Strategy for Vietnam. Programs will be designed and implemented in the context of comprehensive ABC messaging, with age-appropriate targeting by beneficiary group. Based on the recommendations from previous USG prevention assessments, Pact will also support sub-partners in the integration of drug demand reduction activities into youth HIV prevention programming. Prevention activities will be undertaken with the guidance of the USG-supported outreach coordinator in each focus province. Pact's activity consists of three components:

The first component will provide an effective and transparent award and administration system for the provision of grants to STI/HIV/AIDS Prevention Center (SHAPC), CARE, Vietnam's Ministry of Education and Training (MOET), Medecines de Monde (MdM) France, Pathfinder International, Population Services International (PSI), and multiple organizations TBD, including new partners. This system will facilitate the rapid launch, ongoing implementation, and/or expansion of prevention programming in priority provinces. Local partners in particular will continue to receive capacity building support through assistance with program design, implementation, planning, and activity-based budgeting. Pact will maintain a system for rapid disbursement of funds; monitor financial management, and, among Vietnamese organizations, support the development of compliant sub-agreements with local government, mass organizations, and community-based organization (CBO) partners.

The second component will provide partner programs with access to high-quality technical support to assist in achieving and reporting results. Pact will monitor the performance and quality of its partners' prevention programming through review of quarterly reports, periodic site visits, and technical review of baseline/formative assessment tools, prevention messages/materials, and training curricula. Technical assistance for the development of these tools will be provided with a focus on local NGO partners and drawing on expertise offered by other PEPFAR partners. All sub-grantees will be encouraged to account for the complex linkages between gender and HIV vulnerability in all prevention programming, and to design programs conducive to reducing stigma and discrimination against PLWHA. To facilitate effective reporting, Pact will support the development of rigorous monitoring and evaluation frameworks and data collection systems to ensure complete and accurate reporting against PEPFAR targets, including prevention/other behavior change targets, and the effective use of data for decision making.

The third component is to ensure effective coordination both among Pact partner programs, and between these programs and those implemented by other PEPFAR partners and relevant government and non-governmental programs. Particular efforts will be made to coordinate with PEPFAR-supported Ministry of Health (MOH) peer outreach activities. Pact will promote linkages between partner prevention programs and other services that beneficiaries may require, including prevention/other behavior change programming, counseling and testing; STI diagnosis and treatment; addictions counseling and treatment; and HIV care and treatment, as necessary. Pact's long-term engagement in PEPFAR-supported initiatives will facilitate these linkages, nurtured both informally and through existing and new coordination mechanisms.

For FY08, the budget for this activity reflects Pact's management and operational costs for building the technical and management capacity of its sub-partners with a focus on local NGOs and CBOs. Separate activity narratives have been developed for Pact sub-partners, and the budgets for these activities are exclusive of the additional contributions Pact makes to these programs in terms of technical and management capacity building.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9601

**Related Activity:** 15318, 15334, 15308

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9601	9601.07	U.S. Agency for International Development	Pact, Inc.	5237	5237.07	Community REACH	\$249,327

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15308	9482.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$197,250
15334	5331.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$150,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 15853.08

**Activity System ID:** 15853

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$160,000

**Activity Narrative:** Pact sub-partner: 06 Returnees Program

This is a continuing activity from FY07. Because this activity was embedded in a larger Pact narrative in FY07, a new narrative for FY08 is provided below.

Through a competitive process, Pact/Vietnam provides a grant to a partner to help prevent the spread of HIV/AIDS to female sexual partners of injecting drug user (IDU) rehabilitation center (06 center) returnees in Ho Chi Minh City (HCMC). FY08 funding will support the second year of program implementation.

Using a gender-based approach, the program will provide vulnerable women with prevention services that empower them to prevent HIV infection. It will target women, both individually and along with their sexual partner, to provide the motivation, skills, and commodities needed to adopt safer behaviors. Outreach workers will address male and female behavioral norms and stress messages that spouses/sexual partners of former 06 center residents have the right to refuse sexual relationships and that should they decide to engage in sexual activity, correct and consistent condom use is vital. Using individual- and couple-oriented approaches, outreach workers will help partners negotiate the adoption of safer sexual practices, and provide drug use prevention and risk-reduction education. Center releasees, their primary partners (who may also be current/former drug users), and family members will also be provided with referrals to the full range of HIV/AIDS services in HCMC, including counseling and testing, substance abuse treatment, HIV/AIDS care and treatment, PMTCT, and care and support services for infected/affected children.

Pact will work with the selected partners on program design, monitoring, implementation planning, and evaluation. Pact will provide technical and capacity-building support to ensure effective implementation. Technical support strategies will include site visits, report reviews, and technical review of assessment tools and protocols. Pact will facilitate linkages with other prevention, care and treatment programs.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15268, 15253, 15254, 15272,  
15258

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000
15272	9509.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$520,000
15258	9508.08	7104	3107.08		Family Health International	\$1,360,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Injecting drug users

### Other

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Ho Chi Minh City

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 15968.08

**Activity System ID:** 15968

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$300,000

**Activity Narrative:** Pact sub-partner: Integrated Behavior Change Communication (iBCC) Consortium

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- Following a fair and open RFA competition executed by Pact Vietnam, a consortium of partners led by Population Services International (PSI) was awarded the portfolio of activities targeting current and potential clients of sex workers. The successful application is entitled "integrated Behavior Change Communication" or iBCC. The consortium consists of PSI, Save the Children US, the Hanoi Medical University, and the AIDS Program in HCMC. PSI outreach activities focus on mobile men and men in entertainment establishments such as karaoke and beer halls while Save US outreach will focus on young men in university areas.
- Whereas FY07 support for the male client intervention was funded solely through the AB funding stream, FY08 support for client outreach will be split funded between AB and Condoms and Other Prevention in accordance with the FY08 COP Guidance. This provides for a more appropriate and comprehensive ABC approach in line with the PEPFAR Vietnam Five-Year Strategy.
- The iBCC program will increase capacity at the provincial level through additional staffing (interpersonal communicators) within provincial AIDS centers (PACs). Consortium members will expand coverage of 'surround media', through mass and mid-media activities and engage the target audience through innovative media (websites and text messaging).
- Enhanced efforts will ensure comprehensive HIV prevention efforts targeted at male clients of sex workers by promoting correct and consistent condom use and increasing uptake of VCT services. Consortium members will partner with the TBD condom and VCT social marketing partner to promote safer practices and counseling and testing.
- FY07 funding provided for implementation in Hanoi, Ho Chi Minh City (HCMC), Hai Phong and Can Tho. With FY08 support the iBCC program will be expanded to two additional provinces, An Giang and Quang Ninh, and two additional HCMC districts will be selected for program implementation. In total, 200 individuals will be trained to promote HIV prevention through means beyond abstinence and/or being faithful, reaching 168,000 potential clients.
- Targets for FY08 have been revised to reflect the fact that the program will only count individuals reached through interactive one-on-one or small group approaches towards direct targets.

**FY07 Activity Narrative:**

Pact TBD will lead PEPFAR prevention activities with the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) and HCMC Provincial AIDS Committee (HCMC PAC) targeting current and potential clients of sex workers, an important bridge population. In collaboration with Pact and a partner to be identified in FY06, PEPFAR will support a media campaign and associated community outreach in Haiphong, Hanoi, Ho Chi Minh City, and up to four additional provinces, to reduce the acceptability and practice of sex worker visitation. Through this activity, 180 peer educators will be trained to provide AB prevention education and referrals to 180,000 current and potential clients of sex workers.

The initiative is grounded in the PEPFAR Vietnam Five-Year Strategy's recognition of the growing risks of HIV transmission among younger Vietnamese men—and the potential role of this population in contributing to a generalized epidemic. It is based on evidence gathered through PEPFAR-supported formative research illuminating the social norms and decision-making dynamics that underlie men's use of sex workers. The activity aims to modify male norms and behaviors. Specifically, building on strong cultural associations between masculinity and social/family responsibility, and changing prevailing norms associating masculinity with extramarital sex and commercial sex, this activity aims to change norms around sex worker use.

The activity has two components. The first is continued development and adaptation of a television, radio, and print media campaign launched by FHI in FY05 and continued, with adaptations in messages and media, by a new partner in FY06. Continuing adaptations of the campaign will be based on ongoing monitoring and evaluation of reach, acceptability, and effectiveness in participating provinces and among targeted male subgroups (e.g., university students, mobile workers) and in new provinces.

The second component involves peer outreach to complement and build on mass media messaging in priority districts of exposed provinces. In new provinces, including previously un-reached areas, entertainment establishments will be mapped in neighborhoods and districts known for commercial sex. Many Vietnamese men gather regularly to socialize with peers and colleagues in a range of entertainment establishments, including karaoke bars, beer halls, and discotheques. It is within these establishments, or following visits to them, that commercial sex is often sought. This activity responds to a key challenge identified by the PEPFAR AB strategy: AB messaging, while culturally appropriate, has historically been limited to such traditional venues as schools and health centers, missing a significant proportion of men at risk.

A group of 180 peer educators will be recruited and trained and/or provided with refresher training. Training sessions will equip peer educators to tailor Behavior Change Communication (BCC) strategies and messages to particular male sub-groups. Peer educators will provide accurate information on HIV/AIDS transmission and prevention, emphasizing the benefits of being faithful to 1 partner and partner reduction and fostering new male norms that popularize abstinence from sex worker use. The outreach component will be linked with the media campaign through consistent messaging and distribution of items branded with the media campaign logo (e.g., key chains, discotheque tickets, and informational materials) at outreach sites. Peer educators will also provide referrals to Counseling and Testing (CT), STI management, and addictions counseling and treatment, as needed. The peer outreach component will be coordinated with VAAC and HCMC PAC peer outreach interventions, and will be conducted under the guidance of the provincial outreach coordinators in Haiphong, Hanoi, HCMC and other selected provinces.

This project will be closely coordinated with Save the Children US' (Save US) prevention/AB work in HCMC, Hanoi, and Quang Ninh (refer to HVAB SaveUS 9483). While males targeted by the media and peer

**Activity Narrative:** intervention are older (ages 18-35) than those targeted by Save US (15-24), both projects will conduct outreach in entertainment establishments. In anticipation of potential overlap of target populations and venues, information, education and communication (IEC) materials and behavior change communication (BCC) outreach messaging will be coordinated to ensure consistency, maximize resources, and minimize duplication.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15311, 15292, 15268, 15345

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15311	9494.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$900,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* In-Service Training

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	168,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

## Coverage Areas

An Giang

Can Tho

Ha Noi

Hai Phong

Ho Chi Minh City

Quang Ninh

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 15970.08

**Activity System ID:** 15970

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$225,000

**Activity Narrative:** FHI: Cross Border project

Funding for this new activity in FY08 will support an innovative new collaboration between two USG PEPFAR country teams. The PEPFAR Vietnam Team and its prime partner, Family Health International/Vietnam will partner with the PEPFAR Cambodia Team and its prime partner, Family Health International/Cambodia to design and implement a targeted cross-border program for Vietnamese CSW migrating between Vietnam and Cambodia.

Anecdotal information on both sides of the Cambodian-Vietnamese border suggests that Vietnamese women from the Mekong Delta migrate across the border into Cambodia to earn money in sex work. There is a major concern that this cross-border migration for sex work in Cambodia may be a significant factor in driving the epidemic along the border provinces in both countries. There is also a growing concern that development of new casinos on the Cambodian side of the border, as well as a new highway currently under construction that will run from Bangkok through Cambodia and on into Ho Chi Minh City, will increase mobility and draw both Vietnamese sex workers and clients to the Cambodian border provinces. It is also reported that many Vietnamese sex workers make their way to Phnom Penh, and from there migrate to other Cambodian provinces or other countries.

In FY07, members of the Vietnam and Cambodia PEPFAR teams identified that existing sentinel surveillance and behavioral surveillance data available in both countries did not provide sufficient information to analyze the situational context along the border. The two teams jointly agreed to conduct small-scale qualitative studies/assessments to collect preliminary data on cross-border migration and transactional sex in the border provinces.

Funding in FY08 will support: (1) rapid assessments in the provinces on both sides of border where the epidemic is most severe; (2) the development, implementation, and monitoring of a model interactive outreach program of peer networks of Vietnamese former or current female sex workers who would ensure that women have knowledge of and gain access to services and also have options for returning home.

The goal of this joint work is to apply improved knowledge about the situational context around the border region to develop a model outreach program to provide CSW with access to HIV prevention programs, meet the needs of vulnerable women at risk for HIV infection, and provide options for these women to return home.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15292, 15253, 15254, 15245

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15245	9600.08	7104	3107.08		Family Health International	\$100,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

## Target Populations

### Special populations

Most at risk populations

Persons in Prostitution

## Coverage Areas

An Giang

Can Tho

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3367.08

**Prime Partner:** US Centers for Disease Control and Prevention

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 15977.08

**Activity System ID:** 15977

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$75,000

**Activity Narrative:** This is a new activity in FY08.

PEPFAR and other donors' sex worker interventions target women through drop-in centers and outreach to massage parlors, karaoke bars, guesthouses and other entertainment establishments. Outreach for clients targets men in drinking establishments that may precede solicitation of transactional sex. These primary models are aimed at the most evident forms of sex work, where standard peer outreach and condom promotion are indicated. At the same time, anecdotal evidence suggests there is likely a continuum of transactional sex, ranging from manual stimulation to penetrative intercourse, whether for money, status, drugs or other material goods. These other forms of transactional sex may be associated with variable HIV risks or variable risk perceptions that may influence decisions to practice safer behaviors.

To inform PEPFAR and other partners' HIV prevention programs, and to ensure targeted use of resources, TBD partner will complete a rapid assessment of transactional sex practices in Hanoi and Ho Chi Minh City to document the continuum of sex work in representative urban areas. The selected organization will work closely with the PEPFAR prevention team to develop an appropriate methodology. Key topics for investigation will include:

- Different forms of sex work, including those for financial transactions, drugs or other forms of compensation.
- Locales for meeting sexual partners, typical means of introduction and negotiating sexual services.
- Actual risk practices involved as well as the perception of HIV risk for male and female partners in different forms of transactional sex. TBD partner will also examine the effect this perception has on safer sexual practices (partner selection, condom use).
- HIV/STI related needs and care seeking behavior by women contacted and their experiences with HIV/STI care services.
- History of interaction with any outreach workers or HIV prevention programs; attitudes toward and experiences with outreach or other prevention programs.
- Relative financial needs reported by women who engage in sex work. This will illuminate the various reasons women are involved in sex work, whether to provide for families, support drug habits, gain status, or to purchase consumer goods such as motorbikes and cell phones.

The rapid assessment will provide a rich, qualitative understanding of the forms of sex work in Vietnam. Data collection will include confidential individual interviews with women engaged in sex work, and men who report visiting sex workers. Information will be directly used to inform program activities and targeting most risky behaviors in accordance with the PEPFAR Vietnam 5-Year Prevention Strategy and the FY08 strategic prevention focus on targeting those most at risk for HIV transmission.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15268, 15292, 15253

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

**Target Populations**

**Special populations**

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

**Coverage Areas**

Ha Noi

Ho Chi Minh City

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 7554.08

**Prime Partner:** Ministry of Public Security

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 16804.08

**Activity System ID:** 16804

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$200,000

**Activity Narrative:** This activity is a new collaboration in FY08 with the Ministry of Public Security (MOPS) as prime partner. Previous support for MOPS was in FY04 and FY05, when the US Pacific Command's Center of Excellence (COE) funded training for new recruits as a pilot program through prime partner UNAIDS and sub-partner Vietnam Ministry of Defense. Building on the pilot program, this activity in FY08 aims to provide information and training to help guide new recruits toward making informed decisions about their behaviors, and to raise HIV/AIDS awareness among other members of MOPS. Furthermore, as a key target group in the country's national response, this activity intends to improve knowledge and attitude that would also improve the police's approach towards vulnerable population. Components of FY08 activity will include: training for trainers and peer educators; peer education courses; modification of training materials; provision of training and support for other MOPS sub organizations; and support the use of existing MOPS media to disseminate HIV information.

Building on the existing FY04 and FY05 activity, with a total of 175 trained and 4000 members reached with prevention messages, MOPS will expand the program in FY08 to conduct training for trainers (TOT) courses for an estimated 1000 peer educators, who will be responsible for delivering HIV/AIDS awareness courses for approximately 20,000 MOPS members in Ho Chi Minh City, Hanoi, Can Tho, An Giang, Hai Phong, Quang Ninh, and three additional provinces, to be determined at a later time by MOPS and COE. Peer educators recruited from the MOPS healthcare system, including prisons and detention centers, and staff from the provincial, district, and commune levels, will be trained on methods and skills on peer education and knowledge on HIV/AIDS/STI prevention, and Vietnam's Directive 54 and HIV Law. COE will also support training for MOPS Women's Union, Youth Union, and Staff Association on HIV Prevention, Community based Care and Support and Directive 54 and HIV Law. The MOPS Women's Union will also receive technical assistance (TA) to set up clubs that will be an additional outreach venue for peer educators.

All peer educators will be equipped with HIV prevention training kits to support their outreach. MOPS will revise training kits to be provided to peer educators. MOPS Women's Union, Youth Union and Staff Association will be provided with communication kits based on the UN Peer Education Kit for Uniformed Service to promote prevention interventions.

Peer educator outreach messages will reinforced through information, education, and communication (IEC) campaigns conducted through domestic media channels. MOPS will work with its weekly television program, which is broadcast through VTV1, VTV2, and VTV4, to introduce role models for HIV prevention and will keep new recruits informed about any HIV-related new, e.g. drugs and HIV, policy changes, drugs and HIV, and MOPS national prevention efforts. MOPS will also sponsor dissemination of HIV information through its daily newspaper (Bao Cong An Nhan Dan) column.

All new recruits will be actively encouraged to engage in social events related to HIV prevention. Leading up to World AIDS Day, MOPS will organize and invite new recruits to participate in writing and drama contests, of which the best will be selected for presentation. On World AIDS Day, MOPS will host social events at the central and provincial level as well as inside prisons. The social events will provide recruits will an opportunity to demonstrate their knowledge and understanding of HIV prevention in a relaxed environment.

Qualified staff will be trained and delegated to monitor the quality of the IEC messages and peer outreach. External TA will be organized by the MOPS to assess the activity at the end of the funding cycle. By the end of FY08, an estimated 1000 peer educators will be trained and 23000 are anticipated to receive HIV/AIDS prevention messages.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15402

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15402	10043.08	7130	3109.08	Center of Excellence	US Department of Defence/Pacific Command	\$230,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	23,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False

## Target Populations

### General population

Ages 15-24

Men

Adults (25 and over)

Men

## Coverage Areas

An Giang

Can Tho

Dong Nai

Ha Noi

Hai Phong

Ho Chi Minh City

Quang Ninh

Thai Nguyen

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7214.08

Mechanism: New Partners Initiative

**Prime Partner:** Nordic Assistance Vietnam

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 15969.08

**Planned Funds:** \$0

**Activity System ID:** 15969

**Activity Narrative:** This is a new activity in FY08.

Through the New Partners Initiative, Nordic Assistance to Vietnam (NAV) will build the capacity of faith-based organizations (FBOs) in six provinces to prevent the spread of HIV/AIDS and to address care needs of PLWHA, OVC and AIDS patients by working through FBO networks. NAV has been working on HIV/AIDS prevention and care in Vietnam since 1996, and was the first organization that brought together Buddhists and Catholics in interfaith teams to provide care and support and to address the complex issues related to HIV/AIDS Prevention and Stigma and Discrimination.

NAV will provide initial training for 250 members of communicator teams comprised of Buddhist monks, nuns, Catholic priests and nuns, and lay volunteers in Behavior Change Communication (BCC) and stigma & discrimination. NAV will support the establishment of a communicator team for each FBO and project site. The prevention programs will encourage the voluntary participation of members of local self-help groups (SHGs). The communicator team will reach 35,000 individuals with comprehensive ABC and stigma reduction messages through peer outreach and other activities.

Through this initiative, NAV will build the local capacity of Buddhist and Catholic organizations to effectively manage HIV/AIDS programs in a sustainable manner.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15976

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15976	15976.08	7214	7214.08	New Partners Initiative	Nordic Assistance Vietnam	\$0

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Da Nang

Ha Noi

Hai Phong

Ho Chi Minh City

Quang Ninh

Thua Thien-Hue

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3109.08

**Prime Partner:** US Department of  
Defence/Pacific Command

**Funding Source:** GHCS (State)

**Mechanism:** Center of Excellence

**USG Agency:** Department of Defense

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 10043.08

**Planned Funds:** \$230,000

**Activity System ID:** 15402

**Activity Narrative:** This is continuing activity from FY07. The narrative references to targets and budgets have been updated. The only other changes to the activity since approval in the FY07 COP are:

- In FY08, prevention activities with the Ministry of Defense (MOD) and the Ministry of Public Security (MPS), which began with UNAIDS in FY04 and FY05, will be scaled up and will require additional technical assistance (TA) from DOD team and partners. To strengthen continuing activities, ensure successful expansion, and integrate new program components, support for prevention activities will include the following:

- Provision of activity design, monitoring, evaluation and reporting, as well as program oversight and management.

- Revision of training and IEC materials to reach career service members.

- Introduction of different concepts and models that have been used by the US military to promote risk reduction and to target potential problems with substance abuse, including alcohol, before they become crises for uniformed personnel and their family members.

- In FY07, DOD's support of a short term consultancy for the 06 pilot program had left a gap in DOD's plan for that year. To fill this gap, a portion of FY08 funds will be used to support DOD's planned FY07 activity.

FY07 Activity Narrative:

The Center of Excellence-DMHA, the executing agent for US DOD's Pacific Command, will provide program oversight and coordination of activities with DOD partners and the Vietnam Ministry of Defense. Requested funds will be used to cover costs incurred by the DOD HIV Prevention and Treatment team, in provision of technical oversight, program design, implementation and evaluation of program activities, including official travel and logistical support. Funds will also cover one full time LES Program Officer, including salaries benefits, official travel and percentages of ICASS.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10043

**Related Activity:** 15286, 16804

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24724	10043.24724.09	Department of Defense	US Department of Defense	10541	3109.09	DoD - Defence-Partnered HQ activities	\$0
10043	10043.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$50,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15286	5826.08	7113	3095.08		Ministry of Defense, Vietnam	\$525,000
16804	16804.08	7554	7554.08		Ministry of Public Security	\$200,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

**Indirect Targets**

**Target Populations**

**General population**

Ages 15-24

Men

Adults (25 and over)

Men

**Special populations**

Most at risk populations

Military Populations

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3694.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 5824.08

**Planned Funds:** \$197,898

**Activity System ID:** 15388

**Activity Narrative:** This is a continuing activity from FY08.

Funds requested between GHAI and Base (GAP) accounts will support three LES positions (two Medical Research Scientists, and one Program Officer), and 50% of a Center Technical Advisor who will provide expertise in behavioral interventions, behavioral and biologic surveys and will support the PEPFAR Prevention Technical Working Group. Support requested will include salary, benefits and official travel costs. As part of the CDC Vulnerable Populations Team, the LES staff will provide technical assistance to government of Vietnam (GVN) agencies, including the Ministry of Health (MOH) and the Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC), in close collaboration with other PEPFAR partners and under the leadership of the PEPFAR Prevention Technical Working Group. This includes coordinating with MOH, HCMC-PAC, and other PEPFAR partners on all activities related to program design, implementation and evaluation of prevention interventions targeting MARPs, including IDU and CSW.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9596

**Related Activity:** 15837

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24561	5824.24561.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10496	3694.09	CDC-GAP-Funded HQ Activities	\$71,842
9596	5824.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$166,700
5824	5824.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$166,628

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15837	15837.08	7128	3367.08		US Centers for Disease Control and Prevention	\$107,902

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

**Indirect Targets**

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3108.08 **Mechanism:** N/A  
**Prime Partner:** US Agency for International Development **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Condoms and Other Prevention Activities  
**Budget Code:** HVOP **Program Area Code:** 05  
**Activity ID:** 9597.08 **Planned Funds:** \$531,372

**Activity System ID:** 15366

**Activity Narrative:** Funds requested will support 100% of an existing LES (Program Specialist 06), 70% of a existing LES (Prevention Specialist), 50% of a new LES (Methadone Program Manager), 60% of an existing GHFP Fellow (Drug Rehabilitation and Prevention Advisor) and 70% of an existing GHFP Fellow (Prevention Specialist), including salary, benefits and official travel costs.

These staff will provide technical assistance to international and local non-governmental organizations (NGOs) in close collaboration with other USG agencies and Government Agencies including MOH/VAAC, the Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC) and other partners and under the leadership of the USG BCC coordinator. This includes coordinating with USG partners, VAAC, HCMC-PAC on all activities related to program design, implementation and evaluation of prevention interventions targeting most at-risk populations (MARPs) including injecting drug users (IDU) and commercial sex workers (CSW).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9597

**Related Activity:** 15365, 15370

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9597		U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$310,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15365	5512.08	7127	3108.08		US Agency for International Development	\$212,060
15370	5338.08	7127	3108.08		US Agency for International Development	\$66,000

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

## Indirect Targets

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3108.08

**Prime Partner:** US Agency for International Development

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 6480.08

**Activity System ID:** 15367

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$500,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- PEPFAR supplies condoms for free distribution and social marketing to HIV prevention partner programs in more than 30 provinces. Expanded FY08 funding will support procurement of more than 15 million male condoms, and increased access to female condoms and lubricant for most-at-risk populations.
- In accordance with the PEPFAR Vietnam condom social marketing strategy and new Vietnamese regulations, the team will procure separately branded condoms for free distribution. This brand will be clearly marked "not for sale" in accordance with Vietnamese law and will not undercut sales of branded Number One condoms.
- New regulations allow procurement of water based lubricant through Central Contraceptives Procurement. The PEPFAR team will work in conjunction with TBD condom social marketing partner and others to determine appropriate brands and quantities of water based lubricant for most-at-risk populations.

FY07 Activity Narrative:

Condom procurement is an essential component of the PEPFAR comprehensive ABC approach to HIV prevention programs. In FY07 PEPFAR will procure 12 million condoms for community based outreach and distribution to PEPFAR and other donor programs, in addition to targeted social marketing to traditional and non-traditional outlets.

In FY07 PEPFAR will ensure continued access to commodities for at-risk populations through outreach and social marketing efforts in the geographical areas where the epidemic is most severe. In conjunction with social marketing partner TBD-PSI follow-on, PEPFAR will implement a two-tiered strategy. In the first tier, branded Number One condoms will be distributed by outreach partners including MOH/VAAC, TBD-PSI follow-on, FHI, HCMC-PAC and Pact sub-partners. A small number of female condoms will be promoted to sex workers and MSM, ensuring equitable access to gender-appropriate prevention services. In the second tier, TBD-PSI follow-on will develop a targeted social marketing system to increase availability of and access to condoms at non-traditional outlets such as karaoke bars, drinking establishments and other locations where commercial sex is likely to be procured or transacted. This strategy will be developed in close cooperation with other major condom donors and marketers such as the Department for International Development, German development organization KfW, and DKT to maximize collaboration to increase coverage and reduce overlap.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9589

**Related Activity:** 15268, 15292, 15344

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24658	6480.24658.09	U.S. Agency for International Development	US Agency for International Development	10527	3108.09		\$500,000
9589	6480.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$450,000
6480	6480.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$0

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Discordant Couples

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 3102.08 **Mechanism:** Community REACH Vietnam  
**Prime Partner:** Pact, Inc. **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Condoms and Other Prevention Activities  
**Budget Code:** HVOP **Program Area Code:** 05  
**Activity ID:** 12263.08 **Planned Funds:** \$250,000

**Activity System ID:** 15312

**Activity Narrative:** Pact sub-partner: Ministry of Education and Training

This is a continuing activity from FY07 that was previously funded entirely under the Condoms and Other Prevention section of the COP. The narrative provided below is unchanged from FY07. Major updates to this activity since approval in FY07 are:

- The activity is now being funded across both the AB and Condoms and Other Prevention sections of the COP to facilitate the delivery of comprehensive prevention programming in compliance with PEPFAR technical considerations and guidance.
- In FY08, technical assistance provided to Ministry of Education and Training (MOET) will support the regional adaptation and national integration of the revised national reproductive health and HIV prevention curriculum for secondary students.

FY07 Activity Narrative:

With PEPFAR support, Save the Children USA and Pact/Vietnam supported MOET's development of the National Plan of Action (NPA) for Reproductive Health (RH) and HIV/AIDS Prevention Education for the Secondary School System, which was formally approved in March 2007. The NPA is a critical document that outlines how Vietnamese young people attending lower and upper secondary schools will be provided with access to accurate, high quality information on HIV/AIDS and related prevention modalities and the opportunity to acquire the skills needed to prevent HIV transmission and other reproductive health problems.

As a precursor to NPA development, Save the Children USA supported MOET to systematically assess previous and current school-based HIV/AIDS education programs. This review examined policy documents, curricular studies, extra-curricular activities and teacher training on HIV education for secondary school students in Vietnam and provided recommendations for improvement. The most critical recommendation made, and hence the most important step to operationalizing the now formalized NPA, involves synthesizing currently fractured curricula and activities aimed at secondary students into a cohesive, single program.

Through a competitive process, Pact/Vietnam will identify a partner to support MOET to respond to this key task within the NPA – curriculum synthesis. Technical assistance to MOET will entail: 1) reviewing and assessing previous and current pilot reproductive health and HIV prevention education programs in secondary schools and teacher training colleges/universities and identifying the most effective components for synthesis into unified, comprehensive HIV/AIDS prevention national curricula; 2) designing additional modules to address gaps (e.g., drug use prevention); 3) pilot testing components of a revised curriculum and teacher training materials in one priority province to be identified in collaboration with MOET and PEPFAR; and 4) writing a detailed plan and guideline for school management to implement a unified HIV prevention/reproductive health curriculum in the secondary school system and teacher training colleges/universities nationwide.

Efforts this year will focus on developing, pre-testing, and finalizing the unified curriculum and teacher training materials, which will readily be taken-up in the following year on a broad scale.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12263

**Related Activity:** 15318, 15972

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12263	12263.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$162,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15972	15972.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

### Other

Teachers

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3102.08	<b>Mechanism:</b> Community REACH Vietnam
<b>Prime Partner:</b> Pact, Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 5816.08	<b>Planned Funds:</b> \$150,000

**Activity System ID:** 15315**Activity Narrative:** Pact sub-partner: CARE

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- To support the sharpened PEPFAR prevention focus on high risk populations, CARE will assist community-based organizations (CBOs) to tailor prevention messages to specific risk behaviors. Messaging for injecting drug users (IDUs) will stress the importance of not sharing injecting equipment, and use of addiction counseling currently being scaled up by PEPFAR partner Family Health International (FHI). Sex worker outreach will focus on correct, consistent condom use and addiction counseling as needed. Men who have sex with men (MSM) outreach will convey the need for partner reduction as well as for safer practices. In FY08, CARE will continue to strengthen and expand its peer educator (PE) network to increase access to vulnerable populations.
- Monthly information sharing meetings will allow outreach workers to share insights, improve skills and develop new ideas on a regular basis. In FY08, CARE-sponsored competitions for CBO teams will facilitate brainstorming on case studies and skill sharing. Local media will be invited to spotlight the importance of CBO activities to the wider community.
- In FY08 CARE will expand its reach, developing partner CBOs in Nghe An and strengthening those in Quang Ninh. Six prevention training of trainers (TOT) courses will be conducted for 130 PE who will offer structured communication on HIV prevention for 10,000 individuals. Two of the TOT courses will train new PE while four will sharpen skills of those trained in FY07 to improve behavior change communication (BCC), condom use promotion, access to hidden populations, and CT referrals in conjunction with the TBD PEPFAR CT social marketer.
- During the FY07 semi-annual reporting period, CARE CBO/faith-based organization partners reached more than 3,000 PLWHA and most-at-risk population members through community outreach in four focus provinces. Buddhist and Catholic organizations, PLWHA networks and others coordinated focused prevention efforts with IDU, commercial sex workers (CSW), MSM and other groups at risk for HIV transmission.

**FY07 Activity Narrative:**

CARE International works with Vietnam's Ministry of Health (MOH) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) to lead capacity building for local community-based and faith-based organizations (CBOs and FBOs) to prevent HIV transmission. Building on USG support in FY05 and FY06, CARE will train 115 core members of CBOs to conduct community-based HIV/AIDS prevention outreach; these members will subsequently reach 8,000 individuals, principally most-at-risk populations (MARPs) with community outreach HIV/AIDS prevention. CARE's program will continue to work in the FY06 programming locations (Hanoi, HCMC, Quang Ninh and Can Tho) and will expand to An Giang. This activity is rooted in the comprehensive ABC approach at the heart of the PEPFAR Vietnam Five-year Strategy and responds to the PEPFAR prevention technical assistance visit call for intensified focus on MARPs. In addition, CBOs – many of which are peer- or faith-based—are best placed to identify MARPs who are hardest to reach and most in need. All CBO HIV/AIDS prevention activities will be conducted under the guidance of the outreach coordinator appointed for the province.

CBOs with deep roots in at-risk population communities in Hanoi, HCMC, Can Tho, Quang Ninh and An Giang provinces will conduct HIV/AIDS prevention education and peer outreach. Specific activities include: condom distribution; community-based peer education; communication campaigns in schools and with the broader community; and information exchange in regular meetings of community members. Individuals reached will be referred for further services, including CT, management of sexually transmitted infections (STI), drug and alcohol treatment and counseling, and HIV/AIDS care and treatment as needed. Many of CARE's partner CBOs also engage in community- and home-based care and support services, which will be linked to the prevention initiative. Pact will support CARE in its efforts to link its partner CBOs with the full range of HIV/AIDS-related services available through PEPFAR and other programming.

Specific CBO target populations include PLWHA, injecting drug users (IDU), men having sex with men (MSM), commercial sex workers (CSW) and vulnerable youth, who will be reached at a range of venues including bus stations, bars, karaoke bars, guest houses and in parks, in line with PEPFAR's strategic goal of expanding coverage at non-traditional venues. Particular vulnerabilities of women and girls will be addressed through CARE-supported prevention programming.

Coordination of peer educators will be facilitated by the PEPFAR sponsored provincial outreach coordinator. Lessons learned from CBOs supported by CARE will be used to inform the Local Partnerships Initiative in selecting partnerships for effective and sustainable prevention programming. Pact will monitor performance and quality of programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9610**Related Activity:** 15292, 15268, 15253, 15975

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24683	5816.24683.09	U.S. Agency for International Development	Pact, Inc.	10534	3102.09	Community REACH Vietnam	\$140,639
24682	5816.24682.09	U.S. Agency for International Development	Pact, Inc.	10534	3102.09	Community REACH Vietnam	\$1,476,000
9610	5816.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$180,000
5816	5816.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$126,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15975	15975.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$25,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	130	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

### Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Quang Ninh

An Giang

Can Tho

Ha Noi

Ho Chi Minh City

Hai Phong

Nghe An

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08 **Mechanism:** Community REACH Vietnam  
**Prime Partner:** Pact, Inc. **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Condoms and Other Prevention Activities  
**Budget Code:** HVOP **Program Area Code:** 05  
**Activity ID:** 9618.08 **Planned Funds:** \$200,000

**Activity System ID:** 15316

**Activity Narrative:** Pact sub-partner: Local Partners Initiative

This is a continuing activity from FY07. Because this activity was embedded in a larger Pact narrative in FY07, a new narrative for FY08 is provided below.

In FY08, Pact will continue to provide small grants to local partners to design and implement community-based prevention approaches for most-at-risk populations in PEPFAR's focus provinces. This Local Partners Initiative (LPI) will support outreach, behavior change communications, commodities, service referral, and community mobilization. The selected partners in FY07 will continue to receive funding for a second year and an additional set of new partners will be supported in FY08.

Pact will work with all selected partners on program design, monitoring, implementation planning, and evaluation. Technical support strategies will include site visits, report reviews, and technical review of assessment tools and protocols. Pact will facilitate coordination with other prevention, care and treatment programs supported by PEPFAR, other donors, and the government of Vietnam.

Through the LPI program, 100 outreach workers will be trained and 3,000 individuals will be reached with programming to prevent the sexual transmission of HIV and to address the HIV risks associated with drug use.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9618

**Related Activity:** 15973

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9618	9618.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$223,283

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15973	15973.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$90,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Son La  
Ho Chi Minh City  
An Giang  
Can Tho  
Ha Noi  
Hai Phong  
Lai Chau  
Nghe An  
Quang Ninh  
Dien Bien

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5817.08

**Activity System ID:** 15317

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$142,000

**Activity Narrative:** Pact sub-partner: Medecins du Monde France

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- Through FY08 funding, Medecins du Monde France (MdM) will expand its HIV prevention outreach program to District 9 in Ho Chi Minh City (HCMC).
- Building on FY07 experience, and in accordance with the PEPFAR Vietnam 5-Year Strategy and a refined focus on prevention, MdM will intensify outreach for high risk individuals focusing on effective interpersonal behavior change communication, and strengthening referral to counseling and testing (CT) and to comprehensive prevention, care, and treatment services provided by MdM and other partners.

**FY07 Activity Narrative:**

MdM France will target homeless and other at-risk populations through outreach to enlist them in their outpatient clinic (OPC) services in difficult to serve districts in Hanoi and HCMC where the Ministry of Health (MOH) and other partner service needs are not met. In partnership with Pact and building on FY05 and 06 activities, MdM France will train 32 social workers and day care centre (DCC) staff to provide information on HIV/AIDS prevention to 4,100 individuals, including 2,440 at-risk individuals (1400 injecting drug users - IDU; 900 commercial sex workers - CSW; and 140 men having sex with men - MSM), and 1,660 others, including the homeless, street youth, and current/potential sex worker clients. Activities will take place in HCMC and Hanoi via facility-based and mobile outreach services. This activity is rooted in the comprehensive ABC approach articulated in the PEPFAR Vietnam 5-Year Strategy and responds to the PEPFAR Prevention Technical Assistance visit recommendation for an intensified focus on at-risk populations and provision of an essential package of services. It will be conducted under the guidance of HCMC and Hanoi outreach coordinators.

MdM will support community outreach targeting IDU, CSW, MSM and others. Outreach will be conducted in and near entertainment establishments (e.g., massage parlours, karaoke bars) and other locations where at-risk populations are difficult to reach. Mobile outreach teams include former IDU, sex worker peer educators and physician's assistants. Mobile team members will receive new or refresher training on communication skills, behaviour change strategies, and HIV prevention. These will be conducted by MdM and its local partners (e.g., Hanoi Medical University) directly and through collaborative arrangements with PEPFAR supported partner organizations.

The mobile teams will provide at-risk populations with HIV/AIDS prevention information tailored to their particular needs, as well as access to condoms. Male behaviours and norms will be addressed through activities aimed at current or potential clients of sex workers. The vulnerabilities of women and girls – which may be particularly acute in the marginalized communities where MdM's work is focused – will be addressed through activities including condom negotiation skills. Mobile teams will provide clients with referral cards for convenient access to services at MdM-supported clinics. They will have access to sexually transmitted infection (STI) diagnosis and treatment services, CT, and a full range of HIV care and treatment services, including OVC support. MdM will also refer clients to PMTCT and addictions treatment for appropriate candidates.

In HCMC, where mobile teams include physician's assistants, those who are unable to access day care centre services will be provided with STI treatment based on syndromic diagnosis. Community-based outreach prevention and facility-based clinical prevention services will be reinforced by information, education and communication (IEC) materials and counselling activities on site at each DCC, in rooms dedicated as social gathering and peer support space for IDU, CSW and PLWHA. HIV prevention leaflets and condoms will be available in these rooms, elsewhere in the DCC, and from health care providers. Opportunities for additional prevention education will be provided at both sites by a range of trained staff, including counsellors and health educators. Pact will monitor performance and quality of programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9619

**Related Activity:** 15268, 15320, 15321, 15322, 15324, 15269, 15334

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9619	5817.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$155,000
5817	5817.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$65,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
15320	5523.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$476,617
15321	9580.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$335,000
15322	9563.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$450,000
15324	5522.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$320,000
15334	5331.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$150,000

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	3	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12	False

## Indirect Targets

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

### Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Ha Noi

Ho Chi Minh City

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 5820.08

**Planned Funds:** \$150,000

**Activity System ID:** 15319

**Activity Narrative:** Pact sub-partner: STD/HIV/AIDS Prevention Center (SHAPC)

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- In FY08, the program will sharpen its focus on meeting the HIV prevention needs of higher risk university students, based on the findings of a rapid assessment conducted with technical support from Pact in FY07.
- With expanded funding in FY08, SHAPC will support 18 condom outlets and train 240 peers to reach 10,400 students with comprehensive ABC HIV prevention education that also addresses the HIV risks associated with drug and alcohol use.
- Targets for FY08 have been revised to reflect the fact that the program will only count individuals reached through interactive one-on-one or small group approaches towards direct targets.
- As of July 2007, 71 peer educators have been trained and have provided HIV prevention education to 2,200 students in Hanoi universities.

FY07 Activity Narrative:

Local NGO SHAPC, in conjunction with the Ministry of Health (MOH), plays the lead role in PEPFAR interventions targeting Hanoi university students at a stage when many are becoming sexually active. Building on support provided in FY05 and FY06, SHAPC will train 160 key youth union leaders in seven Hanoi universities on HIV prevention messages and BCC methodologies, and will reach 15,000 students with messages on HIV and sexually transmitted infection (STI) prevention modalities via a range of approaches, described below.

This activity, focusing on the growing vulnerability of Vietnam's youth to HIV, will provide condoms to sexually active students via 21 condom service outlets, and will be conducted under the guidance of the US sponsored outreach coordinator appointed for Hanoi.

The activity has four components. The first involves the revision and distribution of a comprehensive HIV prevention booklet – covering both safer sex and drug use prevention—developed with PEPFAR support in FY05 based on student input and best practices in youth HIV/AIDS communications. The 15,000 students who receive the booklet will be encouraged to share it with other students, in order to increase reach. In addition, seven HIV/reproductive health material desks will be established and maintained in all seven targeted universities to provide students with access to more in-depth information on key HIV/AIDS and STI information, including referral information related to STI management, CT, and drug addictions counseling and treatment.

The second component involves the training of 160 trainers (selected from among youth union leaders) in HIV/AIDS prevention and life skills education. These trained youth union leaders will subsequently provide HIV/AIDS education to university student cohorts across the city (totaling 15,000 across all seven universities). Youth union leaders will be trained in, and will subsequently educate students on, HIV, STIs and prevention methods, including safer sex, correct and consistent condom use, the risks of drug and alcohol abuse, along with age-appropriate AB messages. Trained youth union leaders will provide students with relevant life skills training to enhance students' ability to adopt the safer behaviors about which they have learned—including how to discuss sexuality and responsible sexual decision-making with boy/girlfriends, and (for those who are sexually active) how to negotiate condom use. Instilling HIV/AIDS training capacity in the youth union at each university will assist SHAPC in working towards sustained HIV/AIDS prevention education in the Hanoi university system.

The third component of this activity involves using music/knowledge contests and writing competitions to provide and enhance HIV/AIDS knowledge and generate dialogue among the general student body in all seven universities – an approach that has proven very popular in SHAPC's FY05 program, and is rooted in best practices in HIV/AIDS communications with youth. The information provided will reinforce messages delivered via both the information booklets and HIV/AIDS education components described above.

The fourth and final component of this activity involves the maintenance of 21 outlets providing condoms to sexually active university students. In accordance with the PEPFAR Vietnam plan to broaden access to condoms via non-traditional outlets, these will be provided via friendly kiosks and cafes frequented by students, as well as condom boxes hung in convenient locations, in or near university grounds.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9622

**Related Activity:** 15318, 15310

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9622	5820.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$93,100
5820	5820.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$70,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15310	9484.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$50,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	18	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,400	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	240	False

### Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

## Coverage Areas

Ha Noi

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 6132.08

**Prime Partner:** United Nations Resident  
Coordinator

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 12261.08

**Activity System ID:** 15282

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$200,000

**Activity Narrative:** Joint United Nations Programme on HIV/AIDS (UNAIDS)

This is a continuing activity from FY07.

Because the scope of UNAIDS's prevention work for FY08 has changed slightly to place greater emphasis on technical support for implementation, a new narrative is provided below:

PEPFAR will continue to support UNAIDS to conduct two main activities: 1) capacity building to strengthen the response to HIV/AIDS among MSM, and 2) strengthening of coordination and partnerships for HIV activities targeting men having sex with men (MSM). These are distinct, but complementary, areas that are key to strengthening the Vietnam response in this area.

**Capacity Building on Prevention Education and Services to MSM**

In FY06 and FY07, UNAIDS supported a detailed country-level capacity-building needs assessment of MSM groups and other stakeholders – including the Vietnam Administration of AIDS Control (VAAC) and selected Provincial AIDS Centers – for the purpose of strengthening MSM HIV prevention services. Additional work has been conducted on developing MSM-friendly services and training materials for the prevention of stigma and discrimination.

For FY08, the findings from the needs assessment will be applied to the development of a series of coordinated, strategic interventions to address gaps and imbalances in skills and practice. UNAIDS will continue to support the MSM community and its partners in training and capacity building to strengthen program development, implementation and service delivery. This includes conducting training sessions with the materials developed in FY07 and supporting national and provincial stakeholders in the building of their capacity to provide prevention education and services to MSM. Depending on the recommendations from the needs assessment, this could include training for health care providers in counseling for MSM and advocacy training for MSM groups and management and leadership development.

**Coordination and Partnerships**

In FY08, UNAIDS will support the GVN in developing a clear strategic vision for HIV prevention, treatment, care and support programmes for MSM through the development of a National Strategic Framework on MSM and HIV, and a budgeted, multi-year Operational Plan. This will also provide an opportunity to involve ministries beyond the Ministry of Health (MoH). The development of an MSM-specific Strategic Framework and Operational Plan will assist in further: 1) strengthening a supportive legal and policy environment through the operationalization of the Programme of Action; 2) developing successful targeted interventions to ensure effective HIV prevention among MSM, and; 3) providing greater access to health services for MSM by mainstreaming quality HIV prevention programming for MSM in care and treatment services.

To support program implementation, monitoring, and evaluation, UNAIDS will continue to provide leadership for coordination and advocacy in this sensitive area of work. This includes facilitating the functioning of MSM working groups at the national and provincial levels, and strengthening linkages with the regional Purple Sky MSM Network. The focus will be on trying to further build on strategic partnerships with key line ministries beyond the MoH, media and local leaders.

UNAIDS will also continue to strengthen channels of information exchange (including web-access, a mailing list and an electronic or printed bulletin), as well as advocate for the promotion of greater participation of the MSM community in HIV activities.

All these activities will assist in scaling up effective, evidence-informed intervention models, approaches and materials with the ultimate aim of a coordinated and sustained national response in the area of MSM and HIV.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12261

**Related Activity:** 15253, 15254, 15245

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24704	12261.2470 4.09	U.S. Agency for International Development	United Nations Resident Coordinator	10537	6132.09		\$500,000
24703	12261.2470 3.09	U.S. Agency for International Development	United Nations Resident Coordinator	10537	6132.09		\$650,000
12261	12261.07	U.S. Agency for International Development	Joint United Nations Programme on HIV/AIDS	6132	6132.07	UNAIDS	\$130,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15245	9600.08	7104	3107.08		Family Health International	\$100,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Men who have sex with men

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3095.08

**Mechanism:** N/A

**Prime Partner:** Ministry of Defense, Vietnam

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 5826.08

**Planned Funds:** \$525,000

**Activity System ID:** 15286

**Activity Narrative:** This is a continuing activity from FY07. The narrative references to targets and budgets have been updated. The only other changes to the activity since approval in the FY07 COP are:

- This continuing activity is the combined effort of the UNAIDS and Vietnam Ministry of Defense (MOD) activities from previous years. The UNAIDS activity 9477.07 was requested to be reprogrammed to merge with the MOD activity 9478.07, to follow similar reprogramming that was recently applied for FY06. Reprogramming was requested to ensure timely implementation of activities by funding MOD directly and to save overhead costs. Since FY06, UNAIDS and MOD other prevention activities have merged to reflect MOD as the prime partner.
- Along with AB information, this activity will continue to support prevention interventions for correct and consistent use of condoms. In FY08, the combined interventions across AB and C will be sustained at five existing Military Regions and expand to two Military Regions, targeting new recruits and troops from all branches of service. Geographic coverage will be expanded to include troops along the borders of China, Laos, Cambodia, and the northern coast. An estimated 43,000 troops will be reached and 4000 trainers trained to conduct combined AB and OP effort.
- A new prevention component will be integrated in this activity and includes the following elements:
  - Establishment of mobile prevention units to reach troops stationed along the borders of China, Laos and Cambodia
  - MOD will make available condoms at MOD healthcare clinics, where services are available to military and civilian population. Approximately 15 sites will be established.
  - A total of 650 peer educators will be trained to target 8,000 military personnel, including members of the Air Force, Navy, Coast Guard, and Border Guard
- In order to address exposure and susceptibility to substance abuse, FY08 has designed activities to reiterate MOD's policy and guidelines on alcohol abuse and other illegal substances, highlighting risks for HIV infection and promoting non-risky behavior
- Significant progress in the activity includes over 25,000 troops reached since 2005, and the incorporation of message to promote a better understanding of correct and consistent use of condoms in FY06.

FY07 Activity Narrative:

This activity is a continuing collaboration between US Pacific Command (PACOM), Center of Excellence (COE) and the Vietnam Ministry of Defense (MOD) to support prevention interventions across all areas of abstinence and be faithful and other prevention for members of the uniformed services. PEPFAR will support the MOD to train 300 peer educators to reach 15,000 new recruits and 80,000 upstream service members. FY07 programs offer a comprehensive ABC approach to HIV prevention. Specific AB components are described in the complementary MOD AB narrative.

Through the PACOM/COE partnership with the MOD, PEPFAR will fund sustainable peer education in support of comprehensive ABC prevention programs for new recruits, service personnel and their family members. FY07 peer education components include development of training and educational materials in close cooperation with other PEPFAR partners, training of trainers (TOT), recruitment and training of 300 peer educators, and community based peer outreach activities for uniformed service members. These behavior change tools will address gender through male norms and behaviors that lead to risk for HIV infection. Peer education activities will extend beyond improved knowledge or awareness of HIV to provide individuals with motivation and skills to adopt safer behaviors in the context of youth, high mobility, family separation and easy access to commercial sex. Through improved commitment to HIV prevention (DOD Policy/System Strengthening), MOD will support appropriate correct and consistent condom use to promote HIV prevention.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9478

**Related Activity:** 15402

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9478	5826.07	Department of Defense	Ministry of Defense, Vietnam	5179	3095.07	Ministry of Defense	\$0
5826	5826.06	Department of Defense	US Department of Defence/Pacific Command	3109	3109.06		\$55,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15402	10043.08	7130	3109.08	Center of Excellence	US Department of Defence/Pacific Command	\$230,000

### Emphasis Areas

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* In-Service Training

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	15	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	43,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	False

### Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Adults (25 and over)

Men

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 9602.08

**Activity System ID:** 15304

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$200,000

**Activity Narrative:** Pact sub-partner: Population Services International (PSI)

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- PSI was selected to implement this activity in FY07 as a Pact sub-partner and will complete the pilot intervention in FY08. Lessons learned from the pilot will be shared with other existing outreach programs to inform program improvement.

**FY07 Activity Narrative:**

The funds for this activity will support a targeted program for commercial sex workers (CSWs) who are injecting drug users (IDUs), including a needs assessment and development of an innovative outreach model targeting this high-risk group. The goal of the activity is to provide equitable access to HIV prevention programs and meet the needs of this group of vulnerable women. The overall objective of the outreach activity will be to reach CSWs who are at double jeopardy of HIV infection through commercial sex work and injecting drug use.

Recent anecdotal and observational evidence suggests that CSW/IDUs (CSW who also inject) are an increasing concern. Greater numbers of sex workers are also IDUs, and injecting drug use may serve as a catalyst for initiation of sex work. In some cases women use drugs because they have IDU boyfriends or partners. Others enter sex work to pay for drug habits, and some start drug use after entering into sex work. Based on recommendations from a 2006 PEPFAR Prevention Technical Assistance visit, PSI will conduct a needs assessment in both Hai Phong and Ho Chi Minh City (HCMC) to better understand factors that lead to injecting drug use among this target population and identify gaps within current programs to design and develop an innovative outreach model. Following the assessment and development of an evidence-based model, PSI will train 15-20 outreach workers to pilot the model in Hai Phong. These outreach workers will reach 250 women during the program year.

In this initial phase, PSI will conduct a needs assessment: reviewing existing evidence and gathering field data in two key focus provinces where the epidemic is most severe. The assessment will employ confidential individual and group interviews. Detailed information will be collected on the numbers of CSW/IDUs, their risky behaviors, and their current knowledge of and access to risk reduction products and services. This will include formative research with IDUs and CSWs and will explore specific factors influencing initiation into injecting drug use. This will be closely coordinated with a planned 2006 Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) assessment of nationwide risk reduction HIV prevention activities.

Based on the needs assessment, PSI will develop an innovative intervention model targeting CSW/IDUs. The model may include special forms of outreach for CSW/IDUs to increase access to and knowledge of prevention options (including male & female condoms), promote safer sexual practices and safe injecting practices through behavior change communication (BCC), and promote uptake of VCT. The program will ensure linkages to other services for substance counseling, STI treatment, and care & support. PSI will provide concrete advice on key elements and strategies for CSW/IDU interventions, and suggestions for improving referrals. The PEPFAR provincial outreach coordinators will work with PSI to ensure recommendations are included in new and innovative program activities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9602

**Related Activity:** 15292, 15268, 15253, 15254,  
15245

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9602	9602.07	U.S. Agency for International Development	Pact, Inc.	5237	5237.07	Community REACH	\$350,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15245	9600.08	7104	3107.08		Family Health International	\$100,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training

- \*\*\* Pre-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Hai Phong

Ho Chi Minh City

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 12291.08

**Activity System ID:** 15305

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$300,000

**Activity Narrative:** Pact sub-partner: Pathfinder

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- Through FY07 funding, Pathfinder will expand the implementation of its comprehensive curriculum for HIV prevention -- including substance abuse prevention and treatment -- beyond the Hai Phong Medical University (HPMU) to the Hai Phong Secondary Medical School (HPSMS). This will provide training not only for physicians, but also nursing staff who frequently contact clients at risk of HIV infection through substance abuse or other risky behaviors.
- FY08 funds will be used to implement the curriculum developed through FY07 support. Pathfinder will conduct updates in substance abuse prevention and counseling and active teaching methods at HPMU and HPSMS. Classroom and practicum teaching will be monitored and feedback provided. The medical pre-service program will collaborate with PEPFAR and other donor-supported programs in Hai Phong, including Family Health International's (FHI) training initiative for addiction counselors and case managers, and the newly approved methadone pilot program, both of which provide an opportunity for field-based practicum for medical students and nurses. With FY08 funds, a total of 630 individuals will be trained to promote HIV/AIDS prevention. Pact Vietnam will work closely with the Pathfinder team to provide technical and financial management assistance for all program activities.
- Pathfinder staff and Hai Phong medical personnel will share the curriculum and project experiences with a technical support working group consisting of representatives of all eight Vietnamese medical universities, the Ministry of Health (MOH) and the Ministry of Education and Training (MOET). This will include representation of selected secondary medical schools in PEPFAR focus provinces.

**FY07 Activity Narrative:**

Building on experience working with Vietnam's medical education system, the Ministry of Health and Ministry of Education and Training, Pathfinder International will introduce HIV prevention training into the six-year undergraduate medical program in Vietnam.

Through a pilot initiative, Pathfinder will develop a framework for integrating a comprehensive, skill-oriented curriculum for HIV prevention, including substance abuse prevention and treatment, at Hai Phong Medical School and one other medical school to be selected in discussion with the Ministry of Health, Ministry of Education and Training, the Vietnam PEPFAR team and others. Working closely with the dean board and relevant departments, Pathfinder will provide technical assistance to conduct a needs assessment, identify gaps in the current curriculum, propose new or updated topics to be taught, develop a clinical rotation plan, and provide selective HIV prevention technical updates to faculty members and staff.

The project will begin in Hai Phong Medical School, a current partner of Pathfinder's reproductive health medical education project. Pathfinder will collaborate with PEPFAR-supported programs operating in Hai Phong, including FHI's training initiative for addiction counselors and case managers, and the newly approved methadone pilot program, both of which provide an opportunity for field-based practicum for medical students. Technical inputs, particularly related to substance abuse prevention and counseling, will be provided from UCSF experts with experience working in Vietnam.

Pathfinder will ensure strong engagement of other medical and secondary medical schools in the project, which will facilitate the application of the new prevention curriculum within other medical schools and adapted for use in the secondary medical schools and in university-level nursing and pharmacy programs. Efforts this year will focus on developing the framework for integrating an HIV prevention curriculum, conducting a needs assessment, and providing select technical updates to faculty and staff of Hai Phong Medical School, all of which will readily be taken-up in the following year on a broader scale.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12291

**Related Activity:** 15292, 15253, 15254, 15970, 15245

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12291	12291.07	U.S. Agency for International Development	Pact, Inc.	5237	5237.07	Community REACH	\$460,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15245	9600.08	7104	3107.08		Family Health International	\$100,000
15970	15970.08	7104	3107.08		Family Health International	\$225,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	630	False

## Target Populations

### Other

Teachers

## Coverage Areas

Hai Phong

Table 3.3.05: Activities by Funding Mechanism

**Mechanism ID:** 3115.08

**Mechanism:** Health Policy Initiative

**Prime Partner:** Constella Futures Group

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 5823.08

**Planned Funds:** \$0

**Activity System ID:** 15349

**Activity Narrative:** HPI: PwP training

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- The core team of prevention trainers will be expanded from 120 to 200 in FY08, and refresher trainings will be provided to the original trainers.
- The trainers will design and facilitate five workshops in each PEPFAR focus province to train approximately 8,000 PLWHA in community outreach.
- An additional 25 condom service outlets will be supported, bringing the total to 60.

FY07 Activity Narrative:

Health Policy Initiative (HPI) leads PEPFAR partners' support for MOH prevention with positives programming in Vietnam. PEPFAR will support HPI to develop prevention with positives training module based on guidance from HHS/CDC HIV/AIDS Prevention Branch and OGAC, to establish a core of 120 PLWHA trainers on prevention with positives messaging. Three thousand and five hundred people will be trained to promote HIV prevention messages.

These activities promote the Vietnam National HIV/AIDS Strategy, ensuring greater PLWHA involvement and addressing stigma/discrimination reduction as outlined in the PEPFAR Vietnam 5-Year Strategy. This activity targets PLWHA in geographic areas where the epidemic is the most severe. The interventions form part of a structured approach that includes multiple exposures to prevention messages and links to other relevant services including counseling and testing.

In collaboration with PLWHA groups, an HPI-trained team of 10 will develop and test prevention with positives training module. The module will promote behavior change communication (BCC) through skills-building to adopt safer behaviors employing a range of prevention methods. The module will teach life skills, counseling (including referral for addiction treatment), and will address difficulties faced by women, and male norms and behaviors. Specific interventions will address HIV re-infection and provide support for PLWHA by providing clear referrals to the network model in the seven focus provinces.

The module will be used to develop a core group of 120 PLWHA prevention trainers. Drawn from existing PLWHA groups, including Bright Futures, trainers will conduct workshops to build capacity among members of one or more PLWHA groups from each of the seven focus provinces. This will also boost local organization capacity as well as development of networks, linkages and referral systems. Trainers will establish relationships with other service providers, including CT and outpatient clinic (OPC) sites, to enable mutual referral among trainers and service providers. The 120 PLWHA prevention trainers will hold workshops for PLWHA groups and other service providers in the seven focus provinces. Three workshops in each province (total 21) will train 3500 participants to teach PLWHA abstinence or faithfulness or correct and consistent condom use as appropriate, establish condom outlets, and mobilize communities to promote safer behaviors. Condoms will be provided to groups and individuals as a component of the training on a regular basis. A component of this activity will link with other Emergency Plan prevention activities to ensure that PLHA groups are provided with regular and adequate supplies of condoms.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9626

**Related Activity:** 15352

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9626	5823.07	U.S. Agency for International Development	The Futures Group International	5163	3115.07	Health Policy Initiative (HPI)	\$210,000
5823	5823.06	U.S. Agency for International Development	The Futures Group International	3115	3115.06	Policy Dialogue and Implementation-TO1	\$150,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15352	5804.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	0	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3107.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 9600.08	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 15245	

**Activity Narrative:** FHI: BCC Coordination

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- Family Health International was selected to implement this FY07 TBD activity.
- FY07 plans called for provincial outreach coordinators in four PEPFAR focus provinces. Through FY08, the USG team will support FHI placement of provincial outreach coordinators in nine provinces where the epidemic is most severe.

**FY07 Activity Narrative:**

Both HVAB and HVOP funding will support PEPFAR outreach coordinators the four focus provinces where the country's epidemic is most severe, namely Hanoi, Haiphong, Quang Ninh and HCMC. Provincial outreach coordinators will: coordinate all PEPFAR BCC activities; and ensure the coordination of PEPFAR activities with other activities sponsored by government and other donors at the provincial level. In accordance with Vietnam's National HIV/AIDS Strategy to employ proactive behavior change communication to reduce HIV transmission, TBD partner will place a provincial outreach and referral coordinator in each of the four focus provinces. Provincial coordinators will be responsible for thousands of upstream targets reached through improved scope and scale of PEPFAR and other BCC programs.

The coordinators will be employed through a local or international non-governmental organization (NGO) to synchronize efforts with the Provincial AIDS Committee (PAC), and will sit inside the PAC. They will work closely with Provincial Health Departments. Each provincial outreach coordinator will serve as a focal point for all BCC including, but not limited to, injecting drug users (IDU), commercial sex workers (CSW) and men having sex with men (MSM) as well as referrals to prevention, care and treatment and an increasing array of drug and alcohol abuse treatment services.

Provincial coordinators will develop and maintain comprehensive knowledge of all BCC activities supported by PEPFAR, government agencies and other donors. They will facilitate ongoing monitoring and evaluation of outreach programs to ensure programs prioritize key prevention messages and that quality prevention programming is mainstreamed into care and treatment services for clients and their families. Coordinators will facilitate regular meetings among PEPFAR and other staff to ensure maximum coverage of target populations, to facilitate dovetailing of donors' efforts, to improve BCC efforts and to minimize waste or overlap. As suggested by 2006 PEPFAR Prevention Technical Assistance visits, outreach coordinators will bear particular oversight responsibility for BCC innovations targeting establishment-based sex workers, hidden drug users and vulnerable youth to ensure equitable access to HIV prevention services. The coordinator position will serve as a model for VAAC and PACs, allowing the government to sustain these activities with little additional financial input.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9600

**Related Activity:** 15268, 15292, 15253, 15254, 15240

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24670	9600.24670.09	U.S. Agency for International Development	Family Health International	10533	3107.09	USAID-FHI	\$2,132,089
9600	9600.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$50,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15240	9486.08	7104	3107.08		Family Health International	\$100,000
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15254	12260.08	7104	3107.08		Family Health International	\$300,000

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

An Giang

Can Tho

Ha Noi

Hai Phong

Lai Chau

Nghe An

Quang Ninh

Son La

Dien Bien

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 10207.08

**Activity System ID:** 15253

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$2,907,562

## Activity Narrative: FHI: Outreach

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- From October 2006 through July 2007 FHI has provided BCC to 177,000 most-at-risk populations. Many were potential CSW clients reached through the “Live Like A Real Man” campaign targeting men in entertainment establishments where commercial sex may be arranged. Follow-on CSW client work was competitively awarded to a consortium of partners led by PSI. Hence, FY 08 target numbers will be lower than FY07 figures.
- The FY08 PEPFAR prevention strategy will sharpen partners' focus on high risk populations to increase capacity, improve VCT uptake and offer more services at MARP friendly community sites and on an outreach basis. Drop-in centers for MARPs will be enhanced with services such as job placement and skills training to increase first-time and repeat visits.
- Highly trained case managers will reduce program management functions to provide addiction counseling for IDU on a regular basis. Linkages and integration of prevention interventions into “one-stop” centers will be promoted so that services are consolidated and efficient.
- Through FY08 funding, FHI community outreach programs will scale up to include prevention activities in 10 provinces where PEPFAR works. In one or more provinces FHI will be the primary partner providing HIV prevention, care and treatment services for an entire province, in close partnership with the MOH VAAC. Targets will include 21,000 IDU; 31,000 FSW; 40,000 current or potential clients of sex workers (truckers); 29,000 MSM; and will train 100 peers in discordant couple counseling skills.
- FHI will also receive FY08 funding to support programming for truck drivers, a population identified as engaging in high-risk behavior with female sex workers, along the national highway corridor. Peer outreach workers and health educators will intercept men at truck stops and other locations along the national highway to encourage reduced use of commercial sex workers as part of a comprehensive ABC prevention strategy.

### FY07 Activity Narrative:

PEPFAR supports Family Health International (FHI) to take the lead NGO role working with MOH to promote health education outreach for high risk clients. FHI plays a strong role in prevention for commercial sex worker (CSW) clients (with new Pact TBD partner 9494) and PLWHA (through cooperation with HPI). This activity will reach the following most at-risk populations with effective ABC behavior change communication; 14,000 IDU, 22,000 FSW, 70,000 current or potential clients of sex workers, 14,400 MSM; and will train 100 peers in discordant couple counseling skills. Interventions will incorporate OGAC technical guidance on ABC and IDU prevention programming, and the PEPFAR Vietnam Five-year Strategy to avert HIV infections. FHI will implement high quality HIV prevention services targeting key populations and geographic areas where Vietnam's epidemic is most severe.

All BCC outreach activities are coordinated with the PEPFAR-supported provincial outreach coordinators to ensure coverage is efficient. FHI will support HIV prevention in the seven focus provinces, addressing unique needs of male and female injectors, in conjunction with MOH outreach (complementing districts with unmet needs). Health educators and peers will contact intravenous drug users (IDU), stressing the importance of learning HIV status to protect one's health and the health of their family. This interpersonal approach will encourage drug users to access the network model, including drop-in centers, where IDU have access to CT, care and treatment, and an array of drug and alcohol abuse treatment options. A methadone treatment program will be piloted in three focus provinces. For IDU who are unable to stop using, clients will be encouraged to avoid sharing injecting equipment and reduce other risky behaviors.

Building on FY05 and FY06 outreach and drop-in center activities, services will be expanded to Lang Son and Khanh Hoa provinces where significant IDU populations are found. FHI will develop the provinces of Quang Ninh, Haiphong, Ho Chi Minh City (HCMC), and Lang Son as learning sites to build capacity of government agencies and other donors. In-country study tours will foster local capacity, leverage other resources and build sustained national capacity to address local HIV prevention needs.

FHI will scale up targeted behavior change interventions for female sex workers (FSW) in Can Tho, HCMC, Hanoi, Haiphong, and three new provinces. Services for FSW include STI diagnosis and treatment, condom negotiation skills to ensure vulnerable women are empowered to prevent HIV infection, links to vocational training for women who wish to leave sex work, and comprehensive network services. To facilitate women's equal access to HIV/AIDS services, “one-stop shop” model women's health clubs will be enhanced to offer CT and STI treatment as well as referral for OI prophylaxis, PMTCT and ART treatment. Women who desire to leave prostitution will be referred to vocational training and job placement. Women who require assistance with substance abuse problems will have access to an increasing array of treatment options to include counseling and, potentially, medication assisted therapy.

FHI will target clients and potential clients of sex workers to change male norms, reducing transactional sex and multiple partners in the seven focus provinces, in conjunction with the Pact/TBD “Live Like a Real Man” program, and coordinated by the outreach coordinator to maximize coverage. FY07 efforts will expand interpersonal outreach as teams of trained educators explain the risks to health, family, and employment associated with visiting sex workers. For men who are unable to remain faithful to one partner, outreach workers will promote partner reduction and correct, consistent condom use.

FHI will employ a range of activities to address issues of discrimination and the double stigma attached to MSM. Current programs advocate a comprehensive ABC approach to HIV prevention with interactive outreach programs and drop-in centers where MSM can access an integrated network model. Programs will be scaled up in Ho Chi Minh City (HCMC), Hanoi, Can Tho, Khanh Hoa and a new site in Ha Long. FHI will expand outreach in MSM hotspots identified through mapping of bars, dance clubs, cafes, sauna-massage locations and public “cruising” areas. MSM learning centers will be established with help from staff of local NGO SHAPC in Hanoi, and HCMC-PAC will provide technical assistance (TA) for scale-up of interventions

**Activity Narrative:** at new MSM intervention sites. Additionally, FHI will provide a sub-grant and technical assistance to the local non-governmental organization (NGO) Center of Investment for Health Promotion (CIHP) to develop internet-based efforts to reach men having sex with men (MSM). FHI will assist CIHP in training 45 MSM peer educators to provide prevention education, counseling, and referrals to 2,400 MSM through a website-based service. CIHP will develop a website with updated information on HIV/AIDS programs and services targeting MSM, including referral for CT, MSM drop-in centers offering peer support, MSM outreach programs/support clubs offering access to condoms and additional information and education.

Increasing incidence of HIV among partners of drug users necessitates effective interventions among discordant couples, to empower women to refuse unsafe sexual practices, and encourage correct and consistent condom use. FHI will leverage existing structures, supporting PLWHA groups to use peer counseling and group meetings in districts in 10 PEPFAR focus provinces. FHI will create links and stronger referral between OPCs and treatment services for discordant couples. Condoms will be provided and promoted intensively during outreach opportunities and at all drop-in-centers for FSW, MSM and IDU, and outpatient centers (OPCs).

Plus up funds will be used to support and expand two peer education and outreach activities.

1. Family Health International and its local partners will train 100 non-using peer educators who will provide support to an estimated 2,500 recovering drug users who are in the process of transitioning from rehabilitation centers to their communities. These peers will provide a critical role in helping recovering drug users to stabilize their lives, specifically in the area of drug use relapse prevention and accessing drug treatment services, VCT, and, if HIV+, care and treatment services. They will work in existing PEPFAR focus provinces of Ho Chi Minh City, An Giang, Can Tho, Hanoi, Hai Phong, and Quang Ninh. Existing peer educators who have remained off of drugs will assist in training new peers. In collaboration with case managers, non-using peer educators will lead support groups for recovering drug users and assist them to stay off of drugs.

2. Family Health International will work with its local partners to train 200 peer educators who will provide HIV risk reduction information and motivation support to an estimated 2,000 female sex workers (FSW), 1,500 injection drug users (IDU), and 1,000 men who have sex with men (MSM). These peers will be drawn from areas within the PEPFAR focus provinces of Ho Chi Minh City, An Giang, Can Tho, Hanoi, Hai PHong, and Quang Ninh that lack sufficient coverage. Urban areas in 2-3 non-focus provinces will be selected in discussion with the PEPFAR Vietnam Team. These will be areas where there are large concentrations of former drug users who are leaving rehabilitation centers and moving back to their communities. Mappings of high concentrations of FSW, IDU, and MSM will be used to plan which areas are in need of peer programming.

FHI staff together with trained peers will scale up these interventions.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10207

**Related Activity:** 15252, 15268, 15254, 15258

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10207		U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$1,850,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15252	9480.08	7104	3107.08		Family Health International	\$222,561
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000
15258	9508.08	7104	3107.08		Family Health International	\$1,360,000

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	350	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	121,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	670	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

### Other

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh  
Khanh Hoa  
An Giang  
Can Tho  
Hai Phong  
Ha Noi  
Ho Chi Minh City  
Lai Chau  
Nghe An  
Dien Bien  
Son La

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 12260.08

**Activity System ID:** 15254

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$300,000

**Activity Narrative:** FHI: Addiction Counseling

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- FHI has trained and placed 50 case managers/addiction counselors to support drug abuse and relapse prevention. In FY08, an additional 50 case managers will be trained to provide addiction counseling services in five additional provinces. Additionally, continuing education activities to build advanced counseling skills will be provided to the previously trained case managers.
- Case managers will be trained to provide individual, group and family counseling through peer support groups, partner and family education groups, and community education activities.
- Case managers will be stationed at additional approved methadone implementation sites to support relapse prevention and promote other complementary services, such as CT, care and treatment, and peer support.
- Approximately 3,000 high-risk individuals will be reached by the case managers with activities that promote HIV/AIDS prevention through behavior change beyond abstinence and/or being faithful.

**FY07 Activity Narrative:**

Family Health International will continue to build the capacity and skills of individuals who have been trained in addictions counseling and case management. This cadre of approximately 30 new professionals was initially trained in 2006 but requires continual skill upgrading to meet the demands of approximately 2,000 recovering drug users with services and strategies that promote drug use relapse prevention, drug treatment, including methadone, and HIV prevention. Case managers will also help HIV+ drug users with ARV drug adherence. They are currently stationed in existing outreach centers for drug users or outpatient care (OPC) clinics in the existing PEPFAR focus provinces of Ho Chi Minh City, An Giang, Can Tho, Hanoi, Hai Phong, and Quang Ninh. Metropolitan areas of other provinces will be added where an expressed need is identified in collaboration with PEPFAR partners.

These case managers build off of the experience from work started in the previous year in Ho Chi Minh City under the 06 center pilot for recovering drug users leaving rehabilitation centers. More experienced case managers from Ho Chi Minh City who have undergone a training-of-trainers program will serve as trainers for new recruits in other provinces. They will provide training in helping recovering drug users understand and negotiate solutions to their drug cravings, relapse triggers, and family and social support issues. They will also help them to set up local non-drug using peer support groups. Case managers will also be stationed in methadone sites. Finally, case managers will remain up-to-date on the building array of services available in localities and ensure that their clients are actively taking advantage of these services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12260

**Related Activity:** 15268, 15292, 15253

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12260	12260.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15268	5811.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$255,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

## Coverage Areas

Quang Ninh  
An Giang  
Can Tho  
Hai Phong  
Ha Noi  
Ho Chi Minh City  
Nghe An

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 5170.08

**Prime Partner:** Ministry of Health, Vietnam

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5810.08

**Activity System ID:** 15292

**Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$1,350,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- As of April 2007, an estimated 120,000 high-risk individuals had been reached through peer outreach and provided with BCC messages and risk reduction counseling. In the first six months of FY 07 alone, 10,626 new clients were reached, and two MARP-friendly community centers were established in Hai Phong and Quang Ninh.
- In FY08, PEPFAR will support MOH to continue to improve the quality of outreach services through quality assurance mechanisms, refresher training, and ongoing technical support for peer educators. Linkages/referrals between community outreach and VCT, HIV care and treatment services, STI services for high-risk individuals, drug treatment, and job placement services will continue to be strengthened. Enhanced risk reduction counseling, addiction and relapse prevention services will be added to the current service package at MARP-friendly community centers. Options for integrating VCT and STI services in these centers will be explored to improve access to care among high-risk populations.
- With PEPFAR support, outreach activities will be maintained in 29 provinces with expansion in focus or high priority provinces to improve population coverage (see uploaded Geographic Coverage document). Efforts will also be made to reach sexual partners of high-risk people through facilitating partner notification/referrals among IDU, CSW and PLWHA.
- In FY08, 42,000 high-risk individuals will be reached with high quality BCC services, and 500 individuals will be trained in promoting HIV prevention.

FY07 Activity Narrative:

The MOH takes the lead in peer-driven outreach for intravenous drug users (IDU) and commercial sex workers (CSW) in focus- as well as non-focus provinces. PEPFAR will partner with MOH to train 480 outreach workers in behavior change communication (BCC) for HIV prevention targeting 22,000 IDU, 8,000 CSW, and 1,500 former residents of government centers for rehabilitating drug users (06 centers). These activities support drug use and sex work reduction goals outlined in the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam Five-Year Strategy.

With PEPFAR support, and with overall coordination of BCC interventions led by outreach coordinators, 460 peer educators will give IDU (27 provinces) and CSW (nine provinces) relevant motivation and skills to adopt safer behaviors. At-risk individuals will receive condoms and will be referred to network services including counseling and testing, care and treatment, drug and alcohol abuse treatment options, and STI services. Outreach workers will refer clients to peer support groups, drop-in centers, vocational skills training, and job placement. Tailored interpersonal strategies will ensure equitable access to HIV/AIDS services for drug-using CSW (based on CSW/IDU needs assessment results), establishment-based CSW (with participation of establishment owners), and cell phone-based or scooter-based CSW. While MOH outreach provides extensive coverage in multiple provinces, peer interventions will be planned in cooperation with outreach coordinators to avoid redundancy in districts where other outreach partners (FHI, TBD-PSI follow-on, Save US, Medicins du Monde (MdM) France, and non-USG funded) work.

FY07 funds will also support the MOH pilot of HIV/AIDS Prevention and Education Centers in the 7 PEPFAR focus provinces. These centers will offer space for group meetings, refresher training courses, and for clients to learn risk reduction skills. Outreach coordinators will host coordination meetings and training sessions in Prevention and Education Centers, facilitating networking among different outreach groups and other service providers.

An additional 20 specialized peer educators will target former 06 center residents as they return to home communities in Hanoi and Haiphong. Both center-based and community-based non-using peers will receive training of trainers (TOT) training, learning to counsel former residents to prevent relapse, and refer them to counseling and testing, HIV care and treatment, case managers, and employment.

PEPFAR funds will support three regional workshops for networking among outreach staff, managers, key officials, health staff, community workers and others who serve at-risk populations. The workshops will provide a forum for: promotion of best practices and standard service packages; exchanges of lessons learned and results dissemination; and enhancing coordination among different donors and programs.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9627

**Related Activity:** 15253, 15254, 15293, 15296

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24580	5810.24580.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	10502	5170.09	Vietnam Administration for HIV/AIDS Control (VAAC)	\$339,684
9627	5810.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$900,000
5810	5810.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$675,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15296	5325.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,900,000

### Emphasis Areas

#### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

#### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	42,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

### Other

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

An Giang  
Ba Ria-Vung Tau  
Bac Ninh  
Bin Duong  
Binh Thuan  
Can Tho  
Cao Bang  
Da Nang  
Ha Noi  
Ha Tay  
Hai Duong  
Hai Phong  
Hoa Binh  
Khanh Hoa  
Lang Son  
Long An  
Nam Dinh  
Nghe An  
Quang Nam  
Quang Ninh  
Soc Trang  
Son La  
Tay Ninh  
Thai Binh  
Thai Nguyen  
Thanh Hoa  
Vinh Long  
Ken Giang

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 3093.08

**Prime Partner:** Ho Chi Minh City Provincial  
AIDS Committee

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5811.08

**Activity System ID:** 15268

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$255,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- In the first six months of FY07, 3,582 new high-risk individuals were contacted through peer outreach and provided with BCC messages and risk reduction counseling. Of these, 1,692 (47%) received voluntary counseling and testing services. Peer education and referral services were also provided to 1,200 residents in Nhi Xuan rehabilitation center. A core group of 10 non-using peer educators was formed to provide HIV and relapse prevention services to returnees from rehabilitation centers in collaboration with drug addiction counselors/case managers in Districts 1 and 4.
- In FY08, PEPFAR will continue to support HCMC-PAC to improve the quality of outreach services through quality assurance mechanisms, refresher training, and ongoing technical support for peer educators. Linkages/referrals between community outreach and VCT, HIV care and treatment services, STI services for high-risk individuals, drug treatment, and job placement services will continue to be strengthened. Enhanced risk reduction counseling, addiction and relapse prevention services will be added to the current service package at MARP-friendly community centers.
- In FY08, PEPFAR will support HCMC-PAC to expand peer outreach activities into two additional districts: Binh Chanh and Go Vap. With PEPFAR support, HCMC-PAC will hire 32 health educators in Districts 1, 3, 10, and Binh Thanh to adequately address the needs of establishment-based CSWs. Health educators will be part-time female students studying medicine/health or the social sciences. In addition, HCMC-PAC will pilot the provision of HIV prevention messages to migrant workers in their temporary housing in Binh Chanh and District 7. Collaborators will be professional health workers and respected elders in the community. Efforts will also be made to reach sexual partners of high-risk people through facilitating partner notification/referrals among IDU, CSW and PLWHA.
- In FY08, 14,000 high-risk individuals will be reached with high quality BCC services, and 200 individuals will be trained in promoting HIV prevention.

FY07 Activity Narrative:

The Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC) takes the lead on peer driven outreach in HCMC, coordinating all HIV services and assisting former residents of government centers for rehabilitating drug users (06 centers), reintegrate into home communities. PEPFAR will partner with HCMC-PAC to train 90 peer educators in behavior change communication (BCC) for HIV prevention targeting intravenous drug users (IDU), commercial sex workers (CSW) and their partners. HCMC-PAC peer educators will reach 4,000 IDU, 3,500 CSW, and 2,500 former 06 center residents. These activities support drug use and sex work reduction goals outlined in the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam Five-Year Strategy. PEPFAR will work closely with the HCMC-PAC to provide financial and technical assistance for implementation, monitoring, and evaluation.

With PEPFAR support, 64 trained peer educators will teach at-risk populations skills to adopt safer behaviors and how to access network services such as counseling and testing, care and treatment, an array of drug and alcohol abuse treatment options, and STI services. High-risk individuals will receive condoms as part of a comprehensive ABC approach to reduce risk from drug injection and commercial sex. Outreach workers will refer clients to peer support groups, drop-in centers, vocational skills training, and job placement. PEPFAR will fund continued outreach in HCMC Districts 1, 2, 4, and 10; however, the 2006 outreach assessment will inform innovative interpersonal strategies to improve equitable access to HIV/AIDS services for drug-using CSW, establishment-based CSW, and cell phone-based or scooter-based CSW. Though many donors sponsor outreach in HCMC, peer interventions will be planned in cooperation with the HCMC provincial outreach coordinator to avoid redundancy in districts where other partners (FHI, TBD-PSI follow-on, Save US, MdM France, and non-USG funded) work.

FY07 funds will also support a HCMC-PAC HIV/AIDS Prevention and Education Center. This center will offer space for group meetings, refresher training, and for clients to learn risk reduction skills. The HCMC provincial outreach coordinator will host coordination meetings and training sessions in the Prevention and Education Center, facilitating networking among different outreach groups and other service providers.

PEPFAR will build on the foundation of an FY06 pilot for comprehensive release planning and aftercare for residents of the Nhi Xuan 06 center. To strengthen traditional outreach in target districts an additional 26 non-drug using peer educators will target former Nhi Xuan 06 center residents as they return to home communities and to the Nhi Xuan industrial zone. Both center-based and community-based non-using peers will counsel former residents to prevent relapse and refer them to counseling and testing, HIV care and treatment, case managers, and employment services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9625

**Related Activity:** 15253, 15254, 15269, 15272

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24569	5811.24569.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$329,250
24568	5811.24568.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$100,000
9625	5811.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$170,000
5811	5811.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$78,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15253	10207.08	7104	3107.08		Family Health International	\$2,907,562
15254	12260.08	7104	3107.08		Family Health International	\$300,000
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
15272	9509.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$520,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	14,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

### Other

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Ho Chi Minh City

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 19467.08

**Activity System ID:** 19467

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$200,000

**Activity Narrative:** FHI: Sustainable addictions training

International evidence supports the efficacy of a skilled and well-trained addiction workforce to reduce drug use, criminal activity and sexual behavior that place individuals at high risk for HIV infection. Recognizing that heroin injection remains the upstream cause of most new HIV infections in Vietnam, PEPFAR has invested significant resources to recruit and train 50 professional drug addiction counselors since 2005. High demand for these key staff and tremendous unmet needs among clients highlight the need for a sustainable system of training and professional development for future leaders in the substance abuse field. The system must reinforce skills in case management and evidence-based substance abuse treatment to develop a workforce of competent health care, social service and law enforcement professionals for clients whose drug using behaviors place them at risk. To this end, FHI will implement a capacity building program to develop an addiction workforce through technical assistance and training for treatment providers, social workers and related professional groups. Through this process, FHI will also develop and maintain an interdisciplinary consortium of health care and related fields, and government personnel knowledgeable about research-based approaches to substance abuse treatment and recovery.

This activity has 3 components. First, partners will develop basic training courses on the principles of addiction and the relationship between addiction and HIV and other infectious diseases. These basic courses will offered to staff from a cross-section of agencies that serve populations at high risk for substance abuse and HIV infection. Examples include staff from government and non-governmental organizations (NGOs) involved in home- and clinic-based HIV care and treatment, government social workers who monitor current and former drug users in the community, medical and other public health students, and outreach workers supported by PEPFAR and other donors. Through this component PEPFAR will train 100 individuals in the basics principles of addiction.

Second, FHI will provide a basic introductory course on addiction counseling, promoting comprehensive and consistent service, for international NGOs and government organizations. An advanced course on addiction counseling will improve skills of those already trained but in need of specialized training for work with families, adolescents or other groups affected by addiction. Two training of trainer sessions (TOT) will provide for continuation beyond the life of this activity and publication of the curricula will enable sustained training for future drug counselors. Through this component PEPFAR will train 40 individuals as professional addictions counselors.

Through the third component, FHI will expand efforts to train DOLISA social workers as case managers for recovering drug users. Basic social work principles will refocus function from parole officer to that of supportive case manager, responsible for following up with drug users in the community and referring them to needed HIV care, addiction services, and vocational and other training and support. Basic case manager training will be supported by advanced guidance on working with special populations, the family and youth. An advanced course will be provided to case manager supervisors in the selected province. Program evaluation will be accomplished through routine data collection. Through this component PEPFAR will train 50 individuals.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.05: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3102.08	<b>Mechanism:</b> Community REACH Vietnam
<b>Prime Partner:</b> Pact, Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 19471.08	<b>Planned Funds:</b> \$700,000
<b>Activity System ID:</b> 19471	

**Activity Narrative:** Pact sub-partner: Save the Children US

This is a continuing activity from FY 07. The narrative below is unchanged from the FY 07 COP. Major updates to this activity since approval in the 2007 COP are:

- The program will expand to an additional province – Hai Phong – with a large population of both high-risk youth and IDU.
- The program will expand to address the specific prevention needs of both male and female out-of-school and high-risk youth.
- The TBD partner will adapt and apply components of the evidence-based Program H intervention to address male norms of sexual and drug using behavior that contribute to the spread of HIV.
- The program will develop a system to identify and recognize “model” youth clubs and to support the sharing of lessons learned between these and newly formed clubs.
- To help young men in the program better understand and appreciate women’s perspectives on gender roles and HIV risk, some innovative program components will be developed to foster positive communication between male club members and female peers.
- The program will establish a partnership with a local NGO to train motorcycle taxi drivers to distribute condoms, counsel and support young men to use condoms, and provide referrals to other services when giving rides to/from places of work and entertainment establishments, or while waiting outside such locations.
- At least 50 condom service outlets will be established in strategic locations in FY 08. These condom service outlets will be supplied through the TBD condom social marketing program, and will provide supplementary risk reduction education through linkages to this program.
- The program will expand to double the number of individuals trained (1,000) and reached (60,000) through interactive one-on-one or small group peer education activities in FY 08.

**FY 07 Activity Narrative:**

In partnership with the Ministry of Education and Training (MOET) and TBD-PSI follow-on, Save US leads PEPFAR prevention activities targeting vulnerable youth with drug use prevention services. Save US will train 500 peer educators to provide HIV/AIDS prevention education and information on healthy lifestyles and related life skills training to 30,000 vulnerable youth in Quang Ninh, Hanoi and Ho Chi Minh City. This activity will be undertaken under the guidance of the outreach coordinators in targeted provinces. This activity strategically addresses one of the priorities identified in the PEPFAR Vietnam 5-year Strategy by reaching young men – a key bridge population.

This activity is a comprehensive and integrated HIV prevention initiative focused on drug demand reduction. It has three BCC components rooted in evidence-based best practices for BCC targeting youth. In close collaboration with TBD-PSI follow-on, the activity seeks to minimize the spread of HIV through injecting drug use by reaching at-risk populations to promote healthy decision making. Save US’ activity will target vulnerable youth who have not yet initiated drug use, while TBD-PSI follow-on will target current injecting drug users (IDU) and commercial sex workers (CSW). Save the Children/UK’s research on vulnerable children, conducted in five provinces as part of the PEPFAR-supported OVC assessment, as well as formative research conducted by TBD-PSI follow-on and Save US with PEPFAR support, will be used to help frame the work and identify target groups “hidden in plain view.” Ultimately, this work will also serve to inform activities that respond to a key recommendation of the PEPFAR Prevention Technical Assistance visit: integrating drug demand reduction into all prevention activities targeting vulnerable youth.

The first component is to train a cadre of peer educators who can serve as examples for youth to support them to adopt a healthy, drug-free lifestyle. A total of 500 peer educators (350 vulnerable youth also targeted in Save US’ prevention/AB program and 150 youth at particular risk of injecting drugs) will be trained to promote HIV/AIDS prevention through behavior change beyond AB. Peer educators will be trained to help young men both in and out of school to improve their communication and interpersonal skills and adopt healthy lifestyles in a manner that promotes HIV/AIDS prevention.

The second component of this activity is outreach and communication skills development. A total of 30,000 individuals ages 15-24, including students, street youth, and out-of-school youth, will be targeted. To increase coverage, outreach will be conducted via an array of both traditional and non-traditional venues, including schools and vocational training institutions, construction sites, industrial parks, and such entertainment establishments as Internet cafes. Young men at these sites will be reached by peer educators who promote behavior change and transfer relevant life skills. A variety of skills will be developed among targeted young men and youth, such as practicing negotiation and dialogue instead of violence and coercion to resolve conflict, practicing a healthy lifestyle, gender awareness, respect for girls, practicing safe sex, and saying no to drugs. This activity will also entail outreach to key gatekeepers, such as parents, teachers, business owners and law enforcement officials. Peer educators will also link young men with local service providers (e.g., CT, STI clinics and addictions counseling and treatment services) to ensure young men are able to access needed services.

The third component of this activity is the development and dissemination of information education communication (IEC) materials on HIV/AIDS prevention. Existing IEC materials that have proven effective in similar activities will be reproduced. New materials will be designed in collaboration with the target population to ensure they are easy to understand and that they support optimal HIV prevention through the full range of behavior change strategies. The materials will be distributed to young men at a range of sites, such as youth clubs, Internet cafes, and night clubs. Gatekeepers (e.g., teachers, parents, etc.) will also play a vital role in distributing the materials.

In all components, efforts will complement and reinforce the Pact media outreach program targeting young

**Activity Narrative:** male clients and potential clients of sex workers. While males targeted by the media and peer intervention are older (ages 18-35) than those targeted by Save US, both projects will conduct outreach in entertainment establishments. In anticipation of potential overlap of target populations and venues, Save US and the selected partner will coordinate IEC and BCC outreach messaging to ensure consistency, maximize resources, and minimize duplication.

Save US will partner with and build the capacity of local organizations to implement this activity, ensuring also that local organizations will be able to replicate and/or expand project activities in the future, thereby contributing to the sustainability of the effort. It will also seek to link with other PEPFAR partners and donor initiatives (e.g. Asian Development Bank's youth prevention program) to ensure efforts are coordinated and additive. Pact will monitor performance and quality of programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 19486.08

**Activity System ID:** 19486

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$500,000

**Activity Narrative:** act sub-partner: Save the Children US

This is a continuing activity from FY 07. The narrative below is unchanged from the FY 07 COP. Major updates to this activity since approval in the 2007 COP are:

- The program will expand to an additional province – Hai Phong – with a large population of both high-risk youth and IDU.
- The program will expand to address the specific prevention needs of both male and female out-of-school and high-risk youth.
- The TBD partner will adapt and apply components of the evidence-based Program H intervention to address male norms of sexual and drug using behavior that contribute to the spread of HIV.
- The program will develop a system to identify and recognize “model” youth clubs and to support the sharing of lessons learned between these and newly formed clubs.
- To help young men in the program better understand and appreciate women’s perspectives on gender roles and HIV risk, some innovative program components will be developed to foster positive communication between male club members and female peers.
- The program will establish a partnership with a local NGO to train motorcycle taxi drivers to distribute condoms, counsel and support young men to use condoms, and provide referrals to other services when giving rides to/from places of work and entertainment establishments, or while waiting outside such locations.
- At least 50 condom service outlets will be established in strategic locations in FY 08. These condom service outlets will be supplied through the TBD condom social marketing program, and will provide supplementary risk reduction education through linkages to this program.
- The program will expand to double the number of individuals trained (1,000) and reached (60,000) through interactive one-on-one or small group peer education activities in FY 08.

**FY 07 Activity Narrative:**

In partnership with the Ministry of Education and Training (MOET) and TBD-PSI follow-on, Save US leads PEPFAR prevention activities targeting vulnerable youth with drug use prevention services. Save US will train 500 peer educators to provide HIV/AIDS prevention education and information on healthy lifestyles and related life skills training to 30,000 vulnerable youth in Quang Ninh, Hanoi and Ho Chi Minh City. This activity will be undertaken under the guidance of the outreach coordinators in targeted provinces. This activity strategically addresses one of the priorities identified in the PEPFAR Vietnam 5-year Strategy by reaching young men – a key bridge population.

This activity is a comprehensive and integrated HIV prevention initiative focused on drug demand reduction. It has three BCC components rooted in evidence-based best practices for BCC targeting youth. In close collaboration with TBD-PSI follow-on, the activity seeks to minimize the spread of HIV through injecting drug use by reaching at-risk populations to promote healthy decision making. Save US’ activity will target vulnerable youth who have not yet initiated drug use, while TBD-PSI follow-on will target current injecting drug users (IDU) and commercial sex workers (CSW). Save the Children/UK’s research on vulnerable children, conducted in five provinces as part of the PEPFAR-supported OVC assessment, as well as formative research conducted by TBD-PSI follow-on and Save US with PEPFAR support, will be used to help frame the work and identify target groups “hidden in plain view.” Ultimately, this work will also serve to inform activities that respond to a key recommendation of the PEPFAR Prevention Technical Assistance visit: integrating drug demand reduction into all prevention activities targeting vulnerable youth.

The first component is to train a cadre of peer educators who can serve as examples for youth to support them to adopt a healthy, drug-free lifestyle. A total of 500 peer educators (350 vulnerable youth also targeted in Save US’ prevention/AB program and 150 youth at particular risk of injecting drugs) will be trained to promote HIV/AIDS prevention through behavior change beyond AB. Peer educators will be trained to help young men both in and out of school to improve their communication and interpersonal skills and adopt healthy lifestyles in a manner that promotes HIV/AIDS prevention.

The second component of this activity is outreach and communication skills development. A total of 30,000 individuals ages 15-24, including students, street youth, and out-of-school youth, will be targeted. To increase coverage, outreach will be conducted via an array of both traditional and non-traditional venues, including schools and vocational training institutions, construction sites, industrial parks, and such entertainment establishments as Internet cafes. Young men at these sites will be reached by peer educators who promote behavior change and transfer relevant life skills. A variety of skills will be developed among targeted young men and youth, such as practicing negotiation and dialogue instead of violence and coercion to resolve conflict, practicing a healthy lifestyle, gender awareness, respect for girls, practicing safe sex, and saying no to drugs. This activity will also entail outreach to key gatekeepers, such as parents, teachers, business owners and law enforcement officials. Peer educators will also link young men with local service providers (e.g., CT, STI clinics and addictions counseling and treatment services) to ensure young men are able to access needed services.

The third component of this activity is the development and dissemination of information education communication (IEC) materials on HIV/AIDS prevention. Existing IEC materials that have proven effective in similar activities will be reproduced. New materials will be designed in collaboration with the target population to ensure they are easy to understand and that they support optimal HIV prevention through the full range of behavior change strategies. The materials will be distributed to young men at a range of sites, such as youth clubs, Internet cafes, and night clubs. Gatekeepers (e.g., teachers, parents, etc.) will also play a vital role in distributing the materials.

In all components, efforts will complement and reinforce the Pact media outreach program targeting young

**Activity Narrative:** male clients and potential clients of sex workers. While males targeted by the media and peer intervention are older (ages 18-35) than those targeted by Save US, both projects will conduct outreach in entertainment establishments. In anticipation of potential overlap of target populations and venues, Save US and the selected partner will coordinate IEC and BCC outreach messaging to ensure consistency, maximize resources, and minimize duplication.

Save US will partner with and build the capacity of local organizations to implement this activity, ensuring also that local organizations will be able to replicate and/or expand project activities in the future, thereby contributing to the sustainability of the effort. It will also seek to link with other PEPFAR partners and donor initiatives (e.g. Asian Development Bank's youth prevention program) to ensure efforts are coordinated and additive. Pact will monitor performance and quality of programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

**Total Planned Funding for Program Area: \$15,100,000**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$642,000
Estimation of other dollars leveraged in FY 2008 for food	\$26,200

**Program Area Context:**

**CURRENT PROGRAM CONTEXT**

In Vietnam, clinical and community-based palliative care (CBC) and services for PLWHA is provided primarily in government of Vietnam (GVN) sites that are supported by PEPFAR and the Global Fund (GF), with assistance from a small number of community-based organizations, faith-based organizations, and non-PEPFAR supported NGOs. PEPFAR supports a collaborative network model based at both the clinic and community levels, providing a core package of services in line with OGAC recommendations. The Vietnam National HIV/AIDS Strategy includes a target of providing care and treatment to 90% of the estimated 302,000 PLWHA, and 100% of HIV-infected children, by 2010. The majority of those in need of care and support continue to be intravenous drug users (IDU), commercial sex workers (CSW), and their clients and families. Current coverage of care services nationwide is estimated at 12% of adults.

**KEY ACCOMPLISHMENTS**

PEPFAR has played a leading role in building a strong integrated network of CBCs to provide HIV-related services. Since 2004, some 40,000 PLWHA have received care in PEPFAR-funded clinical and community-based settings. Services will be expanded at the end of 2007 when a seventh focus province will begin scaling up care and support services. An eighth focus province has recently been selected for scale-up in FY08 (see Geographic Coverage document).

PEPFAR has supported the GVN in developing several key initiatives including: training and awareness-building for the new national HIV/AIDS law that supports community mobilization in the HIV/AIDS response; training based on national palliative care guidelines; development of national methadone guidelines and an implementation protocol; and development and training on HIV/AIDS diagnosis and treatment through a standardized national protocol. Six methadone sites will start providing services in Hai Phong and Ho Chi Minh City (HCMC) at the end of 2007 or early 2008; however, the number of clients able to access services will be limited by the government to 1,500 in the first year.

**OPPORTUNITIES/CHALLENGES**

Due to the concentrated nature of Vietnam's HIV epidemic in largely hidden and stigmatized IDUs and CSWs, providing quality care and monitoring for these populations and their children is challenging. The majority of HIV-infected persons are addicted to heroin, complicating drug adherence. Many residents in government rehabilitation centers for drug users (06 centers) have HIV/AIDS and have limited access to appropriate care services. Marginalized IDUs and CSWs continue to have difficulties in accessing employment and education counseling and social support services.

Rapid scale-up of palliative care services for PLWHA in a health system that has only begun caring comprehensively for HIV/AIDS patients in the last four years presents challenges in human resource capacity and coordination. Existing clinics are beginning to reach capacity due to space constraints, limited staff numbers, and/or staff turn-over. National pre- and in-service programs to provide training, re-training, and supportive supervision are being developed, yet the number of experienced local trainers is still limited. National level monitoring, reporting and evaluation to support the national M&E framework are still in development.

#### KEY STRATEGY ELEMENTS

In FY08, PEPFAR will support care services in 30 existing and two new provinces to reach 80,000 PLWHA through a combination of downstream (60,000) and upstream (20,000) support.

PEPFAR will support a core package of clinical- and community-based care services that are designed to optimize pre-antiretroviral therapy (ART) care, and facilitate access to long-term treatment. The package includes: cotrimoxazole prophylaxis; TB screening; INH prophylaxis; diagnosis, treatment, and secondary prophylaxis as needed of fungal and bacterial opportunistic infections (OI); symptom management; diagnosis and treatment of sexually transmitted infections (STI); counseling on positive living, hygiene, family planning, risk reduction, and treatment adherence; psychological, spiritual, and social support; and relapse prevention services. In other provinces, PEPFAR will support part of the above core package, depending on the need and presence of other donor support. GVN will continue forecasting, procuring, distributing, and managing medications for OI and symptom management with technical support from the Supply Chain Management System and from the PEPFAR Vietnam Care and Treatment technical working group.

PEPFAR will continue the efforts started in FY07 to assist very poor PLWHA households to access low-cost, nutritious meals and food supplements. In addition, programs will assist PLWHA with hospitalization fees and transportation to clinics, and assist with referrals as needed. PEPFAR will expand economic strengthening activities for PLWHA and their families and will support improved access to legal literacy programs, through legal centers and a hotline to protect their rights. The HIV/AIDS network of services will be strengthened via support to Provincial AIDS Centers to coordinate services at provincial, district, and commune levels.

PEPFAR will support pediatric care with services linked to HIV counseling and testing to identify and increase access to care for HIV-infected children. Infants born to infected mothers referred from the PMTCT program will be followed up until their HIV status is identified, and positive children will be provided with on-going care in out patient clinics.

The six methadone pilot treatment sites will allow those receiving methadone to also have access to a wide variety of community services, including drug abuse and relapse prevention counseling, peer support groups, and complete information on available community services. It is expected that there will be a dramatic reduction in drug relapse in the patients receiving methadone and increased adherence for those on ART. The methadone treatment program will expand to additional geographic locations based on program assessment and upon approval by the GVN. TBD funding will support expanded programming both in and outside of GVN rehabilitation centers in FY08. This programming will establish relapse prevention services (including access to MAT where feasible), risk reduction services, and HIV care and treatment services for rehabilitation center residents, returnees, and members of their peer and family networks (see IDU Interventions document).

Women will be targeted for improved access to care and treatment services, including PMTCT. Better linkages between care, treatment, and prevention will be accomplished through improved gender-based programs and materials, and involvement of community-based health care workers and peer educators in supporting care and treatment services. Care programs will be standardized to provide improved activities to empower women to negotiate sex with high-risk males. In addition, more males will be recruited and trained to provide home-based care. Care and support for other underserved populations, e.g., men who have sex with men, will be expanded through community-based programs.

Reducing stigma and discrimination continues to be a GVN priority, as evidenced by the new HIV/AIDS Law which outlines the principles for HIV/AIDS prevention, care, and support, including the rights of PLWHA. Training and supervision for caregivers will include sensitization and monitoring to prevent discrimination in the care setting. PLWHA will play an active role in service delivery as paid and volunteer staff, and all sites will establish a management mechanism for collecting and integrating feedback from PLWHA and caregivers.

National systems strengthening will provide upstream support and build sustainability through further development and support for: training of a standard package of care, including OI diagnosis and treatment; STI management; medication adherence; psycho-social support and counseling; relapse prevention and medication assisted therapy referrals; quality assurance practices for care and support delivery; ongoing training through a national curriculum for clinical- and community-based pain management and palliative care; human capacity development of national and provincial master trainers, on-site mentorship, telephone support, and support for a mentorship program in medical schools.

In line with the PEPFAR Strategic Information plan, information collection for implementing, monitoring, and evaluating activities will meet national standards ensuring integrated service delivery, linkages across programs, routine monitoring, and support for the national HIV/AIDS M&E system.

#### Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)

180

6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	78000
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1500

**Custom Targets:**

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3107.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 19468.08	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 19468	

**Activity Narrative:** Food and nutrition has been a major concern for PEPFAR partners to better meet the needs of undernourished children and adults on ART in Vietnam. With OGAC's new Food and Nutrition guidelines, which allow for a broader use of PEPFAR funds for severely undernourished HIV+ clients, Vietnam is ready to gear-up needed services. In order to stay within the guidelines, technical assistance from the FANTA project is needed to work with local food and nutrition experts to develop guidelines for diagnosis and a training curriculum for case managers within the cultural context of Vietnam.

While Vietnam has had a minimal food and nutrition program since PEPFAR started, it is insufficient in providing needed foods to babies, and positive children and mothers. Some COP07 Plus-Up funding was available to PEPFAR partners to strengthen this nascent program and additional progress is being observed. However, there is still a large gap between the need for food and nutrition by some of our very poor clients and the services that are available to them. It is timely to scale-up the food and nutrition program to better assist HIV positive clients in adapting to their drug regimes. The area of emphasis for this activity will focus on new-borns, babies and young children. It is important to obtain specialized professionals who have PEPFAR experiences in diagnosis, both clinical and non-clinical, and skills in determining criteria for entrance and exiting food programs for this particular audience. The FANTA project staff can provide this experience and expertise.

It is expected that FANTA will provide a short TDY in June/July 2008 to help the USG Care and Treatment TWG plan activities for COP09. With these funds for COP08 implementation, FANTA will provide technical assistance to help develop regulations and guidelines and training curriculum. A list of some of the expected activities includes:

- Review current F&N feeding programs in PEPFAR clinics and at community level.
- Review guidelines available and in progress that promote feeding programs
- Assess need for supplemental feeding programs for adults and pediatric clients with approximate length of feeding needed
- Assess what foods are needed and what local foods can be used for food packages
- Determine the best way to distribute food packages
- Make recommendations of how best to implement a comprehensive supplemental feeding program
- Implement a pilot feeding program, to be initiated during COP08 implementation period
- Develop a work plan to gear-up F&N activities under COP09

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3367.08	<b>Mechanism:</b> N/A
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**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 17110.08

**Planned Funds:** \$500,000

**Activity System ID:** 17110

**Activity Narrative:** This is a new activity in FY08.

The purpose of this activity is to earmark FY08 funds to purchase additional drugs to treat opportunistic infections (OI). OI drugs for PEPFAR-supported programs are currently procured through the Ministry of Health/Vietnam Administration for AIDS Control (MOH/VAAC) and the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC). PEPFAR has already allocated \$3,300,000 to VAAC and HCMC PAC in activity narratives in the FY08 COP to procure OI drugs for all PEPFAR-supported sites. However, an additional \$500,000 may be needed to support these activities and for this reason it will be listed as TBD. PEPFAR is currently working with the Supply Chain Management System (SCMS), VAAC, and HCMC PAC to finalize OI drug procurement projections. When these projections are complete, and after there have been several more months of scale-up, the PEPFAR team plans to allocate these funds. This should take place by January 2008.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15269, 15293, 16264

#### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
16264	16264.08	7118	5175.08		Partnership for Supply Chain Management	\$610,000

#### Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

#### Target Populations

##### Other

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 6132.08

**Mechanism:** N/A

**Prime Partner:** United Nations Resident Coordinator

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 17300.08

**Planned Funds:** \$100,000

**Activity System ID:** 17300

**Activity Narrative:** World Health Organization (WHO)

This is a new activity in FY08.

WHO is a strong partner in the deliberations on HIV/AIDS in Vietnam. Along with UNAIDS, WHO has taken a leadership role in coordinating donors and government partners on discussions about needs, challenges and solutions for health sector response to HIV/AIDS pandemic in Vietnam. WHO will complement the coordination work of UNAIDS in the area of care and treatment. PEPFAR has supported WHO in the past to carry out activities in policy system strengthening, TB/HIV, injection safety and counseling and testing. As these program have expanded across Vietnam and implementation partners have taken over more comprehensive programming, WHO can focus on its role to facilitate policy planning and care and treatment guideline development. PEPFAR will support WHO to expand its coordination role in FY08.

In FY08, WHO will improve operational linkages and coordination at national and provincial levels. This will include activities such as:

1. Further discussions on operational procedures including referral protocols.
2. Continued discussions on the framework for coordination and joint planning in HIV prevention, care and treatment.
3. Development of training materials and supervision tools for provincial and district coordinators for Vietnam's Ministry of Health (MOH) and Ministry of Labor, Invalids, and Social Affairs (MOLISA).
4. Further coordination among MOH, MOLISA, the Ministry of Public Security (MOPS) and other partners to facilitate the establishment of an agreement and coordination framework to scale-up HIV treatment, care and prevention activities within the 05/06 centers.
5. Facilitate the updating and completion of the Inter-Ministerial Agreement/Circular/Guidelines on provision of HIV services for injecting drug users (IDUs) and sex workers within the 05/06 centers and in their transition to communities.
6. Support regional information-sharing within Vietnam through workshops to introduce new policies, procedures and guidelines.

Improved coordination between and among UN agencies, HIV implementing partners and the government will contribute to the development of leadership capacity and sustainability as described in the PEPFAR Vietnam 5-Year Strategy.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15359

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15359	5789.08	7111	6132.08		United Nations Resident Coordinator	\$175,000

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3107.08

**Mechanism:** N/A

**Prime Partner:** Family Health International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 17109.08

**Planned Funds:** \$161,000

**Activity System ID:** 17109

**Activity Narrative:** This is a new activity in FY08.

Under COP07, PEPFAR initiated the national medication assisted therapy (MAT) program, which provides methadone for injecting drug users (IDU). Expansion of MAT has recently been approved by the Ministry of Health (MOH) without waiting for the "required" annual report. Observational reports to date have shown government officials the benefits of MAT and based on these case reports, the MOH approved the opening of 6 additional methadone clinics, primarily for Hanoi.

USAID currently supports Family Health International (FHI) which has opened three pilot methadone sites (with FY07 funding), one in HCMC and two sites in Hai Phong. These three sites will be funded in 2008 with monies in the FY08 FHI activity narrative. FHI has been chosen to open three more sites, with at least two in Hanoi. A third site for FHI will need to await MOH decisions as to location.

In FY08, USAID will also provide substantial technical assistance (TA) to the methadone program in collaboration with other PEPFAR partners and the MOH/Vietnam Administration for AIDS Control (VAAC). This TA is expected to include program and technical management, training, and on-site monitoring for service providers and is funded under several other activities.

### HQ Technical Area:

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16264, 17107, 15269, 15350, 15255

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15255	5529.08	7104	3107.08		Family Health International	\$2,216,000
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
16264	16264.08	7118	5175.08		Partnership for Supply Chain Management	\$610,000
15350	9599.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	600	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Injecting drug users

### Other

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3093.08

**Prime Partner:** Ho Chi Minh City Provincial  
AIDS Committee

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5518.08

**Activity System ID:** 15269

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$2,275,000

**Activity Narrative:** This is a continuing activity from FY07.

The Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) is the principle PEPFAR partner providing clinical care and support for PLWHA in HCMC. The PEPFAR Vietnam 2007 semi-annual program report (SAPR) reported that there were 8,444 PLWHA provided with basic palliative care services at nine HCMC PAC-supported out-patient clinics (OPCs).

HCMC has the largest number of PLWHA of the 64 provinces in Vietnam. It is estimated that the number of HIV cases in HCMC will increase from 72,400 in 2006 to 89,900 in 2010, including 1,750 HIV-infected children in 2006 and 3,850 in 2010. In line with the PEPFAR Vietnam 5-Year Strategy to increase care and support services to 110,000 PLWHA by September 2009, HCMC PAC will continue its partnership with PEPFAR to boost local capacity to care for HIV-infected individuals in clinical settings, with strong linkages to community- and home-based care. In FY08, HCMC PAC will maintain palliative care services at 11 existing OPCs and expand to two others, as well as maintain the two methadone clinics set up by HCMC PAC in FY07. Based on the National Palliative Care Guidelines and OGAC guidance, HCMC PAC will support a comprehensive package of services (see Palliative Care Basic program narrative). Sexually transmitted infection (STI) diagnosis and treatment will be strengthened through linkages with STI services, including the HCMC Dermato-Venereology (DV) Hospital and district DV clinics, and supported by PEPFAR and the UK's Department for International Development (DfID). Patients registered at HCMC PAC OPCs will also be provided quality counseling via case managers and referrals to PMTCT, TB/HIV care, drug addiction treatment, and psychosocial support services in their communities, which include referrals to PLWHA support groups and the SMARTWork employment program.

In collaboration with the central drug procurement agency, HCMC PAC will purchase and distribute opportunistic infection (OI) and home-based care drugs, lab supplies, and other commodities to all PEPFAR-supported sites in HCMC in a timely fashion. PEPFAR will support methadone procurement and distribution to maintain three PEPFAR-supported HCMC PAC methadone clinics linked to HIV service delivery in existing OPCs in HCMC. HCMC PAC will also procure drug urine test kits for all six pilot methadone clinics in Vietnam.

PEPFAR will support home- and community-based care and support for all PLWHA receiving care at HCMC PAC sites. PEPFAR will continue the efforts started in FY07 to assist very poor households to access low-cost, nutritious meals and food supplements. In addition, programs will assist PLWHA with hospitalization fees and transportation to clinics, and assist with referrals as needed.

With support from PEPFAR partners, HCMC PAC will provide initial and refresher training on stigma reduction in the health care setting, clinic operational procedures, counseling and laboratory procedures for healthcare providers, training to improve antiretroviral therapy (ART) readiness and adherence for patients and caregivers, and training on medication assisted treatment (MAT) for healthcare providers in accordance with national methadone guidelines.

With support from the PEPFAR Strategic Information and the PEPFAR Care and Treatment teams, HCMC PAC will improve patient care monitoring, program monitoring, and quality assurance tools in support of the national M&E system. PEPFAR will continue to support HCMC PAC to develop and apply patient monitoring software in all OPCs in HCMC.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9533

**Related Activity:** 15267, 15270, 15273, 17109, 17107, 15255, 15350

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24571	5518.24571.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$315,000
24570	5518.24570.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$2,461,000
9533	5518.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$2,108,000
5518	5518.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$380,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15267	5543.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$679,950
15255	5529.08	7104	3107.08		Family Health International	\$2,216,000
17109	17109.08	7104	3107.08		Family Health International	\$161,000
15350	9599.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0
15270	5514.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$300,000
15273	5829.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$1,665,000

## Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

Estimated PEPFAR dollars spent on food \$230,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	13	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	16,600	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Ho Chi Minh City

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 5170.08

**Prime Partner:** Ministry of Health, Vietnam

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5517.08

**Activity System ID:** 15293

**Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$3,400,000

**Activity Narrative:** This is a continuing activity from FY07.

PEPFAR supports the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) through a cooperative agreement to provide clinical care and support for PLWHA at the provincial level in the PEPFAR focus provinces, and provides palliative care services in selected districts and additional provinces in coordination with Global Fund (GF)-supported programs.

In line with the PEPFAR Vietnam 5-Year Strategy to increase care and support services to 110,000 PLWHA through FY08, VAAC will continue its partnership with PEPFAR to boost local capacity to care for HIV-infected individuals in clinical settings, with strong linkages to community- and home-based care supported by other PEPFAR partners. In FY07, VAAC handed over provincial out-patient clinics to GF in a phased approach in order to maximize coverage and quality in higher-prevalence provinces. The PEPFAR Vietnam 2007 Semi-annual Progress Report (SAPR) reported that there were 14,754 adult and pediatric outpatients provided palliative care services at 45 out-patient clinics; and 120 healthcare providers attended refresher trainings on HIV/AIDS care and the national out-patient clinic operational protocol.

Based upon the National Palliative Care Guidelines and OGAC guidance, VAAC will support comprehensive clinical palliative care services in focus provinces and in selected additional high-prevalence provinces (see uploaded Geographic Coverage document). VAAC has partnered with the GF to ensure that resources are not duplicated, and that geographic coverage is maximized. In addition, with PEPFAR support, VAAC will maintain basic clinical palliative care services at provincial out-patient clinics in other PEPFAR non-focus provinces. The package of services provided is described in the Palliative Care Basic program narrative. VAAC will enhance STI diagnosis and treatment for outpatients through improvement of referrals to STI clinics and enhancement of lab capacity at those clinics. PEPFAR will continue the efforts started in FY07 to assist very poor households to access low-cost, nutritious meals and food supplements. In addition, programs will assist PLWHA with hospitalization fees and transportation to clinics, and assist with referrals as needed.

With PEPFAR support, VAAC will strengthen its role in coordination, supply and distribution of OI drugs, lab supplies and other commodities to out-patient clinics.

Due to the high HIV prevalence and need for palliative care services for PLWHA residents in government-run drug rehabilitation ("06") centers where many injecting drug users reside, VAAC will continue to work closely with the Ministry of Labor, Invalids and Social Affairs (MOLISA), and the Ministry of Public Security (MOPS) to ensure quality care as patients move between the centers and the community. VAAC-supported outpatients will also be provided quality counseling via case managers and referrals to PMTCT, TB/HIV care, drug addiction treatment, and psychosocial and social support services in their communities through PLWHA support groups and the SMARTWork employment program.

Family Health International and a number of community- and faith-based organizations (C/FBOs) supported by PEPFAR will support home- and community-based care and support for PLWHA receiving care at VAAC sites. In collaboration with PEPFAR partners, VAAC will continue standardizing the national training curricula to provide initial and refresher training on stigma reduction in the health care settings, clinic operational procedures, counseling and laboratory procedures for healthcare providers at different levels, training on ART readiness and adherence for patients and caregivers, and training on methadone therapy for healthcare providers in accordance with the National Methadone Guidelines. PEPFAR will work closely with the government of Vietnam, including VAAC, to advocate to expand the methadone program to additional patients, and additional sites, in order to increase access to these services for as many persons as possible.

With support from the PEPFAR Strategic Information and Care and Treatment teams, VAAC will improve patient care monitoring, and program monitoring and quality assurance tools, in support of the national monitoring and evaluation system.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9529

**Related Activity:** 15291, 15294, 15297

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24583	5517.24583.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	10502	5170.09	Vietnam Administration for HIV/AIDS Control (VAAC)	\$684,000
24582	5517.24582.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	10502	5170.09	Vietnam Administration for HIV/AIDS Control (VAAC)	\$3,421,000
9529	5517.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$2,450,000
5517	5517.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$1,215,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15291	5542.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,840,000
15294	5513.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,370,677
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000

### Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* In-Service Training

### Food Support

Estimated PEPFAR dollars spent on food \$330,000

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	43	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,670	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5529.08

**Activity System ID:** 15255

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$2,216,000

**Activity Narrative:** This is a continuing activity from FY07.

- In FY08 Family Health International (FHI) will maintain 17 current continuum of care (CoC) sites and establish five new CoC sites in locations TBD based on the new priority provinces. The CoC consists of HIV out-patient clinics (OPCs), TB screening and treatment, community- and home-based care (H/CBC) and referral support, services for OVC, PLWHA and family support groups and prevention counseling.
- FHI will continue to provide an updated package of technical assistance (TA) and tools to all CoC palliative care and treatment sites including training, mentoring and supervision and the development and provision of technical tools to assist local partners in implementation of palliative care services.
- FHI will continue to provide OPC based palliative care to people with HIV in 22 CoC sites; and provide H/CBC and referral support to people with HIV and families through 65 teams in all 22 sites with referrals to counseling, testing and care and treatment as necessary.
- In FY08 FHI will pilot integrated palliative care in two to four sites. Integration of palliative care includes training in palliative care for adults and children in OPC, CBC and introduction of oral morphine where feasible. It will also include development of clinical tools to aid integration of full palliative care package and an evaluation of the effectiveness of the approach.
- FHI will continue providing TA to the Ministry of Health (MOH) on developing the national palliative care program (MOH working group, dissemination of and training in national palliative care guidelines, reform of opioid regulations, certification training of nurses, improving opioid supply, monitoring opioid use for palliative care across the country, etc).
- In FY08 FHI will continue to support the Department of Therapy (DOT) to strengthen palliative care at central and provincial levels through training with TBD follow-on to VCHAP partner to include national guidelines, PLWHA rights to pain management, and opioid policies.
- FHI will continue to integrate family centered care into CBC and OPC services through training of pediatric HIV clinicians, family care case managers and CBC teams in each CoC. FHI will also create family-centered care (FCC) training and service tools to support FCC integration.
- In FY08 FHI will continue to support the pilot methadone program; continue to provide technical support to the Vietnam Administration for HIV/AIDS Control (VAAC) in developing technical guidelines, training and supporting capacity building for methadone programming.
- In FY08 FHI will conduct a program assessment of the quality and effectiveness of CBC and OVC services; roll-out of nutrition tools and training among all sites; and establish and/or continue quality assurance/quality improvement (QA/QI) of all palliative care programs in all 23 CoC sites.
- Continue to provide technical support to VAAC to operationalize CBC services. Continue to provide technical support to the VAAC and provincial centers in establishing a CoC at the provincial and district levels.
- By April 2007 FHI reached 5,700 PLWHA with palliative care services through the continuum of care from both clinic and community-based care activities. Two international NGOs (Catholic Relief Services and Nordic Assistance to Vietnam) along with 30+ local governmental partners and community-based organizations (CBOs) are working with FHI to provide palliative care services.
- FHI trained more than 100 individuals in community and home-based care, and built the capacity of more than 200 clinicians.
- FHI produced an H/CBC training curriculum in Vietnamese, a caregiving guide for CBC teams, QA/QI tools for PMTCT and TB and a number of SOPs for clinical service delivery.

FY07 Activity Narrative:

Family Health International (FHI) takes the lead in supporting MOH/VAAC and HCMC PAC in providing technical assistance for the provision of palliative care and support services at the district and commune levels, complementing districts that are not covered comprehensively by VAAC and GF. FHI also takes the lead in developing and training PEPFAR partners including VAAC on H/CBC and support. In collaboration with VAAC, GF, HCMC-PAC, Catholic Relief Services (CRS) focus province provincial AIDS centers, and additional F/CBOs, FHI will support 7,900 PLWHAs in 21 sites in 7 focus provinces.

The PEPFAR-supported care network consists of provincial level tertiary care with the full range of clinical services, district level secondary care with out-patient and in-patient care (with the exception of treatment of complex OIs and HIV-related complications), TB/HIV referral, ART, and commune level H/CBC with support to OVC. In FY07 FHI will scale up district and commune-level services to include: (1) urban care sites in HCMC and Hanoi, (2) rural care sites in An Giang, Can Tho, and Quang Ninh, and (3) integrated prevention and medication-assisted therapy in select focus provinces for injecting drug users (IDU).

FY07 district care sites will be managed by current and newly trained provincial management and district care provider staff composed of PLWHA, Communist Party officials, health care workers, religious leaders, and CBO personnel. These staff will improve referral systems by coordinating with PEPFAR partners to utilize uniform referral forms and standard operating procedures at care sites. FHI will also work with PEPFAR partners to develop HIV care and prevention service guides for PLWHA and providers, which will be provided to all PEPFAR and GF-supported sites.

Coverage will be increased to additional sites via care provider training, and onsite mentoring and supportive supervision. District outpatient services will be integrated into existing district health centers (DHCs). OPCs will be linked with inpatient care at DHCs, and, in addition to H/CBC, will continue to provide prevention counseling and commodities, assessment of psychosocial situation and OVC needs, regular clinical evaluation and monitoring, OI prophylaxis and treatment of common OIs, screening for TB, related laboratory services; treatment literacy and intensive treatment preparedness; referral of complex OIs and TB, management of symptoms, pain, and HIV/AIDS-related complications, nutrition and emotional support. To facilitate rapid care scale-up, Binh Thanh, Thu Duc and Cam Pha districts (from HCMC and Quang Ninh provinces – one southern and one northern) will be used as HIV care and support learning centers.

All OPC services are linked with HBC teams to ensure seamless follow-up between home care and hospital care. HBC teams play a critical role in providing palliative care to PLWHA and families providing pain relief, symptom management, adherence counseling support, nutrition and livelihood assistance, emotional counseling, links to spiritual care, end-of-life care and planning and care for OVC. Home care and PLWHA groups will work with health center staff to promote ART and methadone adherence (for those sites providing methadone to drug users). Referrals to tertiary care for PLWHA clients will be managed by the district health center staff and home care teams. H/CBC services will be linked with services implemented

**Activity Narrative:** by other PEPFAR partners.

IDU access to a full range of prevention, treatment, and care interventions will be increased through case management in all districts, but with emphasis on those released from government rehabilitation centers and involved in the methadone pilot. Case managers and former IDU peers for drug users and former drug users (supported by HCMC PAC) will ensure that all residents released from government rehabilitation centers have access to relapse prevention counseling, family supportive counseling, and other risk-reduction. In Haiphong and Quang Ninh, IDU who are HIV positive will be able to enroll in medication-assisted therapy (MAT) co-administered with ART where clinically eligible, provided the government of Vietnam (GVN) approves the pilot protocol. Clinicians, adherence counselors, case managers, and HBC teams will receive comprehensive training in addiction, ART, methadone co-therapy, and ART adherence support for IDU. Providers in HCMC and Haiphong will be trained as mentors for future IDU care training sessions.

At the national level, technical support and capacity building will be provided to PEPFAR H/CBC partners, GF and VAAC to develop guidelines, standard operating procedures, and training packages. FHI will also assist in the review and revision of national opioid policies (see FHI Policy System Strengthening 9430).

FHI will support implementation of three methadone clinics linked to HIV service delivery in existing outpatient clinics. Methadone will be procured in collaboration with other international partners and MOH.

Additional funding will support five activities: 1) Assessment and development of existing Vietnam nutrition guidelines, incorporation of international recommendations and development of procedures for implementation in all PEPFAR funded palliative care sites; 2) Additional provincial level advocacy will be provided in the 7 focus provinces to increase awareness of the national palliative care guidelines and boost support for the national palliative care fellowship program; 3) Funding for DOT to produce and disseminate national home-based care guidelines; 4) Implementation of enhanced STI diagnostics and treatment into selected outpatient clinics; 5) Expansion of training for staff in PEPFAR and other funded OPCS in providing psychosocial assessment, support and appropriate referrals. Funding will improve quality of current services and plans, but will not add to targets.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9558

**Related Activity:** 15257, 15259

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9558	5529.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$1,551,000
5529	5529.06	U.S. Agency for International Development	Family Health International	3107	3107.06	(INGO- former FHI/IMPACT)	\$614,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15257	5454.08	7104	3107.08		Family Health International	\$680,000
15259	5838.08	7104	3107.08		Family Health International	\$1,340,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	22	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	700	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh  
An Giang  
Can Tho  
Hai Phong  
Ha Noi  
Ho Chi Minh City  
Long An  
Nghe An  
Dien Bien

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 3115.08

**Prime Partner:** Constella Futures Group

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 9599.08

**Activity System ID:** 15350

**Mechanism:** Health Policy Initiative

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$0

**Activity Narrative:** This is a continuing activity from FY07, where it was housed in OHPS. Due to shifting of OPHS activities, a portion of this activity will be housed in HBHC in COP08.

- In FY08, Health Policy Initiative (HPI) will continue to support the HIV/AIDS legal centers that were set up in 2005-06, with slight expansion in FY07. Attention will focus on providing quality services to clients and building a client base in current centers, instead of spreading resources too thin for a small client base.
- In FY08, a pilot hotline to address legal issues of PLWHA will be tested.
- In FY08, HPI will focus on ensuring the rights of children in access to schooling and health facilities through efforts in reduction of stigma and discrimination.
- HPI will continue to train new staff and provide refresher courses for current staff on legal issues pertaining to PLWHA.
- HPI will continue to provide treatment literacy support initiated in 2005-06. HPI will work with other PEPFAR partners and PLWHA support groups to ensure PLWHA have access to appropriate information.
- By April 2007 HPI conducted training for 50 individuals in policy development and 290 individuals in reduction of stigma and discrimination.
- By April 2007 HPI established one legal center and one hotline and counseled 112 clients face to face and a further 213 clients by telephone.
- By April 2007 HPI trained 180 PLWHA peer trainers in HIV treatment literacy.
- By April 2007 HPI provided 121 local organizations with technical assistance for HIV-related institutional capacity building, including chapters of the Vietnam Lawyer's Association, the Ho Chi Minh Political Academy, PLWHA groups and local NGOs.
- By April 2007 HPI provided support for the dissemination of information on the HIV/AIDS to 21 local NGOs working on HIV/AIDS (5000 leaflets on the law distributed to agencies in the network).
- During FY07 HPI provided financial and technical assistance to a local NGO and the Ministry of Health (MOH) to draft the HIV/AIDS Law which provides detailed guidelines on the implementation of the Law on HIV/AIDS Prevention and Control. The Law was approved by the government of Vietnam on June 27, 2007.
- During FY06 HPI supported MOH's Department of Therapy in the development of national methadone guidelines, and in FY07 HPI supported the implementation of an electronic patient monitoring information system which links all six methadone pilot sites to the central level. In FY08, in collaboration with the Vietnam Administration for HIV/AIDS Control (VAAC) and other partners, HPI will continue to support the maintenance of this monitoring system, and subject to the approval of VAAC, HPI will help to expand this system to new methadone sites in Vietnam.

FY07 Activity Narrative:

PEPFAR will support HPI to: build the capacity of 17 community-based organizations (CBOs) and develop their ability to form a single network with other CBOs to advocate for the rights of PLWHA; provide legal aid for PLWHA in seven focus provinces to ensure enforcement of the HIV/AIDS Law; support strategic provincial planning for government of Vietnam (GVN) HIV/AIDS programs using the GOALS model in seven focus provinces; and link with the Harvard training program to train 200 government cadres from 16 provinces.

Building on support in FY05 and FY06 to fledgling PLWHA CBOs in three focus provinces, HPI will expand support to and build the network of 17 indigenous PLWHA CBOs (some existing, such as Bright Futures chapters in focus provinces, and some to-be-determined) in all focus provinces and additional provinces. These CBOs will receive technical and financial assistance (TA) through HIV-related institutional capacity building. HPI will also support the development and expansion of an NGO network focusing on PLWHA issues/rights. Via partnership with Community Mobilization Center for HIV/AIDS Control (VICOMC), HPI will conduct four workshops targeting 150 PLWHA CBO staff. These workshops will enable PLWHA CBOs to develop communication and management skills to strengthen advocacy activities. They will also enable PLWHA CBOs to share best practices via the establishment of a national network of PLWHA organizations. HPI will work closely with PLWHA-elected leaders representing the northern, central and southern regions of Vietnam to liaise with the Communist Party, the National Assembly, relevant government ministries and major donors to support the legal establishment of the PLWHA network. HPI will support this network to conduct three regional meetings on general community mobilization with a focus on prevention, care and treatment for PLWHA. Roughly 1500 PLWHA will participate in these workshops. The PLWHA network will produce and disseminate a network newsletter on a monthly basis and an e-forum linking member groups and will collate feedback for national policy makers on PLWHA needs.

HPI will also support the implementation of the impending HIV/AIDS Law at the provincial level in the seven focus provinces. Support will assist the Vietnam Lawyer's Association to provide legal aid to PLWHA (see HPI Palliative Care Basic) to advocate for themselves (key legislative issue: stigma and discrimination), in conjunction with program monitoring by HPI staff on the enforcement of the law. In order to monitor the efficacy of the HIV/AIDS Law, HPI will assess attitudes and practices of key policy makers, service providers, employers and PLWHA to develop a monitoring tool to measure changes following the dissemination of the Law (in select focus provinces). Lessons learned will be disseminated nationally at the end of FY07 to assist policy makers in improving communication around and enforcement of the Law. HPI will partner with the legal department of the Ministry of Health (MOH) to assist in disseminating findings. In addition, HPI will support PLWHA organizations to report inconsistencies in implementation of the HIV/AIDS Law.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9599

**Related Activity:** 16537, 15352, 15337, 17109,  
17107, 15269, 15255

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9599	9599.07	U.S. Agency for International Development	The Futures Group International	5163	3115.07	Health Policy Initiative (HPI)	\$400,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15255	5529.08	7104	3107.08		Family Health International	\$2,216,000
17109	17109.08	7104	3107.08		Family Health International	\$161,000
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
16537	16537.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0
15352	5804.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0
15337	5781.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000

### Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	False

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3102.08	<b>Mechanism:</b> Community REACH Vietnam
<b>Prime Partner:</b> Pact, Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 12290.08	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 15306	

**Activity Narrative:** Pact sub-partner: TBD (Gender)

This is a continuing activity from FY07.

- By the end of FY08, partner TBD (to be selected in November 2007) will be able to provide programmatic tools for reaching women infected and affected by HIV/AIDS.
- By FY08, TBD partner will provide detailed operational recommendations, including guidelines, training curricula, and other deliverables, to facilitate improved responsiveness to the particular needs of women living with HIV/AIDS among all relevant PEPFAR Vietnam implementers. Screening skills and referrals services related to gender-based violence will also be available.
- In FY08, programming tools will be made available to all PEPFAR partners and other organizations involved with providing care and support programs for PLWHA women. Organizations are expected to integrate recommended activities into on-going programs in order to provide more relevant services for women.
- In September 2007, the RFA will be finalized in consultation with the USAID care and treatment advisor. A two-year award (FY07 and FY08 funding) to an appropriate recipient will be issued by Pact to allow for an iterative assessment/intervention methodology. This methodology will make it possible to link assessment findings with improvements in HIV/AIDS and other service access for women living with HIV/AIDS, who are subject to significant stigma and discrimination, including gender-based violence, as a result of their positive status. Program activities will occur in Hanoi, Ho Chi Minh City (HCMC) and two other priority provinces TBD.

**FY07 Activity Narrative:**

Through a competitive process, Pact will provide financial and technical support to a local partner or local-international NGO partnership TBD to assess the extent, nature, and consequences of gender-based violence (GBV) among women living with HIV, with a particular focus on the two-way relationship between GBV and HIV/AIDS service use/effectiveness. Partner TBD will also assess the current GBV screening and counseling practices of select service providers across the continuum of care; map the availability of GBV services and support networks; and develop intervention models for later uptake by PEPFAR and government of Vietnam (GVN) prevention, care, and treatment partners. The assessment will be conducted in up to four priority provinces.

According to Ministry of Health (MOH) estimates, an estimated 86,000 women in Vietnam were living with HIV in 2005. While the epidemic remains predominantly male, the gender gap has narrowed – from 70% male compared to 30% female in 2003, to an estimated 67% male to 33% female in 2005 – and is projected to narrow further. Sentinel surveillance data indicate that prevalence among pregnant women increased from 0.02% in 1994 to 0.37% in 2005, and had reached 1% in high-prevalence provinces by 2005.

As in other countries, Vietnamese women living with HIV are more likely to experience HIV-related stigma and discrimination within their families and communities, as well as in health and social services. When HIV surfaces in a family, women are more likely to be blamed, regardless of which partner was first infected. The forms of stigma and discrimination women face tend to be more severe than is the case for men: data show that they are significantly more likely to have experienced physical assault, threats of violence, spousal or family abandonment, and seizure of property as a result of their HIV status. Fear of these consequences reduces use of existing HIV/AIDS prevention, care, and treatment services, with profound effects on the effectiveness of these services and on transmission.

A 2001 study by Vietnam Women's Union found that 60% of women in Vietnam had experienced emotional or physical spousal abuse. The study also found widespread tolerance of this abuse. Women living with HIV are likely to be at higher risk of abuse – and tolerance of the abuse they experience is likely greater. Drug use and sex work – often but not always precursors to HIV among women in Vietnam – are strongly judged as “social evils” and are not tolerated; HIV status is considered evidence of such behaviors. Particular difficulties may be faced by women exiting Vietnam's network of rehabilitation centers for sex workers and drug users.

Although PEPFAR has supported small-scale initiatives that respond to the particular needs of women living with HIV in Vietnam, these have limited reach and scalability. A more systematic response is needed, based on a careful assessment of women's experience and needs, and on possible responses to these needs from both within and outside the HIV/AIDS continuum of care system. Partner TBD's assessment will employ qualitative and quantitative methods and will target women living with HIV, family and community members, HIV/AIDS and other service providers, and support agencies (local NGOs, community-based organizations, government agencies, and mass organizations) who are currently engaged in serving HIV-positive female clients, or who have the potential to do so.

In combination with a rigorous mapping of support services (e.g., shelters/safe houses, support groups, hotlines, legal support mechanisms) and the gaps in these services, the assessment will enable partner TBD to develop detailed, evidence-based operational recommendations in support of improved, engendered practice among HIV/AIDS service providers. Synergistic wraparound programming with a range of agencies and sectors engaged in the fight against GBV in Vietnam will also be recommended. This initiative will lead to concrete responses not only to urgent needs in Vietnam but also to global priorities as identified by the Gender Technical Working Group by reducing the prevalence of adverse consequences for women resulting from disclosure of status and participation in HIV care and treatment programs.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12290

**Related Activity:** 15968

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12290	12290.07	U.S. Agency for International Development	Pact, Inc.	5237	5237.07	Community REACH	\$250,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15968	15968.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$300,000

### Emphasis Areas

#### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

#### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

## Target Populations

### General population

Ages 15-24

Women

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

## Coverage Areas

Ha Noi

Ho Chi Minh City

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5523.08

**Activity System ID:** 15320

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$476,617

**Activity Narrative:** Pact sub-partner: Medecins du Monde (Mdm) France

This is a continuing activity from FY07.

- Pact supports Mdm, which provides comprehensive services in two treatment sites reaching 1,130 PLWHA.
- In FY08, Pact will support Mdm to continue comprehensive care and support in the two current sites and expand to two new sites: District 9 in Ho Chi Minh City (HCMC) and TBD district in Hai Phong. Mdm aims to provide palliative care to 5,000 PLWHA and family members, including 2,000 in Hanoi and Hai Phong and 3,000 in HCMC.
- Mdm will work to increase the quality of their services to PLWHA and find better ways to ensure that injecting drug users (IDUs) adhere to ART. Mdm will also facilitate reintegration of IDUs after they return from rehabilitation centers by registering them for health care and engaging them in social activities at the drop-in clinics.
- By April 2007, Mdm provided 214 patients in Hanoi with clinic-based services including OI prophylaxis, adherence training, counseling, nutrition training and meals; its home-based care team provided 135 of these patients with hygiene counseling, ART adherence, symptom management, psychological support, funeral support and transportation costs. In the same period 916 patients in HCMC received disease monitoring and OI prophylaxis and treatment (508), vaccination for HBV (141), referral for TB (69) and treatment of complications of non-TB OIs (35).
- By April 2007, Mdm in HCMC in collaboration with Health Policy Initiative provided orientation to patients on legal issues and legal services to PLWHA and clinic staff. Now Mdm staff are able to guide patients through some of the related procedures.
- Challenges: Staff changes in Hanoi slowed down services temporarily; some patients relapse or come late for CD4 testing; some do not adhere to treatment because of using drugs; one home care team member relapsed and was sent home to recover. Mdm is constantly addressing these on-going challenges.

**FY07 Activity Narrative:**

Using PEPFAR funds, Pact will support Medecins du Monde (MDM) to provide 1,650 individuals with palliative care via two out-patient clinics (OPCs) (Hanoi and Ho Chi Minh City) and two home-based care teams for a total of four sites. Mdm will train 40 individuals to provide palliative care services.

Mdm is the lead organization for PEPFAR providing health care for extremely vulnerable populations in two focus provinces, which are often underserved by government sites. PEPFAR will support Mdm via Pact to provide palliative services in two district-level OPCs with outreach and home-based care to surrounding districts hardest hit by the HIV/AIDS epidemic. These clinics provide comprehensive HIV/AIDS prevention, care and treatment services, with a focus on serving intravenous drug users (IDU), commercial sex workers (CSW) and very poor and homeless populations. Mdm reaches its clientele through services offered at the clinics as well as through mobile outreach services and home-based care teams which operate both daily and nightly.

In FY07, Mdm will continue to support clinical palliative care services at these two sites in HCMC and Hanoi. A total of 1,650 PLWHAs will be reached with basic health care and support services, which include: prevention counseling and commodities; regular clinical evaluation and monitoring; opportunistic infection (OI) prophylaxis and treatment of common OIs; screening for TB; related laboratory services; treatment adherence support; referral of complex OIs and TB; symptom management and pain relief; management of HIV/AIDS-related complications. A team composed of doctors, nurses, counselors (including peer counselors), case managers, and a pharmacist will provide treatment literacy well in advance of ART initiation, and provide more intensive treatment preparedness for all their clients, family members, and caregivers when a patient reaches the ARV treatment stage at these clinics. Home-based care (HBC) teams will provide the H/CBC basic care package as defined by PEPFAR and described in the program area context.

In addition, Mdm will develop a PLWHA support group to restore social relationships, self confidence and self-esteem, targeting marginalized returnees from government rehabilitation centers. Monthly meetings will be organized for all beneficiaries, including commercial sex workers (CSW), injecting drug users (IDU), PLWHA, ARV patients, and family members/caregivers. The project will also support economic strengthening activities for PLWHA, including vocational training and employment referral in collaboration with the SMARTWork program.

PEPFAR will supply OI drugs, CD4 test and HBC kits directly to these sites. Although Mdm will provide direct technical support and oversight, other PEPFAR partners will continue to support the clinics with advanced clinical training courses and on-site coaching. FHI will also support HBC teams to standardize their provision of H/CBC in accordance with the minimum package described in the program area context. PEPFAR will support these clinics to strengthen their linkages with other services in the network.

Additional funding is being granted to MDM through reprogramming from the Supply Chain Management System (SCMS). This funding will serve to adjust the fiscal year by three months to end in September.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9577

**Related Activity:** 15327

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9577	5523.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$300,500
5523	5523.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$275,500

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15327	5450.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$160,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

Estimated PEPFAR dollars spent on food \$20,000

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	False

### Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Ha Noi

Ho Chi Minh City

Hai Phong

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 9580.08

**Activity System ID:** 15321

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$335,000

**Activity Narrative:** Pact sub-partner: World Vision International

This is a continuing activity from FY07.

- Pact supports World Vision International, which works in five communes in two districts in Ho Chi Minh City (HCMC) and one district in Hai Phong providing community-based care to PLWHA.
- In FY08, Pact will support World Vision to expand its services further to one island district in Hai Phong and increase the total number of individuals reached to 1,320.
- In FY08, World Vision will continue to support the caregivers' team approach and the successful economic strengthening activities, which World Vision started last year in partnership with district and commune health centers, and in collaboration with other PEPFAR partners.
- By April 2007, World Vision provided palliative care services to 538 individuals. Under its COP07 program, World Vision expanded to one more district in Hai Phong and one more in HCMC, reaching an estimated 950 individuals.
- By April 2007, 75 PLWHA in Hai Phong were provided with health monitoring, health care support, self-care advice, and counseling. A training session was held for 50 caregivers on proper nutrition and cooking procedures, and 30 PLWHA from very poor families received rice and cooking oil. World Vision sponsored a community event to reduce stigma and discrimination; 186 residents attended. In collaboration with the district health center, World Vision succeeded in advocating for district-level ART access for its clients and related training for physicians, which is provided by the provincial hospital along with management of more complex cases.
- In collaboration with the local Women's Union, World Vision established a small business initiative for PLWHA caregivers; 30 were given loans and simple tools to start their businesses.
- By April 2007 in HCMC, 17 home-based care teams provided services to 463 PLWHA including psychosocial support, health monitoring, support with health care access, nutritional support and food supplements in severe cases, end of life care and funeral support. PLWHA were referred to hospitals for OI treatment and ART diagnosis and treatment. PLWHA family clubs met monthly to share and learn from others. In the area of economic strengthening, a training course was conducted for 30 Women's Union representatives as a first step in assisting them with management of a credit and savings scheme for PLWHA.
- Challenges include difficulties recruiting and retaining qualified program officers for the program, and ongoing capacity building needs for these staff once recruited. Care providers have no way to track referrals. Pact is supporting World Vision to address these challenges.

**FY07 Activity Narrative:**

Via the Pact umbrella, PEPFAR will support World Vision to expand the provision of basic health care and support services to 950 PLWHA, train 120 individuals and manage 36 outlets providing HIV-related palliative care in two focus provinces.

In FY06, PEPFAR supported World Vision to implement home-based care (HBC) in three districts in Ho Chi Minh City (HCMC) and Haiphong provinces. In line with the PEPFAR Vietnam 5-Year Strategy to extend service provision via civil society engagement, and based on lessons learned from FY05 and FY06, PEPFAR will expand HBC service provision to five districts (three in HCMC and two in Haiphong). HBC activities will be standardized across all PEPFAR partners and the basic package provided will be based on the needs of individual PLWHA and their families at the community/home level. World Vision will reach new beneficiaries by working in partnership with district health centers and commune health centers in each province. PEPFAR, Pact, Family Health International (FHI), and World Vision will work together to support HBC teams engaged in the provision of HBC services as a part of the network model. Specifically, FHI will train HBC teams in the provision of services and will assist with on-going mentoring and supervision until teams demonstrate capacity to operated independently (see FHI Palliative Care).

Pact will ensure appropriate referral between World Vision HBC and clinical services supported by PEPFAR in these focus provinces including the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC), Global Fund (GF), and the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) via provision of a directory of services, referral follow-up, and via liaising with clinical providers supported by PEPFAR. Family members will be trained in basic care and support for PLWHA at home, and World Vision will support economic strengthening activities for PLWHA, including vocational training and employment referral in collaboration with the SMARTWork program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9580

**Related Activity:** 15328

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9580	9580.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$255,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15328	9547.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$160,000

## Emphasis Areas

Gender

\* Increasing women's access to income and productive resources

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

Estimated PEPFAR dollars spent on food \$2,000

Estimation of other dollars leveraged in FY 2008 for food \$700

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,320	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

## Coverage Areas

Hai Phong

Ho Chi Minh City

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 9563.08

**Activity System ID:** 15322

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$450,000

**Activity Narrative:** Pact sub-partner: Five local NGOs

This is a continuing activity from FY07.

- In FY08, Pact will continue to support five local organizations' work in palliative care: Center for Community Health and Development (COHED) with \$100,000 to serve 650 PLWHA and train 50 providers; the STI/HIV/AIDS Prevention Center (SHAPC) with \$50,000 to serve 350 PLWHA and train 30 providers; a new Quang Ninh partner to be identified by December 2007 with \$70,000 to serve 500 PLWHA and train 70 providers; Mai Hoa Center with \$10,000 to serve 50 PLWHA and train 5 providers; Pastoral Care with \$20,000 to serve 100 PLWHA and train 20 providers.
- In FY08 a new component to support broader local organizations' engagement in palliative care for PLWHA will be added. Using an RFA mechanism, Pact will identify at least six additional local organizations who will receive small grants; \$250,000 will be available to provide care for 1,450 PLWHA and train 180 care providers. These services will be located strategically to facilitate enhanced linkages to treatment services, particularly CDC-LIFEGAP treatment sites.
- By April 2007, COHED provided services to 370 PLWHA (psychosocial support, symptom care, regular health checks, referral for OI treatment and ART). In the same period Mai Hoa Center served 100 PLWHA (OI treatment, pain relief, psychosocial support, end of life counseling, shelter, recreation).
- Pastoral Care, SHAPC and partner TBD in Quang Ninh (all mentioned above) will start their work in palliative care in the last quarter of calendar 2007.
- By April 2007, Pact provided training in the basic care services package for home-based care providers; on-site and through coaching, developed a set of tools for home-based care including cure cards, client forms and a team log book; and collaborated with FHI to bring together partners to share lessons learned.

**FY07 Activity Narrative:**

In FY07, Pact will fund five Vietnamese NGOs to provide palliative care for 1,050 individuals. Pact will build and strengthen NGO capacity to provide basic palliative care to PLWHA and their family members. Pact will ensure palliative care services are in line with the National Palliative Care Guidelines and expanded in line with the PEPFAR Vietnam 5-Year Strategy to extend supportive services through strengthening of civil society. Pastoral Care is a Catholic organization that provides care, support and treatment services to PLWHA in Ho Chi Minh City (HCMC). PEPFAR will support Pastoral Care's clinics and home care teams with a small grant and technical assistance via Pact, and will provide training and OI drugs. Pathfinder International will be supported to expand a pilot of public private partnership in home and community-based care in An Giang province.

Pact and Tufts University will collaborate in a qualitative assessment of barriers and facilitators to ART adherence among PLWHA on ART in Hanoi, with a view to developing concrete recommendations for programming. This assessment will be linked to Pact's ongoing work with its care and treatment partners, which includes a focus on strengthening the adherence support components of their programs.

SHAPC: In FY07, SHAPC will provide home-based care for clients of the Bach Mai out-patient clinic (OPC) living in Hai Ba Trung district in Hanoi and surrounding areas in Hanoi. PEPFAR, Pact, and SHAPC will work together to support home-based care (HBC) teams that implement as a part of the network model in Hanoi, reinforce referral of clients to and from clinical and community settings and ensure effective delivery of services in the home, community and facilities. Both Pact and Family Health International (FHI) will guide SHAPC to build capacity for HBC service provision.

Mai Hoa: Mai Hoa Center is a small hospice and residence for very poor and homeless PLWHA in Ho Chi Minh City (HCMC), run by a small group of Catholic nuns who are nurses by training. Many PLWHA come to Mai Hoa Center to receive end-of-life care. Though this site remains a hospice and receives patients with terminal disease, the site has also become a longer-term residence for patients who have recovered significantly with ART, yet remain homeless or orphaned. In FY05 and FY06, Mai Hoa Center received PEPFAR funding to enhance the quality, comprehensiveness and reach of HIV/AIDS care, support and treatment for both adults and children. In FY07, PEPFAR will support Mai Hoa to continue providing these services. Along with additional non-PEPFAR support, PEPFAR will continue to support the Vietnam Harvard Medical School HIV/AIDS Partnership (VCHAP) and a physician from HCMC's Pasteur Institute to provide onsite clinical support.

COHED: The Center for Community Health and Development (COHED) is a Vietnamese community-based organization (CBO) engaged in a range of HIV/AIDS response initiatives, including a PEPFAR-supported project to provide care and support services to women living with HIV/AIDS. In FY05 and FY06, PEPFAR supported COHED to open the "Cactus Flower Club", a club for women infected and affected by HIV/AIDS in Quang Ninh province, which was developed in partnership with the Halong City Health Authority. The club served 250 women through a range of services both on site and through community outreach and HBC. In FY07 COHED will strengthen and expand palliative care through the Cactus Flower Club, including strengthening relationships and referral links with the provincial level HIV/AIDS OPC in Quang Ninh to recruit new beneficiaries for palliative care services.

COHED will ensure that services are provided in line with the PEPFAR Vietnam Palliative Care working group guidance on the basic HBC package. In addition, COHED will focus on strengthening the capacity of women to care for themselves and their families through economic strengthening activities, including employment referral and employment in collaboration with SMARTWork. COHED will also continue to expand its well-developed program of advocacy and community mobilization to increase awareness of HIV/AIDS including the negative effects of stigma and discrimination.

New Local Partner to Be Identified: In FY07, PEPFAR will select a new local partner to provide H/CBC in two districts which have PEPFAR-supported OPCs but do not have HBC services in Quang Ninh province. This new activity will extend the reach of community-based services in the province, helping to ensure that PLWHA receive essential care and support services in their communities and that they are appropriately linked to care and treatment services.

Significant funds have become available through cost savings in the Supply Chain Management System (SCMS) through a decrease in the cost of ARV. The targets have also been decreased despite expected

**Activity Narrative:** additional reach through additional funding because Mai Hoa Center will focus on clinical care based at Mai Hoa Center but not community-based care as originally planned (individuals expected to be reached has decreased from 500 to 50).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9563

**Related Activity:** 15332

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9563		U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$309,007

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15332	5453.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$325,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

Estimated PEPFAR dollars spent on food \$20,000

Estimation of other dollars leveraged in FY 2008 for food \$20,000

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	11	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,750	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh

Ha Noi

Ho Chi Minh City

Hai Phong

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5522.08

**Activity System ID:** 15324

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$320,000

**Activity Narrative:** Pact sub-partner: CARE

This is a continuing activity from FY07.

- Pact supports CARE International (CARE), which works with eight local organizations (including five community-based organizations (CBOs), two faith-based organizations (FBOs) and one local NGO) providing services to 2,294 PLWHA in four provinces.
- In FY08, Pact will continue supporting CARE and its sub-grantees at a slight increase over FY07; 12 grantees in five provinces will provide care and support to 2,750 PLWHA and train 200 care providers.
- In FY08, CARE will continue providing organizational capacity building to these organizations, and with technical support from Pact, will continue to train providers in the provision of quality palliative care services, using the national service package as guidance.
- By April 2007, CARE supported eight local groups with training on developing proposals, budgets and workplans, how to reach clients and how to provide specific services, and reporting on service delivery.
- CARE's partners attended a March 2007 workshops where they networked and shared experiences.
- CARE and Pact also provided CARE partners with guidance using these fora. Pact oriented CARE partners on community-based care (CBC) service packages, reporting requirements, and data collection methods.
- Challenges: Programs vary greatly and partners are at different levels of competency; some programs are just starting up.

**FY07 Activity Narrative:**

Pact will support CARE to strengthen and expand local community- and faith-based organization (C/FBO) capacity to provide basic health care and support services to 2,500 individuals, training 85 individuals to provide services in nine service outlets in five of the focus provinces.

In FY07 PEPFAR support will expanded to nine local C/FBOs to provide community- and home-based care (H/CBC) according to the needs of PLWHA. In line with the PEPFAR Vietnam 5-Year Strategy, Pact partners will expand civil society engagement to meet care targets in communities. Service coverage will be extended to five focus provinces. CBOs supported by CARE will include: Bright Futures (Hanoi and Quang Ninh), Dong Cam (Quang Ninh), Tue Tinh Duong (Hanoi), Action for Development (A-for-D) (Hanoi), Network and Pastoral Care - Ho Chi Minh City (HCMC), Xuan Vinh (HCMC), the AIDS Program (HCMC), Green Hope Club (HCMC), Binh Thuy (Can Tho) and a new group to be identified in An Giang Province.

With support and technical guidance from Pact and Family Health International (FHI), CARE will continue to strengthen the capacity of these nine C/FBO partners to provide basic palliative care to PLWHA in the home and the community. Care provision will be in line with the National Palliative Care Guidelines and OGAC guidance. Based on FY06 support and feedback from CBOs, training will be modified to include clinic-based training to practice new skills. FHI will partner with CARE to support CBOs to standardize provision of H/CBC, in accordance with the basic care package as defined by PEPFAR Vietnam.

CARE's strong community- and home-based ARV adherence and literacy activities will work in coordination with PEPFAR-supported clinics to prepare and support PLWHA for treatment provided in out-patient clinics (OPCs). Psychosocial and spiritual support will be provided to not only PLWHA, but also for their family members, peer educators and caregivers. CARE will also expand activities to strengthen the capacity of local commune health workers to ensure the quality of HIV services and the functioning of the referral system.

In FY07 CARE will support CBOs to provide social support for PLWHA and families members as described in the basic care package. In addition, the project will collaborate with SMARTwork to support FBO/CBOs to strengthen income generation and job assistance activities, working with local businesses, organizations, communities and PLWHA. CARE will continue to support two CBOs (Bright Futures and Dong Cam) to implement advocacy activities to reduce stigma and discrimination against PLWHA.

Pact will ensure appropriate referral between all C/FBO programs and clinical services supported by PEPFAR in focus provinces including the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC), Global Fund (GF), and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) via provision of a directory of services, referral follow-up, and via liaising with clinical providers supported by PEPFAR.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9566

**Related Activity:** 15326

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9566	5522.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$310,000
5522	5522.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$184,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15326	5449.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$150,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

Estimated PEPFAR dollars spent on food \$20,000

Estimation of other dollars leveraged in FY 2008 for food \$5,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,750	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh

An Giang

Can Tho

Ha Noi

Ho Chi Minh City

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 3108.08

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 5554.08

**Planned Funds:** \$250,280

**Activity System ID:** 15368

**Activity Narrative:** This is a continuing activity from FY07.

Funds requested will support 60% of an existing USPSC (Senior Care and Treatment Advisor), 40% of an existing LES (Care and Treatment Specialist), 50% of a new LES (Community Care and Treatment Specialist) and 50% of a new LES (Substance Abuse Specialist) including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance (TA) and program oversight to the government of Vietnam, Family Health International, Global Fund and USG partners providing palliative care in program design, implementation and evaluation of care activities related to care and the development of training curricula and delivery of training for community members working in HIV care activities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9594

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24784	5554.24784.09	U.S. Agency for International Development	US Agency for International Development	10556	10556.09	USAID Local GHCS Partnered Activities	\$372,481
9594	5554.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$205,040
5554	5554.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$310,000

### Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

### Indirect Targets

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3367.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 5532.08	<b>Planned Funds:</b> \$316,973
<b>Activity System ID:</b> 15378	

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support will support 50% of one new LES (Medical Research Scientist), one full time LES (Medical Research Scientist), 50% of two LES (Medical Research Scientist, HCMC Program Officer), 50% of one contractor (Medical Officer), and two USDH Medical Officers (50% and 65% respectively), including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance (TA) and program oversight to the Ministry of Health/Vietnam Administration for HIV/AIDS Control (VAAC) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) out-patient clinics on all activities related to design, implementation and evaluation of care and the development of training curricula and delivery of training for clinicians and community members working in HIV palliative care activities. TA will be coordinated with all USG partners to maximize impact and efficiency the PEPFAR treatment program across agencies.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9592

**Related Activity:** 15389

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24554	5532.24554.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10495	3367.09	CDC-GHCS-Funded HQ Activities	\$367,504
9592	5532.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$95,024
5532	5532.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3367	3367.06		\$1,000,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15389	5533.08	7129	3694.08		US Centers for Disease Control and Prevention	\$195,983

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

**Indirect Targets**

**Table 3.3.06: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3694.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06

**Activity ID:** 5533.08

**Planned Funds:** \$195,983

**Activity System ID:** 15389

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support will support 50% of one new LES (Medical Research Scientist), one full time LES (Medical Research Scientist), 50% of two LES (Medical Research Scientist, HCMC Program Officer), 50% of one contractor (Medical Officer), and two USDH Medical Officers (50% and 65% respectively), including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance (TA) and program oversight to the Ministry of Health/Vietnam Administration for HIV/AIDS Control (VAAC) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) out-patient clinics on all activities related to design, implementation and evaluation of care and the development of training curricula and delivery of training for clinicians and community members working in HIV palliative care activities. TA will be coordinated with all USG partners to maximize impact and efficiency the PEPFAR treatment program across agencies.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9854

**Related Activity:** 15378

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25389	5533.25389.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10745	10745.09	CDC-Gap-Funded Local Activities	\$129,105
9854	5533.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$212,976
5533	5533.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$82,314

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15378	5532.08	7128	3367.08		US Centers for Disease Control and Prevention	\$316,973

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Table 3.3.06: Activities by Funding Mechanism

<b>Mechanism ID:</b> 3102.08	<b>Mechanism:</b> Community REACH Vietnam
<b>Prime Partner:</b> Pact, Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 15971.08	<b>Planned Funds:</b> \$110,000
<b>Activity System ID:</b> 15971	
<b>Activity Narrative:</b> Pact sub-partner: AIDS Health Foundation	

This is a new activity in FY08.

Pact will support AIDS Health Foundation (AHF) to implement two HIV clinics in Thuy Nguyen district (Hai Phong province) and Dong Trieu district (Quang Ninh province). The clinics will enroll PLWHA from these and neighboring districts. Patients will be provided with HIV/AIDS counseling related to care and treatment; will receive regular health checks and monitoring of HIV infection; and will be provided with OI prophylaxis and treatment as appropriate. Essential laboratory tests will be made available to ensure quality care. Physicians will be trained according to national and PEPFAR training standards. AHF will foster linkages between the two clinics and more mature district-level sites, as well as provincial sites, to facilitate exchange of clinical experience and provision of clinical backstopping. In addition, clinical technical assistance (TA) will be provided by AHF's technical team, based in Los Angeles, which provides technical guidance to AHF-supported clinics around the world. The clinics will adopt practical standard operating procedures (SOPs) based on national guidelines and drawing from those developed by PEPFAR Vietnam implementers (including CDC, Family Health International (FHI), Medecines du Monde (MdM)).

The clinics will be linked to VCT services in Hai Phong and Quang Ninh, to facilitate access to the clinic among PLWHA, and access to VCT among clinic patients' sexual/injecting partners. To ensure the continuum of care, clinical services in AHF clinics will also be linked to community-based care services provided by other organizations, including PLWHA self-help groups, new care and support projects to be rolled out through Pact's small grant program, and other programs supported by the government of Vietnam, Global Fund and other donors in Hai Phong and Quang Ninh. These linkages will ensure that AHF clinics are connected well to the provincial service network and community groups are informed of available AHF services to refer PLWHA, while the clinics will refer patients and their children to community-based programs for adherence, social and other support. Children of patients will be referred to CDC- or FHI-supported clinics that provide pediatric testing and treatment services.

AIDS Healthcare Foundation (AHF) is a US NGO working on HIV/AIDS medical care domestically and internationally. Internationally, AHF Global brings lifesaving anti-retroviral therapy to developing and resource-poor countries including: Cambodia, China, Ethiopia, Guatemala, Haiti, India, Mexico, Russian Federation, Rwanda, South Africa, Swaziland, Uganda, Ukraine, Zambia, and Vietnam.

In Vietnam, AHF made contacts with the Ministry of Health (MOH)/Vietnam Administration for HIV/AIDS Control (VAAC) and offered its experience in addressing identified barriers in access to care. AHF Asia's Pacific Bureau Chief, Dr. Chinkholal Thangsing, had made a presentation about AHF to MOH, the UN agencies, the World Health Organization (WHO) and various national and international HIV/AIDS care and support providers, members of the technical working group on treatment, care and support in Vietnam. The Chief of Medicine, Dr. Charles Farthing, had also visited Vietnam and met with various government officials sharing about AHF's activities to them.

By February 2006, PACCOM Vietnam granted AHF with its legal status to work in two the provinces of Vietnam which were Hai Phong and Quang Ninh. AHF then visited Hai Phong and Quang Ninh provinces, had official meeting with the provincial AIDS authorities and PLWHA groups to discuss its work plan. The proposed centers include the ART Center of Excellence at the Thuy Nguyen District Hospital in Hai Phong and an out-patient clinic in Dong Trieu in Quang Ninh. AHF will collaborate with Hai Phong and Quang Ninh AIDS Authorities to operate these two treatment facilities and provide VCT services. AHF is committed to assist in supporting ARV drugs for 50 patients and OI medications for each clinic, and to build and strengthen the capacity and skills of physicians, nurses, healthcare workers by conducting technical training and clinical preceptorship at the 'Center of Excellence'.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:****Related Activity:** 15321, 15322, 15324, 15334**Related Activity**

<b>System Activity ID</b>	<b>Activity ID</b>	<b>System Mechanism ID</b>	<b>Mechanism ID</b>	<b>Mechanism Name</b>	<b>Prime Partner</b>	<b>Planned Funds</b>
15324	5522.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$320,000
15321	9580.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$335,000
15322	9563.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$450,000
15334	5331.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$150,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support****Public Private Partnership****Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Hai Phong

Quang Ninh

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 7214.08

**Prime Partner:** Nordic Assistance Vietnam

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 15884.08

**Activity System ID:** 15884

**Mechanism:** New Partners Initiative

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$0

**Activity Narrative:** This is a new activity in FY08 with a new NPI partner, Nordic Assistance to Vietnam (NAV).

NAV has been a sub-partner of Family Health International (FHI) for the past two years. Building on their experiences of working with family members infected and affected by HIV/AIDS, NAV will partner directly with local faith-based organizations (FBOs), enhancing their understanding of the issues surrounding HIV and AIDS, providing them with technical skills and capacity to create innovative solutions that will lead to increased awareness of HIV/AIDS transmission and prevention, access to care and support services, and a reduction of stigma and discrimination. Enabling local FBOs to build on existing relationships and trust with their laity and general communities is key to the success of NAV's existing FBO program in Vietnam.

Existing NAV FBO programming also includes Saturday Caring for Our Friends – a cooperative effort between local hospitals and FBOs - where a network of trained volunteers (both Buddhist and Catholic) come to hospitals on weekends, when hospital staffing is at a low point, to provide spiritual, mental and physical care, as well as food and clothing for ill and/or abandoned patients. The Buddhist community provides traditional herbal remedies for OIs and is already training other pagoda teams in this ancient, traditional practice. In addition, there are some pagodas in Hue that already have on-site traditional herbal and western pharmacies under one roof, enabling clients to access complimentary eastern/western medications in one location.

In FY08, NAV plans to scale up their existing FBO program through building a core team of Buddhist and Catholic FBOs in eight site locations in provinces that fall into the high prevalence/high risk categories. Opportunities exist to also include other local faiths present in some of the sites, such as Cao Dai, Hoa Hao, Protestants and Muslims. In addition, NAV will partner with the central Fatherland Front (FF) which ensures significant host-country government leadership, support and involvement.

During the first year of a three year project, NAV will initiate activities under the following broad goals and set in place the basis for the remainder of their program.

1. Develop one site into Model Site of Excellence and a National Interfaith Support Center.

In collaboration with national partners, NAV will develop one of site (TBD) into a National Interfaith Support Center, to be used as a model center of excellence and a national study tour site both during and after the life of the funding period.

2. Enhance capacity of FBO volunteer teams to provide home-based care to PLWHA.

NAV will use FHI's existing Community Home Based Care training curriculum, support materials and Self Care Handbook series, to train FBO teams to provide home based care for PLWHA.

3. Increase PLWHA participation in developing, monitoring and evaluation of FBO programs.

NAV and its partners will make every effort to recruit PLWHA to participate in the development of specific program activities whenever possible, and to participate in monitoring and evaluation exercises so that the programming staff gain clearer and more realistic insights into how the program services are perceived and received by families and individuals affected and infected with HIV/AIDS.

4. Develop an income generation training program for needy families/individuals affected by HIV.

For PLWHA in need and who want to become self-reliant, NAV will develop income generation activities which will provide needed income, as well as a sense of self worth and self-esteem. NAV will work to support locally appropriate income generating alternatives and will bring in technical expertise to assist with this important component.

5. Adapt UNICEF's Buddhist Leadership Initiative (BLI) orientation training manual and related handbook "Buddhism In The Time Of AIDS", to orient the Buddhist community on HIV/AIDS issues.

To maintain consistency across faith-based programming as requested by the Fatherland Front, NAV will adapt UNICEF's materials on Buddhist orientation training manual and handbook on HIV and AIDS, which explains issues related to HIV/AIDS from a Buddhist perspective. NAV will reproduce this material and make it available for all initial orientation trainings for Buddhist monks and nuns in the Interfaith program.

6. Adapt BLI Orientation training for Catholic/Christian clergy. NAV's Catholic partners will adapt the BLI Orientation training and develop an

orientation training to HIV/AIDS issues from the Catholic/Christian perspective. This will be used as an initial orientation for new church-based FBO teams.

7. Develop in-depth psychosocial counseling training to address the needs of PLWHA.

To address the need for specific faith-based materials on comprehensive psychosocial counseling training, NAV will explore several options in developing counseling including using existing FHI-trained VCT counseling trainings; contracting to an existing counseling consortium (based on an evaluation of their capacity); and/or bringing in an international expert on HIV/AIDS counseling to adapt an existing counseling for Vietnam.

8. Monitor and evaluate skills enhancement of main stakeholders and service delivery results.

NAV will develop a participatory M&E plan that will enable main stakeholders to evaluate their own skills enhancement and service delivery capacity. PLWHA will also act as participatory M&E agents, providing a real picture of how services are received and perceived by both PLWHAs and their communities.

NAV will monitor this first-year phase utilizing an approach combining informal community dialogue meetings and individual interviews with quarterly reports and visits by NAV, FBO and the Advisory Board teams. Additional monitoring techniques will include mystery client visits to pagodas and churches; and monitoring teams made up of PLWHA and laity. As for specific methodology to be utilized for quality assurance, NAV will hire a consultant to provide technical assistance to the program, bringing in international level expertise in the area of quality assurance and participatory monitoring and evaluation, ensuring international standards of excellence are upheld with all care and support services provided.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16064

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16064	16064.08	7214	7214.08	New Partners Initiative	Nordic Assistance Vietnam	\$0

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

## Food Support

Estimated PEPFAR dollars spent on food \$20,000

Estimation of other dollars leveraged in FY 2008 for food \$500

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	False

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Can Tho

Da Nang

Ha Noi

Hai Phong

Ho Chi Minh City

Quang Ninh

Thua Thien-Hue

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Mechanism:** Community REACH Vietnam

**Prime Partner:** Pact, Inc.

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 16062.08

**Planned Funds:** \$23,000

**Activity System ID:** 16062

**Activity Narrative:** Pact sub-partner: World Wide Orphans Foundation

This is a new activity in FY08 which adds a palliative care (HBHC) component to a current partner.

Pact has supported World Wide Orphan Foundation (WWO) as a sub-partner in OVC and ART services since FY05. Pact provides capacity building and direct support to WWO for providing comprehensive treatment, care, support and protection services to OVC living in two residential orphan care centers (Tam Binh #2 Orphanage in Ho Chi Minh City and Ba Vi Social Training Center #2 in Hanoi).

This new activity will support broader palliative care for both clinical and community-based services related to continuing treatment services and complementing on-going OVC services. Building on their previous work in the two centers, WWO will provide technical and financial support to Tam Binh 2 and Ba Vi to ensure quality palliative care and clinical services for orphaned children living in the centers. These activities will include support for regular clinical evaluation and monitoring, screening for TB, referral to related laboratory services, treatment adherence support, symptom management and pain relief, and management of HIV/AIDS-related complications.

WWO will continue to provide comprehensive psychosocial services to the children at Ba Vi and Tam Binh, to lessen the developmental and psychological effects of HIV as well as the effects of institutional care, while reducing stigma and discrimination and encouraging the integration of these children into the community. A cornerstone of this work is the early intervention "Auntie" Program. In this program, volunteers from the community are matched with developmentally at-risk children to provide regular one-on-one care and attention.

In addition WWO will work with Ba Vi and Tam Binh to strengthen intake assessment procedures to assess opportunities for returning abandoned children to family- and kinship-based care and collaborate with local authorities and Partner TBD/Reintegration pilot to help families access resources to help ensure long-term support for family-centered care. In addition, WWO will work with Ba Vi and Tam Binh to help ensure more frequent family visits, as appropriate.

Pact will enable WWO to strengthen palliative care service delivery by supporting training courses and mentoring for staff in case management and children on ART, as well as through program monitoring and feedback.

Pact will provide WWO with project management support and other technical assistance, as required. Pact will also monitor the performance and quality of WWO's palliative care activities through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols. WWO will collaborate with other implementing partners to ensure strong referral linkages to pediatric treatment and care as well as other social services.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15329	5451.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$300,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	150	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

**Target Populations**

**Other**

Orphans and vulnerable children

People Living with HIV / AIDS

**Coverage Areas**

Ho Chi Minh City

Ha Noi

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Mechanism:** Community REACH Vietnam

**Prime Partner:** Pact, Inc.

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 16063.08

**Planned Funds:** \$700,147

**Activity System ID:** 16063

**Activity Narrative:** Pact Direct

This is a continuing activity from FY07. In FY07, Pact's direct activities and costs were integrated into its partners' narratives. This year, these activities are identified below in this narrative along with associated costs.

- In Vietnam, Pact serves as an umbrella organization providing grants, technical guidance and capacity building, project monitoring, and oversight for overall consistency with PEPFAR goals for partners engaged in palliative care.
- In FY08, Pact will support up to 19 palliative care partners: eight sub-partners, five local community-based organizations (CBOs) and up to six new local CBOs.
- In FY08, Pact will promote effective coordination between Pact partner community-based care initiatives and relevant programs being implemented by other partners across the continuum of prevention, care, and treatment, to promote cross-learning and coordination.
- Pact will maintain an effective and transparent award and administration system for the provision of grants to both Vietnamese and international NGO sub-partners. Workshop-based training along with ongoing virtual and one-on-one mentoring will be provided to these organizations to ensure compliance with USAID rules and regulations. Local partners in particular will also receive capacity building support through assistance with detailed project design, implementation planning, activity-based budgeting, financial management, and the development of essential institutional policies and procedures.
- Pact will monitor the performance and quality of palliative care programming through review of quarterly reports and periodic site visits. Based on PEPFAR palliative care guidance and on Pact's palliative care programming experience in and outside of Vietnam, and drawing from the experience of other organizations (e.g. Family Health International (FHI)), Pact will also provide technical capacity building support to partners to ensure provision of the community-based care service package and improve the quality of each service component.
- In FY08, Pact will provide training and training capacity building to partners in technical areas related to care and support for PLWHA. Potential themes include strengthening treatment adherence support, drawing from the results of an assessment of adherence barriers and facilitators to be conducted with Tufts University in FY07; and providing targeted support for special groups of PLWHA, including women and those with drug use histories. Themes will be identified by Pact and partners in collaboration. Pact activities to address these themes may include curriculum development, training of trainers, and cross-partner information sharing workshops. Pact will also facilitate Pact partner engagement in other relevant training and/or capacity building opportunities offered by other organizations to address needs identified during project implementation. (\$127,224 dedicated to this effort)
- Pact, with input from the PEPFAR Care and Treatment technical working group, will determine an intervention program to train private sector physicians in targeted high prevalence areas with information on HIV/AIDS care and treatment as well as in treatment adherence and referrals to ART sites. TBD partner(s) will be selected by Pact.
- To facilitate effective reporting of results, Pact will continue to support the development of rigorous monitoring systems, with the objective of ensuring complete and accurate reporting against targets and the effective use of data for decision-making. Pact will continue to undertake this work through workshop-based training, as well as one-on-one coaching and review of partner monitoring and evaluation (M&E) systems and tools. Pact will support partners to implement a client information and service monitoring system, which was developed by Pact in collaboration with partners in the FY06 implementing year, and will be tested in the FY07 implementing year.
- In FY08, Pact will increase its effort at providing local partner organizations with technical assistance for HIV-related institutional capacity building. Pact's organizational development program will focus on governance, strategic planning, financial management, human resources development and management, advocacy, gender and equality issues, information systems, and external relations.
- By April 2007, PACT supported five palliative care sub-partners with the expectation of supporting nine sub-partners by the end of FY07.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16076

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16076	16076.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$304,042

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 5175.08

**Mechanism:** N/A

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 16264.08

**Planned Funds:** \$610,000

**Activity System ID:** 16264

**Activity Narrative:** This is a new activity in FY08.

In FY07, the Supply Chain Management System (SCMS) provided a small amount of technical assistance (TA) for OI drug procurement and distribution. This cost was covered under the funding to SMCS for ARV Services. However, this year the amount of OI drugs is substantially increasing, and thus the TA cost is substantially increasing. We are producing a separate activity narrative, with a separate budget, for this activity in FY08.

SCMS will support the PEPFAR Vietnam 5-year strategy to provide palliative care to PLWHA, through the provision of OI medications and procurement and distribution of methadone. SCMS will support the following objectives in the procurement of OI drugs and methadone by the government of Vietnam (GVN) (see Palliative Care Basic section): 1) Capacity building by enhancing the ability of governmental, specifically the new Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) drug management unit, international and local partners to systematically identify, prioritize and address pharmaceutical management issues to improve access to and use of quality OI drugs and methadone; 2) SCMS will also strengthen the pharmaceutical management of health facilities to ensure an uninterrupted supply of quality pharmaceuticals to treat opportunistic infections and drug dependence; 3) Provide technical assistance to VAAC and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) to monitor and evaluate procurement, distribution and storage of OI drugs through collection of site-level data, and development of quarterly reports that inform all partners about use of OI drugs, situation at clinical sites in terms of drug supplies, actual use of clinical protocols and projections of future patients to allow strategic planning for the government in terms of drug supplies and future procurement.

Specifically SCMS will: 1) Provide TA to enhance decision-making at the VAAC and HCMC PAC for pharmaceutical and commodity management such as in-country forecasting and drug management and play a coordinating role with partners' organization on pharmaceutical issues; 2) Work with the PEPFAR care and treatment technical working group to provide TA to GVN partners to develop an approved list of OI drugs to be procured and oversee and manage procurement, importation, storage, distribution and supply of quality OI drugs and develop a distribution plan for implementation sites; 3) Closely collaborate and support the VAAC pharmacy unit to build capacity and move towards coordination of procurement and distribution of all OI drugs; 4) Strengthen drug management information systems to provide timely accurate information regarding procurement, distribution, and use of OI drugs and methadone supplied by all partners; 5) Develop and implement standard operating procedures (SOPs) at appropriate levels, train and supervise their effective implementation; 6) Train pharmacy personnel on commodity management of HIV medicines, methadone and commodities; 7) Provide TA to GVN to develop a monitoring and evaluation system based at the site level in support of the national drug management monitoring and evaluation plan; and 8) Assist GVN to disseminate information about drug management to partner organizations and implementation sites, and share lessons learned with the broader community.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15269, 15293, 15255, 15350

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15255	5529.08	7104	3107.08		Family Health International	\$2,216,000
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
15350	9599.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

**Total Planned Funding for Program Area: \$2,908,000**

Estimated PEPFAR contribution in dollars \$100,000

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

## Program Area Context:

### CURRENT PROGRAM CONTEXT

Vietnam has the 13th highest burden of TB in the world with an estimated 178 cases per 100,000 persons. In 1997, Vietnam had reached 100% national coverage for its National TB Program (NTP) and was one of only two high-burden TB countries to achieve WHO-recommended program targets of diagnosing 70% of all new cases and successfully treating 85% of them. Nevertheless, the TB case notification rate in Vietnam has not declined. One major reason has been the rapid spread of HIV. National HIV prevalence in TB patients is estimated at 4.95%, up from 1.5% in 2000. For HIV-infected persons in Vietnam, TB is the primary cause of severe illness and death. Twenty percent of HIV-infected persons have radiographic evidence of TB disease when first screened. Even after TB is apparently ruled out, an estimated 20% of HIV patients are diagnosed with TB within the first year after starting antiretroviral therapy (ART), because of either inadequate screening for TB or immune reconstitution syndrome. During TB treatment, death rates in HIV-infected TB patients average 20-30%, with most deaths occurring in the first three months after TB diagnosis. Program experience suggests that delayed diagnosis of HIV and TB, and inadequate HIV treatment and care during

TB treatment, are contributing factors. Based on a 2005 national drug resistance survey, the prevalence of isoniazid (INH)-resistant and multi drug-resistant strains of TB is 19% and 2.7%, respectively, in new patients. There is no national data on TB drug resistance among HIV-infected TB patients.

#### KEY ACCOMPLISHMENTS

In the past three years, PEPFAR and the Vietnam Ministry of Health (MOH) have made significant progress in responding to the TB/HIV epidemic. PEPFAR has implemented routine HIV provider-initiated testing and counseling (PITC) for TB patients and referral to HIV services in seven focus and eight non-focus provinces (see Geographic Coverage document for definition of 'focus' and 'non-focus'). As a result of these initiatives, PEPFAR supported PITC for 30,000 TB patients in 15 provinces in FY07. All PEPFAR-supported sites are using updated national TB program registers to monitor and evaluate HIV services that patients receive. Health facilities in each province also performed active case findings for TB in HIV patients living in the community and in HIV patients presenting for care and treatment. MOH recently approved using INH for TB preventive therapy in HIV-infected patients. In order to promote this practice, PEPFAR is funding INH therapy for 600 patients in two provinces.

Successful implementation of TB/HIV activities at the provincial level recently led MOH to adopt national policies mandating these activities across the entire country. To help strengthen linkages between TB and HIV programs, PEPFAR supported the creation of a national TB/HIV technical advisory group. This group worked with WHO and PEPFAR to prepare MOH guidelines that require TB and HIV programs to provide PITC to TB patients, perform TB disease screening in HIV patients, use the new WHO algorithm for diagnosis of smear-negative TB in HIV patients, promote INH preventive therapy in HIV patients, and establish province- and district-level TB/HIV coordination committees.

In 2007, PEPFAR began funding ART at TB hospitals in two provinces to expedite HIV-related care and treatment for HIV-infected TB patients. PEPFAR also began expanding laboratory capacity in five focus provinces for solid- and liquid-based mycobacterial culture to improve diagnosis of sputum smear-negative TB. Two provinces will soon implement and evaluate rapid molecular-based methods for diagnosis of multi drug-resistant TB.

An assessment of TB infection control practices in PEPFAR-supported HIV care and treatment facilities is ongoing. Modifications to two TB hospitals that manage large numbers of patients with HIV and multi drug-resistant strains of TB will begin soon. PEPFAR has begun working with private pharmacies and clinicians in one province to promote collaboration between the public and private sector in the management of patients with TB and HIV. Over 550 Vietnamese health professionals have received training in TB/HIV diagnosis, treatment, and management. PEPFAR has recruited one additional locally employed staff member to serve as a laboratory officer to promote and monitor PEPFAR TB/HIV laboratory strengthening activities.

#### OPPORTUNITIES/CHALLENGES

Just as the Vietnam National TB Program incorporated HIV-specific services for adults and children into its national strategy, development plan, and training materials, the national AIDS program has now done the same for TB. Coordination has been strengthened at the national level through a TB/HIV technical advisory group and issuance of MOH policies promoting TB/HIV services. At the local level, collaboration between the two programs remains challenging. Poor referral between the two vertical programs has led to delayed diagnosis of TB and delayed entry of HIV-infected TB patients into the HIV care system. Rapid expansion of PEPFAR TB/HIV activities into TB laboratory capacity development has created a need for stronger in-country technical resources to implement, monitor, and evaluate these specialized activities.

#### KEY STRATEGY ELEMENTS

The success of initial PEPFAR TB/HIV collaborative activities provides an opportunity to enhance existing programs and expand the breadth of services. Consistent with the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam 5-Year Strategy, one of the highest priorities includes implementing PITC across all districts in the existing seven focus provinces, the eighth focus province to be added in FY08, and eight additional provinces. Other priorities include developing a successful, evidence-based model for screening HIV patients for TB disease, strengthening human resources at the district level, and providing cotrimoxazole, ART, and other services to HIV-infected TB patients. To achieve these goals, PEPFAR has charted specific objectives that are described below. All activities have been planned in coordination with other donors, such as the Global Fund, in order to fulfill the NTP's five-year development plan and the Vietnam National HIV/AIDS Strategy.

Formal collaboration mechanisms between TB and HIV programs will be strengthened at the national, provincial, and district levels in the focus provinces. PEPFAR will support focus provinces to convene joint monitoring and evaluation of TB/HIV activities, joint training activities, and regular meetings for district-level participants. Technical guidance will come from the NTP, VAAC, PEPFAR and other international partners. All TB patients in focus provinces will receive PITC for HIV, and referrals to HIV services will be tracked. PEPFAR will support VAAC to expand PITC to 40,000 TB patients in 16 provinces (eight focus provinces and eight non-focus provinces). PEPFAR will continue to support training to promote patient and provider acceptance of PITC.

HIV-infected TB patients will receive cotrimoxazole preventive therapy, HIV staging, ART (if indicated), and other HIV-related services in PEPFAR-supported HIV clinics. PEPFAR will also support ART and HIV care in four provincial hospitals to provide a "fast track" to ART for HIV-infected TB patients. Residents of government centers for injection drug users (06 centers), where PEPFAR is providing support, will receive equivalent TB and HIV services. PEPFAR will expand TB laboratory capacity support from five focus provinces to eight focus provinces and will support national efforts for training and quality assurance in smear microscopy.

Patients known to be HIV-infected will undergo TB screening at least annually. Screening will occur at HIV diagnosis, before commencing ART, and during routine care and treatment. The current screening method involves asking about TB-related symptoms and performing chest radiography, followed by smear microscopy and, if the smear is negative, performing a sputum culture in those suspected of having TB disease. HIV-infected persons diagnosed with TB will be registered for treatment. PEPFAR will support TB treatment for 7,500 PLWHA. More facilities in each focus province will be equipped and additional staff will be trained to conduct rapid diagnosis and treatment of smear-negative and extra-pulmonary TB in HIV-infected persons. In PLWHA found not to have TB disease, PEPFAR will support use of INH preventive therapy. Human resources will be developed to ensure a sustainable TB/HIV care system for the future, including direct technical assistance and training for 600 individuals to

provide TB diagnosis and treatment, and ensure proper data recording and reporting practices. PEPFAR-funded HIV care and treatment settings will continue to implement infection control practices to limit TB transmission. PEPFAR has added one country-specific indicator: the number of TB patients undergoing HIV counseling and testing (and receiving their results). In accordance with the PEPFAR Strategic Information plan, information collection for TB/HIV activities will meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the national HIV/AIDS M&E system.

**Program Area Downstream Targets:**

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	141
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3920
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	550
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	34000

**Custom Targets:**

**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5217.08	<b>Mechanism:</b> PATH TB Country Support
<b>Prime Partner:</b> PATH	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 9568.08	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 15343	
<b>Activity Narrative:</b> This is a continuing activity from FY07.	

In FY08, PATH will sustain the interventions with pharmacies and private physicians begun in the focus province of Hai Phong in FY07, and expand its activities to one additional PEPFAR focus province (Quang Ninh).

In FY07, PATH began assessing the extent of TB and HIV private sector care in Hai Phong (rather than Hanoi or Ho Chi Minh City, as originally planned), and began working with private sector pharmacies and clinicians to intensify their knowledge about the management of TB and HIV and to promote referrals to the public sector. Although it is too early to assess the success of this initiative, the private sector is rapidly expanding in Vietnam and there is an urgent need to expand such activities to other provinces.

**FY07 Activity Narrative:**

Funding will be provided to the NGO Program for Appropriate Technology in Health (PATH) for an assessment of private sector TB and HIV care.

In Hanoi and in Ho Chi Minh City (HCMC), private health care providers manage a large number of TB and HIV patients, but the magnitude and the quality of care is not known. Private sector care is largely unregulated and may be of poorer quality than public sector care. Patients managed poorly in the private sector may exacerbate the TB/HIV epidemic, because poor TB and HIV treatment can lead to both drug-resistant TB and drug-resistant HIV. PEPFAR will fund an assessment to determine the magnitude and quality of private TB/HIV care services in Hanoi and HCMC. This assessment will be developed in collaboration with the government of Vietnam, and will involve interview, questionnaire, and chart review techniques. Funding is provided for technical assistance for all aspects of this assessment. Based on the findings from this assessment, a plan will be developed to improve management of TB and HIV in the private sector.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9568

**Related Activity:** 15293, 15297

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24655	9568.24655.09	U.S. Agency for International Development	PATH	10525	5217.09	PATH TB Country Support	\$100,000
9568	9568.07	U.S. Agency for International Development	PATH	5217	5217.07	PATH TB Country Support (IQC)	\$75,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* TB

### Food Support

### Public Private Partnership

Estimated PEPFAR contribution in dollars \$100,000

### Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

**Indirect Targets**

**Coverage Areas**

Hai Phong  
 Quang Ninh

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 3694.08 **Mechanism:** N/A  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP **Program Area:** Palliative Care: TB/HIV  
**Budget Code:** HVTB **Program Area Code:** 07  
**Activity ID:** 5516.08 **Planned Funds:** \$130,323  
**Activity System ID:** 15390

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support two LES (Medical Research Scientist, Medical Research technician), 50% of one LES (Project Officer-HCMC), and 50% of one LES (Medical Officer-HCMC), including salary, benefits and official travel costs. As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance and program oversight to Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) Palliative Care–TB/HIV programs.

Requested funds will also provide travel costs for TB Technical Advisor from the HHS/CDC Asia Regional Office in Bangkok, and at least three trips of extended duration for HHS/CDC Atlanta-based technical assistance.

Funding will permit HHS/CDC to conduct a TB infection control assessment in collaboration with VAAC to document both the quantity and quality of TB screening in HIV care and treatment settings, and will support short term international technical assistance to MOH/VAAC and HCMC PAC.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9561

**Related Activity:** 15379

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25393	5516.25393.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10745	10745.09	CDC-Gap-Funded Local Activities	\$124,080
9561	5516.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$152,500
5516	5516.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$122,265

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15379	9562.08	7128	3367.08		US Centers for Disease Control and Prevention	\$180,000

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

## Indirect Targets

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 3367.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 9562.08

**Planned Funds:** \$180,000

**Activity System ID:** 15379

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support two LES (Medical Research Scientist, Medical Research technician), 50% of LES (Project Officer-HCMC), and 50% of LES (Medical Officer-HCMC), including salary, benefits and official travel costs. As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance and program oversight to Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) Palliative Care–TB/HIV programs. Requested funds will also provide travel costs for TB Technical Advisor from the HHS/CDC Asia Regional Office in Bangkok, and at least three trips of extended duration for HHS/CDC Atlanta-based technical assistance.

Funding will permit HHS/CDC to conduct a TB infection control assessment in collaboration with VAAC to document both the quantity and quality of TB screening in HIV care and treatment settings, and will support short term international technical assistance to MOH/VAAC and HCMC PAC.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9562

**Related Activity:** 15390

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24555	9562.24555.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10495	3367.09	CDC-GHCS-Funded HQ Activities	\$9,005
9562	9562.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$125,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15390	5516.08	7129	3694.08		US Centers for Disease Control and Prevention	\$130,323

**Targets**

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

**Indirect Targets**

**Table 3.3.07: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3102.08	<b>Mechanism:</b> Community REACH Vietnam
<b>Prime Partner:</b> Pact, Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 9567.08	<b>Planned Funds:</b> \$20,000

**Activity System ID:** 15325

**Activity Narrative:** Pact sub-partner: Medecins du Monde France

This is a continuing activity from FY07.

In FY08, in two Medecins du Monde, France (Mdm)-supported out-patient clinics (one in Hanoi and one in Ho Chi Minh City (HCMC)), funding will be provided for TB screening for 1,700 HIV-infected persons and referral to TB treatment for 170 PLWHA.

This fund will also be used to support implementation of the recommendations of an FY07 PEPFAR-funded assessment of infection control practices for TB and other airborne diseases in HIV care and treatment settings.

In FY07, Pact provided funding and overall program management support to Mdm Hanoi and Mdm HCMC for HIV/TB-related clinical activities, including screening all HIV-infected persons for TB. In one Mdm-supported out-patient clinic in HCMC and one in Hanoi, funds were used to provide yearly TB screening of all HIV infected patients, screening for suspected cases and screening prior to starting and during ART as part of the core package of care and treatment services.

FY07 Activity Narrative:

In two Medecins du Monde, France (Mdm)-supported out-patient clinics (one in Hanoi and one in Ho Chi Minh City (HCMC)), funding will be provided for TB screening for 1,650 HIV-infected persons and referral to TB treatment for 165 PLWHA.

In FY04/05, Mdm provided TB screening for PLWHA with suspected symptoms attending two PEPFAR-supported out-patient clinics, one in Hanoi and one in HCMC, referring those in need of treatment to the National TB Hospital in Hanoi or the TB Department of the District 6 Hospital in HCMC. In FY06, both clinics will begin screening all PLWHA for TB annually and for suspected symptoms of TB. In FY07, Pact will provide funding and overall program management support to Mdm Hanoi and Mdm HCMC for HIV/TB-related clinical activities, including screening all HIV-infected persons for TB. The PEPFAR Vietnam 5-Year Strategy includes annual TB screening for all HIV-infected persons, screening as needed for symptoms, and screening before starting ART. In one Mdm-supported outpatient clinic in HCMC and one in Hanoi, funds will be used to provide yearly TB screening of all HIV infected patients, screening for suspected cases and screening prior to starting and during ART as part of the core package of care and treatment services. The complete package of care provided is described in the section HBHC Mdm-France (9577).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9567

**Related Activity:** 15269, 15320, 15297, 15298

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9567	9567.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$6,500

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15320	5523.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$476,617
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000
15298	9505.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,224,500

**Targets**

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	2	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	170	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

**Indirect Targets**

**Target Populations**

**General population**

Adults (25 and over)

Men

Adults (25 and over)

Women

**Other**

People Living with HIV / AIDS

**Coverage Areas**

Ha Noi

Ho Chi Minh City

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 9565.08

**Activity System ID:** 15256

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$127,000

**Activity Narrative:** This is a continuing activity from FY07.

In FY08, Family Health International (FHI) will expand its activities to 20 continuum of care (CoC) sites in 10 provinces. Activities will include TB disease screening, referral of TB patients to TB treatment services, improved coordination of TB and HIV services, and capacity building for TB and HIV clinicians. TB-HIV screening and referral will be provided for 7,500 PLWHA, and TB treatment for 1,500 HIV-infected TB patients. At least 150 clinical personnel will be trained to provide screening and treatment of HIV-associated TB and to support TB/HIV coordination activities at the district level. FHI will provide funding to strengthen district TB and HIV coordination, including annual technical meetings between TB and HIV clinicians, development of standard operating procedures, quarterly network model coordination meetings, regular monthly case conferences between TB and HIV clinicians at clinical sites and quarterly supportive supervision visits.

In FY07, FHI supported expanded TB and HIV services in nine CoC sites in six provinces. An estimated 5,000 PLWHA were screened for TB using symptoms and chest radiography, and 1,100 PLWHA were treated for TB disease.

FHI will support implementation of the recommendations of an FY07 PEPFAR-funded assessment of infection control practices for TB and other airborne diseases in HIV care and treatment settings.

FY07 Activity Narrative:

Funding will provide TB screening and appropriate referral for 7,900 HIV-infected persons in 21 outpatient clinics in the seven focus provinces, referral to TB treatment for 790 PLWHA, train 250 individuals to provide clinical prophylaxis and/or treatment for TB to PLWHA and will support TB/HIV coordination activities at the district level.

Family Health International (FHI) will support HIV outpatient clinics in 21 districts in the seven focus provinces where clients receive care, support, counseling and ART services. Funding will support training sessions for HIV and TB physicians and staff time. As with all PEPFAR-supported clinics, clients will receive TB screening once per year and additional screening as needed for symptoms and prior to commencement of ART. All patients with suspected or confirmed TB will be referred to the adjoining district TB clinic for further management. A PEPFAR strategic goal is increasing the collaboration and linkages between the TB and HIV programs at the district, provincial and national levels. Funding will be provided to strengthen the district TB and HIV coordination activities implemented through VAAC through several targeted activities, including annual technical meetings between TB and HIV clinicians, development of Standard Operating Procedures (SOPs), quarterly network model coordination meetings, regular monthly case conferences between TB and HIV clinicians at clinical sites and quarterly supportive supervision visits.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9565

**Related Activity:** 15255, 15293, 15259, 15298

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24674	9565.24674.09	U.S. Agency for International Development	Family Health International	10533	3107.09	USAID-FHI	\$120,000
9565	9565.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$74,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15255	5529.08	7104	3107.08		Family Health International	\$2,216,000
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15259	5838.08	7104	3107.08		Family Health International	\$1,340,000
15298	9505.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,224,500

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh  
An Giang  
Can Tho  
Hai Phong  
Ha Noi  
Ho Chi Minh City  
Long An  
Nghe An  
Son La  
Dien Bien

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 6133.08

**Prime Partner:** Tuberculosis Control  
Assistance Program, KNCV  
Foundation

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 12299.08

**Activity System ID:** 15247

**Mechanism:** TB CAP

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$600,000

**Activity Narrative:** This is a continuing activity from FY07.

In FY08, PEPFAR will continue supporting the activities below:

- Technical assistance (TA) in expanding TB lab capacity in eight focus provinces, including implementing standard operating procedures for smear, culture, identification, and susceptibility testing. KNCV Tuberculosis Foundation (KNCV) will also provide on-site training and mentoring of laboratory staff, and assist with reporting standardized TB lab indicators.
- Maintaining lab infrastructure and performance for mycobacterial culture in two focus provinces (An Giang, Can Tho), and for molecular-based drug-susceptibility testing in Hanoi and Ho Chi Minh City (HCMC).
- Implementation of stronger infection control procedures and structural renovation in eight provincial TB hospitals and rehabilitation (05/06) centers that manage both drug-resistant TB and HIV patients. This activity includes implementing administrative measures, health education on TB and TB transmission, structural renovations, use of personal protection measures, and training.

In FY07, PEPFAR began supporting partner KNCV for activities to strengthen multiple drug-resistant TB control in high HIV-prevalence settings. Specific activities included building capacity for TB culture in two focus provinces, providing technical assistance for laboratory capacity expansion in six focus provinces, evaluation of molecular methods for drug-susceptibility testing in two focus provinces, and infection control in two provincial TB hospitals.

FY07 Activity Narrative:

Funding will be provided to partner KNCV Tuberculosis Foundation (The Hague, The Netherlands) for the following activities to strengthen MDR-TB control in HIV-prevalent settings. KNCV is the closest international partner of the Vietnam national TB program (NTP). KNCV will provide technical assistance for TB laboratory performance improvement in six focus provinces, enhanced TB culture capacity in two focus provinces, implementation of rapid MDR-TB diagnostic testing in two focus provinces (HCMC, Hanoi), upgrading of inpatient wards that manage both MDR-TB and MDR-TB/HIV patients in six provinces, and evaluation and implementation of infection control in high HIV prevalence 05/06 centers and prisons in one province (HCMC). A description of each activity is provided below.

KNCV will provide external technical assistance to the NTP for strengthening TB laboratory capacity in the six focus provinces. Technical assistance will focus specifically on:

- (a) Developing standard operating procedures for collection, transport, processing, and culture of sputum specimens on both solid and liquid media, and for identifying and drug-susceptibility testing mycobacterial isolates.
- (b) Developing and implementing laboratory safety procedures and adequate biosafety facilities
- (c) Developing and measuring standardized indicators to monitor TB laboratory performance
- (d) Training and on-site mentoring of laboratory staff in standard operating procedures.

Enhanced laboratory capacity:

KNCV will work with the NTP to provide equipment, training, and consumables for laboratory upgrades to perform both conventional and liquid culture in An Giang and Can Tho provinces.

Upgrading of MDR-TB treatment facilities for improved infection control:

Hospitals have been documented to serve as powerful amplifiers of TB transmission. With support from other donors, Vietnam is scaling up treatment of MDR-TB. As part of this plan, patients will be hospitalized for the first 1-2 months of treatment at TB hospitals. In the six focus provinces, rates of HIV are high in patients hospitalized at these facilities, and TB hospitals serve as sites for TB screening of HIV patients. MDR-TB inpatient facilities need to be upgraded to insure that MDR-TB is not transmitted to HIV-infected patients receiving TB diagnostic or treatment at these facilities. This activity will include an assessment of the present situation and implementation of infection control measures, including administrative measures and health education on TB and TB transmission, structural adaptations (building and construction adjustments, forced ventilation, UV), use of personal protection measures, and training.

Evaluation and implementation of infection control in 05/06 centers and prisons:

In HCMC, there are 18 05/06 centers and two prisons, which have high rates of HIV and TB. KNCV will work with the NTP to assess and implement infection control measures to prevent (MDR) TB among these confined populations, including administrative measures and health education on TB and TB transmission, structural adaptations (building and construction adjustments, forced ventilation, UV), use of personal protection measures, and training.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12299

**Related Activity:** 15294, 15298

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24702	12299.24702.09	U.S. Agency for International Development	Tuberculosis Control Assistance Program, KNCV Foundation	10536	6133.09	TB CAP	\$250,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15294	5513.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,370,677
15298	9505.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,224,500

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

An Giang

Can Tho

Ha Noi

Hai Phong

Ho Chi Minh City

Nghe An

Quang Ninh

Son La

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 5170.08

**Prime Partner:** Ministry of Health, Vietnam

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 5513.08

**Activity System ID:** 15294

**Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$1,370,677

**Activity Narrative:** This is a continuing activity from FY07.

In FY08, PEPFAR will continue to support the Ministry of Health's (MOH) successful scale-up of TB/HIV activities. The comprehensive package of services will be expanded from six provinces to eight provinces; eight other provinces will continue to receive the basic package of services. Activities will include:

- Mechanisms of collaboration. Collaboration mechanisms between TB and HIV programs will be strengthened at all levels. Provinces will convene joint monitoring and evaluation of TB/HIV activities, joint training activities and regular meetings for district-level participants.
- Human resource development. Including direct technical assistance (TA) and training for 300 individuals to strengthen TB/HIV clinical management and program monitoring.
- Monitoring and evaluation (M&E). In accordance with the PEPFAR Strategic Information plan, information collection for TB/HIV activities will meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine M&E and support for the National HIV/AIDS M&E System.
- Provider-initiated HIV testing and counseling (PITC). An estimated 28,000 TB patients will receive PITC in TB clinics. Patients who are found to be HIV-infected are referred for HIV clinical services, and successful referral is tracked on TB and HIV program forms.
- TB screening. PEPFAR will support TB disease screening in PLWHA that are attending HIV clinics and are living in the community. PEPFAR will support TB screening for 10,000 PLWHA in 15 provinces.
- Clinical services for HIV-infected TB patients. HIV-infected TB patients will receive co-trimoxazole preventive therapy, HIV staging, ART (if indicated) and other services. MOH will expand ART to three provincial TB hospitals.
- INH preventive therapy. PEPFAR will support this service for 600 patients in two current provinces.
- TB lab capacity. Lab capacity will be expanded in an additional two provinces. The goal is to have at least one facility in each focus province with sufficient skill and resources for rapid diagnosis and treatment of all forms of TB, including smear-negative and drug-resistant, in HIV-infected patients.
- Infection control. MOH will receive support for ongoing assessments and implementation of administrative controls and, where necessary, physical renovations. Additional support for this activity has been provided to FHI and KNCV (see FHI and KNCV activity narratives).
- Public-private partnerships. Support for this intervention has been provided to the MOH through PATH (see PATH activity narrative).

In FY07, PEPFAR provided both a basic and comprehensive package of TB/HIV services in selected Vietnamese provinces. The basic package included PITC of TB patients, TB screening of HIV patients, cotrimoxazole prophylaxis, training of health staff, and monitoring of TB services provided to HIV patients and HIV services provided to TB patients. In focus provinces (six in FY07; refer to Geographic Coverage document for clarification), the basic package was complemented by additional services, including development of TB lab capacity, ART for HIV-infected TB patients and implementation of TB infection control measures in HIV clinical settings. In addition to this package of services, PEPFAR also supported pilot initiatives in selected provinces, including provision of HIV care and treatment at provincial TB hospitals, molecular-based methods for rapid TB drug susceptibility testing, collaboration with private sector HIV and TB providers, and provision of INH preventive therapy to PLWHA. At the national level, PEPFAR supported creation of a national TB/HIV Technical Advisory Group that wrote a national TB/HIV policy and developed training materials for healthcare staff. In FY07, over 18,000 TB patients and 7000 HIV patients across 15 provinces received TB/HIV services through PEPFAR, and over 350 Vietnamese nationals were trained in TB/HIV diagnosis and treatment.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9570

**Related Activity:** 15293, 15297, 15298, 15296

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24584	5513.24584.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	10502	5170.09	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,460,000
9570	5513.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$970,000
5513	5513.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$129,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15296	5325.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,900,000
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000
15298	9505.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,224,500

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	116	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,764	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	300	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	24,000	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ba Ria-Vung Tau

Bac Ninh

Bin Duong

Ha Tay

Long An

Nghe An

Soc Trang

Son La

Thai Binh

Vinh Long

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 3093.08

**Prime Partner:** Ho Chi Minh City Provincial  
AIDS Committee

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 5514.08

**Activity System ID:** 15270

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$300,000

**Activity Narrative:** This is a continuing activity from FY07.

In FY08, activities in Ho Chi Minh City (HCMC) will closely follow those being implemented by the Ministry of Health (MOH) at the national level.

- In TB patients, PEPFAR will continue to support provider-initiated HIV testing and counseling (PITC) in all public TB clinics, with an expected target of testing 12,000 TB patients.
- In PLWHA, PEPFAR will support screening for TB disease, using symptom screening, physical examination, and chest radiography. PEPFAR will support screening of TB disease in 5000 PLWHA and INH preventive therapy in 400 PLWHA.
- HIV-infected TB patients will receive HIV care and treatment through district-based HIV clinics and through an HIV clinic at the provincial TB hospital. In the provincial TB hospital, PEPFAR will provide ART for 400 and care for 800 HIV-infected TB patients. A comprehensive plan was developed in FY07 for transitioning HIV-infected patients from the TB hospital to the current district ART sites; PEPFAR will support effective implementation of this plan. PEPFAR will also support a new, 100-bed HIV/AIDS department at the provincial TB hospital.
- At least 150 persons will be trained in the public and clinical management of TB/HIV to improve timeliness, completeness and quality of reporting about TB/HIV collaborative activities.

In FY07, PEPFAR supported the HCMC Provincial AIDS Committee ( HCMC PAC) to implement routine PITC for TB patients and referral to HIV services for HIV-infected TB patients, covering 12,000 TB patients in 24 districts annually. All PEPFAR-supported districts in HCMC perform active case finding for TB in HIV patients presenting for care and treatment, and have implemented modified national TB program registers to monitor and evaluate HIV services provided to HIV-infected TB patients. In 2007, the provincial TB hospital provided ART for 300 and care for 600 HIV-infected TB patients and their family members. Over 100 Vietnamese nationals have received training in TB/HIV diagnosis, treatment, and management.

FY07 Activity Narrative:

At one provincial TB hospital, PEPFAR will support expansion of RCT in TB settings to 8,000 persons in all districts in HCMC, provide ART for 200 TB/HIV patients, care for 600 TB/HIV patients, support treatment for TB disease for 3,000 PLWHA and train 50 persons to provide clinical prophylaxis and/or TB treatment for PLWHA.

RCT for TB patients and TB screening for HIV patients in HCMC: In FY06, PEPFAR supported HCMC Provincial AIDS Committee (HCMC PAC), a provincial coordination body, to begin RCT in 50% of all districts. For FY07, PEPFAR will support HCMC PAC to scale-up this model to include all districts with an additional focus on supporting drug rehabilitation centers, as requested by HCMC PAC and approved by OGAC, to improve diagnosis and outcomes and to assure adequate screening to facilitate the transition of clients from the centers to the community. The program monitoring system will also be strengthened through refinement of paper-based data collection instruments, and routine data analysis and feedback to sites, to improve timeliness, completeness and quality of reporting about TB/HIV collaborative activities in HCMC.

HIV Care and ART at Provincial TB Hospitals: An out-patient clinic (OPC) for TB/HIV patients has been established at Pham Ngoc Thach TB Center in HCMC through a joint effort by the Global Fund (GF), HHS/CDC and HCMC PAC. As agreed upon with GF, PEPFAR will take over the management of this clinic in FY07. Funding through PEPFAR palliative basic and ARV services will be used to continue support for cotrimoxazole, routine laboratory testing, care and when appropriate ART in this clinic (no TB/HIV PEPFAR funds are requested for this activity). Diagnostic services will continue to be supported through infectious disease regional funds provided through USAID (non-PEPFAR funds) as part of a targeted evaluation to establish clinical algorithms to diagnose TB in HIV-infected patients.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9569

**Related Activity:** 15269, 15272, 15273

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25370	5514.25370.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$350,000
9569	5514.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$245,000
5514	5514.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$85,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
15272	9509.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$520,000
15273	5829.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$1,665,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	25	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,176	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	12,000	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

### Other

People Living with HIV / AIDS

## Coverage Areas

Ho Chi Minh City

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 3109.08

**Mechanism:** Center of Excellence

**Prime Partner:** US Department of  
Defence/Pacific Command

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 16254.08

**Planned Funds:** \$30,000

**Activity System ID:** 16254

**Activity Narrative:** This is a new activity in FY08.

The Center of Excellence – DMHA, the executing agent for US DOD's Pacific Command, will provide program oversight and coordination of activities with DOD partners and the Vietnam Ministry of Defense. Requested funds will be used to cover costs incurred by the DOD team, in provision of technical assistance, program design, implementation and evaluation of TB activities. Funds will also be used for procurement of consumables, HIV test kits and supplies.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15403, 15362, 15287, 15405,  
15363, 15249, 15289, 16268

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15405	10233.08	7130	3109.08	Center of Excellence	US Department of Defence/Pacific Command	\$340,000
15249	5843.08	7102	3112.08		Armed Forces Research Institute of Medical Sciences	\$350,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	2	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	400	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	800	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

## Coverage Areas

Ha Noi

Ho Chi Minh City

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

**Total Planned Funding for Program Area: \$2,717,670**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$126,000
Estimation of other dollars leveraged in FY 2008 for food	\$25,500

### Program Area Context:

#### CURRENT PROGRAM CONTEXT

Comprehensive programming and service provisions for orphans and vulnerable children (OVC) affected by HIV/AIDS is in a nascent stage in Vietnam. The government of Vietnam (GVN) does not have quantitative data to make accurate projections about the number and status of OVC, and instead relies on qualitative data and estimates. The Ministry of Labor, Invalids, and Social Affairs (MOLISA) estimates that over two million of Vietnam's 30 million children are orphaned, with 22,000 having lost parents to HIV/AIDS. Approximately 10,000 children under age 15 are living with HIV/AIDS.

In 2007, PEPFAR partners began assisting the GVN in the development of a National Plan of Action on Children and HIV/AIDS. While the plan is pending, qualitative information verifies that HIV/AIDS-related stigma remains high, and discrimination against these children and their parents is commonplace, creating barriers to healthcare, education, and social services. Many OVC experience the dual stigma of having parents who are both HIV-positive and injecting drug users. They also experience economic hardship and family instability when primary caregivers lose employment due to illness or discrimination, or when caregivers die. OVC often live outside of the family unit, increasing their risk of dropping out of school, early entry into employment, abandonment, and institutionalization. MOLISA estimates that 15,000 children live in institutions, which includes an undetermined number of children infected with and affected by HIV/AIDS.

The quality and coverage of OVC services remains uneven. Access to quality pediatric HIV/AIDS care is limited. Some OVC programs focus on meeting the health, education, and material needs of children, neglecting important psycho-social support for OVC affected by HIV. There are many missed opportunities for reaching OVC; often prevention, care, and treatment programs for adult PLHWA lack mechanisms to identify and refer OVC for services. Family caregivers receive little social and economic support. Systems are not in place to support alternative care; there are few community-based care settings for children living outside of the family and there is no regulated system of foster care or child protection.

#### KEY ACCOMPLISHMENTS

Since FY05, PEPFAR has supported OVC and their caregivers in six focus provinces through community-based services, HIV/AIDS outpatient clinics, and pediatric hospitals, with services expanding to more than eight provinces in FY08. In select institutional care settings, PEPFAR continues to support capacity building of staff to help ensure quality of care, with added support for strengthening community linkages and providing guidance for reintegration into community settings. PEPFAR programs have addressed stigma and discrimination through community education and mobilization, including targeted advocacy to reduce discrimination in schools and health settings. The OVC needs assessment, conducted in five focus provinces, will provide information on the impact of HIV/AIDS on OVC, identify programmatic and policy gaps, and help inform larger national studies. PEPFAR works through a coalition of local and international partners to plan and coordinate OVC services.

#### OPPORTUNITIES/CHALLENGES

There are a number of barriers to establishing quality, family-centered care and support for OVC. The gaps in reliable data describing the number of children infected with and affected by HIV/AIDS, and the distribution and quality of OVC services is of major concern to the GVN, which appointed the Vietnam Commission for Population, Families, and Children (VNCPPFC) to develop a National Plan of Action (NPA) for Children and HIV/AIDS. Before the task could be finished, the VNCPPFC was disbanded and its responsibilities were shifted to others, thus a relationship with new players will need to be established.

The institutionalization of vulnerable and abandoned children is widely accepted in Vietnam, and advocacy is needed to gain support for alternative care models. There is no national framework or service delivery guidelines for OVC care, and limited human capacity exists for quality service delivery.

#### KEY STRATEGY ELEMENTS

In accordance with the PEPFAR Vietnam 5-Year Strategy, PEPFAR will continue to partner with the GVN to develop a strategy and systems for an OVC response that is appropriate to the context of a low-prevalence, concentrated epidemic, while scaling up services to reach more children in need.

With PEPFAR FY08 funding, we will double the number of OVC reached, ensuring that each child has access to six essential services using a case management format. PEPFAR-supported community-based organizations will work in collaboration with GVN, civil society groups, and other donors to provide a package of basic OVC services, which have been developed in accordance with OGAC OVC Technical Guidance, and include psycho-social support, health, food/nutrition, education, economic strengthening and protection. The case management approach, based on the Child Status Index developed by OGAC, will be used to assess needs and track services provided for OVC in PEPFAR care. Priority will be given to strengthening the capacity of families and other community members to care for OVC within their own communities, including registering for government benefits. In FY08, services at pediatric treatment sites will be expanded and improved. OVC will be identified and their needs assessed by trained clinical staff and referred to the relevant GVN or community-based services. Improved collaboration between clinic and community care services will be handled via regular case management meetings.

In FY08, PEPFAR will continue to work with MOLISA and other ministries and departments as identified by the government to complete the NPA on Children and HIV/AIDS. Guidelines and operational procedures in the NPA will be used to guide and strengthen the current and new programs for OVC and their families.

PEPFAR will continue with the FY07 initiative to provide community-based, family-centered childcare options to serve as alternatives to institutional care for children. The reintegration program component will also continue to be supported while PEPFAR maintains continued capacity building for staff at selected childcare institutions ensuring there is a full range of psychosocial support, and educational and health services. PEPFAR will continue to collaborate with local child welfare authorities to provide or leverage social/economic assistance to caregivers, as well as ensure strong child protection mechanisms.

In FY08, PEPFAR will strengthen programs to promote sustainability and ensure program quality and consistency. Partners will provide training, refresher courses, on-going technical assistance and program monitoring to further the implementation of the basic OVC service package. PEPFAR will support partners' meetings to identify/address gaps in services and referrals. Service delivery guidelines, tools, and capacity building for OVC will be integrated into regional care and treatment training for GVN and Global Fund sites. Reducing stigma and discrimination against HIV infected and affected OVC will be prioritized. Training and supervision for caregivers will include sensitization and on-going monitoring to prevent discrimination. Children themselves will be encouraged to play an active role in planning and service delivery. Community-based programs will focus on targeted advocacy to increase acceptance of OVC in public schools.

All OVC programs will strengthen referrals with other services including PMTCT, pediatric treatment, and community-based social support. At-risk youth will be referred to life skills education and other prevention services. PEPFAR will work closely with GVN ministries to develop national policies and related guidelines. PEPFAR will ensure that systems for routine program monitoring and evaluation meet national standards and are in line with the national HIV/AIDS M&E system.

#### Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	8345
*** 8.1.A Primary Direct	6370
*** 8.1.B Supplemental Direct	1975
8.2 Number of providers/caregivers trained in caring for OVC	1549

#### Custom Targets:

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3093.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Ho Chi Minh City Provincial AIDS Committee	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 9535.08	<b>Planned Funds:</b> \$15,000
<b>Activity System ID:</b> 15271	

**Activity Narrative:** This is a continuing activity from FY07.

In FY08 PEPFAR will support Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) to strengthen the provision of care and support services for OVC and their caregivers. This activity will focus on HIV-positive children and infants exposed to HIV served by pediatric out-patient clinics (OPCs) at Pediatric Hospital #1 and Pediatric # 2 in HCMC, which serve children from a number of neighboring provinces. Through this activity initiated in FY07, PEPFAR will keep supporting the provision of a wider range of services, designed to better meet the developmental needs of each child. OVC services will be mainly provided at both pediatric hospitals, as well as through referring for more comprehensive services to available sources in the city. Through this activity, 190 OVC will receive services, and 240 caregivers will be trained to provide services to their families at home.

The pediatric HIV/AIDS OPCs will provide a core set of OVC services including needs assessment with OVC and caregivers, counseling and psychosocial support, food/nutrition support (in accordance with PEPFAR guidelines), provision of formula for PMTCT, support for transportation, and referral to other services including PMTCT, clinical care for PLWHA caregivers, and social support services for OVC and caregivers. In coordination with other PEPFAR partners and other donors, case managers will refer patients of pediatric clinics to other OVC services which are available in the city and to ensure duplication of services does not happen. Case managers in collaboration with clinic staff will provide trainings on caring for children at home for caregivers.

PEPFAR will support HCMC PAC to coordinate OVC implementers in HCMC including PEPFAR partners and other donor agencies through a network with quarterly conferences.

PEPFAR will provide intensive and ongoing capacity-building and technical assistance to ensure consistent and quality programming, including training courses, mentoring, coaching, and support to bring OVC partners together to problem-solve, and share experiences and resources. (See HKID TBD 9552).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9535

**Related Activity:** 15267, 15269, 15273

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24572	9535.24572.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$195,000
9535	9535.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$35,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15267	5543.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$679,950
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
15273	5829.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$1,665,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

Estimated PEPFAR dollars spent on food \$2,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	190	False
8.1.A Primary Direct	189	False
8.1.B Supplemental Direct	1	False
8.2 Number of providers/caregivers trained in caring for OVC	240	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

## Coverage Areas

Ho Chi Minh City

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 5170.08 **Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)  
**Prime Partner:** Ministry of Health, Vietnam **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Orphans and Vulnerable Children  
**Budget Code:** HKID **Program Area Code:** 08  
**Activity ID:** 9531.08 **Planned Funds:** \$30,000

**Activity System ID:** 15295

**Activity Narrative:** This is a continuing activity from FY07.

In FY08, PEPFAR will support the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) pediatric program to continuously strengthen the provision of care and support services for OVC and their caregivers in six focus provinces and other provinces where the pediatric program will be extended. As planned in FY07, OVC services were added in pediatric clinics and at a drop-in center for OVC and their caregivers which was established in Hanoi. In FY08, PEPFAR will continuously support the provision of this wider range of services, designed to better meet the developmental needs of each child. 344 OVC will receive services, and 30 caregivers will be trained to provide services to OVC and their families. Case managers at newly established clinics will be trained to provide OVC services at clinic settings.

The 11 pediatric HIV/AIDS out-patient clinics (OPCs) will keep providing a core set of OVC services, including needs assessment with OVC and caregivers; counseling and psychosocial support, food/nutrition support (in accordance with PEPFAR guidance), provision of formula for PMTCT, support for transportation, and referral to other services including PMTCT, clinical care for PLWHA caregivers, and social support services for OVC and caregivers. In coordination with other PEPFAR partners and other donors, case managers will refer patients of pediatric clinics to other OVC services which are available in the city and to ensure duplication of services does not happen.

PEPFAR will also support the provision of OVC services through the drop-in center. OVC and their caregivers will be referred to the center from National Pediatric Hospital and Saint Paul Hospital, as well as through other health care and community-based support services. The drop-in center will provide the same assessment, referral and psychosocial support services offered through the pediatric OPCs. In addition, the drop-in center will offer more comprehensive services to OVC and caregivers, including caregiver support groups, educational activities and advocacy/support for enrollment of OVC in community schools, therapeutic play groups for OVC, training of family caregivers in basic care and support for children, age appropriate life-skills education for OVC including primary prevention of HIV/AIDS and primary prevention of drug use, and on-going support to families at risk of institutionalizing children.

PEPFAR will keep providing intensive and ongoing capacity-building and technical assistance to ensure consistent and quality programming, including training courses, mentoring, coaching, and support for fora to bring OVC partners together to problem-solve, and share experiences and resources.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9531

**Related Activity:** 15291, 15293, 15297

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9531		HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$50,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15291	5542.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,840,000
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

Estimated PEPFAR dollars spent on food \$4,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	344	False
8.1.A Primary Direct	343	False
8.1.B Supplemental Direct	1	False
8.2 Number of providers/caregivers trained in caring for OVC	30	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

## Coverage Areas

Quang Ninh

An Giang

Can Tho

Ha Noi

Ba Ria-Vung Tau

Ha Tay

Hai Phong

Nghe An

Son La

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5454.08

**Activity System ID:** 15257

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$680,000

**Activity Narrative:** This is a continuing activity from FY07.

In FY08:

- Family Health International (FHI) will continue to work with children infected and affected with HIV/AIDS using the case management approach (adapted from OGAC's Child Status Index) to assess needs, and will follow up to ensure identified needs are met and comprehensive programs for OVC are available. OVC care services will continue to be integrated into continuum of care (CoC) sites and made available in 22 locations.
- FHI will continue to ensure comprehensive care and support to OVC including health care, access to school, emotional support, psychosocial counseling, sufficient nutritional support, safety and security.
- FHI will increase their efforts to identify potential children with HIV through community groups, CoC coordination committees and mass media and encourage high risk children to get counseling and testing.
- FHI will expand early childhood development-focused playgroups to all CoC sites.
- FHI will continue to work with the government, other PEPFAR partners and other donors in developing national policies, guidelines and systems to support children affected by HIV.
- FHI will provide training and support in family-centered care case management to grantees and PEPFAR partners.
- FHI will increase its efforts to reduce stigma and discrimination of OVC affected by HIV/AIDS through district campaigns.
- In FY08, FHI will provide 3,500 OVC with relevant services and train 350 care givers, directly through the CoC and along with its two international partners (Catholic Relief Services and Nordic Assistance to Vietnam) and its 30+ local governmental and community-based organization (CBO) partners.
- By April 2007, FHI's activities reached 1,497 OVC with services addressing the six basic needs.
- FHI established comprehensive family-centered care services in three CoC and partial services in three additional locations.
- FHI contributed to the development of the draft national plan of action for children and HIV/AIDS.

FY07 Activity Narrative:

FHI will provide family-centered care for OVC and caregivers through out-patient clinics and home- and community-based care and support services in the PEPFAR focus provinces. This activity will help ensure that children's developmental needs are met through a range of services, as appropriate to meet the unique needs of each child. FHI will help ensure quality of care by building the capacity of OVC care providers and expand coverage OVC care services through partnerships with home-based care teams, local NGOs, the Women's Union, the Ministry of Labor, Invalids and Social Affairs (MOLISA) and the Vietnam Commission for Population, Families and Children (VNCPFC). Through this activity, 1,030 OVC will receive services, and 350 professional and family caregivers will be trained.

OVC services will be provided through case-management services at eight district out-patient HIV/AIDS clinics (OPCs) which provide comprehensive health care services, including pediatric ART. OVC services will also be provided through home-based care services that extend the reach of these clinics to the community.

OVC services will be provided in accordance with the PEPFAR core OVC services package, and will include: comprehensive needs assessment, counseling and psychosocial support, development of a service plan to assist OVC and their caregivers in meeting prioritized needs and service referral in the community. Direct services will also be provided including: health care services, adherence support, food/nutrition support for children (in accordance with OGAC guidelines), and referral to other social and health care services including referral to MOH pediatric hospitals and links to Integrated Management of Childhood Illnesses services (C-IMCI) offered through commune health stations. FHI will train families to provide care and support at home, including adherence support for pediatric ART and other medications. The project will support school enrollment and provide educational activities/therapeutic play groups with children. FHI will also support PLWHA and caregiver support groups, link parents and OVC caregivers to income generation services and employment referral services, and provide succession planning, including preparing wills and identifying stand-by caregivers.

Through this activity, OVC services will also be offered through partnerships with community based organizations in Haiphong (Nordic Assistance to Vietnam [NAV]) and Hanoi (Hien Quang Pagoda). OVC services will be delivered in a way that supports family-centered care, partnering with and building the capacity of caregivers' to address their children's needs.

In addition, FHI will collaborate with UNICEF, Save the Children, PEPFAR and other stakeholders to provide technical support and assistance for the development of OVC care and protection guidelines, including the development of the Vietnam National HIV/AIDS Strategy.

FHI staff will continuously strengthen their capacity for OVC service delivery, through training, mentoring, and program monitoring and feedback from PEPFAR and FHI management. FHI will contribute to meetings among implementing partners, to establish consensus on core service packages, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referrals. FHI will also provide capacity-building and technical assistance to other PEPFAR partners in implementing OVC (especially in the context of home- and community-based care).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9537

**Related Activity:** 15255

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24675	5454.24675.09	U.S. Agency for International Development	Family Health International	10533	3107.09	USAID-FHI	\$723,240
9537	5454.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$390,000
5454	5454.06	U.S. Agency for International Development	Family Health International	3107	3107.06	(INGO- former FHI/IMPACT)	\$150,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15255	5529.08	7104	3107.08		Family Health International	\$2,216,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,500	False
8.1.A Primary Direct	3,000	False
8.1.B Supplemental Direct	500	False
8.2 Number of providers/caregivers trained in caring for OVC	350	False

### Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Long An

Nghe An

Dien Bien

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Activity ID:** 5449.08

**Planned Funds:** \$150,000

**Activity System ID:** 15326

**Activity Narrative:** Pact sub-partner: CARE

This is a continuing activity from FY07:

- Pact's sub-partner CARE International (CARE), works with three local groups (community-based organizations - CBOs) providing services to 547 OVC in two provinces.
- In FY08, CARE will add one new CBO (plus one in FY07) for a total of five CBOs and will continue to provide start-up training, institutional strengthening support, and regular monitoring. Pact will support CARE and its sub-grantees at \$150,000 and will continue providing technical assistance to CARE in support of quality service delivery across all sub-partners. The CBOs are expected to provide care to 700 OVC and train 70 providers.
- As of March 2007, CARE's CBO partners had provided OVC with school fees, referrals for ARV and OI treatment, recreational events, nutrition support (milk), etc. They also carried out advocacy activities, resulting in the Commission for Population, Family and Children (CPFC) providing financial support to OVC, and businesses in Quang Ninh offering jobs and some direct financial support to parents.
- With FY07 funding, CARE will introduce the basic package for OVC and implement a child information and service monitoring system in consultation with Pact. CARE also intends to adapt the 'Start Your Business' model for financially-strained HIV-affected families.
- Challenges: OVC are scattered over a wide area and difficult to reach; funding is minimal for comprehensive care.

FY07 Activity Narrative:

In FY07, PEPFAR will support CARE to partner with four CBOs to increase quality and coverage of OVC programs in three focus provinces. These CBOs include: Bright Futures in Hanoi and Quang Ninh, Dong Cam in Quang Ninh and Xuan Vinh in Ho Chi Minh City (HCMC). As in FY06, Pastoral Care in HCMC will also be a partner in capacity building and information sharing. Through home- and community-based care and support services, these CBOs will serve 250 OVC and train 60 professional and family caregivers. These activities will build on work with OVC in FY05 and FY06 to include a wider range of services designed to meet the developmental needs each child served.

Services will be provided in accordance with the PEPFAR basic OVC services package and will include: assessment of needs of OVC and caregivers, counseling and psychosocial support, and service referral, including referral to Ministry of Health (MOH) pediatric out-patient clinics. Direct OVC services will also be offered with a different mix of activities for each partner, developed according to community needs and partner capacity. These will include: food/nutrition support (in accordance with forthcoming PEPFAR guidance), PLWHA and caregivers support groups, and educational activities and play groups for children. The capacity of caregivers will also be strengthened by training in care and support for OVC, as well as through income generation and employment support programs, including collaboration with SMARTWork (See HBHC AED 9564).

In FY07 PEPFAR will continue to support two CBOs (Bright Futures and Dong Cam) to implement stigma reduction activities, as well as advocate for the protection and fulfillment of child rights. In this activity, these CBOs will implement advocacy campaigns to change policy for better access for OVC to education. CARE will assist additional CBOs to advocate for changes in policy and practices based on the needs of children in their communities.

PEPFAR will support CARE in strengthening the capacity of these CBOs to offer case-management and OVC services, through training courses and mentoring for staff, and program monitoring and feedback. CARE and CBO staff will also contribute to meetings among implementing partners, to establish consensus on OVC service packages, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referral. Pact will provide Care with project management support and other technical assistance, as required. Pact will facilitate coordination between prevention, care and support programs by other PEPFAR partners and relevant government and non-governmental programs, and CARE and its sub-partners will contribute to service planning and coordination to support the network model.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9540

**Related Activity:** 15324

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24686	5449.24686.09	U.S. Agency for International Development	Pact, Inc.	10534	3102.09	Community REACH Vietnam	\$1,875,000
9540	5449.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$60,000
5449	5449.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$40,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15324	5522.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$320,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

Estimated PEPFAR dollars spent on food \$20,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	700	False
8.1.A Primary Direct	500	False
8.1.B Supplemental Direct	200	False
8.2 Number of providers/caregivers trained in caring for OVC	70	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh

Ha Noi

Ho Chi Minh City

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5450.08

**Activity System ID:** 15327

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$160,000

**Activity Narrative:** Pact sub-partner: Medecins du Monde

This is a continuing activity from FY07.

- Pact supports Medecins du Monde France (MdM), which provides OVC services in two treatment sites and their surrounding communities, serving 35 OVC in Ha Noi and 386 OVC (22 are on ART) in HCMC.
- In FY08, MdM will continue comprehensive care and support in the two current sites and expand coverage in one new site, District 9 in HCMC, reaching a total of 600 OVC
- MdM will establish case management system for assessing and tracking children; Pact will train new MdM staff in the six basic services for OVC; in Hanoi, MdM plans to test or assess the status of children of PLWHA in one site.
- By March 2007, MdM provided core services to OVC including nutritional support (nutrition training for caregivers, simple meals, milk for 30 malnourished OVC), school fees and school supplies, and psychosocial support.
- MdM also established a small play room in one clinic for families to play with children while parents are receiving medical care. Both clinics organized social activities for children, including celebration of Full Moon and Lunar New Year.

FY07 Activity Narrative (Approved):

Pact will fund Medecins du Monde France (MdM) to provide care and support services to 450 OVC, as well as train 50 professional and family caregivers in two focus provinces, Hanoi and Ho Chi Minh City (HCMC).

MdM is an international humanitarian aid organization that provides health care for vulnerable populations. In Vietnam, MdM supports two government-managed out-patient clinics in the Tay Ho District clinic in Hanoi and An Hoa clinic in District 6, HCMC. These clinics provide comprehensive HIV/AIDS prevention, care and treatment services, with a focus on serving intravenous drug users (IDU), commercial sex workers (CSW) and very poor and homeless populations, including PLWHA. MdM reaches its clientele through services offered at the clinics as well as through mobile outreach services and home-based care teams.

In FY07, MdM will continue to strengthen care and support for OVC and their caregivers through case management and services offered at the clinic as well as through home-based care. Services will be provided in accordance with the PEPFAR core OVC services package and will include: assessment of needs of OVC and caregivers, service referral and the provision of counseling and psychosocial support. MdM Hanoi and HCMC will offer health care services to OVC, food/nutritional support to OVC (in accordance with OGAC guidelines), and PLWHA support groups. MdM will also build the capacity of caregivers, training family members in basic care and support for OVC at home, and offer economic strengthening for poor families through employment referral, small scale income generation projects and short-term, emergency support.

MdM in HCMC has a more established OVC care and support program than MdM in Hanoi, and in FY07 will expand on this core service package to also offer a wider range of direct services to OVC including: health care services, food/nutrition support for children, psychosocial support for children ("talking groups"), play groups and social activities for children. MdM HCMC will continue community mobilization and advocacy activities to reduce stigma and discrimination, including working closely with local schools to help ensure OVC access to education. As appropriate, MdM in HCMC will support MdM Hanoi to strengthen these components of their program.

PEPFAR will enable MdM to develop its capacity for case-management and OVC service delivery, through training courses and mentoring for staff, and program monitoring and feedback. MdM staff will also contribute to meetings among implementing partners to establish consensus on core service packages, facilitate exchange of experiences and materials, and identify/address gaps in services and referrals. Pact will provide MdM with project management support and other technical assistance, as required. MdM will contribute to service planning and coordination to support the network model, including continued participation in a project to map services and beneficiaries in District 6, HCMC. Staff from PEPFAR, Pact, will also support these clinics to strengthen their linkages with other services, including the new AIDS Service Organizations (ASOs) which will provide service assessment and referral as well as a range of prevention, care and support activities for PLWHA. (See HBHC AED 9564).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9541

**Related Activity:** 15320

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9541	5450.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$83,000
5450	5450.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$15,200

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15320	5523.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$476,617

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

Estimated PEPFAR dollars spent on food \$20,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	600	False
8.1.A Primary Direct	450	False
8.1.B Supplemental Direct	150	False
8.2 Number of providers/caregivers trained in caring for OVC	100	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Ha Noi

Ho Chi Minh City

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 9547.08

**Activity System ID:** 15328

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$160,000

**Activity Narrative:** Pact sub-partner: World Vision

This is a continuing activity from FY07.

- Pact supports World Vision (WV) which works with OVC in one district in Hai Phong province and two districts in Ho Chi Minh City (HCMC), reaching a total of 180 OVC. Under its COP07 program, WV program will expand to one more district in Hai Phong and one more in HCMC, reaching an estimated 522 OVC, and will introduce the basic package for OVC.
- In FY08, Pact will support WV to expand its services further to one island district in Hai Phong and increase the total number of OVC reached in both provinces to 1,150 OVC.
- WV will continue to improve the quality of care for OVC through a case management approach which will assess the needs of children and monitor services acquired.
- WV plans to pursue advocating for the rights of infected and affected children to be admitted to public school and will initiate vocational opportunities for older children.
- By April 2007, WV provided care to 120 OVC (including 14 who are HIV+) in Hai Phong and 60 OVC (including 26 who are HIV+) in HCMC. WV provided nutritional support (milk, vitamins and rice) and school fees for needy children, and referred HIV+ children to pediatric HIV outpatient clinics. WV also held three training courses for 84 caregivers on care and nutrition during this period.
- In Hai Phong 30 children, including 10 OVC participated in a Nov 2006 TV program to reduce stigma and discrimination against children living with and affected by HIV/AIDS; the show also included government officials from the national AIDS coordination office, the Commission on Population, Family and Children and heads of International NGOs.
- In the same period, three caregiver clubs (65 members) in HCMC met monthly to share information and experiences in caring for OVC, especially HIV+ children. WV provides them with information on children's rights, nutrition and basic health care.
- In FY07, World Vision will implement a child information and service monitoring system, in consultation with Pact.

**FY07 Activity Narrative:**

Pact will support World Vision (WV) to expand the provision of care and support services to 522 OVC and train 50 professional and lay/family caregivers in two PEPFAR focus provinces.

In FY05 and FY06 PEPFAR supported World Vision to implement home- and community-based care, including OVC services in Districts 7 and 8 in HCMC and in Do Son district in Haiphong Province. In FY07, based on lessons learned from previous work, World Vision will expand and strengthen this service package to five districts including: Districts 4, 7 and 8 in HCMC, and Do Son and Hai An districts in Haiphong Province. Through OVC services integrated into home-based care, World Vision will provide or ensure access to comprehensive care and support for OVC and training to caregivers, including referral to Ministry of Health (MOH) pediatric out-patient clinics. In addition, World Vision will ensure access to support services for OVC in the community, offered in collaboration with local health authorities and community groups.

Services will be provided in accordance with the PEPFAR OVC services package and will include: assessment of needs of OVC and caregivers, counseling and psychosocial support, and service referral in the community. Direct services will include: provision of basic health care services and referral for health care; food/nutrition support for children (in accordance with OGAC guidelines); and support for education including school fees, uniforms and books; World Vision will offer life-skills education to vulnerable youth, including age-appropriate education to prevent HIV/AIDS and the initiation of drug use, and teach children about their rights including the right to education, health care and to be protected from abuse. Family members will be trained in basic care and support for OVC at home, and the project will include a strong economic strengthening component, including vocation training and small enterprise development using a revolving credit model, implemented in collaboration with the Women's Union.

World Vision will also implement community mobilization and education activities with teachers, students and parents to reduce stigma and discrimination and increase acceptance of OVC in schools. In addition, World Vision will Support a National Children's Forum for OVC, in collaboration with the Vietnam Commission for Population, Families and Children (VNCPFC) and other partners (including Plan International and Save the Children UK).

PEPFAR will enable World Vision to strengthen and expand OVC service delivery by supporting training courses and mentoring for staff in case management and OVC service provision, as well as through program monitoring and feedback. World Vision staff will contribute to meetings among implementing partners, to establish consensus on OVC service packages, facilitate exchange of experiences and materials, and identify and address gaps in services and referrals. Pact will provide World Vision with project management support and other technical assistance, as required. Pact will also monitor the performance and quality of World Vision's OVC activities through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

World Vision will reach new beneficiaries by working in close partnership with District Health Centers and Commune Health Stations of the above mentioned districts. World Vision will collaborate with PEPFAR, Pact and other implementing partners to ensure that home- and community-based services are integrated into a network model in each district of the two provinces in which they will be active, with functioning referral linkages to facility-based health care as well as other social services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9547

**Related Activity:** 15321

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9547	9547.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$104,500

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15321	9580.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$335,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

## Food Support

Estimated PEPFAR dollars spent on food \$30,000

Estimation of other dollars leveraged in FY 2008 for food \$5,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,150	False
8.1.A Primary Direct	900	False
8.1.B Supplemental Direct	250	False
8.2 Number of providers/caregivers trained in caring for OVC	320	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Hai Phong

Ho Chi Minh City

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5451.08

**Activity System ID:** 15329

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$300,000

**Activity Narrative:** Pact sub-partner: Worldwide Orphans Foundation

This is a continuing activity from FY07.

- Pact funds Worldwide Orphans Foundation (WWO) to support orphans and vulnerable children in two residential centers providing services for 130 children.
- In FY08, Pact will continue to support WWO's work in the two orphanages, including psychosocial support, education and social activities to meet the developmental needs of 310 children; improving and maintaining quality of care will remain a priority.
- In FY08, WWO will continue to support the reintegration of select children to family and kinship providers. To date, one child has been united with his family.
- By April 2007, WWO had successfully adapted an "Auntie" program at Tam Binh Center #2 (HCMC), matching community volunteers with residents in need to interact through play activities, books, stories, weekend excursions, etc.
- At Ba Vi Center #2 (Ha Tay), WWO provided training to volunteers in child development and developed their skills to improve their interacting with the children. WWO funded a teacher to provide first grade education and plans to continue until the children are allowed to attend public school.
- By April 2007, two assessments were carried out: one to assess psychological needs of residents and the other to assess barriers in integrating children into community schools. The findings of the latter assessment will assist WWO in reducing school and community based stigma and discrimination, a continuing priority in both FY07 and FY08.

**FY07 Activity Narrative:**

Pact will support World Wide Orphans (WWO) to provide capacity building and direct support for comprehensive treatment, care, support and protection services to OVC living in two residential orphan care centers (Tam Binh 2 Orphanage in Ho Chi Minh City and at Ba Vi Social Training Center 2 in Hanoi). Through this activity, 156 children will receive comprehensive services in the centers, and another 50 OVC from other centers and the broader community will participate in educational activities. WWO will also train 45 professional and volunteer caregivers.

Building on work in the two centers in FY05 and FY06, WWO will provide technical and financial support to Tam Binh 2 and Ba Vi to ensure quality palliative care and clinical services for orphaned children living in the centers. These activities will include support for ART, regular clinical evaluation and monitoring, OI prophylaxis and treatment of common OIs, screening for TB, referral to related laboratory services; treatment adherence support; referral of complex OIs and TB, symptom management and pain relief, management of HIV/AIDS-related complications. Additional clinical TA and management of side effects and complicated cases will be provided by physicians from the Ministry of Health (MOH) Pediatric Hospital 2, also supported by PEPFAR.

From the end of FY05 through FY07, WWO will have hired experienced Vietnamese pediatricians at Pediatric Hospital #2 to provide on-site mentoring for the treatment team at Tam Binh 2. Clinical staff from the 2 centers will also receive advanced training courses and other mentoring and coaching through WWO as well as PEPFAR-supported training partners, including the Vietnam-CDC-Harvard AIDS Partnership (VCHAP). WWO staff will also participate in pediatric HIV/AIDS training and mentoring offered by the Clinton foundation

WWO will continue to provide comprehensive psychosocial services to the children at Ba Vi and Tam Binh, to lessen the developmental and psychological effects of HIV as well as the effects of institutional care, while reducing stigma and discrimination and encouraging the integration of these children into the community. A cornerstone of this work is the early intervention "Auntie" Program. In this program, volunteers from the community are matched with developmentally at-risk children to provide regular one-on-one care and attention.

WWO will ensure that children at Ba Vi and Tam Binh have access to a full range of psychosocial support, educational, medical/ health, and social activities and services to meet their developmental needs. These include full-time educational opportunities in a "classroom setting" onsite, with a trained teacher and play opportunities in the community, while WWO continues to advocate for admission to local community schools. One-on-one and group play activities, tailored to the individual developmental needs of each child, will also be provided.

In addition WWO will work with Ba Vi and Tam Binh to strengthen intake assessment procedures to assess opportunities for returning abandoned children to family-and-kinship based care and collaborate with local authorities and Partner TBD/Reintegration pilot to help families access resources to help ensure long-term support for family-centered care. In addition, WWO will work with Ba Vi and Tam Binh to help ensure more frequent family visits, as appropriate.

PEPFAR will enable WWO to strengthen OVC service delivery by supporting training courses and mentoring for staff in case management and OVC service provision, as well as through program monitoring and feedback. WWO staff will contribute to meetings among implementing partners, to establish consensus on OVC service packages, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referrals. Pact will provide WWO with project management support and other technical assistance, as required. Pact will also monitor the performance and quality of WWO's OVC activities through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols. WWO will collaborate with PEPFAR, Pact and other implementing partners to ensure strong referral linkages to pediatric treatment and care as well as other social services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9550

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9550	5451.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$217,000
5451	5451.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$60,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16062	16062.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$23,000
15335	5834.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$561,100

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

Estimated PEPFAR dollars spent on food	\$10,000
Estimation of other dollars leveraged in FY 2008 for food	\$10,000

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	310	False
8.1.A Primary Direct	200	False
8.1.B Supplemental Direct	110	False
8.2 Number of providers/caregivers trained in caring for OVC	105	False

**Indirect Targets**

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Ho Chi Minh City

Ha Tay

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 9553.08

**Activity System ID:** 15331

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$250,000

**Activity Narrative:** Pact sub-partner: TBD (OVC pilot)

This is a continuing activity from FY07.

- Pact is currently in the process of competing this activity from COP07. Activities are expected to begin by December 2007.
- In FY08, funds will allow the continuation of this activity which will be well underway. With FY08 funding, Pact will be able to provide a two year award which will allow for piloting of alternative care settings which keep OVC closer to family and kinship groups and in communities. Reintegration of institutional residents will continue if the success rates are viable.
- FY08 funding will be \$250,000, for scale-up of service provision to 500 OVC and training of 100 providers.

**FY07 Activity Narrative:**

PEPFAR will support the development and implementation of a new community reintegration program for OVC who are living outside of family care, including those living in institutions. The program will serve 150 OVC at 3-4 program sites, and 50 caregivers will be trained to provide quality care and support.

In collaboration with Pact, USAID will use a competitive process to select an appropriate implementation partner. This partner will have strong experience in providing care, support and protection to vulnerable children and OVC, including in family-like residential and foster care settings.

One goal of this activity is to develop and implement community-based alternatives to institutional care, which can serve as models that can be brought to scale through government programs as well as by other partners. The program will be developed in consultation with the Ministry of Labor, Invalids and Social Affairs (MOLISA) and Vietnam Commission for Population, Families and Children (VNCPFC) and aligned with national plans for community-based alternative care for vulnerable children, as articulated in the forthcoming National Child Protection Strategy and National Action Plan on Children and HIV/AIDS. Throughout program development and implementation, lessons learned will be documented and shared with government of Vietnam (GVN) and partners. The program will be developed with a clear exit strategy with transfer to local NGO and/or VNCPFC and MOLISA.

The program will include a strong de-institutionalization component, facilitating the transition of OVC from institutional care settings into community-based care. Where family or kinship care is not a viable option, the program will support the provision of care through family-like alternative care settings such as group homes, foster care, and "shared" family/kinship care (in which care is provided jointly by family members and non-family care providers). Partner TBD will also collaborate with orphanages and child protection centers to help prevent institutionalization, including strengthening intake assessment procedures to assess opportunities for returning abandoned children to family-and-kinship based care, providing short-term emergency financial and social support to families, and leveraging additional resources to help ensure long-term support for family-centered care. Partner TBD will build the capacity of staff and family caregivers to provide comprehensive care and support to OVC, including developing individualized service plans to meet the unique needs of each child. The program will also include strong child protection monitoring mechanisms in both alternative care as well as kinship care.

In the first phase of the project, partner TBD will conduct situation assessments in the PEPFAR focus provinces to determine the appropriate locations and mix of care models to support, based on need as well as support from local communities and orphanages, which will be critical partners in the project. Partner TBD will explore opportunities to locate at least 2 of centers in Hanoi and Ho Chi Minh City (HCMC), in order to serve children currently living in institutional care at Ba Vi 05 Social Rehabilitation Center and Tam Binh 2 Orphan Care Center. These 2 sites serve a large proportion of all the HIV positive children who have been institutionalized in Vietnam, and receive PEPFAR support through the World Wide Orphans Foundation (See HKID WWO 9550).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9553

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9553	9553.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$429,479

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	500	False
8.1.A Primary Direct	300	False
8.1.B Supplemental Direct	200	False
8.2 Number of providers/caregivers trained in caring for OVC	100	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Ha Noi

Ho Chi Minh City

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5453.08

**Activity System ID:** 15332

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$325,000

**Activity Narrative:** Pact sub-partner: Center for Community Health and Development, Mai Hoa Center, Pastoral Care

This is a continuing activity from FY07.

- In FY08, Pact will continue to support one local NGO and two faith-based organizations (FBOs): Center for Community Health and Development (COHED) with \$50,000 to provide care for 150 OVC and train 40 providers; Mai Hoa Center with \$5,000 to provide care for 15 OVC; and Pastoral Care with \$20,000 to provide care for 100 OVC and train 10 providers.
- A new component for FY08 will identify up to six additional local organizations via a \$200,000 RFA to provide care to 500 OVC and training for 150 care providers. These services will be located strategically to facilitate linkages to treatment services, particularly CDC-LIFEGAP treatment sites.
- Two other local organizations new to OVC support will be the STI/HIV/AIDS Prevention Center (SHAPC) and a partner to be determined in the last quarter of calendar 2007 in Quang Ninh province. These two organizations, providing adult-focused care and support services with FY07 funds, will integrate OVC care into their HBHC programs. These organizations will receive \$20,000 and \$30,000 respectively to serve 100 OVC and train 25 providers each.
- By April 2007, the Mai Hoa Center was able to provide intensive care to 14 OVC – setting up primary education classrooms and separate living quarters for boys and girls, conducting recreational activities, and providing psychological counseling for children facing puberty.
- By April 2007, COHED, without specific OVC funding, provided necessary care to 40 OVC reached through its adult-focused care and support project. Both COHED and Pastoral Care will initiate systematic OVC care activities in Oct-Nov 2007 with FY07 funds.
- Current Challenges: Quality of services across local organizations vary greatly.

**FY07 Activity Narrative:**

With support from PEPFAR, Pact will provide financial oversight and technical and management support to one Vietnamese NGO (COHED) and one local FBO (the Mai Hoa Center) to implement a package of OVC services, enabling them to serve 70 OVC with care and support services, and to train 30 professional caregivers and family care providers.

The Center for Community Health and Development (COHED) is a Vietnamese NGO engaged in a range of HIV/AIDS response initiatives, including a PEPFAR-supported project to provide care and support services to women living with HIV/AIDS. In FY05 and FY06, PEPFAR supported COHED's initiation of a club ("The Cactus Flower Club") for women living with HIV/AIDS in Quang Ninh Province, which was developed in partnership with the Halong City Health Authority. The club offers a range of services both on-site and through community outreach and home-based care. In FY07, COHED will assist the Cactus Flower club to expand its services by integrating OVC services into its home and community-based activities. In FY07, COHED will strengthen relationships and referral links with Hon Gai HIV/AIDS out-patient clinic, including the recruitment of new beneficiaries for both palliative care and OVC services.

COHED will ensure that services are provided in accordance with the PEPFAR basic OVC services package, including: assessment of needs of OVC and caregivers, counseling and psychosocial support, and service referral in the community, including to Ministry of Health (MOH) pediatric out-patient clinics. Direct services will include: basic health care services, food/nutrition support for children (in accordance with OGAC guidelines), educational activities and play groups for children, and adherence support for women and children on ART. In addition, COHED will focus on strengthening the capacity of women to care for themselves and their families through training in care and support for OVC at home, and through economic strengthening and income generation activities, including employment referral in collaboration with SMARTWork. COHED will also continue to expand its well-developed program of advocacy and community mobilization to increase awareness of HIV/AIDS including the negative effects of stigma and discrimination.

Mai Hoa Center is a small hospice and residence for very poor and homeless PLWHA in HCMC, run by a small group of Catholic nuns who are nurses by training. Many PLWHA come to Mai Hoa Center to receive end of life care, sometimes bringing their children with them. Other children are referred to Mai Hoa Center from hospitals and social service programs, when they have no options for kinship-based care. Children living in the center receive comprehensive care, support and educational services in a family-like environment.

In FY05 and FY06, Mai Hoa Center received PEPFAR funding to enhance the quality, comprehensiveness and reach of HIV/AIDS care, support and treatment for both adults and children. In FY07, Mai Hoa Center proposes to continue with program areas launched in FY05 and being implemented in FY06, including OVC, Palliative Care and Antiretroviral Therapy.

Pact and PEPFAR will continue to support Mai Hoa Center to ensure that children living in the center have access to a full range of services including: psychosocial support, educational, medical/ health, and social activities to meet their developmental needs. Mai Hoa Center will receive clinical support for ART service delivery and referral from physicians at the Ho Chi Min City Pasteur Institute, the Vietnam-CDC-Harvard AIDS Partnership (VCHAP), and the University of California/San Francisco, who will also facilitate referral to MOH pediatric out-patient clinics as appropriate. Mai Hoa Center will provide basic health care services to 10 child residents, including treatment of opportunistic infections based on up-to-date treatment guidelines. Full-time educational opportunities are offered in a "classroom setting" onsite, with trained teachers, while the Center continues to advocate for admission to the local community school. Children will also have access to play activities and weekend social and sporting activities outside the center.

PEPFAR will enable COHED and Mai Hoa Center to strengthen their capacity for quality OVC service delivery, through training courses and mentoring for staff, and program monitoring and feedback. COHED and Mai Hoa Center staff will contribute to meetings among implementing partners, to establish consensus on the OVC service packages, facilitate exchange of experiences and materials, and identify and address gaps in services and referrals. COHED and Mai Hoa Center will also contribute to service planning and coordination in their districts, with support from PEPFAR and Pact. Pact will also provide and broker technical support to enable both organizations to achieve and report results, and will provide oversight to ensure effective coordination both among Pact partner programs, and between these programs and those

**Activity Narrative:** implemented by other PEPFAR partners as well as other relevant government and non-governmental programs and partners.

With support from PEPFAR, Pact will provide financial oversight and technical and management support to one Vietnamese NGO (COHED) and two local FBOs (Mai Hoa Center and Pastoral Care) to implement a package of OVC services, enabling them to serve 100 OVC with care and support services, and to train 30 professional caregivers and family care providers.

Pastoral Care is a Catholic organization that provides care, support and treatment services to PLWHA and OVC in HCMC. Through Pact, PEPFAR will support Pastoral Care in its care for OVC in a home for abandoned women and children (Mai Tam Center) and in the community. Support will focus primarily on shelter and care, nutrition, education, and either links to or direct provision of clinical services as needed.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9554

**Related Activity:** 15324

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9554	5453.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$162,521
5453	5453.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$8,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15324	5522.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$320,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

Estimated PEPFAR dollars spent on food \$20,000

Estimation of other dollars leveraged in FY 2008 for food \$10,000

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	965	False
8.1.A Primary Direct	500	False
8.1.B Supplemental Direct	465	False
8.2 Number of providers/caregivers trained in caring for OVC	250	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh

Ho Chi Minh City

Ha Noi

Hai Phong

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3108.08

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 5458.08

**Planned Funds:** \$141,788

**Activity System ID:** 15369

**Activity Narrative:** This is a continuing activity from FY07.

Funds requested will support 40% of an existing USPSC (Senior Care and Treatment Advisor) and one new LES (Community Care and Treatment Specialist) including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, the USPSC will provide technical assistance (TA) and program oversight in program design, and implementation and evaluation of OVC-related activities across all USG agencies to support the implementation of the PEPFAR OVC strategy and program plan. This will include implementing core OVC service packages for different partners and service delivery models, and providing and brokering technical assistance and support to ensure quality and continuous program improvement.

With the expansion in COP08 to add geographic coverage in at least 9-10 sites with treatment and expanded community-based care and support, there is a critical need to increase the USAID/PEPFAR health team with a community-based specialist. While LifeGAP provides clinical treatment and care at provincial centers, community-based services fall to international NGOs and local community- and faith-based organizations (CBOs/FBOs). Better linkages need to be built so that referrals flow to the clinics and treatment adherence is supported at the community level. The new LES (Community Care and Treatment Specialist) will play an essential role in program planning, provision of TA, training and monitoring of coordination efforts between NGOs that provide community-based services, and treatment and care services provided at the clinical level. She/he will be a social scientist responsible for assuming support in the Care and Treatment Technical Working Group for community-based support and improved linkages with other social programs funded by the government and other donors. She/he will also serve as a CTO for 2-3 USAID funded activities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9559

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24786	5458.24786.09	U.S. Agency for International Development	US Agency for International Development	10556	10556.09	USAID Local GHCS Partnered Activities	\$200,358
9559	5458.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$100,000
5458	5458.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$44,000



## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

## Indirect Targets

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8690.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Food and Nutrition Technical Assistance	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 19463.08	<b>Planned Funds:</b> \$117,670
<b>Activity System ID:</b> 19463	

**Activity Narrative:** Food and nutrition has been a major concern for PEPFAR partners to better meet the needs of undernourished children and adults on ART in Vietnam. With OGAC's new Food and Nutrition guidelines, which allow for a broader use of PEPFAR funds for severely undernourished HIV+ clients, Vietnam is ready to gear-up needed services. In order to stay within the guidelines, technical assistance from the FANTA project is needed to work with local food and nutrition experts to develop guidelines for diagnosis and a training curriculum for case managers within the cultural context of Vietnam.

While Vietnam has had a minimal food and nutrition program since PEPFAR started, it is insufficient in providing needed foods to babies, and positive children and mothers. Some COP07 Plus-Up funding was available to PEPFAR partners to strengthen this nascent program and additional progress is being observed. However, there is still a large gap between the need for food and nutrition by some of our very poor clients and the services that are available to them. It is timely to scale-up the food and nutrition program to better assist HIV positive clients in adapting to their drug regimes. The area of emphasis for this activity will focus on new-borns, babies and young children. It is important to obtain specialized professionals who have PEPFAR experiences in diagnosis, both clinical and non-clinical, and skills in determining criteria for entrance and exiting food programs for this particular audience. The FANTA project staff can provide this experience and expertise.

It is expected that FANTA will provide a short TDY in June/July 2008 to help the USG Care and Treatment TWG plan activities for COP09. With these funds for COP08 implementation, FANTA will provide technical assistance to help develop regulations and guidelines and training curriculum. A list of some of the expected activities includes:

- Review current F&N feeding programs in PEPFAR clinics and at community level.
- Review guidelines available and in progress that promote feeding programs
- Assess need for supplemental feeding programs for adults and pediatric clients with approximate length of feeding needed
- Assess what foods are needed and what local foods can be used for food packages
- Determine the best way to distribute food packages
- Make recommendations of how best to implement a comprehensive supplemental feeding program
- Implement a pilot feeding program, to be initiated during COP08 implementation period
- Develop a work plan to gear-up F&N activities under COP09

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3115.08	<b>Mechanism:</b> Health Policy Initiative
<b>Prime Partner:</b> Constella Futures Group	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 16537.08	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 16537	

**Activity Narrative:** This is a continuing activity from FY07, where it was housed in OHPS. Due to shifting of OPHS activities, a portion of this activity will be housed in HKID in COP08.

In FY08:

- Health Policy Initiative (HPI) will continue to support the HIV/AIDS legal centers that were set up in 2005-06, with slight expansion in FY07. Attention will focus on providing quality services to clients and building a client base in current centers, instead of spreading resources too thin for a small client base.
- A pilot hotline to address legal issues of PLWHA will be tested.
- HPI will focus on ensuring the rights of children in access to schooling and health facilities through efforts in reduction of stigma and discrimination.
- HPI will continue to train new staff and provide refresher course for current staff on legal issues pertaining to PLWHA.
- HPI will continue to provide treatment literacy support initiated in 2005-06. HPI will work with other PEPFAR partners and PLWHA support groups to ensure PLWHA have access to appropriate information.

By April 2007:

- HPI conducted training for 50 individuals in policy development and 290 individuals in reduction of stigma and discrimination.
  - HPI established one legal center and one hotline and counseled 112 clients face-to-face and a further 213 clients by telephone.
  - HPI trained 180 PLWHA peer trainers in HIV treatment literacy.
  - HPI provided 121 local organizations with technical assistance for HIV-related institutional capacity building, including chapters of the Vietnam Lawyer's Association, the Ho Chi Minh Political Academy, PLWHA groups and local NGOs.
  - HPI provided support for the dissemination of information on the HIV/AIDS to 21 local NGOs working on HIV/AIDS (5000 leaflets on the law distributed to agencies in the network).
- During FY07 HPI provided financial and technical assistance to a local NGO and the Ministry of Health (MOH) to draft the HIV/AIDS Law, which provides detailed guidelines on the implementation of the Law on HIV/AIDS Prevention and Control. The Law was approved by the government of Vietnam (GVN) on June 27, 2007.

FY07 Activity Narrative:

PEPFAR will support HPI to: build the capacity of 17 community-based organizations (CBOs) and develop their ability to form a single network with other CBOs to advocate for the rights of PLWHA; provide legal aid for PLWHA in seven focus provinces to ensure enforcement of the HIV/AIDS Law; support strategic provincial planning for GVN HIV/AIDS programs using the GOALS model in seven focus provinces; and link with the Harvard training program to train 200 government cadres from 16 provinces.

Building on support in FY05 and FY06 to fledgling PLWHA CBOs in three focus provinces, HPI will expand support to and build the network of 17 indigenous PLWHA CBOs (some existing, such as Bright Futures chapters in focus provinces, and some to-be-determined) in all focus provinces and additional provinces. These CBOs will receive technical and financial assistance (TA) through HIV-related institutional capacity building. HPI will also support the development and expansion of an NGO network focusing on PLWHA issues/rights. Via partnership with Community Mobilization Center for HIV/AIDS Control (VICOMC), HPI will conduct four workshops targeting 150 PLWHA CBO staff. These workshops will enable PLWHA CBOs to develop communication and management skills to strengthen advocacy activities. They will also enable PLWHA CBOs to share best practices via the establishment of a national network of PLWHA organizations. HPI will work closely with PLWHA-elected leaders representing the northern, central and southern regions of Vietnam to liaise with the Communist Party, the National Assembly, relevant government ministries and major donors to support the legal establishment of the PLWHA network. HPI will support this network to conduct three regional meetings on general community mobilization with a focus on prevention, care and treatment for PLWHA. Roughly 1500 PLWHA will participate in these workshops. The PLWHA network will produce and disseminate a network newsletter on a monthly basis and an e-forum linking member groups and will collate feedback for national policy makers on PLWHA needs.

HPI will also support the implementation of the impending HIV/AIDS Law at the provincial level in the seven focus provinces. Support will assist the Vietnam Lawyer's Association to provide legal aid to PLWHA (see HPI Palliative Care Basic) to advocate for themselves (key legislative issue: stigma and discrimination), in conjunction with program monitoring by HPI staff on the enforcement of the law. In order to monitor the efficacy of the HIV/AIDS Law, HPI will assess attitudes and practices of key policy makers, service providers, employers and PLWHA to develop a monitoring tool to measure changes following the dissemination of the Law (in select focus provinces). Lessons learned will be disseminated nationally at the end of FY07 to assist policy makers in improving communication around and enforcement of the Law. HPI will partner with the legal department of the MOH to assist in disseminating findings. In addition, HPI will support PLWHA organizations to report inconsistencies in implementation of the HIV/AIDS Law.

In conjunction with technical support for management and planning oversight provided via the MOH/Vietnam Administration of HIV/AIDS Control (VAAC) cooperative agreement to provincial VAAC offices, HPI will assist provincial health departments to use the GOALS model to make strategic resource need and allocation decisions for HIV/AIDS programs in seven focus provinces. The GOALS model (not an acronym) is a computer-based analysis model that allows program managers to manipulate human resource and financial inputs to assess how effectively they address the local epidemic, based on various indicators. The GOALS model has proven effective in Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) for financial and human resource planning and the development of the HCMC HIV/AIDS Action Plan, and was requested by the MOH to be expanded to additional provinces during COP07 review sessions. HPI will utilize experienced staff from the HCMC PAC and technical staff from HPI to train additional focus provinces on the use of the GOALS model. Provinces will then produce HIV/AIDS action plans that realistically estimate human and financial resource needs. Additional training and human resource needs will be addressed in conjunction with support to the MOH/VAAC and HCMC PAC cooperative agreements for program planning, monitoring and implementation.

**Activity Narrative:**

HPI will complement Harvard in the implementation of the HIV/AIDS policy training via the provision of TA and logistical coordination of training (see Harvard Policy Activity). This activity will train incoming Communist Party cadres who will take office following their induction as a complement to the UNAIDS program, which will train existing Communist Party cadres.

These activities will contribute to the development of leadership capacity and sustainability as described in the PEPFAR Vietnam 5-Year Strategy.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15350, 15352, 15337

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15350	9599.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0
15352	5804.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0
15337	5781.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	0	False
8.1.A Primary Direct	0	False
8.1.B Supplemental Direct	0	False
8.2 Number of providers/caregivers trained in caring for OVC	0	False

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7214.08	<b>Mechanism:</b> New Partners Initiative
<b>Prime Partner:</b> Nordic Assistance Vietnam	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 16064.08	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 16064	

**Activity Narrative:** This is a new activity in FY08, with a new NPI partner, Nordic Assistance to Vietnam (NAV).

NAV has been a sub-partner of Family Health International (FHI) for the past two years. Building on their experiences of working with family members infected and affected by HIV/AIDS, NAV will partner directly with local faith-based organizations (FBOs), enhancing their understanding of the issues surrounding HIV and AIDS, providing them with technical skills and capacity to create innovative solutions that will lead to increased awareness of HIV/AIDS transmission and prevention, access to care and support services, and a reduction of stigma and discrimination. Enabling local FBOs to build on existing relationships and trust with their laity and general communities contributes to the success of NAV's existing FBO program in Vietnam.

In FY08, NAV plans to scale up their existing OVC program through building a core team of Buddhist and Catholic FBOs in eight site locations in provinces that fall into the high prevalence/high risk categories. Opportunities exist to also include other local faiths present in some of the sites, such as Cao Dai, Hoa Hao, Protestants and Muslims. In addition, NAV will partner with the central Fatherland Front (FF) which ensures significant host-country government leadership, support and involvement.

Existing NAV FBO programming also includes Saturday Caring for Our Friends – a cooperative effort between local hospitals and FBOs - where a network of trained volunteers (both Buddhist and Catholic) come to hospitals on weekends, when hospital staffing is at a low point, to provide spiritual, mental and physical care, as well as food and clothing for ill and/or abandoned patients, including OVC.

In close collaboration with its program activities in HBHC, NAV will also focus on services for OVC infected and affected by HIV/AIDS including the following:

1. Develop and provide training on knowledge and skills for teams of caregivers responsible for home- and community-based care and support for Orphaned & Vulnerable Children (OVC).
2. Develop and implement concepts for holistic care for OVC and their affected families with the aim to improve their living conditions, physical and mental health and social integration. This will include the six basic service package for OVC consisting of food and nutritional support, shelter and care, protection, health care, psychosocial support, educational and vocational training and where possible, economic strengthening to improve family self sufficiency. A key focus will be to foster self-reliance through mobilizing contributions and involvement from the congregations of churches and pagodas as well as PLWHA who will work in the OVC program.
3. Develop and implement concepts for care and support for OVC. Of key importance is the development of activities that that will reduce the discrimination of OVC in schools and in the local community. Further, OVC will be followed-up through home visitations from caregivers, regular contact with schools and counseling, all in close understanding and cooperation with parents, relatives or other guardians of the children.
4. Build and foster strong and effective systems for referrals between the network of caregivers and the governmental and private (charity) health services.
5. OVC will participate, by age-related involvement, in steps for planning, developing and implementing programs as well as for the participatory monitoring & evaluation of such programs.

Major goals of NAV's comprehensive care and prevention program that pertain to OVC include the following:

1. Develop one site into Model Site of Excellence and a National Interfaith Support Center  
In collaboration with national partners, NAV will develop one of site (TBD) into a National Interfaith Support Center, to be used as a model center of excellence and a national study tour site both during and after the life of the funding period.
2. Increase OVC participation in developing, monitoring and evaluation of FBO programs.  
NAV and its partners will make every effort to recruit OVC to participate in the development of specific program activities whenever possible, and to participate in monitoring and evaluation exercises so that the programming staff gain clearer and more realistic insights into how the program services are perceived and received by OVC, their families and other individuals affected and infected with HIV/AIDS.
3. Develop an income generation training program for needy families/individuals affected by HIV.  
For families in need and those who want to become self-reliant, NAV will develop income generation activities which will provide needed income, but also a sense of self worth and self-esteem. NAV will work to support locally appropriate income generating alternatives and will bring in technical expertise to assist with this important component.
4. Adapt UNICEF's Buddhist Leadership Initiative (BLI) orientation training manual and related handbook "Buddhism In The Time Of AIDS", to orient the Buddhist, Catholic and Christian community on HIV/AIDS issues.  
To maintain consistency across faith-based programming, requested by the Fatherland Front, NAV will adapt UNICEF's materials on Buddhist orientation training manual and handbook on HIV and AIDS, which explains issues related to HIV/AIDS from the perspective of Buddhist and/or Christian believer. NAV will reproduce this material and make it available for all initial orientation trainings for the Interfaith program.
5. Develop in-depth psychosocial counseling training to address the needs of OVC.  
To address the need for specific faith-based materials on comprehensive psychosocial counseling training, NAV will explore several options in developing the counseling including using existing FHI-trained VCT counseling trainings; contracting to an existing counseling consortium (based on an evaluation of their capacity); and/or bringing in an international expert on HIV/AIDS age-appropriate counseling for OVC, to adapt existing counseling for Vietnam.
6. Monitor and evaluate skills enhancement of main stakeholders and service delivery results.  
NAV will develop a participatory M&E plan that will enable main stakeholders to evaluation their own skills enhancement and service delivery capacity. OVC will also act as participatory M&E agents, according to age-level understanding and involvement, providing a real picture of how services are received and perceived by OVC, their families and kin-ship groups.

NAV will monitor this first-year phase utilizing an approach combining informal community dialogue meetings and individual interviews with quarterly reports and visits by NAV, FBO and the Advisory Board teams. As for specific methodology to be utilized for quality assurance, NAV will hire a consultant to provide technical assistance to the program, bringing in international level expertise in the area of quality assurance and participatory monitoring and evaluation, ensuring international standards of excellence are upheld with all care and support services provided.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15976, 15969, 15884

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15976	15976.08	7214	7214.08	New Partners Initiative	Nordic Assistance Vietnam	\$0
15969	15969.08	7214	7214.08	New Partners Initiative	Nordic Assistance Vietnam	\$0
15884	15884.08	7214	7214.08	New Partners Initiative	Nordic Assistance Vietnam	\$0

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

**Food Support**

Estimated PEPFAR dollars spent on food \$20,000

Estimation of other dollars leveraged in FY 2008 for food \$500

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	500	False
8.1.A Primary Direct	499	False
8.1.B Supplemental Direct	1	False
8.2 Number of providers/caregivers trained in caring for OVC	250	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Da Nang

Ha Noi

Hai Phong

Ho Chi Minh City

Quang Ninh

Thua Thien-Hue

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 16076.08

**Activity System ID:** 16076

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$304,042

**Activity Narrative:** Pact Direct

This is a continuing activity from FY07. In FY07, Pact's direct activities and costs were integrated into its partners' narratives. This year, these activities are identified below in this narrative along with associated costs.

- In Vietnam, Pact serves as an umbrella organization providing grants, technical guidance and capacity building, project monitoring, and oversight for overall consistency with PEPFAR goals for partners engaged in care and support for OVC (HKID).
- In FY08, Pact will support up to 16 partners who engage in care and support services for OVC: five sub-partners, three local CBOs and up to eight new local CBOs.
- In FY08, Pact will promote effective coordination between Pact partner OVC initiatives and relevant programs being implemented by other partners across the continuum of prevention, care, and treatment, to promote cross-learning and coordination.
- In FY08, Pact will maintain an effective and transparent award and administration system for the provision of grants to both Vietnamese and international NGO sub-partners. Workshop-based training along with ongoing virtual and one-on-one mentoring will be provided to these organizations to ensure compliance with USAID rules and regulations. Local partners in particular will also receive capacity building support through assistance with detailed project design, implementation planning, activity-based budgeting, financial management, and the development of essential institutional policies and procedures.
- In FY08, Pact will monitor the performance and quality of OVC programming through review of quarterly reports and periodic site visits. Based on PEPFAR OVC guidance and on Pact's global OVC programming experience, and drawing from the experience of other organizations and experts (e.g., FHI, UNICEF, Save the Children), Pact will also provide technical capacity building support to partners, guiding them in child identification, assessment, and approaches to providing needs-based support.
- Pact will provide training and training capacity building to partners in technical areas related to OVC care. Potential themes include priority areas of psychosocial support, e.g., support for children facing discrimination or loss due to HIV/AIDS, disclosure of child HIV status to children, and adherence support for teenage children. Themes will be identified by Pact and partners in collaboration. Pact activities to address these themes may include curriculum development, training of trainers, and cross-partner information sharing workshops. Pact will also facilitate Pact partner engagement in other relevant training and/or capacity building opportunities offered by other organizations to address needs identified during project implementation. (\$35,042 dedicated to this effort.)
- To facilitate effective reporting of results, Pact will continue to support the development of rigorous monitoring systems, with the objective of ensuring complete and accurate reporting against targets and the effective use of data for decision-making. Pact will continue to undertake this work through workshop-based training, as well as one-on-one coaching and review of partner M&E systems and tools. Pact will support partners to implement a child information and service monitoring system, which will have been developed and tested in collaboration with partners in FY07.
- In FY08, Pact will increase its effort at providing local organizations with technical assistance for HIV-related institutional capacity building. Pact's organizational development program will focus on governance, strategic planning, financial management, human resources development and management, advocacy, gender and equality issues, information systems, and external relations.
- Pact will continue its work to support the policy environment for the emerging civil society OVC response, in which Pact sub-recipients play a lead role. In the FY06 implementing year, at USAID's request and on behalf of an international partnership group on Children and HIV/AIDS, Pact initiated support to the Government of Vietnam's development of a National Plan of Action (NPA) on Children and HIV/AIDS, via engagement of international and national consultants to provide technical and policy development assistance to the Vietnam Commission of Population, Families and Children (VCPFC). VCPFC, which had been charged with developing the NPA by the Prime Minister, was dissolved in August 2007. Responsibility for the NPA was then passed to the Ministry of Labor, Invalids, and Social Affairs (MOLISA). Prior to VCPFC's dissolution, significant progress towards drafting the NPA was achieved, including support to review and analysis of available data and other information on vulnerable, infected, and affected children, and expanded engagement of other line ministries essential to NPA implementation. Pact and the international Partnership Group (including USAID) are working closely with MOLISA leadership to keep the process on track, and expect the NPA to be issued in early or mid-2008.

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 16063**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16063	16063.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$700,147

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

### HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

**Total Planned Funding for Program Area: \$5,750,000**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

#### CURRENT PROGRAM CONTEXT

The HIV/AIDS epidemic in Vietnam is concentrated in most-at-risk populations (MARPs) and is driven primarily by injecting drug users (IDU) and commercial sex workers (CSW). While UNAIDS estimates HIV prevalence in the general adult population is 0.53%, an estimated 32% of drug users and 6.5% of sex workers are infected. Other populations at high risk include clients of sex workers, sex partners of HIV-positive persons, and men who have sex with men.

The government of Vietnam (GVN) has made HIV counseling and testing (CT) a priority and a key component of their national HIV/AIDS strategy. In partnership with PEPFAR, the Global Fund, Marie Stopes International, and the World Bank, Vietnam has established CT activities in 50 of its 64 provinces, with much of its focus on high-prevalence regions. In January 2007, Vietnam issued national guidelines to standardize and govern CT practices across the country. Both anonymous and confidential CT services are provided to target populations in all settings.

A half-million people across Vietnam, including those who are tested as part of sentinel surveillance efforts, are tested for HIV each year. The number of MARPs and their sex partners who need CT is estimated to be between 500,000 and 1.5 million. It is

estimated that approximately 15% of those considered most-at-risk are being reached.

#### KEY ACCOMPLISHMENTS

To date, of the more than 200 CT centers in Vietnam, 57 receive a full spectrum of financial and technical support through PEPFAR. Sixteen hundred healthcare workers have been trained to provide high-quality HIV CT. Of the approximately 200,000 persons who have been tested and returned for their results in PEPFAR supported sites, 17% are HIV-positive. Rapid testing has not yet been approved to confirm HIV status in Vietnam, but an estimated 90% of clients return for their test results at PEPFAR-funded sites.

With PEPFAR support, a standardized, Ministry of Health-approved reporting system was adopted by all CT providers. Provider-initiated testing and counseling (PITC) at TB clinics began in 2006 and has provided services to 25,000 TB patients annually. PEPFAR-supported CT social marketing programs, which began in 2005, have helped reduce the stigma related to testing, resulting in greater demand for CT services. In FY07, about 100,000 clients received CT in PEPFAR-funded sites.

#### OPPORTUNITIES/CHALLENGES

It is estimated that current testing meets only 20% of the need in six of the PEPFAR focus provinces. Although they serve more clients than other CT centers in Vietnam, the number of clients served at PEPFAR-supported CT clinics can still be increased substantially. National CT guidelines have been adopted but there is little emphasis on outreach-based testing or CT in strategic settings such as sexually transmitted infection (STI) clinics. The Ministry of Health's (MOH) requirement to use three different tests to confirm a diagnosis of HIV, and the fact that rapid tests have not been approved for confirmatory testing, reduces efficiency and limits options for accessing highly stigmatized and difficult-to-reach MARPs. Despite rapid implementation and scale-up of PITC in TB clinics, coverage is limited and needs to be expanded to other high prevalence provinces. The existing referral system needs strengthening to effectively monitor and track referrals to care and treatment services. Testing of pregnant women at antenatal care clinics is routine, but counseling and PMTCT services at these clinics are often inadequate.

#### KEY STRATEGY ELEMENTS

In collaboration with the Global Fund, the World Bank, and other donors, and in line with the vision of the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam 5-Year Strategy, PEPFAR will continue its strategic and innovative approaches to help Vietnam strengthen its CT program in FY08. To maximize cost-efficiency, PEPFAR will focus on expanding CT coverage and improving the quality and quantity of services in the eight PEPFAR focus provinces (see Geographic Coverage document). Strategic priority will be given to integrating CT services in existing MARP-friendly drop-in centers to improve uptake, continuing PITC at STI clinics initiated in FY07, and expanding PITC at TB clinics from four to six of the focus provinces. PEPFAR will establish 13 new PITC sites at both public and private STI clinics. In addition, PEPFAR will integrate prevention counseling, couples counseling, and test result disclosure support to MARP-friendly drop-in centers in all eight focus provinces. Positive clients will receive prevention education and be encouraged to take advantage of the care and treatment options and referrals available through these facilities.

In addition, PEPFAR will prioritize initiation and implementation of new models of service delivery. Continuing with a pilot of same-hour test result notification and a pilot of outreach-based CT for MARPs in FY07 – each using rapid testing for HIV screening – PEPFAR will coordinate with MOH to expand these models to all PEPFAR focus provinces. PEPFAR will work with PLWHA groups to initiate a pilot of outreach-based CT that targets sex partners and family members of PLWHA in Hanoi to better reach high risk populations.

Through the national CT and laboratory technical working groups, PEPFAR will assist GVN in standardizing laboratory protocols and will continue to encourage routine CT in high HIV prevalence clinical settings, enabling at-risk individuals to learn their serostatus and access prevention, care, and support services. Based on findings from the rapid test pilot and a PEPFAR-supported rapid test evaluation in Vietnam (estimated completion in early FY08), PEPFAR will collaborate with other donors and the WHO to press for approval of rapid testing for HIV confirmation, especially in outreach settings, and also conduct trainings on the roll-out of rapid testing for laboratory technicians.

PEPFAR will strengthen service provision, improve the quality of laboratory training, and provide internal as well as external quality assurance (EQA) and quality control (QC) measures. To achieve this, PEPFAR will support the provision of technical assistance to the MOH/Vietnam Administration for HIV/AIDS Control (VAAC) and international NGOs to develop a national CT training curriculum and conduct trainings with a focus on test result disclosure, partner notification, and couples counseling using HHS/CDC- and OGAC- approved protocols. PEPFAR will also support the introduction of EQA activities for healthcare workers managing CT programs through standardization of training curricula and QA/QC toolkits; expand client exit interviews in CT clinics in all focus provinces; support VAAC to implement national CT guidelines for the standardization and sustainability of all CT programs in Vietnam; assist VAAC to develop and disseminate national guidelines on PITC based on WHO and UNAIDS guidelines; collaborate with the PEPFAR PMTCT team to incorporate care and treatment and PMTCT services into antenatal sites; and provide services for children at existing CT clinics.

In FY08, PEPFAR will expand CT social marketing to reach new MARPs and also widen the reach of CT services to their sex partners, family members, and especially the clients of sex workers. PEPFAR will continue to market CT services to families and couples in coordination with organizations such as the Vietnam Women's Union, the Vietnam Youth Union, and faith-based organizations. These recruitment strategies will help identify and provide opportunities for prevention in discordant couples. PEPFAR will work with PLWHA groups, the Women's and Youth Unions, and peer outreach programs to support strategies to ensure HIV-negative partners do not seroconvert. Following a national testing campaign in FY07, PEPFAR will support Vietnam to promote a national testing month in 2008 with participation of high-profile politicians and celebrities to help reduce the stigma of HIV testing and encourage more people to seek CT. PEPFAR will also collaborate with WHO and UNICEF to encourage more testing of children with proper parental consent. We will work with Vietnam's Ministry of Defense to establish CT services targeting young military recruits with a focus on prevention messages. A GVN-led pilot CT program has been developed at the Nhi Xuan drug rehabilitation center in Ho Chi Minh City, with a possibility of expansion to other centers in HCMC, Hanoi, and Hai Phong (see IDU Interventions document).

PEPFAR will strengthen the existing referral system at the provincial level by establishing seven referral coordinators in seven PEPFAR focus provinces and improving communication between them. PEPFAR will also strengthen the current CT information system to ensure the smooth functioning of services. For example, smart card or fingerprint recognition technology will be used to facilitate entry into and movement between HIV service centers and to track referrals. In accordance with the PEPFAR Strategic Information plan, collection of information for implementing, monitoring, and evaluating CT activities will meet national standards, ensuring that there are integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the national HIV/AIDS M&E System.

**Program Area Downstream Targets:**

9.1 Number of service outlets providing counseling and testing according to national and international standards	105
9.3 Number of individuals trained in counseling and testing according to national and international standards	644
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	115000

**Custom Targets:**

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3102.08	<b>Mechanism:</b> Community REACH Vietnam
<b>Prime Partner:</b> Pact, Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 16269.08	<b>Planned Funds:</b> \$39,000
<b>Activity System ID:</b> 16269	
<b>Activity Narrative:</b> Pact Direct	

This is a new activity in FY08.

Pact will provide awards, technical guidance, oversight, and program management support to Medicines du Monde (Mdm) France in counseling and testing programs. Pact will provide an effective and transparent award and administration system for the provision of grants to the partner, facilitating their rapid launch, ongoing implementation, and/or expansion in priority provinces. Pact will continue to work with these sub-grantees on program design, implementation planning, and activity-based budgeting; maintain a system for rapid disbursement of funds; and provide financial management support and monitoring.

Pact will monitor the performance and quality of counseling and testing programming through review of quarterly reports and periodic site visits, and will provide technical assistance and advisory services. VCT sub-grantees will be encouraged to apply the OGAC VCT technical assistance visit recommendations (e.g., promote linkages between counseling and testing programs and other programming that beneficiaries may require), strengthen the prevention component of VCT programming (e.g., promoting return visits for those who test negative but still practice risk behaviors), and ensure positive clients are linked to care and treatment. Pact will also support the rapid test pilot being undertaken by the Ministry of Health/Vietnam Administration of HIV/AIDS Control (MOH/VAAC) and PEPFAR, particularly in the Mdm sites. To facilitate effective reporting, Pact will support the development of rigorous monitoring and evaluation frameworks and data collection systems to ensure complete and accurate reporting of PEPFAR counseling and testing targets.

Pact will also ensure effective coordination - and reduce duplication - both among Pact partner programs, and between these programs and those implemented by other PEPFAR partners and relevant government and non-governmental programs. Particular efforts will be made to coordinate with peer outreach and social marketing activities to promote VCT services. Pact's long-term engagement in PEPFAR-supported initiatives will facilitate these linkages, nurtured both informally and through existing and new coordination mechanisms.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15334

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15334	5331.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$150,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

## Coverage Areas

Ha Noi

Ho Chi Minh City

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 6132.08

**Mechanism:** N/A

**Prime Partner:** United Nations Resident Coordinator

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 5332.08

**Planned Funds:** \$50,000

**Activity System ID:** 15357

**Activity Narrative:** World Health Organization (WHO)

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- WHO will support the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) to develop and implement national guidelines on provider-initiated HIV testing and counseling (PITC) based on the newly released WHO/UNAIDS PITC guidelines.

**FY07 Activity Narrative:**

This is a new activity for PEPFAR in Vietnam. In FY07, PEPFAR will support WHO, in collaboration and coordination with relevant ministries, technical institutions, beneficiaries including PLWHA and other vulnerable populations, and international partners, to implement three activities that include: collaboration with MOH/VAAC to conduct a rapid assessment of HIV Counseling and Testing (CT); working with VAAC to develop and disseminate the national CT guidelines; and support development of national training materials.

In order to develop the National Guidelines on CT, WHO will collaborate with MOH/VAAC to conduct a rapid CT assessment to identify strengths and constraints of existing CT services supported by different initiatives with regard to availability, access and quality of services with an emphasis on most-at-risk population (MARP). The assessment will also look at linkages between CT services and other services such as HIV/AIDS care and treatment, TB diagnosis and treatment, antenatal care, harm reduction and other HIV prevention interventions.

WHO will work with VAAC and PEPFAR on the development of national guidelines and information and advocacy materials on CT that will be disseminated in FY07. The national CT guidelines will identify organization, management and operating procedures of CT services including different models for effectively reaching MARP, specific counseling approaches for different populations, and linkages with relevant services. Issues of service quality including confidentiality and partner involvement will receive special attention. Provider-initiated CT should also be introduced where needed and appropriate. The guidelines will be developed based on the rapid assessment, global guidelines and experiences of other countries. Information and advocacy materials emphasizing the role of CT in HIV prevention among MARP and human rights protection will be developed from the guidelines. WHO will support VAAC efforts to organize a series of provincial meetings to disseminate the guidelines and advocacy materials to relevant bodies and PEPFAR partners.

WHO will support the development of national standard training materials based on the national guidelines and existing training materials, especially OGAC TWG approved training curricula for CT to ensure standardization of all future CT training activities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9516

**Related Activity:** 15296, 15258

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24706	5332.24706.09	U.S. Agency for International Development	United Nations Resident Coordinator	10537	6132.09		\$50,000
9516	5332.07	U.S. Agency for International Development	United Nations Development Programme	5165	3111.07	UNDP	\$50,000
5332	5332.06	U.S. Agency for International Development	United Nations Development Programme	3111	3111.06		\$30,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15258	9508.08	7104	3107.08		Family Health International	\$1,360,000
15296	5325.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,900,000

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

## Indirect Targets

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 3694.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 5337.08

**Planned Funds:** \$83,000

**Activity System ID:** 15392

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support two locally employed staff (LES) research scientists, including their salaries, benefits and official travel costs. As members of the PEPFAR interagency prevention technical working group, these staff will provide technical assistance (TA) and programmatic oversight to Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) and the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) in the design, implementation and evaluation of counseling and testing (CT) activities as well as the development of training curricula and training of counselors and supervisors. Funds will also support VAAC to coordinate and implement a "best practices in CT" experience-sharing meeting in FY08.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9856

**Related Activity:** 15380

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25395	5337.25395.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10745	10745.09	CDC-Gap-Funded Local Activities	\$104,662
9856	5337.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$84,567
5337	5337.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$117,995

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15380	9507.08	7128	3367.08		US Centers for Disease Control and Prevention	\$87,000

### Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

### Indirect Targets

Table 3.3.09: Activities by Funding Mechanism

<b>Mechanism ID:</b> 3109.08	<b>Mechanism:</b> Center of Excellence
<b>Prime Partner:</b> US Department of Defence/Pacific Command	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 9517.08	<b>Planned Funds:</b> \$45,000
<b>Activity System ID:</b> 15404	

**Activity Narrative:** This is a continuing activity from FY07. The narrative references to targets and budgets have been updated to reflect anticipated inflation. There are no changes to the activity since approval in the FY07 COP.

FY07 Activity Narrative:

The Center of Excellence – DMHA, the executing agent for US DOD's Pacific Command, will provide program oversight and coordination of activities with DOD partners and the Vietnam Ministry of Defense. Technical assistance and oversight will be provided for program design, implementation and evaluation of CT activities. Funds will cover official travel and cost incurred by the DOD HIV Prevention and Treatment team.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9517

**Related Activity:** 15288

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24726	9517.24726.09	Department of Defense	US Department of Defense	10541	3109.09	DoD - Defence-Partnered HQ activities	\$450
9517	9517.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$287,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15288	5329.08	7113	3095.08		Ministry of Defense, Vietnam	\$250,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3108.08

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 5338.08

**Planned Funds:** \$66,000

**Activity System ID:** 15370

**Activity Narrative:** This is a continuing activity from FY07.

Funds requested will support 10% of an existing Global Health Fellows Program (GHFP) Fellow (Prevention Advisor) and 10% of an existing GHFP Fellow (Drug Rehabilitation and Prevention Advisor), including salary, benefits, and official travel costs.

As members of the PEPFAR technical working group on HIV Counseling and Testing (CT), these staff will provide technical assistance (TA) and programmatic oversight to a variety of partners in the design, implementation, and evaluation of CT activities as well as the development of training curricula and training of counselors and supervisors.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9515

**Related Activity:** 15365, 15366, 15367

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9515	5338.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$25,000
5338	5338.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$171,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15365	5512.08	7127	3108.08		US Agency for International Development	\$212,060
15366	9597.08	7127	3108.08		US Agency for International Development	\$531,372
15367	6480.08	7127	3108.08		US Agency for International Development	\$500,000

### Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

### Indirect Targets

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3367.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 9507.08	<b>Planned Funds:</b> \$87,000
<b>Activity System ID:</b> 15380	

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support two locally employed staff (LES) research scientists, including their salaries, benefits and official travel costs. As members of the PEPFAR prevention technical working group, these staff will provide technical assistance (TA) and programmatic oversight to Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) and the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) in the design, implementation and evaluation of counseling and testing (CT) activities as well as the development of training curricula and training of counselors and supervisors. Funds will also support VAAC to coordinate and implement a "best practices in CT" experience-sharing meeting in FY08.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9507

**Related Activity:** 15392

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9507		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$85,433

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15392	5337.08	7129	3694.08		US Centers for Disease Control and Prevention	\$83,000

**Targets**

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

**Indirect Targets**

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 5331.08

**Planned Funds:** \$150,000

**Activity System ID:** 15334

**Activity Narrative:** Pact sub-partner: Medecins du Monde (Mdm)

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- This integrated VCT model will be replicated in a new site in Ho Chi Minh City (HCMC) in HCMC District 9, in collaboration with the prevention, care, and treatment technical working groups.

FY07 Activity Narrative:

Through Pact and sub-partner Medecins du Monde (Mdm), PEPFAR will continue support of CT services at two clinics in two focus provinces, Tay Ho district (Hanoi) and District 6 (HCMC), with a goal of reaching 2,650 clients. PEPFAR will support strengthening of referral services and provision of CT training to 14 individuals.

Mdm will strengthen referral to CT services through mobile teams targeting injecting drug users (IDU), commercial sex workers (CSW) and men who have sex with men (MSM). Mobile teams will promote CT seeking behaviors among these groups and refer them to CT services. Home care teams providing home-based care to people living with HIV/AIDS (PLWHA) will be trained to refer spouses/sexual partners and/or children of PLWHA to CT services. In addition, Pact, together with other PEPFAR partners, will initiate couples counseling using HHS/CDC and OGAC approved curricula.

Mdm will provide CT services to 2,650 individuals at Tay Ho clinic, Hanoi and at An Hoa clinic in District 6, HCMC. These clinics perform HIV rapid test and send blood samples that are positive to higher level labs for confirmatory testing. Those who test positive will be referred directly to care and treatment services in the same clinic. Those who reside far from the clinic will be referred to other HIV clinics in Hanoi and HCMC. Pregnant women who test HIV positive will be referred to hospitals providing PMTCT services. Pact will support coordination of CT activities between Mdm and Ministry of Health programs.

To ensure quality of both the referral and the CT services, Mdm will support on-the-job mentoring and training for mobile team and home care team members and CT counselors.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9512

**Related Activity:** 15345, 15335, 15301

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9512	5331.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$70,000
5331	5331.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$90,800

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15335	5834.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$561,100
15301	5709.08	7115	3106.08		National Institute for Hygiene and Epidemiology	\$315,500

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	3	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	14	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,600	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Ha Noi

Ho Chi Minh City

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3095.08

**Mechanism:** N/A

**Prime Partner:** Ministry of Defense, Vietnam

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 5329.08

**Planned Funds:** \$250,000

**Activity System ID:** 15288

**Activity Narrative:** This is a continuing activity from FY07. The narrative references to targets and budgets have been updated. The only other changes to the activity since approval in the FY07 COP are:

- Due to delay in implementation, as well as unanticipated needs at Ministry of Defense's (MOD) sites, targets and budgets are adjusted to reflect standardized FY08 reporting timeline and higher site preparation costs.
- Support for six existing clinics with the following: improve infrastructure, enhance services and provision of technical assistance to meet Ministry of Health's (MOH) counseling and testing requirements and protocols.
- Support for implementation, including activity design, management, monitoring and evaluation as well as linking and referral to care and treatment services.
- Procurement of test kits and consumables.

FY07 Activity Narrative:

This activity is a continuation of program activities from the previous year with the Vietnam Ministry of Defense (MOD). Collaborating with the US Pacific Command (PACOM) Center of Excellence (COE), the MOD will continue to support four existing CT sites established in FY06 and establish four additional CT sites in FY07. This effort will include training for 150 healthcare professionals to ensure opt-out CT will be available to 25,000 individuals at eight MOD CT centers.

In FY07 PEPFAR will continue to support CT activities at the Military Institute for Hygiene and Epidemiology, Military Hospitals 103 (Hanoi), 175 (Ho Chi Minh City) and Military Zone 9's Preventive Medicine Center (Can Tho). In FY07, this activity will expand to four new sites at Military Hospitals 121 (Can Tho City), 17 (Danang) and Preventive Medicine Centers (PMC) for Military Zones 2, 3 and 5 covering Vietnam's northern and central provinces. Other components of this activity will ensure: training and technical support for health care providers; site renovation; a strong client referral system; and recording and reporting of confidential test results to COE. Training provided will also enhance general knowledge about legal rights for those getting testes and for PLWHA, as articulated in the new HIV/AIDS Law and the national guideline established for CT activities to reduce stigma and discrimination. The network of CT centers will be linked to MOD's treatment sites at military hospitals. The MOD is currently providing test kits to these sites and will continue to ensure that these sites are stocked.

Expanding CT activities to additional Military Hospitals and PMCs will also strengthen the referral network and allow more people to enroll in treatment.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9510

**Related Activity:** 15284, 15401, 15250, 16268

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9510	5329.07	Department of Defense	Ministry of Defense, Vietnam	5179	3095.07	Ministry of Defense	\$0
5329	5329.06	Department of Defense	Ministry of Defense, Vietnam	3095	3095.06		\$52,700

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15401	5539.08	7130	3109.08	Center of Excellence	US Department of Defence/Pacific Command	\$600,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	6	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	120	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	6,000	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

## Coverage Areas

Ha Noi

Ho Chi Minh City

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 9508.08

**Activity System ID:** 15258

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$1,360,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- Ten VCT clinics have been established using a provider-initiated HIV testing and counseling (PITC) model in both public and private STI clinics in focus provinces.
- In FY08, same-hour test result notification will be expanded to all eight focus provinces based on the results of a pilot in 2007.
- Outreach-based VCT will be piloted targeting sex partners and family members of PLWHA in Hanoi in coordination with PLWHA groups.
- HIV testing – emphasizing prevention counseling and couples counseling – will be scaled up at most at-risk population (MARP)-friendly drop-in centers in focus provinces in coordination with the PEPFAR prevention technical working group.
- Three trainings will be held in preparation for the national roll-out of rapid testing, in coordination with PEPFAR laboratory team, and the National Institute for Hygiene and Epidemiology.

FY07 Activity Narrative:

In FY07, PEPFAR will support FHI to train 200 counselors and provide counseling and testing (CT) services for 16,500 clients at twelve VCT sites in seven PEPFAR focus provinces.

FHI will expand and strengthen CT services in the Network model, strengthen the absorptive capacity of eight existing CT sites in Hanoi, Haiphong, Quang Ninh and Ho Chi Minh City (HCMC) and develop four new CT sites in HIV hotspots in Hanoi, Can Tho, An Giang and the seventh PEPFAR focus province. All sites will be fully integrated into district care out-patient clinics (OPC) and PEPFAR funded drop-in centers (DIC) and will have strong referral links to all Network model prevention and care and treatment services. CT counselors will function as case managers, providing client-centered initial and follow-up counseling services to negative and positive clients, and facilitating client referral to relevant services. Training and TA will be provided to existing CT sites to restructure counselor workload and to increase their efficiency and absorptive capacity, particularly in HCMC where thousands of residents from 06 centers, government centers for rehabilitating drug users (06 centers), will be released by the end of FY07.

FHI will also promote CT among most at-risk populations (MARP). MARP outreach workers and PLWHA will encourage testing among networks of injecting drug users (IDU), commercial sex workers (CSW) and their clients, and MSM to prevent infection and to interrupt rapid transmission patterns among the newly infected, linking them to CT offered in local DICs. CT social marketing and MARP-focused outreach to reduce stigma and discrimination will increase the awareness of CT benefits while decreasing barriers to seeking testing.

FHI will work with HCMC Provincial AIDS Committee (PAC) to strengthen the referral system between 06 centers, CT, Care and Treatment, and PMTCT by training healthcare workers and developing clear referral guidance and tools for peer educators (PE), counselors, and case managers.

FHI will form a national cadre of CT counselors. The Anonymous Testing Sites (ATS) and Bach Mai VCT Centers will provide technical assistance (TA) to developing CT services supported by other PEPFAR partners. TA services will include study tours, one to two weeks of in-service practicum, supportive supervision visits to newer VCT sites, and basic and advanced HIV counseling training. Both sites will lead case consultation meetings for CT counselors.

FHI will also focus on strengthening the national CT program with a view to sustainability. FHI will work with the Ministry of Health/Vietnam Administration of HIV/AIDS Control (MOH/VAAC) and other partners to develop a national CT training curriculum based on HHS/CDC guidance and other resources. In addition, FHI will contribute to the finalization of national CT guidelines and the development of CT SOPs and QA/QC tools to establish national standards of quality CT services. Capacity building of health providers in CT will contribute to sustainability of future CT service provision. TA for the development of national counseling and testing standards will also strengthen national capacity in CT.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9508

**Related Activity:** 15256, 15345, 15301

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9508		U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$800,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15256	9565.08	7104	3107.08		Family Health International	\$127,000
15301	5709.08	7115	3106.08		National Institute for Hygiene and Epidemiology	\$315,500

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	150	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	33,000	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Nghe An

Son La

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 5170.08

**Prime Partner:** Ministry of Health, Vietnam

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 5325.08

**Activity System ID:** 15296

**Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$1,900,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- Same-hour test result notification will be expanded to all eight focus provinces based on the results of a pilot in 2007.
- An outreach-based VCT model targeting most at-risk populations (MARPs) will be replicated in two focus provinces based on the results of a pilot in 2007 in Hai Phong.
- A provider-initiated HIV testing and counseling (PITC) model will be initiated in three STI clinics in focus provinces.
- HIV testing – with an emphasis on prevention counseling and couples counseling – will be integrated into MARP-friendly drop-in centers in focus provinces, in coordination with PEPFAR prevention technical working group.
- Support will be provided to the Vietnam Administration for HIV/AIDS Control (VAAC) to develop and implement national guidelines for PITC based on the newly released WHO/UNAIDS PITC guidelines.

FY07 Activity Narrative:

In FY07, PEPFAR will support the Ministry of Health (MOH)/Vietnam Administration for HIV/AIDS Control (VAAC) to expand CT coverage in the highest HIV-prevalence provinces and reduce support for CT programmatic services in lower prevalence provinces targeting MARPs, including injecting drug users (IDU), male and female commercial sex workers (CSW), men having sex with men (MSM), sex partners of HIV infected persons and clients of injecting drug users and sex workers. PEPFAR will continue to support VAAC for HIV counseling and testing (CT) services at 36 clinics in 18 provinces, establish ten new VCT clinics, transfer HIV CT services at 12 clinics in 11 provinces from PEPFAR to Global Fund (GF) support, train 140 health care workers, strengthen referral systems and work with different groups including PLWHA groups to encourage test result disclosure. These activities will result in provision of CT services to 45,000 individuals through VAAC support and 14,400 individuals through GF support.

In FY07, PEPFAR will continue to support provision of confidential CT services at 36 existing sites in 18 provinces that form part of a comprehensive HIV network facilitating linkages and referrals between different services at the provincial and district levels. In addition, PEPFAR funds will support the establishment of a total of ten new CT clinics in four focus provinces, Hanoi, Haiphong, Quang Ninh and a TBD focus province, that will be integrated into existing OPC or STI clinics using both client-initiated and provider-initiated models to facilitate referral, linkages and service utilization. Under the new cooperative agreement with the VAAC, PEPFAR will discontinue funding for programmatic activities in ten lower-prevalence provinces while continuing to provide technical assistance to these sites to ensure continuation of quality service provision. PEPFAR will explore alternative means of supporting these programs. Based on GF Round 6 approval, PEPFAR will support VAAC to transfer CT programs to GF management from 12 VCT clinics in 11 lower-prevalence provinces where GF also operates allowing \$130,000 of unallocated funds to be used for HVCT 9518. Non approval of GF Round 6 applications will result in continued programmatic support by VAAC in these 11 provinces until alternate resources are identified. VAAC will also receive PEPFAR funds to expand support of counseling and testing services at TB clinics in the focus provinces.

PEPFAR funds will be used to improve service provision at all sites mentioned above through training 140 health care workers on couple counseling using HHS/CDC and OGAC TWG approved curricula, and internal as well as external quality assurance and quality control (QA/QC) measures. With PEPFAR support, VAAC will also provide technical assistance to GF and World Bank CT programs to standardize service provision and coordinate a national HIV CT reporting system. To follow up on the previous national meeting initiated in 2005, VAAC, with PEPFAR technical support, will take the lead in coordinating and organizing a 2nd National CT conference with all VCT donors/partners including GF, World Bank, Asian Development Bank (ADB), FHI, and TBD-PSI follow-on to facilitate experience-sharing and review of best practices.

PEPFAR will support VAAC to collaborate with World Health Organization (WHO) and UNICEF to encourage safeguard CT for children and adolescents, a method to ensure non-discrimination against minors, with approval and presence of guardians. Education of safeguard CT will be provided to healthcare workers through health information channels, training, and legislative regulations.

In collaboration with the UN, WHO, other major donors (GF, AusAID, World Bank), and international NGOs (FHI, PSI, etc), PEPFAR will assist VAAC in developing and disseminating national guidelines for CT. PEPFAR will coordinate with referral officers to enhance existing referral systems between HIV prevention and care services through the development of a referral card tracking system. PEPFAR will also continue its support of VAAC monthly coordination meetings at the provincial level.

With PEPFAR support, VAAC will closely collaborate with TBD-PSI follow-on to maximize outcome of social marketing investment for greater uptake of CT. In addition, VAAC will pilot outreach CT communication activities in select provinces, in which CT counselors, in coordination with peer outreach program and organizations such as the Women's and Youth Unions, provide CT education to target population and encourage referral to CT. To strengthen linkages with outreach programs, VAAC and PEPFAR will coordinate activities with PLWHA groups, peer outreach programs, and organizations such Women and Youth Unions and encourage test result disclosure, service utilization by families, and ensure non sero-conversion of HIV negative partners of discordant couples. These activities will facilitate normalization of HIV test seeking behavior and reduction of stigma and discrimination.

#### **HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9511

**Related Activity:** 15294, 15345, 15298, 15301,  
15299

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24586	5325.24586.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	10502	5170.09	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,900,000
9511	5325.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$1,455,000
5325	5325.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$670,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15294	5513.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,370,677
15298	9505.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,224,500
15301	5709.08	7115	3106.08		National Institute for Hygiene and Epidemiology	\$315,500
15299	9376.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,100,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	54	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	300	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	63,000	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3093.08

**Prime Partner:** Ho Chi Minh City Provincial  
AIDS Committee

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 9509.08

**Activity System ID:** 15272

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$520,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major updates to this activity since approval in the FY07 COP are:

- Same-hour test result notification will be expanded to all VCT clinics in Ho Chi Minh City (HCMC) based on results of a pilot in 2007.
- An outreach-based VCT model targeting most at-risk populations (MARPs) will be replicated in HCMC based on the results of a pilot in 2007 in Hai Phong.
- A provider-initiated HIV testing and counseling (PITC) model will be initiated in two STI clinics in HCMC.

FY07 Activity Narrative:

PEPFAR will support HCMC Provincial AIDS Committee (HCMC PAC) to implement counseling and testing (CT) services at nine CT clinics in FY07, train 60 healthcare workers in CT, provide HIV test results to 13,000 individuals, and strengthen the social marketing program.

In FY06, through a cooperative agreement with HCMC PAC, PEPFAR, as part of a comprehensive reintegration program, is supporting seven CT clinics; five clinics in Districts 1, 2, 4, 10, and Dermato-Venerology Hospital (DVH) and two clinics in Nhi Xuan drug rehabilitation center and Nhi Xuan Industrial Park (NXIZ), a site providing favorable employment to former IDUs. In the first quarter of FY06, CT services were provided to 1,140 individuals and 32 healthcare workers were trained in HIV CT. In FY07, PEPFAR will continue to support service delivery in these seven established sites and the one existing mobile CT clinic will expand its services to District 7, Thu Duc and Tan Binh to facilitate access to CT and STI services for hard-to-reach populations.

PEPFAR will fund HCMC PAC to enhance service provision and improve the quality of service delivery by providing training and innovative quality assurance and quality control (QA/QC) measures including introduction of client exit interviews; provision of training to healthcare workers on advanced counseling skills and couples counseling protocol based on the HHS/CDC and OGAC TWG curricula; and enhancement of existing referral systems between HIV prevention and care services by hiring provincial referral coordinators and holding monthly referral coordination meetings for partners working within the HIV prevention and care network. PEPFAR funds will also be used to provide technical assistance to World Bank and GF CT programs through training and QA/QC measures as well as provision of enzyme immunoassay (EIA) confirmatory test kits to 17 World Bank-supported CT clinics in 17 drug rehabilitation centers.

In collaboration with a PEPFAR partner (TBD-PSI follow on), HCMC PAC will strengthen the CT social marketing program in HCMC to maximize service utilization and link HIV-positive individuals to care and treatment. HCMC PAC will pilot outreach communication through CT counselors who, in collaboration with outreach programs, PLWHA groups, and Women's and Youth Unions will provide CT education to target populations. This CT education activity, in conjunction with the social marketing activity, will encourage CT-seeking behavior, help eliminate stigma and discrimination, and facilitate recruitment of families and couples into the HIV prevention and care network. This collaboration will also support HCMC PAC CT program in encouraging test result disclosure and notification, especially for discordant couples, and in ensuring that HIV negative partners do not seroconvert.

PEPFAR CT programs target most at-risk populations (MARPs), including injecting drug users (IDUs) and their partners, male and female commercial sex workers (CSW) and their clients, men having sex with men (MSM), and sex partners of HIV infected persons. To reach this population, in FY07, PEPFAR will continue to support HCMC PAC in service delivery of optional anonymous/confidential CT in two established sites in Nhi Xuan rehabilitation center and NXIZ. PEPFAR will implement one new HIV CT clinic in a TBD rehabilitation center for IDUs as part of the expansion of reintegration program. PEPFAR will support HCMC PAC to provide CT education in centers through group discussion, CT talks, and personal communication by in-center peer outreach teams. PEPFAR will collaborate closely with peer outreach, case manager teams, and outpatient clinics to ensure continuation of care, treatment and support to residents after being released.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9509

**Related Activity:** 15270, 15345, 15274

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9509		HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$375,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15270	5514.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$300,000
15274	9503.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$270,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	12	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	60	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	17,000	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Ho Chi Minh City

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

**Total Planned Funding for Program Area: \$11,650,000**

Percent of Total Funding Planned for Drug Procurement	88.3%
Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

**Program Area Context:**

## CURRENT PROGRAM CONTEXT

In the past several years, antiretroviral therapy (ART) in Vietnam has gone from being a luxury for a fortunate few to a routine course of treatment for many PLWHA. By the year 2010, Vietnam's Ministry of Health (MOH) plans to have 70% of eligible patients – some 70,000 people – on ART. PEPFAR, a major supplier of ARVs in Vietnam, currently offers 21 ARV drugs, including the FDA tentatively-approved Stavudine-based fixed-dose combination, to treat 7,523 children and adults. Generic drugs have helped bring down the annual cost of first-line treatment to as low as \$95 per patient. The need for second-line treatment remains below 5%; however, the cost of procuring these drugs still amounts to 25% of the total PEPFAR Vietnam antiretroviral (ARV) budget.

In FY07, PEPFAR's antiretroviral procurement was managed by the Supply Chain Management System (SCMS). The medicines are distributed under MOH supervision and have approval and quality/registration certification from both WHO and the FDA. ARV drugs are delivered to the Central Pharmaceutical Company Number 1 (CPC#1), a Hanoi-based joint stock company, which has a distribution network throughout Vietnam. Deliveries are accompanied by a Certificate of Analysis for each delivery/batch of ARVs in accordance with the regulations and quality standards of the country of manufacture.

## KEY ACCOMPLISHMENTS

There have been several dramatic improvements in how ARVs are procured and distributed over the past several years. Permission to import FDA-tentatively-approved generic drugs in 2006 has led to faster delivery and significantly reduced prices. Low-cost ARVs means that PEPFAR can now provide treatment to patients not only at PEPFAR sites but also to those funded by the government of Vietnam and the Global Fund (GF). Efforts are now being coordinated to supply medications, such as Efavirenz, as well as to redistribute drugs in storage due to expire, to MOH and GF sites. In order to improve the distribution system, a central pharmacy unit within the MOH was recently established. This unit, supported by PEPFAR and the Clinton HIV/AIDS Initiative (CHAI), has now been placed in charge of coordinating distribution and management of all ARVs.

## OPPORTUNITIES/CHALLENGES

Vietnam has historically delivered ARVs directly to the provinces, each of which has different levels of forecasting ability and infrastructure. With multiple donors purchasing ARVs using parallel systems of procurement and distribution, there has been duplication and wasted efforts. Acknowledging this fact, MOH has recently assigned SCMS's current partner, CPC#1, to be responsible for storage and distribution of all ARVs imported into the country. This has helped improve the coordination and management of ARV supplies, regardless of funding sources.

Though there have been some improvements, PEPFAR's early ART efforts were hindered by lengthy drug approval processes, slow delivery from manufacturers, delayed arrival of donor funds, and restrictions on purchasing cheaper generics. A recent positive development was MOH's decision to allow the importation of FDA tentatively-approved generic first-line ARVs. In addition, second-line generic ARVs are now being granted FDA tentative approval. It is expected that most second-line ARVs will be available from generic manufacturers by the end of FY08. While they will still be at least double the cost of first-line treatment, second-line medications will represent a smaller percentage of the ARV budget.

## KEY STRATEGY ELEMENTS

In FY08, PEPFAR-supported activities will meet three technical objectives:

- 1) Capacity building: PEPFAR will continue to enhance the ability of international and local partners and the MOH/Vietnam Administration for AIDS Control (VAAC), to systematically identify, prioritize, and address pharmaceutical management issues to improve access to quality ARVs. Specifically, SCMS will support VAAC efforts to coordinate forecasting, quantification, distribution, and reporting of all ARV sources, and work towards coordinating all procurement with VAAC, the Global Fund, the Clinton HIV/AIDS Initiative, and other donors. PEPFAR will also strengthen the pharmaceutical management capacity at the provincial and district level with on-going training for pharmacy staff and clinicians, and with on-site technical assistance and quality assurance. These efforts will be expanded to support non-PEPFAR sites based on demand. In order to enhance human capacity, SCMS will develop a training program on HIV/AIDS pharmacy management at Vietnamese pharmacy schools in FY08.
- 2) ARV procurement: PEPFAR will continue procuring first- and second-line ARVs to support adult ART and PMTCT treatment at PEPFAR- and non-PEPFAR-supported sites, in accordance with Vietnam's standard treatment guidelines and USAID procurement and distribution regulations. Distribution is an important additional function for the SCMS Vietnam program. It not only handles the distribution of PEPFAR-supplied medicines but also supports other donors, such as CHAI's purchase of pediatric medicines, by facilitating the importation, storage and distribution of pediatric ARVs to sites throughout the country.
- 3) Monitoring and evaluation will be conducted via a manual pharmacy Management Information System (MIS), which has already been developed and is used to track purchasing, distribution, and dispensing of ARVs on a monthly basis. In FY08 the MIS will be expanded to include laboratory commodities. Electronic MIS systems will be implemented in accordance with the PEPFAR Strategic Information plan. Information sharing is a key contribution, as PEPFAR, through SCMS, will continue to develop monthly reports on the antiretroviral medicines at the treatment sites, which will provide partners with timely feedback on scale-up success and site capacity.

## Program Area Downstream Targets:

## Custom Targets:

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 5175.08

**Mechanism:** N/A

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Drugs

**Budget Code:** HTXD

**Program Area Code:** 10

**Activity ID:** 9381.08

**Planned Funds:** \$11,650,000

**Activity System ID:** 15341

**Activity Narrative:** This is a continuing activity from FY07. Early funding is requested.

The Supply Chain Management System (SCMS) will support the following three objectives described in the program narrative: 1) capacity building by enhancing the ability of governmental, specifically the new Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) drug management unit, international and local partners to systematically identify, prioritize and address pharmaceutical management issues to improve access to and use of quality ARVs supported by the national treatment guidelines. SCMS also strengthens the pharmaceutical and laboratory management capacity of referral, provincial, district, and other facilities to ensure an uninterrupted supply of quality HIV/AIDS pharmaceutical and other commodities at ART service delivery sites; and 2) procurement and distribution of ARVs, on behalf of all USG civilian and Department of Defense ART implementation sites to support 22,000 patients by September 2009. All pediatrics formulations will be provided in coordination with the Clinton HIV/AIDS Initiative (CHAI) which will be purchasing the entire supply for Vietnam, while SCMS will pay the importation, storage and distribution costs for all sites, both PEPFAR and non-PEPFAR; and 3) information sharing, as part of monitoring and evaluation functions, through collection of site-level data, and development of monthly reports that inform all partners about uptake of ARV patients, the situation at clinical sites in terms of drug supplies, actual use of clinical protocols, projections of future patients, and international trends in ARV medicines which allow strategic planning for the PEPFAR team in terms of drug supplies and future expansion for the PEPFAR program.

Specifically SCMS will: 1) provide technical assistance (TA) to enhance decision-making at VAAC, other central agencies, and donors for HIV/AIDS-related pharmaceutical and commodity management such as in-country forecasting and drug management, and play a coordinating role with partners' organizations on pharmaceutical issues; 2) provide TA to partners and sites to clarify the implications of changes in treatment guidelines, various funding scenarios, and changes in the market; manage procurement, importation, storage, distribution and supply of quality ARVs, consistent with USAID procurement guidelines, based on available funding, and develop a distribution plan for implementation sites; 3) closely collaborate and support the VAAC pharmacy unit to build capacity and move towards coordination of procurement and distribution of all ARVs; 4) strengthen drug management information systems to provide timely accurate information regarding procurement, distribution, and use of ARVs supplied by all partners; 5) develop and implement standard operating procedures (SOPs) at appropriate levels, and train and supervise their effective implementation; 6) train pharmacy personnel on commodity management of ARVs and related medicines and commodities; 7) operate a monitoring and evaluation (M&E) system based at the site level in support of the national drug management M&E plan in close coordination with the PEPFAR SI technical working group (TWG); and 8) disseminate information about ARV drug management to partner organizations and implementation sites, and share lessons learned with the broader community.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9381

**Related Activity:** 15342, 16264

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24651	9381.24651.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10524	5175.09		\$1,800,000
9381	9381.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5175	5175.07	Supply Chain Management System	\$10,404,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16264	16264.08	7118	5175.08		Partnership for Supply Chain Management	\$610,000
15342	5832.08	7118	5175.08		Partnership for Supply Chain Management	\$1,200,000

**Emphasis Areas**

Local Organization Capacity Building

**Food Support****Public Private Partnership****Target Populations****General population**

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HTXS - ARV Services

Program Area:

HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

**Total Planned Funding for Program Area: \$10,550,000**

Amount of Funding Planned for Pediatric AIDS	\$732,000
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

### Program Area Context:

#### CURRENT PROGRAM CONTEXT

Since beginning a national initiative in the year 2000, the Ministry of Health/Vietnam Administration for HIV/AIDS Control (VAAC) has achieved a rapid increase in patients accessing antiretroviral therapy (ART). As of June 2007, the government of Vietnam (GVN) reported 12,823 patients, or 36% of those who need ART, on treatment. Clinics in Ho Chi Minh City provide services for nearly half of these patients. VAAC estimates the number of PLWHA in need of treatment will increase to 73,000 by 2010 and has a national target of treating 70% of these patients by that time.

The epidemic is concentrated in injecting drug users (IDU) but prevalence in children is increasing. In the absence of PMTCT, it is estimated that 1,700 – 2,100 infants would be born HIV-positive every year. As of June 2007, PEPFAR, in collaboration with the Clinton HIV/AIDS Initiative (CHAI), which provides ART and technical assistance, supported treatment for 657 children. The MOH has a target of treating 100% of children by 2010.

Funding – both downstream and upstream support – has come from the GVN, PEPFAR, the Global Fund (GF), CHAI, and Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau. As in the past, all donor-funded ART must be developed with and through the highly organized GVN health care infrastructure. The PEPFAR-supported ART program is based on the principle of sustainable models within the GVN system.

#### KEY ACCOMPLISHMENTS

Based on FY07 planning, PEPFAR is projected to meet its FY07 treatment targets and will scale up ART in 60 sites, including 47 adult sites, 10 specialty pediatric sites, two orphanages, and one hospice in seven focus provinces.

Advances in coordination and ART policy continue to facilitate scale-up. The VAAC-led Care and Treatment technical working group, comprised of members from PEPFAR, GF, CHAI, and WHO, meet together monthly. Outcomes of this working group include: monthly updates on drug supply and ART scale-up; coordination of pediatric antiretroviral (ARV) drug procurement, supply, and distribution between CHAI and PEPFAR to VAAC treatment sites; the redistribution of stock with a short shelf life; and the supplying of ARVs to non-PEPFAR sites. The group also reviews: national drug stock monitoring and reporting protocols in use by all sites; the ongoing coordination between GF and PEPFAR to regionalize support in provinces with multi-donors; laboratory issues including a national protocol on CD4 use; national care and treatment training curriculum based upon existing curricula from PEPFAR-funded programs, GF, and WHO; the development of national guidelines for management of HIV-infected TB patients; and standardized algorithms for managing ART side effects.

The increase in the number of FDA tentatively-approved generic ARVs, and the availability of fixed-dose combination drugs, continues to bring down the cost of ART. The annual cost of first-line ARVs can be as low as \$95 per person, making it possible for PEPFAR to supply second-line and other requested ARVs to non-PEPFAR sites.

#### OPPORTUNITIES/CHALLENGES

Despite considerable progress, challenges remain. After an initial sharp increase in scale-up, enrollment increases have slowed over the past several months. Some sites have reached capacity and are unable to take on more patients. New site openings have been delayed because of the late arrival of FY07 funds. While the provinces where GF provides ART are increasing capacity, it is the six original PEPFAR provinces that are best able to scale up ART. Capacity and coverage in the remaining provinces remains low. To increase sustainable treatment coverage nationwide, more intensive trainings and on-site technical assistance (TA) is needed. This will be a challenge, however, because of the limited number of experienced Vietnam national trainers.

Since the majority of PLWHA receiving ART are current or former IDUs, and many are returning from government centers for rehabilitating drug users (06 centers), ensuring long-term adherence is a top priority. The low rate of lost to follow-up is encouraging at <5%, but more intensive monitoring of long-term adherence, as well as monitoring for the emergence of ARV resistance, is needed. Medication-assisted therapy (MAT) is expected to help improve adherence and treatment outcomes in the six pilot sites to begin in late 2007. However, the widespread accessibility of methadone is still some years away.

In the setting of expanded provider-initiated testing and counseling (PITC) in TB clinics there is a need to more rapidly refer the increasing numbers of HIV-infected TB patients for care and treatment. Finally, there is a need to strengthen network linkages and facilitate navigation between both clinic- and community- based service delivery areas, including government 06 centers, to assure continuity of ART upon entry and after release.

#### KEY STRATEGY ELEMENTS

FY08 funds will expand ART at current sites and increase services to 89 national, military, provincial, and district level sites in eight focus provinces and in 11 non-focus provinces. PEPFAR expects to be providing support for some 22,000 patients (downstream support to 15,300 adults and 1,700 children, and upstream support to 5,000 adults). Support will be tailored to the situation in each province and coordinated with other donor support (see Geographic Coverage document). New clinics will provide services for pre-ART and for ART patients in multiple adjacent districts. Sites will be chosen based on need, for example in TB clinics, and linked to prevention interventions with accessibility to vulnerable populations and persons residing in, and returning from, 06 centers. In an ongoing effort to build local capacity and sustainability, experienced clinics will serve as training centers for new sites. Funding currently unallocated will support expanded programming both in and outside of GVN rehabilitation centers in FY08. This programming will establish relapse prevention services (including access to MAT where feasible), risk reduction services, and HIV care and treatment services for rehabilitation center residents, returnees, and members of their peer and family networks (see IDU Interventions document).

Second-line drugs will be provided to provinces supported by GF and/or the national program as requested. Capacity for further scale-up will be met by making renovations where needed, encouraging flexible clinic hours, retraining, and hiring and training additional staff. Counselors, case managers, PLWHA peer educators, support groups, and volunteer treatment supporters will stress adherence through existing protocols, as well as facilitate referrals to and from services such as hospitalization, family planning, counseling and testing, PMTCT, STI and TB diagnosis and treatment, and link patients to community-based care services (CBC). Patients will be referred to MAT programs as they become available. CBC will enhance clinic-based services and support adherence, side-effects monitoring, and positive prevention, and link to other non-clinical support such as nutrition and employment counseling, and legal services.

Pediatric support will be expanded through collaboration with CHAI, which will be procuring the majority of pediatric ARV drugs. PEPFAR will collaborate on training and on-site mentoring and support infrastructure development and laboratory monitoring. Efforts will contribute to GVN's target to treat 100% of HIV-positive children by 2010 by reaching 1,700 children (1,000 existing, 700 new) at 42 sites, including 14 pediatric specialty sites. All sites will link closely to PMTCT services to facilitate early diagnosis by DNA PCR testing through dried blood spots at NIHE and the Pasteur Institute. Family-centered clinics will be expanded at the district level. Specially trained staff in each clinic will facilitate referrals for children and caregivers to services for orphans and vulnerable children.

PEPFAR will support the national ART program through: human capacity building; provision of second-line ARVs and, if GF Round 7 funding is approved, provision of first-line ARVs to selected provinces; training and onsite mentorship; TA for a unified ARV distribution and management system; and CD4 testing in the focus provinces. PEPFAR and GF will continue to work together to coordinate geographic coverage with a goal of regionalizing support.

FY08 funds will support review of program outcomes and monitoring of drug resistance through expansion of the WHO protocols for targeted surveillance in both naïve patients as well as those on treatment. PEPFAR will collaborate with WHO in its support to VAAC to establish a national resistance monitoring plan. Collection of information for routine patient and program monitoring will be aligned with national standards, ensuring support for the national HIV/AIDS M&E system. Enhanced patient monitoring will be done at selected sites to focus on adherence, clinical outcomes, quality of life, and program quality.

National system strengthening will build sustainability through: further development of a standard package of care, adherence, counseling, and quality assurance practices for ARV service delivery; revision of the national training curriculum for adults and pediatrics and support to develop a core training team; TA for the national procurement and distribution system with a goal of one system for all ARVs; and human capacity development of national and provincial master trainers and strengthening of pre-service training for medical and pharmaceutical staff.

#### Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	89
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	7693
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	18890
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	17000
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	2785

#### Custom Targets:

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 5175.08

**Mechanism:** N/A

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5832.08

**Planned Funds:** \$1,200,000

**Activity System ID:** 15342

**Activity Narrative:** This is a continuing activity from FY07. Early funding is requested.

The Supply Chain Management System (SCMS) will support the PEPFAR Vietnam 5-year strategy to provide 22,000 persons with ART. SCMS will support the following three objectives: 1) capacity building by enhancing the ability of governmental, specifically the new Ministry of Health/Vietnam Administration of HIV/AIDS Control (MOH/VAAC) drug management unit, international and local partners to systematically identify, prioritize and address pharmaceutical management issues to improve access to and use of quality ARVs supported by the national treatment guidelines. SCMS will also strengthen the pharmaceutical and laboratory management capacity of other health facilities to ensure an uninterrupted supply of pharmaceutical and other commodities at ART service delivery sites; 2) procurement and distribution of ARVs, on behalf of all USG civilian and Department of Defense ART implementation sites to support 22,000 patients by September 2009. All pediatric formulations will be provided in coordination with the Clinton Foundation who will be purchasing the entire supply for Vietnam, while SCMS will pay the importation, storage and distribution costs for all sites, both PEPFAR and non-PEPFAR; and 3) information sharing, as part of monitoring and evaluation functions, through collection of site-level data, and development of monthly reports that inform all partners about uptake of ARV patients, situation at clinical sites in terms of drug supplies, actual use of clinical protocols, projections of future patients, and inform partners of international trends in ARV medicines which allow strategic planning for the PEPFAR team in terms of drug supplies and future expansion for the PEPFAR program.

Specific activities supported by these funds will include: 1) ongoing provision of pharmaceutical site readiness at new and continuing PEPFAR-supported sites through training of pharmacy staff, site monitoring, and on-going quality assurance (QA) and supportive supervision. SCMS will directly train 200 pharmacy staff at clinical sites; 2) SCMS will develop new standard operating procedures (SOPs), and implement existing SOPs developed in previous years with PEPFAR funding, at the site level for dispensers, at the pharmaceutical storage (CPC#1) warehouse, and at the ministry level; 3) SCMS will also develop a pre-service training program in collaboration with Ho Chi Minh City School of Pharmacy. By training the students in HIV/AIDS, medications related to treatment of HIV/AIDS and modern dispensing practices, SCMS will help ensure that there are on-going human resources to support HIV treatment programs in Vietnam. At the HCMC School of Pharmacy 100 pharmacy students will be trained; 4) SCMS will also support procurement, management and distribution of CD4 reagents and laboratory supplies, which will include visits to treatment sites, training of laboratory specialists at sites in commodity management, and participation in a team of laboratory specialists within PEPFAR Vietnam. ARV service funding will go to support procurement of CD4 reagents for FACS count machines for non-military ART sites, in accordance with Vietnamese National Standard treatment guidelines and USAID procurement regulations. DOD will procure CD4 reagents for military sites through a separate mechanism.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9412

**Related Activity:** 15335, 15259, 15289, 15297

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24653	5832.24653.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10524	5175.09		\$300,000
24652	5832.24652.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10524	5175.09		\$700,000
9412	5832.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5175	5175.07	Supply Chain Management System	\$2,434,228
5832	5832.06	U.S. Agency for International Development	Management Sciences for Health	3101	3101.06	Rational Pharmaceutical Management Plus	\$196,560

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15259	5838.08	7104	3107.08		Family Health International	\$1,340,000
15335	5834.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$561,100
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	22,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	100	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 5834.08

**Activity System ID:** 15335

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$561,100

**Activity Narrative:** Pact sub-partner: AIDS Healthcare Foundation (AHF), Medecins du Monde (Mdm) France, Mai Hoa Center, and Worldwide Orphans (WWO)

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- In FY08, Pact will support one additional organization – AIDS Healthcare Foundation (AHF) – to provide ART services. AHF's two HIV clinics in Thuy Nguyen district (Hai Phong) and Dong Trieu district (Quang Ninh) will provide ART to 300 people living with HIV.
- Mdm France will continue providing ART at its two current clinics in Tay Ho district (Hanoi) and District 6 (Ho Chi Minh City (HCMC)), and will set up two additional ART clinics in one district in Hai Phong (TBD) and in District 9 (HCMC). Mdm will provide ART to 1,330 people living with HIV (including 30 children in HCMC).
- Mai Hoa Center's and WWO's ART targets will increase to 35 people living with HIV (including 15 children) and 110 children, respectively.

FY07 Activity Narrative:

PEPFAR will support Pact for provision of management and technical support, as well as financial oversight, to three NGOs engaged in the delivery of ART at five treatment sites. In FY07, these sites will provide treatment to 830 adults and 102 children. Pact will continue to work with these NGOs on: program design, implementation planning, and activity-based budgeting; efficient grants management and administration; providing financial management support and monitoring. Pact will monitor the performance and quality of its partners' ARV programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols. Pact will facilitate coordination between Pact partners' ARV programs, and prevention, care and support programs by other PEPFAR partners and relevant government and non-governmental programs.

ARV services activities supported through Pact will include provision of ART to both adults and children through two magnet district out-patient clinics in Hanoi and Ho Chi Minh City (HCMC) (see Medecins du Monde, below); through orphanage facilities in HCMC and Ha Tay province (see Worldwide Orphans, below); and in a residence for adults and children living with HIV in HCMC (see Mai Hoa Center, below).

In FY07, Mai Hoa Center will provide antiretroviral treatment to adult and child residents who initiated PEPFAR-supported treatment in FY05/FY06 or are newly eligible in FY07, for a total expected number of 30 adults and 10 children. Along with additional non-USG support, PEPFAR will continue to support Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) and a physician from HCMC's Pasteur Institute to provide onsite clinical support (see HTXS VCHAP 9394).

Worldwide Orphans (WWO) will support ART at two orphanages, Tam Binh 2 in HCMC and Ba Vi in Ha Tay Province. Clinton Foundation will provide pediatric ARV solutions and didactic training for the sites. WWO will continue to support lab monitoring, mentoring of a local physician and onsite monitoring at Tam Binh 2 which will serve as a full service treatment site supporting 48 patients. Providers and WWO staff will attend trainings provided by the Clinton Foundation and VCHAP, as appropriate. Additional clinical TA and management of side effects and complicated cases will be provided by physicians from Pediatric Hospital 2, also supported by PEPFAR. In Hanoi, 24 patients at Ba Vi will receive treatment. WWO will support initial screening, transport and ongoing monitoring. WWO will facilitate receipt of services for complicated cases as needed at this site.

Through a model of integrated prevention, treatment, care and support and building upon Medecins du Monde's (Mdm) successful model in District 6 of HCMC and Tay Ho District in Hanoi, PEPFAR will continue to support and scale up Mdm's provision of ART to eligible PLWHA in both of these clinics to serve as full-service magnet sites. An estimated 207 people will initiate treatment during FY06, and an additional 350 people (including ten children) will begin treatment in FY07, for a total of 820 patients. District 6 will also continue providing eligible children with ART on site through a family-centered approach (key legislative issue: gender). Services will include onsite adherence counselors, case management and referral to other programs, home-based care, peer support, close links with community-based groups. This community involvement will increase uptake into services and decrease stigma (key legislative issue: stigma). PEPFAR will support provision of hospital fees and transport for those in need as well as nutrition support for malnourished pediatric and adult ART patients, micronutrient support, and income generation activities. New and refresher didactic training will be supported by Harvard Medical School (clinical), FHI (adherence and home based care) and through the Ministry of Health/Vietnam Administration of HIV/AIDS Control national training curriculum. Onsite clinical mentorship will be provided by VCHAP.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9396

**Related Activity:** 15320, 15321, 15322, 15324, 15971, 15306, 15259, 15266

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24689	5834.24689.09	U.S. Agency for International Development	Pact, Inc.	10534	3102.09	Community REACH Vietnam	\$83,000
24688	5834.24688.09	U.S. Agency for International Development	Pact, Inc.	10534	3102.09	Community REACH Vietnam	\$758,000
9396	5834.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$578,500
5834	5834.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$171,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15971	15971.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$110,000
15306	12290.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$150,000
15320	5523.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$476,617
15321	9580.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$335,000
15322	9563.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$450,000
15324	5522.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$320,000
15259	5838.08	7104	3107.08		Family Health International	\$1,340,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Retention strategy

Local Organization Capacity Building

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	9	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	822	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,775	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,598	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	0	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Ha Noi

Ho Chi Minh City

Ha Tay

Hai Phong

Quang Ninh

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3093.08

**Prime Partner:** Ho Chi Minh City Provincial  
AIDS Committee

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 5829.08

**Activity System ID:** 15273

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Program Area Code:** 11

**Planned Funds:** \$1,665,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- In FY08 the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) will scale up ART in a total of 13 ART sites, including two new adult ART sites and 11 existing adult and specialty pediatric ART sites. HCMC PAC will provide treatment for a total of 6,231 adults (including 1,486 adults newly initiating ART).
- Pediatric ART will be scaled up in two existing specialty pediatric clinics at City Pediatric Hospital #1 and #2, and two existing family-centered clinics.
- An estimated 672 (including 176 new individuals) children will receive ART by September 2009.
- HCMC PAC will coordinate with other donors to: 1) provide technical assistance/quality assurance (TA/QA) for ART sites through CDC, Vietnam-CDC- Harvard Medical School AIDS Partnership (VCHAP) follow-on partner TBD experts and other PEPFAR and international donor supported TA providers; 2) supply adult ARV drugs through the Supply Chain Management System (SCMS) and pediatric medicines through Clinton Foundation.
- In the context of expansion of PMTCT program, pediatric ART services will enhance linkages to PMTCT services.
- HCMC PAC will support strong linkages to methadone sites in HCMC.
- HCMC PAC will strengthen capacity for physicians and nurses at Global Fund sites in addition to PEPFAR sites, and will continue to strengthen the city infectious disease referral hospital to provide tertiary care and lead the ART network in HCMC.
- Collaborate closely with VCHAP to provide trainings, TA and establish city master trainers. The local trainers will conduct all relevant trainings with back up from VCHAP follow-on partner TBD.
- In FY07 HCMC PAC continued scaling up ART services at seven existing adult out-patient clinics (OPCs), two specialty pediatric clinics, and two family-centered clinics. In addition, ARV services were expanded to two new adult district OPCs. HCMC PAC estimated support for 4,745 adults (1,269 new patients) on ART across these nine adult sites and 526 children (174 new children) in four pediatric ART sites, including two specialty pediatric clinics.

FY07 Activity Narrative:

Ho Chi Minh City (HCMC) province has the largest number of HIV cases in Vietnam, accounting for 20% of infections in Vietnam. It is estimated that the number of new AIDS cases per year will increase from 4,800 in 2006 to 7,700 in 2010 (Analysis and Advocacy Project Report, June 2006). As of August 2006, with PEPFAR support, HCMC PAC has provided direct ARV support to 965 PLWHA (848 adults and 117 children) at nine sites. HCMC PAC has been effective in coordinating multiple donors and international partners and has developed an aggressive scale-up plan with support from multiple PEPFAR treatment partners. In FY07, PEPFAR will continue to support HCMC PAC to advance the following objectives: 1) scale up ARV services; 2) improve quality of services, adherence and the network model especially for vulnerable populations such as current and former IDUs; and 3) build local capacity to sustain the HIV/AIDS response in HCMC.

By the end of FY07, HCMC PAC will provide ART to 3,600 patients (3,300 adults and 300 children) at existing and new ARV sites throughout the province. Existing PEPFAR-supported sites that will scale up treatment include the Tropical Disease Hospital, four district outpatient clinics that will serve as 'magnet' sites, Pham Ngoc Thach TB hospital (jointly supported by PEPFAR and Global Fund), two pediatric hospitals, and Nhi Xuan clinic linked to a government rehabilitation center for drug users (06 center). After an initial evaluation of lessons learned from early implementation at this clinic, one additional ARV site will be selected in conjunction with the PEPFAR team to support the PEPFAR plan for expansion of a complete package of clinic, home and community based services for current and former drug users.

In an effort to improve quality of services, adherence and access to other community based services, HCMC PAC will recruit and train referral case managers for all adult and pediatric ARV sites. The case manager will support patients to adhere to treatment, to facilitate transfer of care, to monitor referrals between ARV services and other medical/support services in the network. These staff will assure women and families referred from PMTCT services receive ongoing treatment services as needed (key legislative issues: gender). Case managers will facilitate access to community- and home-based services providing care and support to adults and OVC in all districts. Case managers will work in teams with peer educators and support groups to counsel and prevent addiction relapse, help patients access substitution treatment as it becomes available, and facilitate referral to services for patients released from drug rehabilitation centers. To facilitate acceptance of PLWHA peer educators into service delivery, training on stigma reduction will be provided (key legislative issue: stigma).

ARV sites will be supported by PEPFAR care and treatment staff, experienced HCMC PAC staff and Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) staff through training, supportive supervision, and mentoring of the OPC team. In addition, HCMC PAC is piloting a Treatment Network Monitoring Unit. Members of this unit will serve as master educators and TA providers to the district-level sites. Training for new sites and refresher trainings will be provided to update staff on guideline changes and review lessons learned from previous models. In addition, HCMC PAC will continue organizing monthly coordination meetings with service providers.

Collection of information for routine patient and program monitoring will be in line with the PEPFAR SI plan and with national standards, ensuring support for the national HIV/AIDS monitoring and evaluation system. Enhanced patient monitoring will be done at selected sites to monitor adherence, clinical outcomes, quality of life and program quality.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9409

**Related Activity:** 15266, 15267, 15269, 15271, 15297

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24575	5829.24575.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$86,000
24574	5829.24574.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$1,272,000
9409	5829.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$720,000
5829	5829.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$435,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15267	5543.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$679,950
15269	5518.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$2,275,000
15271	9535.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$15,000
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	13	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,662	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,903	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,213	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	335	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Special populations

Most at risk populations

Injecting drug users

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Ho Chi Minh City

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 5170.08

**Prime Partner:** Ministry of Health, Vietnam

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 9398.08

**Activity System ID:** 15297

**Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$2,387,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- In FY08, the Vietnam Administration for HIV/AIDS Control (VAAC) will scale up ARV services in eight focus provinces and expand services to nine non-focus provinces. ARV services will be in place at 25 adult ART clinics with a total of 6,969 adults (including 3,179 newly initiating adults) on ART.
- Pediatric ART will be scaled up at 12 specialty pediatric clinics and seven family-centered clinics across 17 provinces. VAAC will provide treatment to a total of 787 children (including 307 new children) by September 2009.
- VAAC will start providing ART in one to two tuberculosis hospitals to increase the access of TB-infected HIV patients to ART.
- In FY08 VAAC will coordinate with other donors (Global Fund (GF), PEPFAR, Clinton HIV/AIDS Initiative) to increase treatment coverage effectively.
- VAAC will work closely with Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) to provide on-site technical assistance (TA) for GF sites and non-PEPFAR provinces, especially on second-line regimens that were supplied by PEPFAR.
- In FY08 VAAC will disseminate ART program-related outcomes and lessons learned from the Enhanced Evaluation (link with SI).
- VAAC will take the lead in coordination of drug resistance program with support of PEPFAR and the World Health Organization (WHO).
- National trainer teams will be set up and take the lead on updating training curricula and implementing a treatment strategy to support national scale up of ART with technical support from international experts.
- To date, VAAC has established 11 national and provincial and one district level ART sites. With PEPFAR support, VAAC has provided ART for 2,075 patients, including 1,890 adults and 185 children.
- Using FY07 funding, VAAC is currently expanding ARV services in a total of 24 ART sites to support 3,790 adults and 480 children on ART across 15 adult ART sites, nine specialty pediatric clinics and one family-centered clinic.

FY07 Activity Narrative:

In FY05 and FY06, the Ministry of Health (MOH)/VAAC scaled up ART services to 1,135 adult and pediatric patients at six adult out-patient clinics (OPCs) and four pediatric specialty clinics in five PEPFAR focus provinces. In FY07, VAAC will expand treatment to provide direct support for 4,320 (existing and new) patients at 18 provincial and district-level clinics in six focus provinces (clinics in Ho Chi Minh City, the seventh province, are supported by the Ho Chi Minh City Provincial AIDS Committee). VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces. VAAC will focus on achieving four main objectives in FY07: expanding services at the provincial and district levels to support initiation and monitoring of ART; enhancing services at the provincial level (via adult, TB, and pediatric specialty clinics) to support secondary and tertiary level care; improving quality of services; and building national and local capacity to ensure sustainability of ART service provision throughout Vietnam.

In each of the focus provinces, VAAC will support one provincial-level adult ART OPC and one pediatric specialty clinic. These clinics are responsible for providing initial prescription of ARV as well as managing referrals from district-level sites for management of side effects and second-line therapy. VAAC will also support provincial-level ART clinics at TB hospitals in focus provinces where there is a 10-20% HIV seroprevalence rate. Primary service delivery of ART in Vietnam is being decentralized to the district level so that provincial-level sites can increasingly focus on tertiary care. In FY06, VAAC supported one district-level ART clinic with PEPFAR funding. In FY07, VAAC will expand this clinic into a magnet clinic supporting ART and home-based care (HBC) services for three surrounding districts, and will launch two new district-level ART clinics targeting current and former injecting drug users (IDU). In addition to its work in the focus provinces, VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces with PEPFAR funding. This support package includes staffing, supervision and lab monitoring and will be phased out over the next two years (refer to uploaded Geographic Coverage document).

VAAC will support a referral case manager in all clinics in the focus provinces to facilitate referrals to TB/HIV and STI services as well as to home- and community-based care services provided by PEPFAR and other partners. These staff will assure women and families referred from PMTCT services receive ongoing treatment services as needed (key legislative issues: gender). Case managers at provincial-level pediatric clinics will closely link with community-based OVC services and work part-time in PEPFAR supported resource centers to be established in three provinces providing psychosocial assessments and links to other social supports. At each of the sites a network of peer educators and volunteers will be trained to provide treatment support and establish support groups. These networks will provide additional adherence support and also facilitate access to care and treatment services. To facilitate acceptance of these groups into service delivery, training on stigma reduction will be emphasized (key legislative issue: stigma). Case managers will work in teams with peer educators and support groups to prevent addiction relapse, help patients access to substitution treatment as it becomes available; and facilitate referral to services for patients released from drug rehabilitation centers.

Finally, in collaboration with the Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP), Family Health International (FHI) and HHS/CDC, funds will support VAAC to continue leading the national ARV training program using the national treatment protocol and other standardized curricula. HHS/CDC care and treatment staff will work closely with new VAAC staff to build capacity on ART, patient monitoring, and use of standardized quality assurance tools for ARV program implementation, management and monitoring. Collection of information for implementing, monitoring, and evaluating activities will be in line with the PEPFAR SI strategy and meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the national HIV/AIDS monitoring and evaluation system.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9398

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9398		HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$1,040,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15291	5542.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,840,000
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15295	9531.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$30,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	37	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3,486	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,756	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,969	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	320	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Special populations

Most at risk populations

Injecting drug users

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 5838.08

**Activity System ID:** 15259

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$1,340,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- In FY08, Family Health International (FHI) will scale up ART in a total of 20 district-level continuum of care (CoC) adult ART sites across nine of the PEPFAR provinces (five new adult ART sites in FY08). FHI will provide treatment for a total of 5,458 adults (including 1,073 newly initiating adults).
- Pediatric ART will be scaled up such that 13 of the 20 adult ART sites will offer pediatric ART through a family-centered care model (seven new pediatric ART sites in FY08). FHI will provide treatment to a total of 207 children by September 2009.
- In FY08 FHI will strengthen the linkage between PMTCT and care and treatment services to enable the early detection of both pregnant women and infants who need ART for their own health.
- FHI will scale up the number of joint ARV/methadone sites (total number TBD).
- During FY08 FHI will support the development of an advanced adherence training curriculum.
- To date FHI has established eight CoC ART sites which have enrolled a total of 2,265 adults and 41 children on ART (three of the eight CoC sites are currently providing ART to children).
- Using FY07 funding, FHI is currently scaling up adult ART services in a total of 15 CoC sites across the seven PEPFAR provinces as described in the FY07 narrative. FHI plans to support 4,385 adults (2,120 new adult individuals) on ART across these 15 adult ART CoC sites. Using FY07 funding, FHI is currently scaling up pediatric ART in six of the 15 CoC sites and will support 107 children on ART.

FY07 Activity Narrative:

This activity will focus on four main objectives: coverage and access, quality, support for injecting drug users (IDUs), and capacity building. In FY07, PEPFAR will fund FHI to provide treatment for a total of 3,690 adult and pediatric patients (including 1,900 new patients).

ARV therapy will be provided to adults and children through community-based ART sites providing a comprehensive package of integrated care, treatment and prevention services. In support of the PEPFAR strategy of improving support for vulnerable populations, particularly current and past IDUs, the strategy will focus on client-centered adherence, additional psychosocial and addiction counseling and case management support to facilitate access to services in the community (key legislative issue: stigma). Family-centered ART sites will increase access to treatment services for HIV infected mothers and children (key legislative issue: gender). As of August 2006, FHI is supporting 710 patients on ART in six treatment sites in three provinces and, in accordance with the PEPFAR geographic scale up and coverage plan, will expand to 20 sites in seven focus provinces. All new sites will function as district magnet sites covering surrounding districts linked to community- and home-based care (C/HBC) services in each of the districts. Each site will be selected in conjunction with the Ministry of Health/Vietnam Administration of HIV/AIDS Control (MOH/VAAC) and the PEPFAR care and treatment technical working group (TWG).

ARV sites will be supported through training, supportive supervision, and mentoring of a multidisciplinary out-patient clinic (OPC) team responsible for providing treatment services as well as care and support and prevention with positives services. Sites will support sustainability by functioning as model training sites for health care workers at new clinics as Vietnam continues to scale up. In accordance with the PEPFAR SI plan for monitoring and evaluation, outcomes of the ARV program will be evaluated in some sites, including clinical outcomes, psychosocial well-being, adherence and patient retention. Program lessons learned will guide future programming.

In Ho Chi Minh City (HCMC), all FHI-supported ART sites will be linked to 06 centers, which are government centers for rehabilitating drug users. Case management support and discharge planning will be provided to 06 center residents, and adherence preparation supported for the sub-set of residents eligible for ART. FHI will continue to equip case managers, OPC and HBC teams, peer educators, and PLWHA groups in Binh Thanh District, District 8, Thu Duc District and Hoc Mon District, to provide appropriate referral, coordinated care, and intensive adherence support for all clients to be re-integrated into the community.

FHI will begin implementation of a medication-assisted therapy program in a joint ARV/methadone substitution therapy program (pending development of VAAC implementation guidelines and approval) in two provinces. Intensive adherence and psychosocial support will be provided to IDU clients through a directly assisted therapy program of methadone and ARV therapy with intensive support from OPC adherence counselors, PLWHA groups, family, and HBC teams where appropriate. FHI will work with Vietnam CDC Harvard Medical School AIDS Partnership to develop didactic training on ARV-methadone therapy and will provide ongoing mentorship from experienced providers. This program will be evaluated and results disseminated as an advocacy tool and to improve methadone/HIV programming both within Vietnam and across the region.

As a part of PEPFAR/Global Fund (GF) collaboration, FHI will provide intensive mentoring, infrastructure development and lab monitoring support at two district-based clinics jointly supported by GF. These sites will be scaled up as "magnet" sites and then taken over by the government of Vietnam with support from GF Round 6 funding. If Round 6 funding is not approved, FHI will support ongoing services at these two sites.

FHI will continue to provide capacity-building in ART adherence support to VAAC and other PEPFAR partners for the development of adherence counseling systems to prepare and support PLWHA on ART. FHI will support VAAC to develop an adherence toolkit for adults and children containing training for adherence counselors, job aids for counselors, and client information and training in use of the toolkit. PLWHA support groups will be equipped with the skills and materials necessary to provide treatment adherence support to members and their families; and provide HBC teams with lay adherence counseling skills.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9415

**Related Activity:** 15255, 15257, 15297, 15266,  
16393

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24678	5838.24678.09	U.S. Agency for International Development	Family Health International	10533	3107.09	USAID-FHI	\$20,000
24677	5838.24677.09	U.S. Agency for International Development	Family Health International	10533	3107.09	USAID-FHI	\$1,549,000
9415	5838.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$939,000
5838	5838.06	U.S. Agency for International Development	Family Health International	3107	3107.06	(INGO- former FHI/IMPACT)	\$280,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16393	16393.08	7104	3107.08		Family Health International	\$210,000
15255	5529.08	7104	3107.08		Family Health International	\$2,216,000
15257	5454.08	7104	3107.08		Family Health International	\$680,000
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Retention strategy

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	20	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,173	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,458	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,022	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	250	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Special populations

Most at risk populations

Injecting drug users

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

An Giang  
Can Tho  
Ha Noi  
Hai Phong  
Ho Chi Minh City  
Nghe An  
Quang Ninh  
Dien Bien  
Long An

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 3112.08

**Prime Partner:** Armed Forces Research  
Institute of Medical Sciences

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 5843.08

**Activity System ID:** 15249

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Program Area Code:** 11

**Planned Funds:** \$350,000

**Activity Narrative:** This is a continuing activity from FY07. The only changes to the activity since approval in the FY07 COP are:

- The Armed Forces Research Institute of Medical Sciences (AFRIMS) will provide laboratory-related technical assistance (TA) in order to assure accurate clinical monitoring of patients in four existing sites and assist in the development of five new sites: four Ministry of Defense (MOD) and one Ministry of Public Security (MOPS) sites.
- AFRIMS will work with MOD staff and other PEPFAR partners to ensure greater linkages between treatment sites and other services.
- AFRIMS will work with MOD and other PEPFAR partners on shifting tasks to ensure necessary support is available for sustaining and expanding the treatment program.

FY07 Activity Narrative:

In an ongoing partnership, the US Pacific Command Center of Excellence (COE) and its prime partner, the Armed Forces Research Institute of Medical Sciences (AFRIMS), will collaborate with the Vietnam Ministry of Defense (MOD) to develop human and infrastructural capacity within the Vietnamese military healthcare system to scale up high-quality ARV services to 1,300 people at MOD sites.

Through previous PEPFAR activities, AFRIMS has developed clinical and laboratory infrastructure and technical capacity to support ARV within the MOD system. In FY07, the MOD is proposing that AFRIMS extend this capacity to the high-prevalence province of Can Tho and to a central province. Components of this activity will include continued logistical support (provision of test kits and reagents) for previously established sites, and expansion of the MOD's HIV treatment support network. Two new sites will be added in FY07, Military Hospital 121 in Can Tho City and Military Hospital 17 in Danang province, which will result in military coverage of all provinces in the central region. DOD and MOD will jointly evaluate program needs in Can Tho City and Danang province, and initiate a limited Counseling and Testing (CT) and blood safety program.

A critical element for this year is the establishment of an appropriate quality management program. For laboratories, this will include routine inspection, standard operating procedure (SOP) development, and development of a unified system of "testing panels." Related activities include establishing a Laboratory Quality Management Program at the Military Institute for Hygiene and Epidemiology and at Military Hospital 175 in Hanoi with extensive training and interaction with AFRIMS Department of Retrovirology Quality Assurance (QA) unit during the first year of operation.

AFRIMS will work with the DOD to develop a logistical system akin to the system that exists for ARV, to ensure that appropriate diagnostic kits, reagents, and necessary consumables are available to the MOD laboratories involved in PEPFAR.

AFRIMS also will use FY07 funds to continue to support capacity for the diagnostic and clinical monitoring of the HIV/AIDS patients at military hospitals and preventive medicine laboratories. Clinical laboratories supported under this activity will be linked to other activities within the DOD PEPFAR program: laboratory infrastructure, VCT, blood safety, ARV drugs, and palliative care. This activity will contribute to the ARV scale-up, as well as prevention and care and treatment activities, for both the military and civilian sectors of the country.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9393

**Related Activity:** 15284, 15401, 15287, 15362, 15288, 15289, 15363, 15405, 15250, 16268

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9393	5843.07	Department of Defense	Armed Forces Research Institute of Medical Sciences	5177	3112.07	AFRIMS	\$275,000
5843	5843.06	Department of Defense	Armed Forces Research Institute of Medical Sciences	3112	3112.06		\$80,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15401	5539.08	7130	3109.08	Center of Excellence	US Department of Defence/Pacific Command	\$600,000
15288	5329.08	7113	3095.08		Ministry of Defense, Vietnam	\$250,000
15405	10233.08	7130	3109.08	Center of Excellence	US Department of Defence/Pacific Command	\$340,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Military Populations

## Coverage Areas

Can Tho

Da Nang

Ha Noi

Ho Chi Minh City

Hai Phong

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3367.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 9418.08

**Planned Funds:** \$141,370

**Activity System ID:** 15381

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both BASE and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support two LES (Medical Research Scientist, Program Officer), 50% of one LES (Medical Research Scientist), 50% of one Vietnam contractor (Medical Advisor-HCMC), and 50% of one USDH (Medical Officer), including salary, benefits and official travel costs.

As part of the PEPFAR interagency Care and Treatment technical working group, these staff will provide technical assistance (TA) and program oversight to Ministry of Health (MOH) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) out-patient clinics on all activities related to design, implementation and evaluation of ARV Services for HIV-infected individuals. TA will be coordinated with all USG partners to maximize impact and efficiency the PEPFAR treatment program across agencies.

### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9418

**Related Activity:** 15393

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9418		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$114,629

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15393	5840.08	7129	3694.08		US Centers for Disease Control and Prevention	\$102,430

**Targets**

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Indirect Targets**

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3109.08	<b>Mechanism:</b> Center of Excellence
<b>Prime Partner:</b> US Department of Defence/Pacific Command	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 10233.08	<b>Planned Funds:</b> \$340,000
<b>Activity System ID:</b> 15405	

**Activity Narrative:** This is a continuing activity from FY07. The only changes to the activity since approval in the FY07 COP are:

- Treatment activities with the Ministry of Defense (MOD) will be scaling up and ART through the Ministry of Public Security (MOPS) will be initiated in FY08. To ensure success, additional technical assistance (TA) from DOD team and partners is needed to sustain and expand the treatment program. DOD team will assist MOD and MOPS in activity design, monitoring, evaluation and reporting, as well as program oversight and management. Support will be provided for four existing MOD sites and five additional MOD and MOPS sites.
- Renovation is planned for existing and new treatment sites, to create necessary clinical space. This includes following standards that have been established by other PEPFAR partners and the Ministry of Health (MOH). DOD staff will work with MOD and MOPS to ensure that sites meet national standard and services follow guidelines established by MOH.
- TA will be provided to enhance and expand existing referral networks at existing and new sites, and link services available at MOD, MOPS and MOH sites.
- DOD team will promote and strengthen the roles and responsibilities of nurses as essential healthcare providers for HIV/AIDS patient care and treatment. Concurrent with advocating for in-service training, DOD team will also work with MOD to establish pre-service training, to ensure that the solution is sustainable.
- In FY07, DOD supported a short-term consultancy for the 06 pilot program, creating a need to fund some FY07 planned activities with FY08 funds.

FY07 Activity Narrative:

The Center of Excellence in Disaster Management and Humanitarian Assistance (COE), the executing agent for US DOD's Pacific Command, will provide program oversight and coordination of activities with DOD partners and the Vietnam Ministry of Defense. Requested funds will be used to cover costs incurred by the DOD HIV Prevention and Treatment team, in provision of technical oversight, program design, implementation and evaluation of program activities, including official travel and logistical support. Funds will also cover a percentage of salary, benefits, and official travel of one LES Program Officer.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10233

**Related Activity:** 15289, 15363, 15249

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24727	10233.24727.09	Department of Defense	US Department of Defense	10541	3109.09	DoD - Defence-Partnered HQ activities	\$59,250
10233	10233.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$39,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15249	5843.08	7102	3112.08		Armed Forces Research Institute of Medical Sciences	\$350,000

## Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

## Coverage Areas

Can Tho

Da Nang

Ha Noi

Hai Phong

Ho Chi Minh City

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 3694.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5840.08

**Planned Funds:** \$102,430

**Activity System ID:** 15393

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both BASE and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support two LES (Medical Research Scientist, Program Officer), 50% of one LES (Medical Research Scientist), 50% of one Vietnam contractor (Medical Advisor-HCMC), and 50% of one USDH (Medical Officer), including salary, benefits and official travel costs.

As part of the PEPFAR interagency Care and Treatment technical working group, these staff will provide technical assistance (TA) and program oversight to Ministry of Health (MOH) and Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) out-patient clinics on all activities related to design, implementation and evaluation of ARV Services for HIV-infected individuals. TA will be coordinated with all USG partners to maximize impact and efficiency the PEPFAR treatment program across agencies.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9857

**Related Activity:** 15381

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25390	5840.25390.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10745	10745.09	CDC-Gap-Funded Local Activities	\$154,711
9857	5840.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$150,371
5840	5840.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$209,036

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15381	9418.08	7128	3367.08		US Centers for Disease Control and Prevention	\$141,370

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3108.08

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5841.08

**Planned Funds:** \$26,400

**Activity System ID:** 16351

**Activity Narrative:** This is a continuing activity from FY07.

Funds requested will support 60% of one existing LES (Care and Treatment Specialist) including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, this staff will work in collaboration with HHS/CDC to provide technical assistance (TA) and program oversight on all activities related to design, implementation and evaluation of ARV Services for HIV-infected individuals with primary focus on adherence and linkages to home- and community-based services. TA will be coordinated with all USG partners to maximize impact and efficiency of the PEPFAR treatment program across agencies.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9417

**Related Activity: 15368****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24785	5841.24785.09	U.S. Agency for International Development	US Agency for International Development	10556	10556.09	USAID Local GHCS Partnered Activities	\$32,040
9417	5841.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$20,423
5841	5841.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$98,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15368	5554.08	7127	3108.08		US Agency for International Development	\$250,280

**Targets**

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Indirect Targets**

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

**Total Planned Funding for Program Area:           \$3,600,000**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

**Program Area Context:**

**CURRENT PROGRAM CONTEXT**

In support of Vietnam's National HIV/AIDS Strategy, PEPFAR provides support to the Ministry of Health (MOH) and the Ministry of Defense (MOD) to establish laboratories that meet national and international standards for HIV diagnosis, surveillance, and monitoring of care and treatment. HIV screening and diagnosis in Vietnam's 64 provinces are managed by the National Institute of Hygiene and Epidemiology (NIHE) with oversight from the MOH/Vietnam Administration of HIV/AIDS Control (VAAC). Clinical laboratory testing to support HIV care and treatment in provincial hospitals is managed by the MOH/Department of Therapy. All laboratory monitoring of HIV patients occurs within these two parallel systems, with patients usually requiring referral from the diagnostic to the clinical system in order to obtain comprehensive services. In addition, there is a parallel MOD-managed laboratory system, autonomous from the MOH civilian network. PEPFAR funds laboratories in four hospitals within the MOD diagnostic and clinical laboratory network.

PEPFAR's laboratory activities in Vietnam address quality and service gaps that were identified in 2004 in a comprehensive assessment by a team of international laboratory consultants from the Association of Public Health Laboratories (APHL), the National Serology Reference Laboratory Australia, MOPH Thailand, and HHS/CDC Thailand. Recommendations focused on laboratory services associated with monitoring of HIV-infected individuals and included the need to: establish a lead quality assurance (QA) agency within MOH; set up an external quality assessment (EQA) system for national, regional, and provincial laboratories; improve laboratory capacity for treatment and monitoring; encourage participation by national institutes in planning for improving laboratory systems; and develop national laboratory guidelines.

**KEY ACCOMPLISHMENTS**

In the last year, laboratory activities under PEPFAR have scaled up rapidly. As of April 2007, PEPFAR supports diagnostic and clinical laboratory services in 67 voluntary counseling and testing (CT) sites, 15 PMTCT and 31 antiretroviral therapy (ART) monitoring facilities, and 137 palliative care sites.

To ensure that uniform laboratory QA practices and standard operating procedures are adopted throughout Vietnam, PEPFAR has supported VAAC in developing the first national laboratory strategic plan and designating a national reference laboratory (NRL) for clinical testing. PEPFAR has also provided direct support to NIHE to become the lead oversight and implementing agency in Vietnam for HIV drug resistance monitoring, and to produce and distribute EQA panels for HIV diagnostic testing in all 64 provinces. With PEPFAR support, and in coordination with VAAC and the Clinton HIV/AIDS Initiative (CHAI), guidelines have been developed for national CD4 operations and the implementation of EQA for CD4 testing. PEPFAR supports NIHE for procurement of equipment for diagnosis and monitoring, as well as renovation of a facility to establish a NRL for HIV diagnostic testing.

As a result of PEPFAR's increased emphasis on sexually transmitted infection (STI) programs, an assessment was conducted in FY07 to evaluate STI management in out-patient clinics and provincial laboratories. The assessment identified needs that will be addressed in FY08, including: stronger coordination between the parallel laboratory systems; centralized procurement and supply; EQA and Internal Quality Control; standardized data management and operating procedures; the purchase of additional equipment for diagnosis and culture of STIs; and training on biosafety and universal precautions.

PEPFAR also collaborated with VAAC, the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) and APHL to: improve paper-based data management and to introduce bar-coded labels at two sites; establish partnerships with a U.S. group developing laboratory information systems (LIS); and select a Vietnam software vendor for customizing this LIS for Vietnam laboratories.

**OPPORTUNITIES/CHALLENGES**

Challenges that have slowed progress of strengthening the national laboratory network include the lack of a national laboratory strategic plan, and consequently the lack of a vision for sustainable laboratory activities in Vietnam; existence of a parallel laboratory system managed by different divisions of the government of Vietnam (GVN) with poor linkages; the decision by the GVN to transfer HIV diagnostic laboratories from Preventive Medicine Centers to newly established Provincial AIDS Centers, resulting in a need to assess capacity in every province and determine appropriate PEPFAR support; non-standardized data collection and reporting tools, affecting tracking of data within the laboratory systems as well as reporting of accurate information to MOH and PEPFAR; complex import regulations resulting in delays of several months when importing reagents and equipment into Vietnam; the absence of a clinical NRL as a supervisory body responsible for managing all HIV-associated laboratory practices; a lack of standard operating procedures leading to inconsistent monitoring and evaluation of testing quality in clinical laboratories; changes in district-level leadership causing delays in implementing laboratory information systems; and a substantial shortage of trained laboratory staff, which affects the ability of the GVN to undertake new activities.

A barrier to expanding outreach counseling and testing (CT) is the absence of a policy for using rapid tests to confirm HIV diagnosis. Only three of 12 MOH-approved rapid test kits have been evaluated for HIV strains found in Vietnam. PEPFAR

currently supports an evaluation of HIV rapid-testing algorithms that is due to be completed in early 2008.

Most laboratory facilities in Vietnam are well equipped with basic infrastructure required for conducting tests. In addition, the recent commitment of the GVN to prioritize laboratory activities and emphasize quality control is a unique opportunity for PEPFAR to expand laboratory services.

#### KEY STRATEGY ELEMENTS

To overcome the challenges facing Vietnam's laboratory system, PEPFAR will support: the development of the first national laboratory strategic plan; collaboration between MOH and MOD laboratories to encourage consistency in implementation of national guidelines; donor coordination to work in partnership to improve laboratory services; MOH to identify an appropriate single institution to be the lead clinical NRL. A critical strategic element in FY08 will be the strengthening of the clinical laboratory network using gaps identified from an FY07 needs assessment.

A key focus of PEPFAR's efforts will be infrastructure and capacity building in the form of: purchasing of additional equipment for clinical testing; acquiring service contracts for maintaining key equipment; strengthening donor partnerships by continuing the procurement of CD4 reagents through the Supply Chain Management System (SCMS) with assistance from CHAI; strengthening MOH capacity for commodity management by supporting the creation of an importation committee and inventory management system with technical assistance from SCMS; strengthening human capacity within MOH; building regional hubs for complex clinical testing; introduction of DNA PCR and specimen collection using dried blood spot testing for infant diagnosis; facilitating technical assistance for the HCMC PAC to design a bio-safety level-three laboratory; implementing blood safety procedures in four MOD-supported hospitals; and developing joint procurement mechanisms with partners to decrease testing costs.

In order to ensure sustainability, training will be another priority area. PEPFAR will help fund scholarships and mentoring of laboratory science students. Provincial staff will be offered training on new and existing equipment, as well as instruction in cutting-edge laboratory techniques including opportunistic infections diagnostics. Pre-service training will be offered at MOD medical schools. Workshops will be held to improve the quality of CD4 testing and to instruct staff on bio-safety and universal precaution practices.

With the rapid scale-up of Vietnam's HIV care and treatment program, including TB and STI services, PEPFAR will expand laboratory support to: cover methadone programs; support HIV testing of referred TB patients in four focus provinces; expand STI activities to strengthen both syndromic management and detection of STIs at PEPFAR-supported laboratories; generate a Vietnam-specific rapid testing algorithm using results from the rapid test evaluation; and continue to coordinate with MOD to enhance HIV diagnostic capacity at MOD-managed voluntary CT and ART sites.

In order to establish a national QA and EQA system, PEPFAR will assist MOH to draft a standardized policy for QA and bio-safety. QA and EQA activities will include: procurement and distribution of proficiency panels; split specimen testing at district level laboratories; expansion of on-site supervision and QA; and expansion of the QA program implemented by the Military Institute of Hygiene and Epidemiology to all laboratories in the MOD network. Success of the QA and EQA system will rely on the development, implementation, and enforcement of national standards and SOP.

Laboratory activities will require monitoring and evaluation. Strengthening paper-based and electronic data management systems will be vital to this process. The strategy for FY08 includes development and dissemination of software to support monitoring of patients on ART and those receiving palliative care, strengthening the capacity of technical staff to receive and log specimens, and promoting data exchange and patient tracking by linking the LIS with information systems used for programs such as CT, PMTCT, and care and treatment.

#### Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	11
12.2 Number of individuals trained in the provision of laboratory-related activities	738
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	701900

#### Custom Targets:

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5175.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 16989.08	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 16989	

**Activity Narrative:** This is a new activity in FY08.

The Supply Chain Management System (SCMS) will support provincial and district antiretroviral service delivery sites by ensuring the sites are provided with uninterrupted supplies of quality laboratory equipment, reagents, and the materials that are necessary to diagnose diseases related to HIV/AIDS. While many of these items are readily available domestically, materials needed to conduct molecular diagnostic tests must be purchased on the international market. However, neither SCMS, nor Vietnam's Ministry of Health, have permission to engage in import activities. SCMS will therefore have to use local vendors, who have the proper import licenses, to procure the needed items. In order to avoid potential supply interruptions, these funds will be used to cover any additional charges levied by third-party vendors.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15342, 15297

#### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000
15342	5832.08	7118	5175.08		Partnership for Supply Chain Management	\$1,200,000

#### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

#### Food Support

#### Public Private Partnership

#### Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	20	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

## Coverage Areas

An Giang  
 Can Tho  
 Ha Noi  
 Hai Phong  
 Ho Chi Minh City  
 Quang Ninh

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3694.08 **Mechanism:** N/A  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP **Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB **Program Area Code:** 12  
**Activity ID:** 5712.08 **Planned Funds:** \$63,601  
**Activity System ID:** 15394  
**Activity Narrative:** This is a continuing activity from FY07.

Funds requested between GHAI and Base (GAP) accounts will support one locally-employed LES (Lab Program Officer), 50% of an LES (Project Officer-HCMC), 50% of a VNPSC (Senior Medical Officer-HCMC), one USPSC (Senior Lab Advisor), and one contractor (Lab Information Specialist), including salary, benefits, and official travel costs.

These staff will provide technical assistance (TA) and program oversight for prevention, care, and treatment programs in PEPFAR-supported laboratory networks. Funds will support TA support to laboratory partners in Vietnam, particularly to those in the Ministry of Health (VAAC, NIHE, NIITD, and HCMC PAC). TA will consist of guidance on design, implementation, and evaluation of laboratory programs, including the development of national standards for reference and provincial laboratories, development of training guidelines and training curricula, training of laboratory staff, and development of quality assurance (QA) systems strengthening for laboratories.

These funds also include support for the ongoing South-South relationship with the regional CDC lab in Bangkok to provide technical assistance for CD4 EQA, opportunistic infections diagnostic training, EQA serology, HIV drug resistance, and other technical laboratory support as needed. These funds were previously supported by the CDC GAP regional office, but now will be funded through Vietnam.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9860

**Related Activity:** 15382

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25396	5712.25396.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10745	10745.09	CDC-Gap-Funded Local Activities	\$173,788
9860	5712.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$123,426
5712	5712.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$420,688

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15382	9500.08	7128	3367.08		US Centers for Disease Control and Prevention	\$716,399

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

**Indirect Targets**

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3367.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 9500.08	<b>Planned Funds:</b> \$716,399
<b>Activity System ID:</b> 15382	

**Activity Narrative:** This is a continuing activity from FY07.

Funds requested between GHAI and Base (GAP) accounts will support one locally-employed (Lab Program Officer), 50% of an LES (Project Officer-HCMC), 50% of a VNPSC (Senior Medical Officer-HCMC), one USPSC (Senior Laboratory Advisor), and one contractor (Lab Information Specialist), including salary, benefits and official travel costs.

These staff will provide technical assistance (TA) and program oversight for prevention and care and treatment programs in PEPFAR-supported laboratory networks. Funds will go to TA support to laboratory partners in Vietnam, particularly to those in the Ministry of Health (VAAC, NIHE, NIITD and HCMC PAC). TA will consist of guidance on design, implementation, and evaluation of laboratory programs, including the development of national standards for reference and provincial laboratories, development of training guidelines and training curricula, training of laboratory staff, and development of quality assurance (QA) systems strengthening for laboratories.

These funds also include support for ongoing South-South relationship with the regional CDC lab in Bangkok to provide technical assistance for CD4 EQA, diagnostic training for opportunistic infections, EQA for serology, HIV drug resistance and other technical laboratory support as needed. These funds were previously supported by the CDC GAP regional office, but now will be funded through Vietnam.

Funds will also be used to hire a Laboratory Technical Specialist (100%) for ISO Accreditation.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9500

**Related Activity:** 15394

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15394	5712.08	7129	3694.08		US Centers for Disease Control and Prevention	\$63,601

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

**Indirect Targets**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 5205.08

**Mechanism:** N/A

**Prime Partner:** Association of Public Health Laboratories

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 9499.08

**Planned Funds:** \$50,000

**Activity System ID:** 15251

**Activity Narrative:** This is a continuing activity from FY07.

In FY07, the Association of Public Health Laboratories (APHL) provided technical assistance in the form of guidance on the selection of an appropriate Laboratory Information System (LIS) solution. In FY08, APHL will assist with the expansion of the LIS to 4 more sites in Ho Chi Minh City (HCMC) and other provinces, linkage between the LIS and VCT and PMTCT sites, linkage with patient management systems, and interfacing analyzers with the LIS. APHL will also assist with the development of a core minimum data set for laboratories. APHL's familiarity with Vietnam's LIS needs as well as their expertise in the LIS arena will be of great value to USG and MOH in ensuring the success of LIS activities. APHL will also assist with a post-implementation review to assess success and acceptance of solutions and identify further needs.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9499

**Related Activity:** 15275, 15299

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9499		HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	5205	5205.07	APHL	\$104,190

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15299	9376.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,100,000
15275	5692.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$625,000

**Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

## Indirect Targets

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3094.08

**Mechanism:** N/A

**Prime Partner:** Hanoi School of Public Health

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 9504.08

**Planned Funds:** \$30,000

**Activity System ID:** 15262

**Activity Narrative:** This is a continuing activity from FY07.

PEPFAR is partnering with the Hanoi School of Public Health (HSPH) in the development and implementation of information systems to support external quality assessment (EQA) programs in Vietnam.

HSPH has experience in developing and deploying information systems to support clinical activities. PEPFAR will provide guidance to HSPH on the development of tools to support the needs of the National Reference Laboratory, which is conducting EQA for HIV diagnosis and clinical testing. HSPH will collaborate with the Ministry of Health (MOH)/Vietnam Administration of HIV/AIDS Control (VAAC) and the National Institute of Hygiene and Epidemiology (NIHE) to develop these systems.

The laboratory information system training officer contracted by HSPH in FY07 will continue to collaborate with VAAC and PEPFAR to support laboratory activities in Vietnam and will also be responsible for the deployment of EQA information systems. Partnership with HSPH for this activity will help build sustainability for data management activities in other partners besides the MOH in order that they will have the capacity to implement similar activities in other provinces in the future.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9504

**Related Activity:** 15263

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9504		HHS/Centers for Disease Control & Prevention	Hanoi School of Public Health	5100	3094.07	HSPH Cooperative agreement	\$39,000

#### Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

#### Food Support

#### Public Private Partnership

#### Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	6	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

#### Indirect Targets

#### Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.12: Activities by Funding Mechansim

**Mechanism ID:** 5170.08

**Prime Partner:** Ministry of Health, Vietnam

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 9505.08

**Activity System ID:** 15298

**Mechanism:** Vietnam Administration for  
HIV/AIDS Control (VAAC)

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$1,224,500

**Activity Narrative:** This is a continuing activity from FY07.

PEPFAR will support the Ministry of Health (MOH)/Vietnam Administration for HIV/AIDS Control (VAAC) in capacity building and sustainability of the laboratory infrastructure through three new memorandum of understandings with: a) the National Institute of Dermatology and Venerology (NIDV) to manage sexually transmitted infections; b) the Department of Therapy (DoT) to strengthen quality in reporting results in clinical labs; and c) the National TB Hospital to build capacity in basic TB diagnosis. Support will include: equipment procurement; equipment maintenance contracts; External Quality Assessment (EQA) panels for clinical laboratory network in seven focus provinces and some districts; practical training for five students enrolled in laboratory/medical technology courses for HIV diagnosis and monitoring disease in Vietnam; strengthening of laboratory data management through standardization and implementation of both paper-based and electronic systems; coordination between VAAC subcommittees and donor agencies through annual and quarterly meetings; and support for VAAC staff to coordinate these activities.

Through VAAC, NIDV will be provided funds to: strengthen and manage sexually transmitted infections; translate and distribute standard operating procedures for specimen collection, bio-safety and syndromic patient management at selected out-patient clinics (OPC); and testing and reporting results for gonorrhea, chlamydia and syphilis.

One of the greatest challenges to a full-scale national implementation of clinical laboratory programs is the lack of a designated National Reference Laboratory for clinical network. Until MOH designates such an institute, VAAC and DoT will take the lead in ensuring the quality of results in the clinical laboratory network. PEPFAR will facilitate this process by funding external quality assessment (EQA) panels for these laboratories; the DoT is expected to implement the process of monitoring and evaluating the clinical laboratories at district and provincial levels in the seven focus and selected additional provinces. Contracts for centralized maintenance of equipment and two staff to support the distribution of EQA panels will also be channeled through the memorandum of understanding between VAAC and DoT. PEPFAR will also provide funds to: strengthen quality in testing and reporting results in clinical labs through training for opportunistic infections; procure three hematology and three bio-chemistry analyzers to support laboratories in need of replacement equipment; and support five student internships to build sustainability and to address the shortage of trained laboratory staff.

Support will be provided to the National TB hospital to build capacity through refresher training-of-trainers and the training of staff in laboratories at provincial and districts level in PEPFAR focus provinces to diagnose TB using the AFB smear techniques. Funds will also be provided for translation and distribution of this training material to participants.

In FY07, PEPFAR funded VAAC with equipment including bio-safety cabinets, ELISA systems, hematology and biochemistry analyzers, and one CD4 machine. Given the additional expansion planned in FY08, as well as the additional burden that has been placed on laboratory technicians performing CD4 counts, PEPFAR will fund VAAC to procure additional CD4 equipment as well as to improve capacity of laboratory technicians and/or hire additional workers to meet the increased work load and additional job responsibilities. Funds will support two CD4 refresher trainings for all PEPFAR focus provinces, one annual laboratory retreat, including all of VAAC's subcommittees, as well as staff to support EQA and the laboratory information system (LIS).

In FY07, two more laboratories supporting testing for out-patient clinics that provide AART were selected for implementation of the LIS, following the pilot at the National Institute of Infectious and Tropical Diseases (NIITD). A Vietnam contractor was selected for customization of an open source LIS software developed through collaboration between three U.S. state public health laboratories. In FY08, VAAC, together with the software contractor and guidance from the PEPFAR Laboratory team will expand the LIS to two more sites. The Vietnam contractor will also support instrument interfacing to allow the LIS to link seamlessly with the analyzers in the laboratory, reducing data entry burden on the laboratory staff and ensuring greater accuracy and timeliness of results.

In addition, three voluntary counseling and testing sites in Hanoi that refer specimens for confirmatory testing will also be linked to the LIS, allowing timely access to results. Linkage between the LIS and patient monitoring information systems (PMIS) will also be emphasized. For five laboratories that receive a high volume of specimens per day, support will be provided in the form of contractual staff to receive specimens and log information on the specimens into the LIS, leading to faster turnaround time.

PEPFAR will also provide support to six voluntary counseling and testing sites in focus provinces that are in need of standardized paper-based specimen management to allow all specimens collected and referred for HIV testing to be labeled with a barcode. VAAC will provide leadership in bringing together national stakeholders to develop a core minimum data set for laboratory data to ensure that all laboratories and information systems follow national standards when collecting and tracking specimens. All LIS activities will be monitored by the VAAC LIS Project manager contracted in FY07.

These activities are similar to those being provided by the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) and will require the VAAC LIS Project Manager to coordinate activities with the LIS Project Officer in HCMC PAC to ensure standardized training for laboratories nationally.

All the above efforts will support the expansion of prevention, care and treatment activities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9505

**Related Activity:** 15294, 15296, 15297, 15299

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24589	9505.24589.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	10502	5170.09	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,035,000
9505	9505.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$493,928

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15294	5513.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,370,677
15296	5325.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,900,000
15297	9398.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$2,387,000
15299	9376.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,100,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4	False
12.2 Number of individuals trained in the provision of laboratory-related activities	201	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	530,000	False

## Indirect Targets

## Coverage Areas

An Giang

Can Tho

Ha Noi

Hai Phong

Nghe An

Quang Ninh

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3093.08

**Prime Partner:** Ho Chi Minh City Provincial  
AIDS Committee

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 9503.08

**Activity System ID:** 15274

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$270,000

**Activity Narrative:** This is a continuing activity from FY07.

PEPFAR funds will continue to support Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) to: procure equipment for clinical laboratories; expand implementation of a Laboratory Information System (LIS) to two additional sites in HCMC; support maintenance and upgrades at sites where the LIS was implemented in FY07; introduce instrument interfacing between analyzers and the LIS; create linkages between referral laboratories, VCT and PMTCT; train data management staff; provide technical advice for design of a proposed bio-safety laboratory in HCMC.

HCMC PAC has received funding from a non-PEPFAR source to build a bio-safety level 3 (BSL3) facility for food, water and blood-borne pathogens, including HIV. At the request of HCMC PAC, PEPFAR will continue to provide technical assistance (TA) to design the BSL3 facility.

PEPFAR has allocated additional funds to: scale up laboratory testing for patients continuing ART and those eligible to start ART; support laboratory services to current non-PEPFAR ART patients at the Tropical Diseases Hospital. A needs assessment will be conducted to determine where three hematology and biochemistry analyzers should be located in the region.

Currently HCMC supports CD4 testing for six PMTCT sites, two ObGyn hospitals, and 21 out-patient clinics (OPCs), including two pediatric hospitals. In FY07, PEPFAR supported CD4 testing at three government-run drug rehabilitation (06) centers to provide ART to residents. PEPFAR will fund CD4 test kits at the Tropical Disease Hospital and provide support to ensure that human resources are built through additional training and support for additional staffing as needed to ensure the increased demand can be met.

PEPFAR will continue to strengthen the quality of the laboratory network for CD4 testing at the provincial and district levels through refresher trainings, on-site visits to monitor CD4 procurement with support from the Supply Chain Management System (SCMS), and formation of a CD4 technical working group. To promote a standardized approach, CD4 and all other clinical testing associated with monitoring patients on ART as well as training on quality assurance (QA), universal precautions, and external quality assessment (EQA) will be supported through a central budget.

PEPFAR will support HCMC PAC in the strengthening of laboratory data management methods, including the standardization and implementation of both paper-based and electronic systems. The goal is to introduce methods that will not only provide care providers the data they need for care and monitoring, but that will also allow for improved national reporting of laboratory indicators. In FY07, two more laboratories providing testing support for OPCs providing ART were selected for implementation of the LIS following the pilot at the District 4 facility. A Vietnam contractor was selected for customization of an open-source LIS software developed through collaboration between three US state public health laboratories. In FY08, HCMC PAC, together with the software contractor and guidance from the US laboratory team, will expand the LIS to two more sites. This will include hardware procurement for the sites to enable them to access their data securely 24 hours a day. The Vietnam contractor will also support instrument interfacing to allow the LIS to link seamlessly with the analyzers in the laboratory, reducing burden on the laboratory staff to enter results manually and allowing for greater accuracy and timeliness of results.

In addition, six VCT sites and six PMTCT sites that refer specimens for confirmatory testing will also be linked to the LIS, allowing them to send data on specimens before they are received by the testing laboratory and access results on the specimens as soon as they are available. Linkage between the LIS and existing patient monitoring information systems (PMIS) being implemented at OPCs will also be emphasized for a patient's results to be transmitted electronically from the LIS to the PMIS. For laboratories that receive a high volume of specimens per day, support will be provided in the form of contractual staff to receive specimens, log specimen information into the LIS, attach a barcode, and provide it to the staff for required testing, leading to faster turnaround time. The US laboratory team will also provide support to VCT sites that are in need of standardized specimen management to allow all specimens collected and referred for HIV testing to be labeled with a barcode. The US laboratory team will collaborate with HCMC PAC to develop a minimum core data set for laboratory data.

Progress of the LIS and use of standardized paper based systems will be monitored by the PAC LIS Project Officer who was hired in FY07.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9503

**Related Activity:** 15275

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25797	9503.25797.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$320,000
9503	9503.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$199,830

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15275	5692.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$625,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	18	False
12.2 Number of individuals trained in the provision of laboratory-related activities	63	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	70,000	False

**Indirect Targets**

**Coverage Areas**

Ho Chi Minh City

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3106.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> National Institute for Hygiene and Epidemiology	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12

Activity System ID: 15301

Activity Narrative: This is a continuing activity from FY07.

In keeping with Vietnam's National HIV/AIDS Strategy and PEPFAR 5-year Strategy, PEPFAR in FY08 will fund the National Institute of Hygiene and Epidemiology (NIHE) for various ongoing activities to: disseminate the algorithm for HIV diagnosis using rapid test kits; monitor patients on antiretrovirals for HIV drug resistance in out-patient clinics in provinces with high prevalence; expand infant diagnosis for HIV to all provinces offering PMTCT nationally; train 70 laboratory technicians in Quality Assurance (QA) with a focus on laboratory equipment preventive maintenance in 35 southern and central provinces; and provide oversight to the national External Quality Assessment (EQA) program in the diagnostic laboratory network.

Vietnam's Ministry of Health (MOH) recently designated NIHE as the national reference laboratory for HIV prevention and surveillance, enabling NIHE to continue being a key PEPFAR partner. NIHE will work under the leadership of MOH/Vietnam Administration for HIV/AIDS Control (VAAC) to develop the five-year national strategic plan for the diagnostic laboratory networks (as described in the Laboratory Infrastructure section in partnership with the Association of Public Health Laboratories and VAAC.)

In June 2006, NIHE and PEPFAR conducted a survey of 100 laboratories in 64 provinces to understand the testing, staffing, quality assurance, and quality control and equipment needs and current practices in Vietnam. Results from the survey revealed issues with quality assurance measures as well as a lack of standard testing algorithms for rapid testing. Since MOH does not recommend using rapid tests alone for diagnosis and surveillance, these tests are used as part of a confirmatory testing algorithm (WHO strategy III) in combination with other tests such as ELISA and Particle Agglutination. Only three out of the 12 rapid test kits approved by MOH have undergone evaluation for strains prevalent in Vietnam and whose sensitivity and specificity are published. The ELISA technique recommended by MOH to confirm HIV results is used by 42 laboratories in 52 provinces. Recently MOH has ordered that all HIV screening laboratories in 64 provinces under the Preventive Medicine Centers (PMC) system should be physically moved or reestablished under a different department under VAAC and called Provincial AIDS Centres (PAC). PEPFAR will assess the capacity of provincial laboratories under both PAC and PMC systems to determine the most appropriate means to provide support.

In FY06, PEPFAR funded NIHE for developing a testing algorithm, which is expected to be highly sensitive, highly specific, cost-effective, and appropriate for use in the resource-limited settings of Vietnam. In FY07, PEPFAR supported field testing the proposed algorithm in a controlled field environment in four high and low prevalence prevalence settings. In FY08, with approval from MOH, results of the rapid test kit analysis and recommendations to use the test kits under controlled and field conditions will be used to jointly implement training to roll out the HIV rapid testing training package for voluntary counseling and testing and surveillance sites.

HIV Drug Resistance: In FY05, PEPFAR funded NIHE indirectly through another MOH partner, LIFE GAP, to procure a Trugene analyzer for analyzing resistance to antiretrovirals and to implement the HIV Drug Resistance (HIVDR) Threshold Survey in Hanoi. In keeping with PEPFAR's policy of promoting sustainability and systems strengthening, two staff from NIHE were trained at the laboratory at CDC Thailand. In FY06, PEPFAR supported the same survey for HCMC, which is about to commence.

HIVDR patient monitoring: In FY07, PEPFAR allocated funds to monitor patients on antiretrovirals in PEPFAR-supported outpatient clinics in high prevalence regions in six provinces. In FY08, PEPFAR will support the expansion of HIVDR patient monitoring survey into its second year

PMTCT: With the prevention of mother-to-child transmission being a major component of the Emergency Plan, PEPFAR is advocating for approval from MOH to use the Roche Amplicor DNA PCR 1.5 as an early infant diagnosis (EID) test for HIV. In anticipation of this approval, NIHE has been designated as the prime partner to coordinate activities nationally via the three regional reference labs. Whole blood samples will be collected using dried blood spots from infants born to HIV-positive mothers at PEPFAR-supported clinics. PEPFAR will collaborate with CHAI, which will provide kits and CDC will support all other costs for providing services, training, and technical assistance in these PMTCT sites.

QA: In FY06, PEPFAR supported training laboratory technicians in QA with special emphasis on preventive maintenance in 20 northern provinces. NIHE has funds to train 70 laboratory technicians for similar objectives in 35 southern and central provinces in FY07. Vendors of laboratory equipment were invited to demonstrate preventive maintenance on various equipment and train laboratory technicians on their equipment. In FY08, PEPFAR will fund training for QA to provincial laboratories after assessment of laboratory capacity in both the PAC and PMC system; provide funds to NIHE for service contracts for bio-safety hoods and pipettes; contract for two new laboratory technicians to provide oversight for the national Quality Assurance program through site visits and data analyses. NIHE will collaborate with other partners to develop standard operating procedures for laboratories at the national, regional and provincial level for quality assurance and bio-safety (as described in Laboratory Infrastructure section in partnership with the Association of Public Health Laboratories and VAAC).

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9506**Related Activity:** 15291, 15296

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24593	5709.24593.09	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	10504	3106.09		\$20,000
9506	5709.07	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	5102	3106.07	NIHE Cooperative agreement	\$819,474
5709	5709.06	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	3106	3106.06	Cooperative agreement	\$220,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15291	5542.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,840,000
15296	5325.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,900,000

### Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* In-Service Training

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	200	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	3,370	False

### Indirect Targets

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 5255.08

**Mechanism:** US Lab Consortium

**Prime Partner:** International Laboratory  
Branch Consortium Partners

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 9719.08

**Planned Funds:** \$230,000

**Activity System ID:** 15276

**Activity Narrative:** This is a continuing activity from FY07.

By March 2009, in collaboration with Vietnam's Ministry of Health (MOH), the U.S. Laboratory Consortium will provide technical assistance in the development of a 5 year national strategic plan specifically for laboratories in Vietnam. The Consortium will support MOH to identify and prioritize the need for clinical laboratories; develop and conduct training in standard operating procedures and Quality Assurance (QA) for bio-safety and universal precautions; provide guidance on the execution of the national laboratory strategy; provide eligibility criteria for a National Reference Laboratory (NRL); and assess laboratories to guide designation of an appropriate laboratory that can meet the requirements of a clinical NRL. They will also coordinate technical assistance and training for rapid test rollout in surveillance sites, training-of-trainers for diagnosis of AFB smears at the provincial and district levels, and strengthening of QA in laboratories specializing in sexually transmitted infections.

Specifically funds will support the following activities:

1) Needs assessment:

The U.S. Laboratory Consortium will work with key partners including NIHE, VAAC, CHAI, the Global Fund, and ESTHER, to perform a needs assessment/gap analysis for the clinical laboratory network focusing on capacity building, sustainability, data management, and laboratory management. The deliverable is a report of current and future needs of laboratories in terms of physical infrastructure, equipment, staffing, types and number of tests performed, and educational background of staff. This report will provide recommendations for overall strengthening of the clinical laboratory network in Vietnam.

2) National Laboratory Strategy:

On 17th March 2004, the Prime Minister of Vietnam approved the National Strategy on HIV/AIDS Prevention and Control in Vietnam. Laboratory activities are a part of seven of the nine action points. The strategy states that Vietnam will establish laboratories of national and international standards. However, these standards will be hard to realize until the government has a vision, a strategic plan, and an approved and continued source of funding. The U.S. Laboratory Consortium will provide technical assistance and expert guidance on the development of the first five-year national laboratory strategy.

3) Standard Operating Procedures (SOP):

In FY07, PEPFAR funded the U.S. Laboratory Consortium to develop SOPs for both clinical and diagnostic laboratory systems. The activity in FY08 is geared towards facilitating training to implement these SOPs at the national, regional, and provincial levels, and to ensure the quality of training. PEPFAR will collaborate with the Global Fund and the World Bank to organize trainings of laboratory staff in northern, central, and southern Vietnam to write SOP and strengthen QA activities.

4) National Reference Laboratory (NRL):

One of the main reasons for the lack of standardized QA procedures and SOP is the lack of a designated NRL for clinical laboratories with responsibility for policy and decision making. This leads to issues with developing and implementing QA practices and external quality assessments. MOH's Department of Therapy (DoT) oversees the clinical laboratory network with laboratories located in the provincial general hospital of each of the 64 provinces as well as in each of the three regional hospitals in the northern, central, and southern regions of Vietnam. Roles of supervision and referral of patients and specimens are undefined within the network. In FY08, the U.S. Laboratory Consortium will work directly with MOH and DoT to conduct a needs assessment to establish a NRL for the clinical laboratory network. PEPFAR will fund DoT through an MOU with VAAC.

5) Training:

In FY08, PEPFAR will provide funds to the U.S. Laboratory Consortium to provide technical assistance for training at surveillance sites using the rapid test rollout packet developed by HHS/CDC; provide training-of-trainers for diagnosis of AFB smears at provincial and district level laboratories using the AFB smear training package developed by HHS/CDC; and institute QA in laboratories specializing in sexually transmitted infections using the guidelines and STI Atlas developed by Family Health International.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9719

**Related Activity:** 15292, 15293, 15294, 15296

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24577	9719.24577.09	HHS/Centers for Disease Control & Prevention	International Laboratory Branch Consortium Partners	10500	5255.09	US Lab Consortium	\$1,300,000
9719	9719.07	HHS/Centers for Disease Control & Prevention	International Laboratory Branch Consortium Partners	5255	5255.07	US Lab Consortium	\$60,078

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15294	5513.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,370,677
15296	5325.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,900,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	128	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

## Indirect Targets

### HVSI - Strategic Information

Program Area: Strategic Information  
Budget Code: HVSI  
Program Area Code: 13

**Total Planned Funding for Program Area: \$5,800,000**

Estimated PEPFAR contribution in dollars \$0  
Estimated local PPP contribution in dollars \$0

### Program Area Context:

#### CURRENT PROGRAM CONTEXT

Improved information for program implementation and planning is a priority for the government of Vietnam (GVN), donors, the UN, and other partners involved in HIV/AIDS programs in Vietnam. The Ministry of Health/Vietnam Administration for AIDS Control (VAAC) provides technical leadership for the development of national guidelines, standardized service delivery forms and reports, and a national monitoring & evaluation (M&E) framework. The National Institute of Hygiene and Epidemiology (NIHE) is the technical lead for surveillance. The Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC) is the primary implementing agency in HCMC province. The Hanoi School of Public Health (HSPH) partners with other universities in developing curricula for the development of a public health workforce. Family Health International (FHI) and Measure Evaluation implement and provide technical assistance (TA) to SI activities. UN agencies support GVN to convene technical working groups (TWGs) to coordinate activities and information across donors and programs. PEPFAR staff and partners participate in TWGs of relevant program areas.

#### KEY ACCOMPLISHMENTS

SI in Vietnam is developing nationally across stakeholders as demonstrated by their broad participation in the national M&E and Information Systems (IS) TWGs, focus on M&E and health management information systems (HMIS), strengthening of surveillance activities, and commitment to human capacity development (HCD). Direct PEPFAR support was first provided to VAAC in 2007 for SI, as support to other GVN and non-GVN partners continued. This facilitated national TWG-led activities and standardized programs of M&E, HMIS, and surveillance through capacity building and TA.

Curricula for national M&E training and plans for routine M&E across programs are being developed. Assessments of reporting and data quality assurance (DQA) issues for PEPFAR partners were conducted. Follow-up TA is planned in conjunction with Global Fund DQA activities and the national M&E TWG. Counseling and testing (CT), HIV clinical care, antiretroviral treatment (ART) peer education (PE), and PMTCT all have reporting and monitoring strategies. Orphans and vulnerable children (OVC) and community-based care programs have less developed strategies. National reporting for CT and ART are standardized and MOH contract staff were supported for M&E at national and local levels. The TWG is aligning all reporting into a single system, with PEPFAR and other donors providing TA for data management and DQA. The SI team has developed a program management database that will be shared with VAAC during HMIS development.

HMIS activities have been focused on IS for ART, CT, and PMTCT programs. CAREWare was adapted to Vietnam programs and piloted at a Hanoi hospital. This resulted in the development of standardized vocabularies, a drug formulary, reference tables, and list of core data for entry. CAREWare has been used to demonstrate electronic patient monitoring, contains over 4000 ART phrases in Vietnamese that can be used for further IS development, and will be installed in four additional PEPFAR clinics in 2007. In HCMC, an electronic ART registry and ID card system was developed and standardized on the national ART forms. Capitalizing on the extensive software development resources in the private sector in Vietnam, a local vendor was identified for the development of the next generation of CT and PE IS. PEPFAR and WHO work with VAAC to provide TA to the TWG. All IS development will meet standards defined by the TWG. The TWG will lead the development of a national HMIS through contracts and TA. PEPFAR funded a GVN study tour to Botswana to consider their implementation of UNAIDS Country Response Reporting System (CRIS) as a possible model for Vietnam's national M&E IS.

PEPFAR funds and provides TA to NIHE for HIV epidemiologic data. Most-at-risk populations (MARP) sentinel surveillance (SS) data from 2006 were compiled and used for 2008 planning. Special methodologies for identifying hidden populations and tools for

utilizing these data are being developed and piloted. Another round of HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) was completed and results disseminated. TA was provided to NIHE on the BED assay to estimate incidence. A protocol for MARP size estimation was developed and has been submitted for review. Prevalence estimates and projection activities are on-going.

HSPH partnered with GVN and two universities in HCMC to develop and expand in-service and pre-service training curricula related to HIV program management, M&E, surveys, and IS. Six HSPH fellows are being supported to work as CAREWare trainers and helpdesk staff. SI continues HCD through funding for staffing and training of partners. The PEPFAR SI team provides TA to program activities and capacity is increasing now that two new positions have been filled and four more will be recruited in September 2007.

#### OPPORTUNITIES/CHALLENGES

A lack of timely, accurate information for HIV/AIDS programs is an issue across program areas and funding sources. While most programs have data for service delivery and program monitoring, these data are often unreliable or time-consuming to retrieve and aggregate from multiple paper-based systems. Infrastructure and human capacity for data collection, management, and use is limited. While considerable resources exist at the national level, little exists at the provincial and district levels. Skills of existing staff at all levels are insufficient. National epidemiologic data are of questionable validity due to the concentration of the epidemic in hidden populations where population sizes, risk behaviors, and access to services are difficult to measure. While surveillance, size estimation, and prevalence projection methodologies have been established, there is still much room for improvement in the quality of coverage data. Integration of IS from routine service delivery to a national HMIS is underway, but much consensus building and planning is still needed. Vietnam has a unique opportunity due to the extensive resources available in software companies in the private sector. The challenge will be in coordinating these activities with standards in place ensuring integration across systems. Finally, as HCD, M&E, HMIS, and surveillance are prioritized, the challenge will be meeting all of the key agendas for information. From service delivery to national planning, all can be aided with appropriate SI through representation on TWGs and a comprehensive strategy based on standards.

#### KEY STRATEGY ELEMENTS

The SI strategy is to continue to improve and expand M&E, HMIS, and surveillance activities and support HCD in GVN and the development of a public health workforce. The fully staffed SI team will continue to provide TA to partners for improved SI and to PEPFAR technical teams for program M&E and public health evaluations (PHEs). Finally, the two-pronged approach of direct TA to partners and support of national TWGs will ensure coordinated programs across donors while providing timely data on PEPFAR programs.

M&E activities through the TWG will support the UN and GVN for consensus building around national M&E and TA for its training and implementation nationally. PEPFAR M&E activities will be based on TWG guidance. Direct TA will be provided to partners for developing M&E plans and routine program monitoring. Within PEPFAR, a primary SI contact will work with each of the program areas to update and implement M&E plans based on national guidelines.

Surveillance activities will continue to improve epidemiologic data for program planning. Sentinel surveillance remains focused on MARPs, exploring new methods for accessing hidden populations. MARP size estimation are planned, ranging from multiplier methods using routine IS data to population sampling methods to identify those not reached by HIV programs. Prevalence estimates and projections will be made based on improved information. Targeted HIV drug resistance (HIVDR) surveillance activities will expand and PEPFAR will work with GVN and WHO to develop a national strategy. GVN plans to conduct second rounds of a national AIDS indicator and youth surveys. While general population surveys are of limited use, SI will support the development of survey methodology and GVN capacity for implementing while identifying ways to improve data on at-risk and vulnerable populations. SI will work with these agencies to conduct additional surveys targeting networks of clients of sex workers and at-risk youth. A facility-based survey is another information gap to be addressed through developing GVN capacity.

HMIS activities will be guided by the national HMIS TWG while focusing on PEPFAR needs to ensure standardized IS development for service delivery, reporting, and a national HMIS. While current IS development will continue, additional systems for community-based, OVC, personnel, supply chain, and prevention programs will be planned. Resources will support consensus building; data and reporting harmonization; standards, requirements, applications, and infrastructure development; training; and implementation. TA will be provided by the PEPFAR SI team, funded partners, and consultants. Priority technologies include: GIS; smart cards for referral and transfer tracking; IS security; and devices for point-of service collection, scanning, bar-coding, self administered surveys, and field-based data collection.

An interagency PHE working group will continue to provide TA for the evaluation of the government rehabilitation center (06) pilot and additional PHEs in 2008. Finally, as the only Asian focus country, Vietnam will work with CDC and USAID offices in the region to hold SI workshops for improved PEPFAR programming and information sharing on surveillance best practices.

#### Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	96
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	904

#### Custom Targets:

**Table 3.3.13: Activities by Funding Mechansim**

**Prime Partner:** Macro International

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 9377.08

**Planned Funds:** \$0

**Activity System ID:** 15283

**Activity Narrative:** This is a continuing activity from FY07 with no new funding. Accomplishments and on-going activities are:

- Audience analysis. In March 2007, Macro conducted a site visit to Hanoi and Ho Chi Minh City and based on the information collected during this site visit and follow-up input, developed three trainings:
  - Technical Working Group -- This training focused on the practical application of monitoring and evaluation (M&E) to the TWG's current work.
  - Senior Level -- Designed as a one-day training for 30 senior level government officials, this training focused on providing useful skills to participants responsible for collecting data for the National HIV/AIDS M&E Plan.
  - Training of Trainers (TOT) -- This was designed as two five-day trainings to be delivered in August and September. The Vietnam Administration for HIV/AIDS Control (VAAC) and the TWG suggested that 40 trainers with advanced training skills be selected from various universities. Therefore, the training would be developed to focus on transferring M&E knowledge and skills, and not on training methods. The training would take place in two phases with 20 trainers per training. In order to have materials translated in time, initial work on developing this training began prior to the TWG and Senior Level training.
- TWG and senior-level trainings were conducted in July 2007. In order to facilitate the TWG and senior-level trainings, Macro subcontracted with VAAC to provide the local logistics.
- In August, Macro worked with the TWG to design a TOT. Macro provided facilitation, training, a spontaneous TOT, and feedback on the anticipated TOT agenda and related presentations. As a result of this intensive workshop, Macro and the TWG are developing a TOT together.
- Macro continues to support M&E TOT development with the Ministry of Health (MOH), including a visit to Vietnam during the second week of September to support the final identification and training of trainers to make up the national M&E training team for MOH.

FY07 Activity Narrative:

PEPFAR will support Opinions Research Corporation – Macro (ORC/Macro) to provide technical training of trainers (TOT) and curriculum development for MOH staff responsible for the supervision of M&E activities in Vietnam. ORC/Macro will adapt proven introductory, intermediate, and advanced M&E training for HIV/AIDS setting in Vietnam. ORC/Macro will partner closely with MOH/VAAC, the National Institute of Hygiene and Epidemiology (NIHE), and national universities to develop M&E capacity and institutionalized training programs in M&E providing both in-service and pre-service training. While NIHE still has delegated to them responsibility for the national M&E framework, VAAC is responsible for oversight of all HIV/AIDS programs in Vietnam. Both of these agencies will be key partners in the implementation of the framework and the establishment of the national M&E information system. ORC/Macro will provide technical assistance to two organizations, NIHE and VAAC, and M&E training to 10 staff responsible for providing oversight to the National HIV/AIDS M&E System.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9377

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24578	9377.24578.09	HHS/Centers for Disease Control & Prevention	Macro International	10501	5171.09	ORC/MACRO	\$300,000
9377	9377.07	HHS/Centers for Disease Control & Prevention	Macro International	5171	5171.07	ORC/MACRO	\$225,000

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3106.08

**Prime Partner:** National Institute for Hygiene and Epidemiology

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 5694.08

**Activity System ID:** 15302

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$610,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from FY07. Major changes to this activity since FY07 approval are:

- With technical assistance (TA) from Family Health International (FHI) and the PEPFAR prevention and strategic information (SI) teams, Vietnam's National Institute of Hygiene and Epidemiology (NIHE) will determine appropriate methodologies and implement data collection activities to improve epidemiologic data on drug users to measure incidence and prevalence, assess risk factors for HIV infection and exposures to interventions, and evaluate the effectiveness of interventions in preventing the spread of HIV. In addition, the evaluation will incorporate BED capture enzyme immunoassay validation. Results of the data collection will be used for prevention program planning and improvement and policy development, and the adjustment factor derived from the BED assay validation will be applied to sentinel surveillance specimens to obtain incidence trend data in Vietnam.
- NIHE will obtain population size estimates as needed for program coverage assessment and planning. NIHE, in technical consultation with FHI and PEPFAR, is currently piloting and applying a variety of methodologies to obtain size estimates of injecting drug user (IDU), commercial sex worker (CSW) and men who have sex with men (MSM) populations in the PEPFAR focus provinces. In FY08, NIHE will support program areas needing population size estimates, to potentially include OVC and most-at-risk populations in non-focus provinces where substantial prevention interventions are planned.

FY07 Activity Narrative:

NIHE heads Vietnam's HIV/AIDS surveillance subcommittee and has contributed to the national strategy by conducting surveillance and population-based surveys. In FY07, NIHE will focus on strengthening the national sentinel surveillance system and conducting surveillance among clients of CSW for behavioral data and among ART patients for drug resistance. The details and estimated costs of proposed activities are as follows: 1. Sentinel Surveillance - \$160,000. NIHE will implement national sentinel surveillance among 6 target populations: IDU, CSW, pregnant women, TB patients, STI patients, and military recruits in 40 provinces. In FY06, with TA from USG to strengthen the national HIV sentinel surveillance system, NIHE is conducting a pilot project to improve sampling and data quality among IDU and CSW using respondent driven sampling (RDS). If the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) adopts the RDS methodology as standard protocol for national HIV sentinel surveillance, FY07 funds will be used to implement RDS among IDU and CSW. Otherwise, funds will be used to improve provincial capacity for implementing the existing convenient sampling, strengthening national capacity for supervision and conducting data quality oversight. Funds will also be used to strengthen facility-based sampling of pregnant women and TB and STI patients. 2. Behavioral Surveillance of CSW Clients - \$50,000. Limited information is available for prevention programs seeking to reach clients of commercial sex workers. NIHE will conduct a special survey to obtain behavioral risk information on clients of sex workers in 2 provinces that will assist the MOH to tailor prevention programs to appropriately address risk behavior of clients and the resulting risk to sex partners. 3. Drug Resistance Surveillance - \$100,000. To help ensure quality care and treatment services, HIV drug resistance genotyping will be completed for patients on ART at 2 sites. Patients enrolled in enhanced patient monitoring will be tested in order to determine underlying factors for drug resistance. Enhanced patient monitoring applies longitudinal surveillance to monitor outcomes which could link HIV drug resistance to factors such as risk behaviors and regimen adherence and change. 4. Technical Support for National Monitoring and Evaluation Activities - \$0. NIHE will continue to support VAAC in operationalizing the national M&E framework using the previous fiscal year funds. In collaboration with the M&E unit in VAAC, NIHE has established a set of national core indicators and is establishing surveillance and M&E units located at the central, regional, and provincial level. NIHE will provide on-going M&E training and technical assistance to provinces in FY 2007. This activity will support the provision of TA to NIHE and 40 surveillance sites and training for 82 implementing staff. Additional funds (\$150,000) will allow rapid procurement of test kits for IBBS in 3 additional provinces. There is currently no funding for IBBS in NIHE's budget.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9244

**Related Activity:** 15260

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24594	5694.24594.09	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	10504	3106.09		\$260,000
9244	5694.07	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	5102	3106.07	NIHE Cooperative agreement	\$460,000
5694	5694.06	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	3106	3106.06	Cooperative agreement	\$225,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15260	5702.08	7104	3107.08		Family Health International	\$445,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	68	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	844	False

**Target Populations**

**Special populations**

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

**Other**

Pregnant women

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 3115.08

**Mechanism:** Health Policy Initiative

**Prime Partner:** Constella Futures Group

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 5703.08

**Planned Funds:** \$0

**Activity System ID:** 15351

**Activity Narrative:** This is a continuing activity from FY07.

FY08 will be the final funding year for the dissemination of Analysis and Advocacy activities through Health Policy Initiative (HPI). It is anticipated that sustained capacity for this activity will be developed and on-going without further support from PEPFAR.

FY07 Activity Narrative:

In FY07, Health Policy Initiative (HPI) will continue the Analysis and Advocacy (A2) project funded in FY05 to advocate for the use of available data to formulate appropriate responses to the Vietnam HIV/AIDS epidemic. Using Ho Chi Minh City (HCMC) and Haiphong as case studies, a model will be developed for the use of information to inform HIV/AIDS policy development and resource allocation. With experience and lessons learned from FY05, HPI aims to: 1) complete the development of the Goals Model and Asia Epidemic Model interface and complete resource allocation analysis for Vietnam; 2) in collaboration with Family Health International (FHI), present major outcome results by the end of FY06; 3) conduct workshops in collaboration with FHI on the use of data from the integrated biologic and behavioral surveillance which will provide updated findings on prevalence, behavior and coverage of the minimum package of services for injection drug users, commercial sex workers, and men who have sex with men in the seven focus provinces; 4) provide concrete programmatic implications to the USG team as well as to USG partners; 5) collaborate with other international and local partners to continue supporting the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) in advocacy under the framework of A2 (this project will utilize the strengths of both organizations for the appropriate use of data in policy-making and intervention development); and 6) apply the A2 framework to advocacy activities in other focus provinces including Hanoi, Quang Ninh, Can Tho and An Giang. The ultimate goal of this activity is to inform policy makers in focus provinces and at the national level on the situation of the epidemic and resources needed to respond appropriately and effectively to HIV/AIDS in Vietnam.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9369

**Related Activity:** 15275, 15260

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9369	5703.07	U.S. Agency for International Development	The Futures Group International	5163	3115.07	Health Policy Initiative (HPI)	\$50,000
5703	5703.06	U.S. Agency for International Development	The Futures Group International	3115	3115.06	Policy Dialogue and Implementation-TO1	\$75,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15260	5702.08	7104	3107.08		Family Health International	\$445,000
15275	5692.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$625,000

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	0	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3093.08

**Prime Partner:** Ho Chi Minh City Provincial  
AIDS Committee

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 5692.08

**Activity System ID:** 15275

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$625,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from FY07. Major changes to this activity since FY07 approval are:

- The Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) will continue to focus on providing primary technical oversight for monitoring and evaluation (M&E), health management information system (HMIS), surveillance, and human capacity development (HCD) activities in the province.
- In FY08, HCMC SI activities will focus on continued HCD for M&E, HMIS and public health evaluation (PHE) activities around the Nhi Xuan pilot.
- Activities with HCMC PAC will continue to focus on SI, data quality assurance, M&E, and reporting technical assistance at the provincial and service delivery levels. Funds will support contracted staff, training, implementation and supervision at all levels across all PEPFAR program areas.
- Collaboration with two technical training universities focused on curriculum development in HIV program management; data collection, management, and use; as well as HMIS implementation and support will be expanded through national TWG support.
- HCMC PAC will continue to recruit qualified strategic information (SI) staff using FY07 funds.
- Achievements to date include the standardization of routine program monitoring and reporting for ART, PMTCT, VCT and Nhi Xuan rehabilitation center activities and HMIS activities supporting centralized client registration for HIV/AIDS services in HCMC province.

FY07 Activity Narrative:

HCMC Provincial AIDS Committee (HCMC PAC), a provincial coordination body, provides oversight to all HIV/AIDS activities in HCMC. As HCMC PAC implements and oversees government of Vietnam (GVN) and PEPFAR-supported prevention, care and treatment services in HCMC, it will be necessary to establish a provincial M&E framework with a strategic plan for collecting, analyzing and using program data. In FY07, HCMC PAC will work within HCMC to localize the national M&E framework and engage in activities related to advocacy, coordination, systems assessment, data harmonization, building physical and staffing capacity, and systems development, support and maintenance. Capacity for data use, analysis, routine data supervision and M&E will be developed within HCMC PAC. HCMC PAC will also build SI capacity through routine information systems (IS) development, data management and supervision, and M&E supporting HCMC PAC-managed programs funded by the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC), PEPFAR, Global Fund (GF), the World Bank, the Department for International Development (DfID), and other international donors. M&E training, including data management and analysis training, will be necessary at HCMC PAC and at the provider level. HCMC PAC will partner with local universities to incorporate SI-related certificate based training into their curriculum. These academic partners will provide a combination of pre-service and in-service training solutions. Improved information systems, whether exclusively paper-based or a combination of paper-based and electronic, are also critical for successful implementation and maintenance of quality HIV/AIDS prevention, care, and treatment programs. Information systems are vital for client management, client monitoring, and program management from the service center to the national level. The planning, development, implementation and maintenance of these routine information systems require leadership, collaboration, resources, technical expertise and most importantly a strong plan. HCMC PAC will contract local software development companies to develop solutions for HCMC that adhere to national standards and guidelines. HCMC PAC will also develop their staff to provide oversight to these partners and to participate on national M&E and IS TWGs, including the CAREWare pilot implementation in Hanoi. PEPFAR will also support HCMC PAC to develop the computer network infrastructure of the HCMC PAC office as well as their training partners University Training Center for Health Care Professionals–HCMC (UTCHCP HCMC) and the School of Public Health in the University of Medicine and Pharmacy in HCMC. This will include both the development of secure networks and server rooms for the storage of HIV/AIDS program data and the establishment of networked computer training rooms for conducting trainings describe above. Finally, HCMC PAC will subcontract with UTCHCP HCMC to conduct enhanced patient monitoring activities in selected clinic supported by PEPFAR in HCMC. The training center will be responsible for the abstraction, entry and analysis of data from either electronic or paper-based patient medical records as described in the enhanced patient monitoring activities under the HVSI FHI (9370). All of these activities will provide SI training to 64 individuals and technical assistance to 12 GVN and service providing organizations.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9243

**Related Activity:** 15260, 15351, 18723

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24576	5692.24576.09	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	10499	3093.09		\$450,000
9243	5692.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$530,000
5692	5692.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$100,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15260	5702.08	7104	3107.08		Family Health International	\$445,000
18723	18723.08	7105	3094.08		Hanoi School of Public Health	\$455,000
15351	5703.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	20	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

### Other

Pregnant women

## Coverage Areas

Ho Chi Minh City

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 5170.08

**Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)

**Prime Partner:** Ministry of Health, Vietnam

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 9376.08

**Planned Funds:** \$1,100,000

**Activity System ID:** 15299

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from FY07. Major changes to this activity since FY07 approval are:

- With the approval of the National Monitoring and Evaluation (M&E) Framework in January 2007, the Vietnam Administration for HIV/AIDS Control (VAAC) is now leading efforts to implement the framework. As the leader of the national M&E technical working group (TWG), VAAC is responsible for the oversight and management of all national HIV program M&E. By partnering with other agencies in the Ministry of Health (MOH), donors, UN, and implementing partners, VAAC will be charged with ensuring these programs are coordinated through a single M&E system for national program management.
- PEPFAR funds to VAAC will support these activities by providing MOH with the resources to achieve the activities defined in the framework through consensus building activities, program implementation and contracted services for M&E, health management information system (HMIS) activities and surveys and external technical support.
- Support to MOH will also be used to develop routine service delivery systems through the development of national standards for data structures and information system design. Focus program areas for these systems include care and treatment, VCT, PMTCT, prevention and community-based activities.
- Human capacity development will be supported through temporary contracts for immediate staffing needs while in-service and pre-service trainings for specific program areas are developed and conducted with VAAC's oversight.
- Finally, funds will support the development of a national HMIS drawing data from routine service delivery information systems, surveillance activities, surveys, and program management databases, including program coverage and quality data. This single national HMIS will be achieved through the guidance of a national HMIS TWG led by VAAC with broad participation from UN, donors, and implementing agencies and partners.

FY07 Activity Narrative:

Set up in 2005, the Vietnam Administration for HIV/AIDS Control (VAAC) is a newly formed body of the Ministry of Health (MOH) that oversees all HIV/AIDS activities in Vietnam. Currently, VAAC's capacity for providing oversight to strategic information (SI) activities is limited and needs strengthening. Prior to VAAC, MOH/LIFE-GAP (the project management unit implementing the PEPFAR cooperative agreement in MOH), NIHE, and the Hanoi School of Public Health (HSPH) were PEPFAR's primary MOH partners outside of HCMC. Although LIFE-GAP will be absorbed into VAAC, memorandums of understanding (MOUs) for how VAAC will work with HSPH and NIHE will need to be developed to ensure Vietnam continues to benefit from PEPFAR capacity development support. As PEPFAR continues to support these partners, it will be necessary to help build capacity in VAAC over the coming years to provide national oversight while partnering with these other Vietnam government agencies. Activities to be led by VAAC include advocacy and coordination of national HIV/AIDS SI activities. In the implementation of the National M&E Framework, VAAC will also coordinate and lead systems assessments, data harmonization, physical and workforce capacity building, and systems development, support and maintenance. Capacity for data use, analysis, routine data supervision and M&E will be developed within VAAC through training, technical support, and the development of a rational staffing plan. FY07 funds will be used by VAAC to scale-up solutions for M&E and routine information systems, training, and information sharing infrastructures regionally and then to the provincial level. PEPFAR will continue to support VAAC in consensus building, leadership, and oversight roles in HIV/AIDS in Vietnam. These funds will also be used to help VAAC establish a secure network for storage of national HIV/AIDS data and the receipt of data from the district and provincial to the national level. Through this activity, PEPFAR will support SI technical assistance for four GVN HIV/AIDS organizations and SI training for 24 staff. Additional funds will provide support to VAAC for a more rapid deployment of the National M&E Framework which was presented and approved in January 2007. These funds will allow an accelerated timeline for training and capacity building of regional and provincial levels.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9376

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24590	9376.24590.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	10502	5170.09	Vietnam Administration for HIV/AIDS Control (VAAC)	\$785,000
9376	9376.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$430,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	68	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	804	False

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 6216.08

**Prime Partner:** Abt Associates

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 9380.08

**Activity System ID:** 15248

**Mechanism:** PHE: Health Systems 20/20

**USG Agency:** U.S. Agency for International Development

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$150,000

**Activity Narrative:** Public Health Evaluation: This is a continuing activity from FY07.

Project Title: Evaluation of an Integrated HIV and Drug Abuse Prevention, Care and Treatment Pilot Program for Nhi Xuan IDU Rehabilitation Center Residents and Releases, Ho Chi Minh City, Vietnam

Name of Local Co- Investigator: Ho Chi Minh City Provincial AIDS Committee (HCMC PAC)

**Project Description:**

This is an FY07 continuing activity with additional funding for FY08. Abt Associates will work with the PEPFAR Team to conduct an evaluation of the PEPFAR-funded Integrated HIV and Drug Abuse Prevention, Care and Treatment Pilot. PEPFAR provides technical assistance and resources to the Vietnam government drug rehabilitation program to improve transitions to the community for people being released from Nhi Xuan center in Ho Chi Minh City (HCMC) to target districts where comprehensive HIV and substance abuse services are available. This project is the evaluation of the PEPFAR pilot program's effectiveness including cost effectiveness.

**Timeline:**

FY08 = Year 2 of activity

Year started: First funded in FY07. TBD reprogrammed to prime partner, Abt Associates, who expects to receive FY07 funds in September 2007.

Expected year of completion: 2009 using FY08 funds.

**Funding:**

Funds received to date: \$250,000

Funds expended to date: \$0

Funds requested to complete the study:

FY08: \$150,000

Beyond FY08: \$0

**Describe funds leveraged/contributed from other sources:**

The process data collected during routine service delivery across program areas will be collected using PEPFAR funding to implementing partners HCMC PAC and Family Health International (FHI).

**Status of Study:**

The study has not begun. The pilot to be studied is PEPFAR technical assistance provided to a government of Vietnam (GVN) programmatic activity. The final components of the pilot are just being implemented together with the GVN program. The study methodologies for the evaluation are developed and data collection will begin pending final approval and receipt of funds.

**Lessons Learned:**

The study was funded in FY07, but has not started.

**Information Dissemination Plan:**

All dissemination of findings and reports will be through the Vietnam PEPFAR PHE Working Group. Abt Associates will present the results of the outcome evaluation, including the quantitative and qualitative data, in annual reports to the PEPFAR team. All technical and implementing partners may also prepare manuscripts for submission to peer-reviewed journals and present findings at professional conferences. These presentations will be cleared through PEPFAR and headquarter agency review.

**Planned FY08 Activities:**

The PHE will get underway in October 2007. In 2008, many of the first year activities from the two-year plan will still be underway and the second year activities will follow later in the year.

The two-year plan for this PHE follows.

**Evaluation Question:**

This evaluation will determine whether the Integrated HIV and Drug Abuse Prevention, Care and Treatment Pilot achieves its objectives and is worthy of replication, taking into account outcomes, costs, and other factors. The HIV epidemic in Vietnam is focused in most at-risk populations with injecting drug users (IDUs) accounting for 60% of all current HIV infections. The pilot is an extremely important project with great significance for HIV prevention, care and treatment and for the future of the whole system of drug rehabilitation and community re-entry in Vietnam and elsewhere. In the current system with limited or no transitional assistance, relapse and recidivism rates are extremely high and the heavy resource investment may be seen as largely wasted. This intervention has a chance to change that picture. Because of the cost and innovation of this transitional pilot in HCMC, it is critical that a well-designed evaluation be conducted to determine whether the intervention achieves its objectives and is worthy of replication, taking into account outcomes, costs, and other factors. Specifically, the evaluation will identify strengths, weaknesses, gaps and overlap to inform future PEPFAR planning for providing technical and financial assistance to rehabilitation center to community transition programs for IDUs.

**Methodology:**

The evaluation will be divided into two components: process evaluation and outcome evaluation.

The process evaluation component is designed mainly to indicate whether the program is being implemented as planned and that the services are reaching the intended population. This component of the evaluation may be able to collect some limited outcome data but it is primarily intended to provide program implementers with information to assess how the interventions are working, the quantity and, to some extent, the quality of the services being provided, and to identify challenges and problems areas and potential strategies for addressing them. The process evaluation will collect information on services provided in Nhi Xuan Center, post-release services in the community, and qualitative interviews with program staff and service providers.

The outcome evaluation is designed to determine whether the program is successful in achieving its client-

**Activity Narrative:** level objectives. The desired outcomes include reduced relapse to drug use; improved social stability in terms of employment, housing, and lack of criminal activity; reduced HIV risk behaviors; and low HIV incidence among HIV-negative clients; and continued access to quality care and adherence to ART for HIV-positive clients. In order to capture these data, it is necessary to collect longitudinal, client-level data. We propose to study a cohort of clients being released to all target districts and to compare their outcomes with a cohort of individuals being released to another district in HCMC that is not participating in the pilot transitional program. A comparison district will be selected. The outcome evaluation will be designed in year one with data collection to begin once the interventions are considered to have been fully implemented, presumably in year two.

**Population of Interest:**

Routine service delivery data on all consenting clients participating in the Nhi Xuan transition pilot will be extracted from hardcopy and electronic client and service registries for the process evaluation. Additional data will be collected from all consenting service providers. Clients will fall into one of three categories; HIV-negative, HIV-positive and not yet eligible for ART, and HIV-positive on ART.

We propose to enroll 400 clients serially in the outcome evaluation, with informed consent, until a quota of 100 per target district has been reached. These samples should also include proportional representation of the three client categories. Concurrently, we will also enroll a comparison group of 100 individuals being released from Nhi Xuan to the comparison district. The comparison group should also include a proportional representation of the three client categories described above.

The proposed sample sizes will allow us to detect, at acceptable levels of precision, reasonable differences between the intervention and comparison groups in the following measures at 6-, 12-, and 24-months post release. Below we calculate a minimum detectable effect at 80 percent power for various outcome measures. They assume just one period of follow-up data, with 100 people in each of the five districts. For simplicity, we have assumed the four intervention districts are homogeneous. These are conservative, as we will collect data at four points in time for each respondent. The proportions given are initial estimates, many based upon our experience in Vietnam with the China-Vietnam cross-border project.

**Budget Justification for Year 1 Budget (USD):**

Salaries/ fringe benefits: \$183,151  
 Equipment: \$11,065  
 Supplies: \$2,154  
 Travel: \$24,234  
 Participant Incentives: \$471  
 Laboratory Testing: \$20,195  
 Other: \$8,730  
 Total: \$250,000

**Budget Justification for Year 2 Budget (USD):**

Salaries/ fringe benefits: \$109,900  
 Equipment: \$6,600  
 Supplies: \$1,293  
 Travel: \$14,550  
 Participant Incentives: \$283  
 Laboratory Testing: \$12,117  
 Other: \$5,257  
 Total: \$150,000

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9380

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9380	9380.07	U.S. Agency for International Development	Abt Associates	6216	6216.07	Health Systems 2020 Cooperative Agreement	\$250,000

**Emphasis Areas**

PHE/Targeted Evaluation

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

**Indirect Targets**

**Target Populations**

**Special populations**

Most at risk populations

Injecting drug users

**Coverage Areas**

Ho Chi Minh City

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 3107.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 5702.08

**Activity System ID:** 15260

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$445,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from FY07. Major changes to this activity since FY07 approval are:

- As a continuation of FY07 support for evaluation of PEPFAR activities in 06 rehabilitation centers, Family Health International (FHI) will monitor outcomes of the “Integrated HIV and Drug Abuse Prevention, Care and Treatment Pilot Program in Ho Chi Minh City” to ensure appropriate PEPFAR prevention and care programs. With clear guidance from both OGAC and the PEPFAR team, FHI will work with local partners to collect data from center participants returning to the community to collect information on relapse to drug use, injecting and sexual behaviors, and other health and social outcomes, including quality of life, mental health, and social integration. Successful interventions in this population will be critical for prevention and reducing the burden of the epidemic in Vietnam. Rigorous monitoring of these activities will help ensure program success.
- FHI will continue to provide technical assistance (TA) to Vietnam's National Institute of Hygiene and Epidemiology (NIHE) on the acquisition of improved epidemiologic data on most-at-risk populations (MARPS), especially injecting drug user (IDU) populations. FHI will continue to explore various options for better population size estimations, enhancements of Integrated Biological and Behavioral Surveillance (IBBS) activities, and improved surveillance methodologies. As these specific activities are developed in conjunction with the PEPFAR prevention, care and treatment, and strategic information (SI) teams, they will be submitted for human subjects research clearance or non-research determination as appropriate. FHI as a primary implementer of PEPFAR programs, and NIHE as the government of Vietnam (GVN) agency responsible for HIV epidemiology are the best suited partners for improving information for program planning and focus. FHI is the primary SI partner for improving data quality and use capacity amongst local organizations. These resources will focus on further developing these activities. Considered activities include measuring incidence and prevalence, assessing risk factors for HIV infection and exposures to interventions, and evaluation of the effectiveness of interventions in preventing the spread of HIV. In addition, the evaluation will incorporate BED capture enzyme immunoassay validation. The adjustment factor derived from the BED assay validation will be applied to sentinel surveillance specimens to obtain incidence trend data in Vietnam.
- Another component of FHI's strategic information activities is to conduct a survey among long distance truck drivers and migrant workers, who are potentially high risk groups for HIV infection. A behavioral survey in 2001 showed that one half of long distance truck drivers and one third of male migrant workers in Vietnam have had sex with a commercial sex worker (CSW) in the past year. A more comprehensive sexual risk behavior survey among these groups would help program planners understand the transmission risks of these potential bridging populations. FHI will partner with local organizations to conduct a cross-sectional survey among mobile groups in provinces where they can be accessed and provided with interventions.
- FHI will provide TA to NIHE in obtaining population size estimates as needed for program coverage assessment and planning. A variety of methodologies is currently being piloted and applied to obtain size estimates of IDU, CSW and men who have sex with men (MSM) populations in the PEPFAR focus provinces. FHI will work with NIHE to support program areas needing population size estimates, to potentially include OVC and MARP populations in non-focus provinces where substantial prevention interventions are planned.
- FHI has contributed to the development of the national monitoring and evaluation (M&E) framework and will continue to provide TA to VAAC to implement M&E at the central and provincial levels, with particular attention to data quality assurance. FHI will identify methodologies and approaches to improving data quality across prevention and care and treatment programs, including standardizing data collection and quality assurance instruments, and will build local capacity at provincial AIDS centers for conducting data quality assurance.

**FY07 Activity Narrative:**

In the first component of this activity PEPFAR will partner with FHI to collect biologic and behavioral data among MARPs for appropriate program planning and policy development. In FY05, PEPFAR supported the Ministry of Health (MOH) to implement an additional round of second generation, integrated biological and behavioral surveillance (IBBS) among MARPs in the six current PEPFAR focus provinces (Hanoi, Haiphong, Quang Ninh, HCMC, Can Tho, and An Giang) and Danang. The survey was implemented by FHI and NIHE, in collaboration with Provincial Preventive Medicine Centers (PMC) and HCMC Provincial AIDS Committee (PAC), a provincial coordination body. Findings from the survey are being finalized. In FY07, PEPFAR will support another round of IBBS in previous survey provinces and one new focus province to be selected in collaboration with MOH. These data will be linked to previous IBBS surveys and will provide information on impact and outcomes for prevention programs and provide an updated state of Vietnam's epidemic for focused program planning. The information will also be used to support advocacy and policy activities. The survey activity will be linked to routine surveillance activities through GVN partners to ensure continued development of surveillance information systems, methodologies, and skills of public health personnel. FHI will partner with NIHE to develop a more sustainable behavioral sero-surveillance program in Vietnam. FHI will provide technical support for the survey and partner with NIHE (for the north) and HCMC Pasteur Institute (for the south), which will serve as implementing agencies in collaboration with provincial public health personnel. In the second component of this activity PEPFAR will support FHI to provide oversight to surveillance of the clients of CSWs. FHI will partner with NIHE to conduct this activity. This is a particularly hard to identify at-risk population where little information is available on their risk and estimation of population size. FHI will provide TA to NIHE to develop methodology that will be incorporated into other routine sentinel surveillance activities and assist with capacity building at NIHE to conduct this surveillance independently in the future. In the third component of this activity FHI will continue to implement the Analysis and Advocacy (A2) project funded by PEPFAR from FY 2005 to produce quality data analysis and synthesis and work in collaboration with Health Policy Initiative (HPI) (related activity HVSI 9369) to advocate for appropriate responses to the Vietnam HIV/AIDS epidemic. In FY07, FHI will: continue national and provincial-level data collection so that implication of surveillance, survey, targeted evaluation, and program assessment results and other data are fully utilized for modeling the HIV/AIDS epidemic, policy implications and interventions; conduct workshops in collaboration with HPI on the use of data; provide concrete programmatic implications to the PEPFAR team as well as PEPFAR partners; collaborate with other international and local partners to continue supporting VAAC in integrated and advocacy under the

**Activity Narrative:** framework of A2 - this project will utilize the strengths of both VAAC and PEPFAR for the appropriate use of data in policy-making and intervention development; and apply the A2 framework to implement advocacy activities in other focus provinces including Hanoi, Quang Ninh, Can Tho and An Giang. The ultimate goals of this activity are to: 1) provide outcome indicators and coverage information for PEPFAR-supported prevention programming among MARPs in Vietnam; 2) strengthen the capacity of government staff on data utilization; 3) provide information to explain changes in HIV prevalence, including the impact of PEPFAR-funded prevention programming; 4) provide epidemiologic and behavioral data in specialized formats tailored for advocacy to policymakers; and 5) to develop a clear understanding of the HIV/AIDS epidemic in Vietnam so that that effective national policies and appropriately targeted programs can be developed. Finally, FHI will continue to partner with the University Training Center for Health Care Professionals-HCMC and HCMC PAC in conducting enhanced patient monitoring and quality improvement. The abstraction of these data from either electronic or hard-copy patient medical records in 4 outpatient clinics in HCMC will provide information beyond routine patient monitoring important for program planning and continuous quality improvement. The activities will be coordinated with related activities described under the HCMC PAC activity narrative (HYSI 9243).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9370

**Related Activity:** 15302, 15275, 15351

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24679	5702.24679.09	U.S. Agency for International Development	Family Health International	10533	3107.09	USAID-FHI	\$460,000
9370	5702.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$520,000
5702	5702.06	U.S. Agency for International Development	Family Health International	3107	3107.06	(INGO- former FHI/IMPACT)	\$125,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15302	5694.08	7115	3106.08		National Institute for Hygiene and Epidemiology	\$610,000
15275	5692.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$625,000
15351	5703.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	12	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	False

**Target Populations**

**Special populations**

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

**Other**

Pregnant women

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 3367.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 5704.08

**Planned Funds:** \$168,442

**Activity System ID:** 15383

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support five LES (Applications Development Manager, Computer Programmer, two Program Officers, SI Assistant), one USDH (Strategic Information Section Chief), and one VNPSC (M&E Officer), including salary, benefits and official travel costs. As members of the PEPFAR SI working group, these staff will provide technical assistance (TA) and program oversight to government of Vietnam (GVN) agencies including the Ministry of Health (MOH), Ho Chi Minh City Provincial AIDS Committee (HCMC PAC), the National Institute of Hygiene and Epidemiology (NIHE) and Hanoi School of Public Health (HSPH) and other USG partners in the area of strategic information to strengthen capacity for collecting and analyzing data for program implementation, monitoring, evaluation and planning. Funds will support short-term TA visits by technical experts to strengthen PEPFAR SI activities, and will support IT infrastructure development for the PEPFAR team to facilitate interagency communication and central storage of data and program files. Funds will also be used to provide IT solutions to PEPFAR information needs including internet and wide-area network connectivity, GPS hardware for activity mapping, handheld pc equipment for collecting non-facility-based or point-of-service information, and web-based solutions for facilitating information-sharing with PEPFAR partners. Finally, these funds will support participation in information-sharing within the region for SI best practices and lessons learned.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9876

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24559	5704.24559.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10495	3367.09	CDC-GHCS-Funded HQ Activities	\$682,108
9876	5704.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$476,501
5704	5704.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3367	3367.06		\$125,000

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3108.08

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 5706.08

**Planned Funds:** \$130,000

**Activity System ID:** 15372

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from FY07. Major changes to this activity since FY07 approval are:

- Funds for supporting technical assistance from USAID headquarter and regional offices have been removed. These activities are supported through agency core funding.

FY07 Activity Narrative:

Funds requested will support two LES (Sr. SI Advisor, Program Officer), including salary, benefits and official travel costs. USAID staff, as part of the interagency PEPFAR SI team will provide technical assistance (TA) and program oversight to government of Vietnam agencies including the Ministry of Health, Ho Chi Minh City Provincial AIDS Committee, the National Institute of Hygiene and Epidemiology and Hanoi School of Public Health and other USG partners in the area of strategic information to strengthen partners' capacity for collecting and analyzing data for program implementation, monitoring, evaluation and planning.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9247

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24787	5706.24787.09	U.S. Agency for International Development	US Agency for International Development	10556	10556.09	USAID Local GHCS Partnered Activities	\$372,260
9247	5706.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$190,910
5706	5706.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$50,000

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3694.08 **Mechanism:** N/A  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GAP **Program Area:** Strategic Information  
**Budget Code:** HVSI **Program Area Code:** 13  
**Activity ID:** 5705.08 **Planned Funds:** \$496,558  
**Activity System ID:** 15395  
**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support five LES (Applications Development Manager, Computer Programmer, two Program Officers, SI Assistant), one USDH (Strategic Information Section Chief), and one VNPSC (M&E Officer), including salary, benefits and official travel costs. As members of the PEPFAR SI working group, these staff will provide technical assistance (TA) and program oversight to government of Vietnam (GVN) agencies including the Ministry of Health (MOH), Ho Chi Minh City Provincial AIDS Committee (HCMC PAC), the National Institute of Hygiene and Epidemiology (NIHE) and Hanoi School of Public Health (HSPH) and other USG partners in the area of strategic information to strengthen capacity for collecting and analyzing data for program implementation, monitoring, evaluation and planning. Funds will support short-term TA visits by technical experts to strengthen PEPFAR SI activities, and will support IT infrastructure development for the PEPFAR team to facilitate interagency communication and central storage of data and program files. Funds will also be used to provide IT solutions to PEPFAR information needs including internet and wide-area network connectivity, GPS hardware for activity mapping, handheld pc equipment for collecting non-facility-based or point-of-service information, and web-based solutions for facilitating information-sharing with PEPFAR partners. Finally, these funds will support participation in information-sharing within the region for SI best practices and lessons learned.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9249

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25397	5705.25397.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10745	10745.09	CDC-Gap-Funded Local Activities	\$252,136
9249	5705.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$356,499
5705	5705.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$316,320

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 6132.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> United Nations Resident Coordinator	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 5698.08	<b>Planned Funds:</b> \$460,000
<b>Activity System ID:</b> 15358	

**Activity Narrative:** This is a continuing activity from FY07.

Because UNAIDS and WHO activities have been combined under a single narrative (UN Resident Coordinator) and an FY07 OHPS activity was moved to HVSI, this activity narrative has been rewritten to reflect all UNRC activities supported by the HVSI program area, both new and ongoing. Where applicable, previous narratives are provided for reference.

#### UNAIDS

This is a continuing activity from FY07. The narrative below is unchanged from FY07. Major changes to this activity since FY07 approval are:

- In FY08, PEPFAR will continue to support UNAIDS' efforts to facilitate the coordination of donors and other international agencies working with the government of Vietnam (GVN) on the effective implementation and use of the National HIV/AIDS Monitoring and Evaluation (M&E) Framework to ensure program success. Other emerging strategic information (SI) issues that will need more support are HIV program M&E and a national health management information system (HMIS).
- Proposed activities for FY08 are:
  - Advocacy for the importance of using the National M&E Framework for consistent program accountability in line with the 'Three Ones';
  - Information sharing with political, government and other leaders at the national level;
  - Promotion of appropriate data use for program planning and policy making;
  - Standardization and harmonization of indicators and data management systems;
  - Distribution of information materials on M&E;
  - Coordination of HMIS activities ensuring broad representation of stake holders and systems developed based on national standards;
  - Development of a GIS database of coverage of HIV and related program activities for better program planning;
  - On-going coordination and advocacy for appropriate data and data use for program M&E.
- UNAIDS will participate as a member of the national TWG and their activities will be subject to vetting by the TWG.

#### UNAIDS FY07 Activity Narrative:

In FY07, PEPFAR will continue to support UNAIDS efforts to facilitate the coordination of donors and other international agencies working with GVN on effective implementation and use of the national HIV/AIDS M&E framework to ensure program success. With FY06 support from PEPFAR, UNAIDS is initiating a program of advocacy and coordination of M&E activities to political, government and other leaders at the national level and to international partners. In FY07, UNAIDS will continue in this role, supporting consensus-building to ensure effective national coordination of M&E activities across government agencies and administration levels, programs, and partners. Activities will include 1) advocacy on the importance of the national M&E framework for program accountability; 2) information sharing with political, government and other leaders at national level; 3) promotion of appropriate data use for program planning and policy making; 4) standardization and harmonization of indicators and data management systems; and 5) distribution of information materials on M&E. UNAIDS will advocate for the establishment of provincial M&E frameworks in HCMC, Hanoi, and Haiphong provinces in compliance with the national framework. This activity will also provide UNAIDS resources to advocate for and promote solutions for national M&E framework support through study tours and hosting meetings where successes from other PEPFAR countries and UNAIDS activities in the region will be highlighted. One example of such facilitation is using the Country Response Reporting System (CRIS) as promoted by the UNAIDS/PEPFAR collaboration. Other consensus building activities will include facilitating sharing of successes in SI activities both within Vietnam and from other countries affected by the epidemic.

#### WHO

This is a new activity in FY08.

The World Health Organisation (WHO) will be supported by PEPFAR in 2008 for the following activities:

1. Strengthening of the routine reporting system for health sector interventions
  - Strengthening of the Decision 26 system (revision of reporting form, instruction manual, training materials) and strengthening of the pilot of the new system to be completed in FY07
  - In FY08, the focus will be to strengthen the new Decision 26 system throughout the country, including promotion of data use at provincial and district levels, and introduction of data quality management procedures. For this purpose, WHO proposes developing standard operational procedures for data quality management, and training curricula for provincial AIDS centers (PACs) and district HIV coordinators in data management and data use.
  - Quarterly HIV program data review workshops will be supported in a few pilot provinces. These workshops will be facilitated by PAC staff and attended by district HIV coordinators and provincial management unit staff from different projects (e.g. PEPFAR, Department for International Development, Global Fund to Fight AIDS, Tuberculosis and Malaria, World Bank). The workshops will serve as a forum to share the data within the province, and to use the data for planning and improving service delivery.
  - WHO will also facilitate and provide technical assistance for VAAC to disseminate the data on a regular basis as HIV program reports.
2. ART patient monitoring and pharmacovigilance
  - In FY08, WHO will participate on a national HMIS TWG to scale up patient monitoring tools and assist in data quality assurance and analysis, as the cohorts grow and expand.
  - WHO will develop a pharmacovigilance database for the sentinel sites to establish in-country evidence on the prevalence of ARV toxicity, and physicians' practices in substitution and switching of ARV regimens. This information will be used to inform future guideline revisions. These activities will be vetted through the national care and treatment TWG
3. Implementation of a comprehensive HIV drug resistance (HIV DR) strategy
  - Based on successful collaborative experiences between WHO and CDC/PEPFAR at all levels on HIV DR

**Activity Narrative:** work, WHO will continue to collaborate with CDC/PEPFAR to implement a comprehensive HIV DR strategy in Vietnam.

- WHO will activate and facilitate the National HIV DR Working Group, which will play a coordinating role for a range of HIV DR work in the country.
- WHO will support the HIV DR working group to develop annual HIV DR country reports.
- WHO will provide technical assistance through the national HIVDR TWG to VAAC in setting a mechanism to collect HIV DR early warning indicators.

4. Personnel

- To implement proposed activities, PEPFAR will support the following WHO staffing:
  - o National staff (Strategic information - ) 1 person x 100 %
  - o Secretary 1 person x 30%

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9371

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24707	5698.24707.09	U.S. Agency for International Development	United Nations Resident Coordinator	10537	6132.09		\$460,000
9371	5698.07	U.S. Agency for International Development	United Nations Development Programme	5165	3111.07	UNDP	\$75,000
5698	5698.06	U.S. Agency for International Development	United Nations Development Programme	3111	3111.06		\$75,000

**Emphasis Areas**

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	12	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 7540.08

**Mechanism:** General Statistics Office

**Prime Partner:** Ministry of Planning and investment

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 17650.08

**Planned Funds:** \$320,000

**Activity System ID:** 17650

**Activity Narrative:** This is a new activity in FY08.

The General Statistics Office of the Ministry of Planning and Investment (GSO) is primarily responsible for all macro national population, economic, and service indicators pertaining to the ministries of the government of Vietnam (GVN). Relevant to PEPFAR strategic information activities, they are responsible for national facility and population-based data on health and health interventions. Historically, they have worked with PEPFAR partners to implement the AIDS Indicator Survey (AIS) with MACRO International and the Survey of Vietnamese Youth (SAVY) with UN agencies.

As PEPFAR focuses on improved information supporting planning and implementation of HIV/AIDS programs, funds will be provided to GSO to partially support conducting second rounds of these surveys while developing capacity and understanding of advanced survey methodologies and technologies within GVN. This developing capacity will enable the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) to have ready access to survey capabilities for general population, focus population and facility-based surveys for better measurement of program needs, impact, and resources.

PEPFAR resources will support:

- Development of survey methodologies that focus on most-at-risk populations (MARPs) or individuals, especially youths, at risk for entering these populations, including improved methods for eliciting risk behaviors difficult to measure based on Vietnamese social norms.
- Human capacity development (HCD) within GSO for trained surveyors and identified provincial and district health staff who will be employed supporting various HIV/AIDS-related surveys
- Implementation of surveys focusing on high-risk general population behaviors to better describe linkages with MARPs in Vietnam and at-risk youth. PEPFAR will work closely with UN agencies and other donors supporting SAVY to improve information of vulnerable or at-risk youth.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15364, 18723

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18723	18723.08	7105	3094.08		Hanoi School of Public Health	\$455,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	24	False

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 7769.08

**Mechanism:** N/A

**Prime Partner:** Regional Development Mission/Asia

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 17651.08

**Planned Funds:** \$150,000

**Activity System ID:** 17651

**Activity Narrative:** This is a new activity in FY08.

The USAID Regional Development Mission-Asia (RDM/A) proposes to organize two workshops for 1) sharing empirically-based lessons on monitoring & evaluation (M&E) of ART service delivery and 2) reviewing and standardizing HIV/AIDS service delivery measures and coverage modules for most-at-risk populations (MARPs) in Southeast Asia. RDM/A manages regional HIV/AIDS programs in close coordination with bilateral programs in China, Laos, and Vietnam, and is therefore in a unique position to assemble public health practitioners and program administrators from these and other Southeast Asian countries with similar HIV epidemics to share knowledge and lessons learned from prevention and care and treatment program M&E.

The ART M&E workshop will provide lessons learned from on-going cohort studies of patients enrolled in ART programs for improved program design and measurement in the region. Many countries are rapidly scaling up ART services and are establishing M&E systems for their programs in Southeast Asia. Vietnam, Thailand and Cambodia are currently conducting cohort studies to provide empirically-based decisions for improving program implementation of clinical, counseling, peer and community interventions. They are also monitoring clinical outcomes, quality of life, adherence, and sexual behavior, among other measures. Other countries in the region such as China, Indonesia and Laos could benefit greatly from the knowledge transfer and experience-sharing from findings and best practices for ART service provisions and for monitoring these services. This workshop will also encourage collaboration among USG partners (e.g., Population Council, John Hopkins University, Measure Evaluation, Chiang Mai University, Family Health International, etc.) engaging in ART M&E in the region. The workshop will be held in Bangkok, Thailand where RDM/A is located, and a report of the proceedings with findings and best practices will be produced following the meeting.

The MARP coverage workshop is an opportunity for countries in the Southeast Asia region to share lessons learned in measuring HIV/AIDS program service delivery among MARPs. Monitoring prevention service coverage is essential for program planning and implementation. The USG-supported UNAIDS publication "A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most at Risk Populations" provides recommendations and technical considerations for UNGASS and PEPFAR indicators for countries with concentrated epidemics. Critically needed is technical development on how to best measure MARP-related indicators, with an emphasis on distinguishing "any coverage" from "quality coverage" with respect to the intensity and frequency of interventions. Data from surveillance and surveys of injecting drug users, commercial sex workers and their clients, and men who have sex with men are often not comparable from one data source to another or between countries. It is therefore timely to review and strive towards harmonizing approaches that obtain accurate and quality program coverage information. The proposed workshop will be held in Bangkok, Thailand, and organized in collaboration with UNAIDS Asia Pacific Monitoring and Evaluation Reference Group, which reviews and strives toward standardizing tools and best practices for measuring exposure and coverage to interventions. A report of the proceedings with findings and best practices will be produced following the meeting.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	2	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	12	False

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3094.08

**Prime Partner:** Hanoi School of Public Health

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 18723.08

**Activity System ID:** 18723

**Mechanism:** N/A

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$455,000

**Activity Narrative:** This is a continuing activity from FY07. The narrative below is unchanged from FY07. Major changes to this activity since FY07 approval are:

- Hanoi School of Public Health (HSPH) will continue to develop its staff and facilities to become a Center of Excellence for human capacity development in public health. The school will develop routine curricula for in-service and pre-service trainings targeting the development of the Vietnam public health workforce by partnering with the Ministry of Health, General Statistics Office (GSO), National Institute of Hygiene and Epidemiology and other government agencies responsible for the planning, implementation, and management of HIV/AIDS public health programs.
- HSPH will continue to develop and implement specific in-service training for patient monitoring systems. The school will be a key partner in the expansion of CAREWare as a patient monitoring tool in out-patient clinics supported by PEPFAR.
- HSPH will also continue to work with the national care and treatment technical working group (TWG) to manage the development and localization of CAREWare for use in Vietnam.
- The school will play a critical role on the national monitoring and evaluation (M&E) TWG as both implementers and trainers to ensure that the National M&E Framework is implemented in 2008. Building on survey expertise and lessons learned from the development of survey methodologies to support a survey of clients of commercial sex workers, HSPH will partner with UNC/Measure and GSO to conduct additional surveys including another round of a general population-based AIDS Indicator Survey. This second round will attempt to better elicit information on sexual and drug use risk behaviors.
- The general population survey with a focus on identifying clients of commercial sex workers was reprogrammed in 2007 from Tulane to HSPH. This activity will be completed by the school without additional funding.
- Finally, the school will work with other universities and training institutions in Vietnam to develop in-service and pre-service trainings focused on M&E, data use, program management, surveillance and health management information system (HMIS) activities.

FY07 Activity Narrative:

Hanoi School of Public Health (HSPH) is currently the government of Vietnam (GVN) partner with the greatest capacity for training and support in M&E, HIV/AIDS information systems development and support, and data analysis and use including data disaggregated by sex. HSPH has drafted a memorandum of understanding (MOU) with the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) to provide these services to VAAC, NIHE, the four VAAC regional M&E centers, and at the provider level throughout Vietnam. HSPH has a PEPFAR-supported training room with 48 networked computers and state-of-the-art presentation equipment. HSPH has developed a curriculum in conjunction with VAAC to transfer knowledge specific to HIV/AIDS public health activities to HSPH students. FY07 funding will support the expansion of the HSPH curriculum to include HIV/AIDS SI-related trainings for 24 individuals to develop an SI public health workforce. Ongoing activities include implementation of CAREWare, an HHS/Health Resources and Services Administration (HHS/HRSA) electronic patient monitoring system for HIV/AIDS care and treatment, laboratory external quality assurance (EQA) software, and Laboratory Information Systems (LIS) for Vietnam and development of relevant training materials for implementation. HSPH will also provide direct technical assistance (TA) to VAAC for counseling and testing (CT) and M&E information systems. When a counterpart university is identified in Ho Chi Minh City (HCMC), HSPH will assist HCMC Provincial AIDS Committee (HCMC PAC) in developing that university's capacity to provide similar support for HCMC. Finally, PEPFAR will support HSPH to develop in-service and pre-service training curricula on data use, M&E, systems development, and surveillance methodology for HIV/AIDS programs. These trainings will be available to Masters of Public Health, Bachelors of Public Health, and HSPH In-Service training program students. PEPFAR will support HSPH to train 200 individuals in SI and provide SI TA to 8 organizations.

This activity is linked to HVSI MOH/VAAC (9376) and HVSI NIHE (9244). PEPFAR will support Tulane University in FY2007 to partner with the University of Social Science and Humanity-Ho Chi Minh City (USSH HCMC) to conduct a survey on general population HIV/AIDS risk behaviors, attitudes and beliefs with a component focused on additional data collected on people identifying as clients of CSW. With FY05 funds, PEPFAR supported an AIDS indicator survey to collect information on knowledge, sexual behavior, and attitudes about HIV/AIDS among the general population. The SI 5-Year Strategic Plan included a repeat of the survey to detect changes in trends over time. However, the AIDS indicator survey results recently obtained indicated almost no risky sexual behaviors among men and women aged 15-49, while other data exists in Vietnam that indicate otherwise. Rather than continue with household-based general population surveys, PEPFAR in FY2007 will collect more pertinent information on linkages between the general population and MARPs. To obtain relevant information for program planning and policy development, a survey will be conducted in FY2007 to identify risky behaviors in a general population sample with a focus on identified clients of CSW. The proposed survey will apply methodologies proven effective for collecting sensitive sexual behavioral information in the cultural context of Vietnam and will be carried out in PEPFAR focus provinces, where an integrated biologic and behavioral surveillance (IBBS) among MARPs will also be conducted. Tulane will partner with either an international or local NGO or research institute to conduct the survey. A general questionnaire will be designed to collect individual characteristics, knowledge of respondents, and their behaviors related to HIV. An extended questionnaire will be used to focus on specific risk behaviors for those who engaged in premarital sex, extramarital sex, or sex with CSW. Data from IBBS and the general population surveys will be analyzed to obtain a more comprehensive and complete picture of the knowledge and behaviors among the general population and MARPs in the 7 focus provinces. Tulane will provide SI TA to 2 organizations and training in SI for 10 implementing staff.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15275, 15364, 17650

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15275	5692.08	7107	3093.08		Ho Chi Minh City Provincial AIDS Committee	\$625,000
17650	17650.08	7540	7540.08	General Statistics Office	Ministry of Planning and investment	\$320,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	12	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	224	False

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

**Total Planned Funding for Program Area: \$3,602,000**

Estimated PEPFAR contribution in dollars \$50,000

Estimated local PPP contribution in dollars \$70,000

## Program Area Context:

CURRENT PROGRAM CONTEXT

Vietnam's HIV/AIDS epidemic is concentrated in most-at-risk populations. Injecting drug users (IDU) and commercial sex workers

(CSW) account for >80% of HIV-infected persons. Since the detection of HIV transmission among IDU and CSW in the mid-1990s, the government of Vietnam (GVN) has taken an uncompromising stance on illicit drug use and sex work. Policies have required at-risk populations to be confined for one to five years in GVN-run rehabilitation centers. Fear-inducing public information campaigns early in the epidemic created a lingering association of drug use and sex work with HIV/AIDS. Advocacy efforts have led to change in the GVN approach to the national HIV/AIDS response. However, the national response continues to promote stigma and discrimination through the continued existence of rehabilitation centers and through the negative public perception of high-risk groups. Advocacy groups and civil society are beginning to emerge, though they remain nascent. There is currently no legal framework for establishment of community-based organizations (CBOs) or faith-based organizations (FBOs), which operate with tenuous, informal permission from local authorities.

In 2004, the GVN released its National HIV/AIDS Strategy, calling for mobilization of GVN, Communist Party and community-level organizations across sectors to prioritize IDU transmission prevention, and efforts to diminish AIDS-related stigma. This includes disassociating HIV/AIDS from drug use and sex work. The strategy also calls for the development of nine Action Plans, which operationalize HIV/AIDS policies. The most recent policy change occurred in January 2007, when the National HIV/AIDS Law came into effect. This law outlines the principles for HIV/AIDS prevention, care and support, including the rights of people living with HIV/AIDS (PLWHA). This is a considerable accomplishment by the GVN and represents new opportunities for expanded and innovative programming to drive policy change. Implementing guidance for many aspects of the law is being developed but is not yet finalized. This is a critical next step; in Vietnam, implementing guidance must be developed and approved in order for the law's directives to take effect.

With support from the international community, including PEPFAR, GVN is making progress toward the "Three Ones." There is now one National HIV/AIDS Coordinating Authority, one Monitoring and Evaluation System, and nearly completed action frameworks for programmatic interventions. However, the national coordinating body for HIV/AIDS, the Vietnam Administration for HIV/AIDS Control (VAAC), sits within MOH and does not have the broad-based multisectoral mandate required to be a truly effective coordinating body across Ministries. One attempt to address this has been to name the Ministry of Labor, Invalids and Social Affairs as the primary recipient for Global Fund Round Seven.

#### KEY ACCOMPLISHMENTS

PEPFAR supports a number of activities to ensure that Vietnam can effectively manage the national response and address the needs of PLWHA. To create an enabling policy environment, PEPFAR supported the drafting of the National HIV/AIDS Law and the training of government cadres on HIV/AIDS policies and on the rights of PLWHA. PEPFAR also supported the drafting of the Government of Vietnam's Decree 108/CP, which allows provincial migrants to urban areas to become official citizens within those urban areas. This increases access to public services by internal migrant populations. PEPFAR has also supported the development and implementation of national guidelines and policies, including the National Palliative Care Guidelines, the National Medical Assisted Therapy Guidelines, and 100% Condom Use Policies.

To strengthen management of the national HIV/AIDS response, PEPFAR supports VAAC in program implementation and monitoring and evaluation. PEPFAR has strengthened the VAAC at national and provincial levels in human capacity development, effective management, coordination and implementation of HIV/AIDS activities through Total Quality Management (TQM) and project management training. PEPFAR supports UNAIDS to coordinate efforts in policy advocacy, prevention among men having sex with men, and local government ownership. PEPFAR collaborates with the Hanoi School of Public Health to train public health managers in TQM. To address stigma, PEPFAR has supported roll out of a stigma-reduction toolkit, and programs with the Ministry of Defense (MOD) have promoted and developed HIV/AIDS prevention advocacy programs within the military population.

To improve capacity at the provincial level, PEPFAR has supported the training of provincial government cadres in 12 provinces on determinants and impacts of HIV/AIDS, best practices in prevention, treatment and impact mitigation, and coordination of rights-based, evidence-based and multisectoral responses at the provincial level.

Despite the lack of a legal organizational framework, PEPFAR continues to build the capacity of PLWHA through currently available means: umbrella grants to CBO/FBOs; assistance to PLWHA through FBOs; and financial support and capacity-building technical assistance to PLWHA groups. Support to the Vietnam Lawyer's Association provides legal aid to PLWHA through legal clinics in Ho Chi Minh City and Hanoi, a model which has received positive attention in national Vietnamese media. Additionally, PEPFAR supported the implementation of stigma reduction training in health care settings and integrated the anti-stigma model into program interventions.

In FY06, the US Ambassador to Vietnam founded and led the Ambassador and Donor Informal Coordination Group. This group, with UNAIDS as secretariat, conducts quarterly meetings to identify and address key HIV/AIDS policy issues, including strategic planning, programmatic coordination and health sector development. Most recently, the group has been working to develop and advance harmonized cost norms and the establishment of a consistent costing framework across donors and service providers. PEPFAR remains closely involved in these efforts.

#### OPPORTUNITIES/CHALLENGES

Despite current efforts, stigma and discrimination against PLWHA remains strong, creating difficulties in implementation of innovative interventions targeting high risk populations. PLWHA report difficulty in accessing basic services, including education, employment, and quality health care. Despite the new HIV/AIDS Law, PLWHA and CBO/FBOs have limited legal status. They can organize, advocate and work at the community level, but without full legal status they cannot open bank accounts, solicit or receive direct funding, or participate in high-level policy discussions.

Coordination of resources remains difficult given human resource limitations coupled with the increasing number of donors and organizations supporting HIV/AIDS programs. While the GVN has made advancements in incorporating a multisectoral approach, implementation mechanisms are lacking. Added to this, gaps in human resource capacity continue to limit efficiency in implementing public health programs. Regardless of GVN commitment to further developing the capacity of the public health workforce, funding and staffing shortages persist and available public health professionals are challenged to support a wide range of public health services.

## KEY STRATEGY ELEMENTS

In FY08, PEPFAR will continue to reinforce the GVN's capacity at the national and provincial levels. Through funding to MOH/VAAC PEPFAR will support national, provincial, and local management and technical oversight, coordination and human capacity development. PEPFAR will assist the MOH to develop standards of practice and certification of private health care providers in HIV/AIDS prevention, care and treatment. Support to the Hanoi School of Public Health will include technical assistance and training on public health program management, with a focus on HIV/AIDS, to improve provincial and national public health management capacity. HIV/AIDS policy training will be offered to MOD and Communist Party leaders, and HIV/AIDS training will continue to be integrated into MOD academic and training institutes.

PEPFAR supports the advancement of private sector development through capacity-building of the MOH to manage and regulate the growing private health care system, and by supporting a corporate responsibility program in one of Vietnam's largest telecommunications corporations.

To continue to address stigma and discrimination, PEPFAR will support development of an anti-stigma and discrimination strategy across PEPFAR programs. Support for the Greater Involvement of People Living with HIV/AIDS will continue via expansion of PLWHA organizations and the further development of a national PLWHA network. Activities will support the implementation of the National HIV/AIDS Law at the provincial level, and provide training to provincial authorities, PLWHA and service providers on the rights of PLWHA.

PEPFAR will continue to support the increased involvement of civil society in HIV/AIDS programming, including CBO/FBOs and PLWHA groups, through the Local Partnerships Initiative. This innovative in-country initiative will provide small grants to local NGOs for community-based HIV prevention programming. Funding to the New Partners Initiative will be used to expand and strengthen networking and coordination among FBOs in the HIV/AIDS sector. PEPFAR funding to the Futures Group/Health Policy Initiative will provide funding and capacity-building support in sustainability, management, network strengthening and strategic planning. These activities will increase the capacity and participation of civil society stakeholders within the limits of the GVN legal framework.

### Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	157
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	196
14.3 Number of individuals trained in HIV-related policy development	844
14.4 Number of individuals trained in HIV-related institutional capacity building	824
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	1034
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	125

### Custom Targets:

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8686.08	<b>Mechanism:</b> State
<b>Prime Partner:</b> US Department of State	<b>USG Agency:</b> Department of State / Bureau of Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 19448.08	<b>Planned Funds:</b> \$50,000
<b>Activity System ID:</b> 19448	

**Activity Narrative:** Title: Ambassador's Small Grants Fund for HIV and AIDS Outreach

**Major activities:**

The Ambassador's Fund for HIV and AIDS Outreach in Viet Nam will use PEPFAR funds to support essential HIV/AIDS public affairs activities and promising programs and activities designed by small community organizations and youth groups. These projects, though relatively modest compared to the broader PEPFAR efforts, are making significant contributions to the fight against HIV and AIDS such as organizations or persons living with HIV and AIDS (PLWHA). Special emphasis will be placed on funding media/diplomacy related events and activities which further the broader information sharing goals of the President's Emergency Plan. The Small Grants Fund for HIV and AIDS Outreach will complement grants provided under the Ambassador's Self-Help Fund which focuses on water projects, education activities, health care projects, solar/energy efficiency/environmental projects, income generating projects as well as the Democracy and Human Rights Fund. Activities funded through this program will provide special emphasis on targeting media and outreach activities involving PLWHA and their families, care givers, community volunteers, and other related local organizations in Viet Nam.

The Fund for HIV and AIDS Outreach will be administered by the Public Affairs Section at the US Embassy, with substantial support provided by the PEPFAR Information Specialist. Working closely with the PEPFAR Coordination Office, the Public Affairs Officer will establish guidelines and review procedures to ensure that strong applications are considered for funding through a fair, transparent process. Criteria for selection include: activities which strengthen HIV/AIDS planning, programming, implementation, communications and evaluation, particularly at the level of the community and district; programs that improve basic health, education and social conditions at the community level, particularly those related to HIV/AIDS; actions which are within the means of the local community to operate and maintain; events which provide support to key media objectives and events of significant benefit to USG objectives, particularly those related to PEPFAR programs; and activities which require quick implementation schedules and can generally be completed within a one-year agreement period. The Public Affairs Officer will be responsible for ranking and evaluating all unsolicited proposals prior to review by a full committee comprised of representatives from the PEPFAR interagency team and the Mission's Humanitarian Assistance Coordination Board. This broad committee will meet with the Public Affairs Officer on at least a quarterly basis, or as necessary, to review final applicants and to provide recommendations to the COM or DCM and to share lessons learned and best practices on small grants program implementation.

The Public Affairs Officer, with the assistance of the PEPFAR Information Specialist, will be responsible for keeping a minimal database for tracking the status of the following issues:

- o provision of information regarding the origin, type, scope, scale, objectives, targets and other useful information of the proposals received;
- o major actions taken by the full committee, Public Affairs Officer and the Mission with regard to receipt, review, approval/disapproval and monitoring/evaluation of each proposal/application;
- o communication records between the Mission and appropriate agencies and officials, particularly communications regarding the approval, disapproval or recommended revisions of the proposals/components and the tracking of resources for operation of the Small Grant Fund; and
- o selected monitoring, evaluation and auditing activities and actions necessary for operation of the Fund.

It is expected that between five and ten grants will be issued each year, with most grant awards being \$10,000 or less. For the purposes of the operation of this Fund, the designated Public Affairs Officer will be under the supervision of the Deputy Chief of Mission.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

**Food Support**

**Public Private Partnership**

## Target Populations

### General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 6132.08

**Prime Partner:** United Nations Resident  
Coordinator

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 5789.08

**Activity System ID:** 15359

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Other/Policy Analysis and  
System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$175,000

**Activity Narrative:** Joint United Nations Programme on HIV/AIDS (UNAIDS)

This is a continuing activity from FY07.

UNAIDS plays a key role in coordinating international efforts to support the Communist Party of Vietnam, the national government and other partners in scaling up the response to HIV/AIDS and moving towards universal access to prevention, treatment, care and support. UNAIDS's strategic focus includes promoting transparency and sharing of information, building partnerships with senior national leaders, and promoting respect for the rights and participation of PLWHA. In FY08 PEPFAR will provide funding to UNAIDS to promote, coordinate and support this key policy level work. Activities fall into two main categories. The first is strengthening coordination, harmonization and alignment within Vietnam's response to HIV/AIDS. The second is advocacy for the active participation and meaningful involvement of civil society and PLWHA in the response to the epidemic.

International development partners have committed themselves to aligning with the Government of Vietnam's (GVN) national strategy and to strengthening national systems. In FY07, UN agencies, donors and international NGOs followed the lead of the Ministry of Planning and Investment and the Ministry of Health to develop a joint GVN-Donor Coordination Action Plan (CAP) for the coordination and utilisation of resources on HIV/AIDS. The CAP is set within the framework of the "Three Ones" and is aligned with the principles of the Hanoi Core Statement. UNAIDS has played a crucial role in the development of the CAP and plans to continue supporting its implementation and strengthening of the existing coordination mechanisms. UNAIDS will continue to provide technical support for the implementation of the CAP at both the national and provincial level.

UNAIDS will also support the strengthening of the Ho Chi Minh City (HCMC) and Hanoi provincial coordination models. UNAIDS will further strengthen this mechanism through overall advocacy, coordination and capacity-building, and proposes to expand this model of coordination to an additional two provinces in participation with other UN organizations. UNAIDS will coordinate joint advocacy meetings and workshops on the implementation of the national strategy with the Communist Party, National Assembly and key government ministries (e.g. following a multisectoral approach, pursuing program versus project financing, and strengthening the National Committee for AIDS, Drugs and Prostitution Prevention and Control).

UNAIDS will provide coordination and technical support to strengthen existing international, national and provincial coordination mechanisms, including the following three groups: the Ambassador and Donor Informal HIV/AIDS Group, the HIV Coordination Group and the HCMC Coordination meeting.

In Vietnam, civil society organizations can promote greater government accountability and bolster government services at the central and local levels. They can encourage and support the participation of PLWHA in program development, planning, implementation and monitoring, thereby strengthening their voice in policy making and implementation. Civil society is also well placed to deliver services that contribute to the national response to HIV/AIDS, particularly in gaining access to marginalized and often hidden most-at-risk populations, and in building and utilising networks of community- and home-based treatment, care and support. In FY07, UNAIDS supported the HIV/AIDS Technical Working Group and provided technical assistance to a range of partners in promoting the Greater Involvement of People Living with HIV (GIPA).

In FY08, PEPFAR will support UNAIDS to strengthen the role of civil society and PLWHA in the national response. UNAIDS will continue to provide coordination support to the HIV/AIDS Technical Working Group and the sub-working groups, including the local NGO sub-group established in FY07. Continuing to support the promotion of GIPA principles, UNAIDS will strengthen coordination through information-sharing and networking fora, and support capacity-building for leadership and stakeholders to ensure meaningful participation of PLWHA at all levels of the national response. This includes supporting the Communist Party and GVN in exploring alternative models/structures to establish a national PLWHA network. UNAIDS will also support the capacity-building of mass media through the provision of opportunities to promote GIPA principles in existing media outlets.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9536

**Related Activity:** 15339, 15352

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24708	5789.24708.09	U.S. Agency for International Development	United Nations Resident Coordinator	10537	6132.09		\$391,875
9536	5789.07	U.S. Agency for International Development	United Nations Development Programme	5165	3111.07	UNDP	\$170,000
5789	5789.06	U.S. Agency for International Development	United Nations Development Programme	3111	3111.06		\$60,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15339	9532.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000
15352	5804.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	40	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	False
14.3 Number of individuals trained in HIV-related policy development	120	False
14.4 Number of individuals trained in HIV-related institutional capacity building	100	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	200	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7214.08

**Mechanism:** New Partners Initiative

**Prime Partner:** Nordic Assistance Vietnam

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 16077.08

**Planned Funds:** \$0

**Activity System ID:** 16077

**Activity Narrative:** This is a new activity in FY08.

Through the New Partners Initiative, PEPFAR will support Nordic Assistance to Vietnam (NAV) to enable the faith-based community to contribute towards reducing the impact of the HIV/AIDS epidemic in Vietnam. NAV began working in Vietnam on HIV/AIDS programming in 1996 and has been a sub-grantee under the PEPFAR-supported Family Health International program.

The NAV program will develop the capacity of faith-based organizations (FBO) to address HIV/AIDS, community welfare and child issues, and to improve their ability to effectively manage HIV/AIDS programs. NAV will also promote the development of a supportive environment for HIV/AIDS interfaith initiatives by building closer cooperation and exchange among FBOs of various faiths, and fostering national dialogue on the role of FBOs in HIV/AIDS-related issues.

The first activity in FY08 will be to strengthen the coordination boards and implementation groups for each partner with further training on governmental frameworks on HIV/AIDS (e.g., the law on HIV/AIDS prevention and control and the national plan on HIV/AIDS) and ethical guidelines for working on HIV/AIDS issues.

The second activity is to develop and provide training on project management, including planning, financial management, administrative procedures, monitoring and evaluation, and resource mobilization.

The third activity will advocate through meetings, workshops, study trips, and conferences for a more supportive environment for FBOs' involvement in HIV/AIDS issues.

The fourth activity will focus on developing networking and interfaith cooperation among FBOs in five project sites. A key partner for developing this cooperation will be the FBOs in Hue, who already have a strong interfaith network.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15300, 15339, 15352

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15339	9532.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000
15300	9414.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$874,000
15352	5804.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0

## Emphasis Areas

Local Organization Capacity Building

New Partner Initiative (NPI)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	27	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	27	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

## Coverage Areas

Can Tho

Da Nang

Ha Noi

Hai Phong

Ho Chi Minh City

Quang Ninh

Thua Thien-Hue

**Table 3.3.14: Activities by Funding Mechansim**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 16100.08

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$120,000

**Activity System ID:** 16100

**Activity Narrative:** Pact Direct

This is a continuing activity from FY07. In FY07, Pact's direct activities and costs were integrated into its partners' narratives. In FY08, these activities are identified below in this narrative along with associated costs.

Pact Vietnam serves as an umbrella organization providing grants, technical guidance, project monitoring, and oversight for overall consistency with PEPFAR goals for partners engaged in other policy/systems strengthening (OHPS) initiatives, including one Vietnamese NGO. Pact will promote effective coordination between Pact partner policy/systems strengthening initiatives and relevant programs being implemented by other partners across the continuum of prevention, care, and treatment activities to promote cross-learning and responsiveness of policy to program developments.

Pact will maintain an effective and transparent award and administration system for the provision of grants to both Vietnamese and international NGO sub-partners. Workshop-based training, along with ongoing virtual and one-on-one mentoring, will be provided to these organizations to ensure compliance with USAID rules and regulations. Local partners in particular will receive support with program design, implementation planning, activity-based budgeting, and financial management. Pact will monitor the performance and quality of OHPS and other partner programming by review of quarterly reports, periodic site visits, and will provide technical assistance and advisory services as needed. To facilitate effective reporting of results, Pact will continue to support the development of rigorous monitoring and evaluation frameworks and data collection systems, with the objective of ensuring complete and accurate reporting against targets and the effective use of data for decision-making. Pact will continue to undertake this work through workshop-based training, as well as one-on-one coaching and review of partner monitoring and evaluation systems and tools.

Pact will also increase its focus on providing local partner organizations with technical assistance for HIV-related institutional capacity building. Pact's organizational development program will focus on areas identified as being highest priority for its local NGO/community-based organization (CBO) partners. These are likely to include governance, strategic planning, financial management, human resources development and management, advocacy, gender and equality issues, information systems, and external relations.

This activity will help PEPFAR reach the vision outlined in its five-year strategy for Vietnam by building upon local capacity by training local leaders on impact mitigation, and on ways to coordinate rights-based, evidence-based, and multi-sectoral HIV/AIDS responses at the provincial level.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 15337, 15338, 15339

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15337	5781.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000
15338	5785.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$100,000
15339	9532.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000

**Emphasis Areas**

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3109.08

**Mechanism:** Center of Excellence

**Prime Partner:** US Department of Defence/Pacific Command

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 5808.08

**Planned Funds:** \$60,000

**Activity System ID:** 15406

**Activity Narrative:** This is a continuing activity from FY07. The U.S. Pacific Command's Center of Excellence (COE) will work in partnership with Vietnam's Ministry of Defense (MOD) to promote policy development and leadership in HIV/AIDS within the MOD by supporting participation of key military leaders at workshops and training programs.

In FY08, this activity will support the participation of six key military leaders in international conferences, training programs, and professional exchanges. This activity will enable military leaders to engage in dialogues on policies with the international military and civilian communities. Four international meetings, including a regional HIV/AIDS conference, the International AIDS Conference, the PEPFAR Implementer's Meeting, and the Asia Pacific Military Medicine Conference, will provide a forum for professional exchange of information and will serve as platforms for MOD officers to share ideas and best practices in HIV/AIDS policy development. It is expected that these exchanges will promote documentation and experience sharing of MOD's work on HIV issues, and will support linkages with regional and international military medicine and HIV activities.

The international military community offers a variety of perspectives and policies that MOD can explore and reference to address HIV/AIDS with its own troops and the civilians served within the military healthcare system. PEPFAR funding will promote exchanges to enable MOD to explore what other militaries offer as evidence-based solutions and share their own experiences with HIV/AIDS activities. This will engage MOD leadership in the HIV/AIDS international dialogue and is expected to sustain support for other critical HIV activities, such as capacity building for counseling and testing and care and treatment within the military healthcare system. These exchanges and similar engagements will be planned with MOD and their military counterparts in the Asia-Pacific region.

As a result of this activity, MOD's capacity to develop evidence-based HIV-related policies will be strengthened through a regional exchange of best practices. Technical consultation will be offered by the COE medical team to provide oversight on program design, implementation, and evaluation. Specifically, the leaders selected for training will be provided with technical consultations on how MOD can improve its HIV-related institutional capacity. This component will include technical assistance on ways to systematize the documentation and sharing of HIV/AIDS-related experiences. A total of six key military leaders will receive training in HIV policy development and institutional capacity building. Funds will also support technical consultation for this program area, as well as cover travel costs for USG personnel to attend international conferences, such as the PEPFAR Implementer's Meeting.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9545

**Related Activity:** 15290

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24728	5808.24728.09	Department of Defense	US Department of Defense	10541	3109.09	DoD - Defence-Partnered HQ activities	\$0
9545	5808.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$50,000
5808	5808.06	Department of Defense	US Department of Defence/Pacific Command	3109	3109.06		\$15,000

#### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15290	5740.08	7113	3095.08		Ministry of Defense, Vietnam	\$120,000

#### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

#### Food Support

#### Public Private Partnership

#### Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	6	False
14.4 Number of individuals trained in HIV-related institutional capacity building	6	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Military Populations

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3108.08

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 5807.08

**Planned Funds:** \$143,907

**Activity System ID:** 15373

**Activity Narrative:** This is a continuing activity from FY07.

Funds requested will support 30% of a locally employed staff member (Program Management Specialist) and 50% of a U.S. Personnel Services Contractor (Senior HIV/AIDS Technical Advisor), including salary, benefits, and official travel costs.

These staff will provide technical assistance and program oversight to six international and local non-governmental organizations working in close collaboration with other USG and government of Vietnam agencies, including the Ministry of Health/Vietnam Administration of HIV/AIDS Control, the Ho Chi Minh National Political Academy, the Hanoi School of Public Health, and other partners to maximize impact on all activities related to program design, implementation, and evaluation of HIV/AIDS policy and system strengthening efforts.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9543

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24788	5807.24788.09	U.S. Agency for International Development	US Agency for International Development	10556	10556.09	USAID Local GHCS Partnered Activities	\$301,086
9543	5807.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$165,467
5807	5807.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$15,000

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3094.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Hanoi School of Public Health	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 5732.08	<b>Planned Funds:</b> \$600,000
<b>Activity System ID:</b> 15264	

**Activity Narrative:** This is a continuing activity from FY07.

The U.S. government has collaborated with the Hanoi School of Public Health (HSPH) since 1998 to support establishing the School as a leading academic center in public health capacity development, with an overall goal of developing and institutionalizing a public health workforce for Vietnam.

In FY07, PEPFAR supported HSPH to organize and implement three training courses in three regions (North, Central, and South) to instruct 70 provincial-level HIV/AIDS health staff (doctors, nurses, laboratory technicians, counselors, and project managers) in Total Quality Management (TQM). Through the application of Total Quality Management staff are able to administer flexible management concepts and tools that allow them to adopt continuous improvement practices in their organizations to address such processes as pre-test counseling at voluntary counseling and testing (VCT) centers, referrals from VCT to out-patient care, and encouraging adherence to opportunistic-infection preventive treatment among persons living with HIV/AIDS. As an important component of this training, HSPH faculty collaborated with regional trainers to conduct supervisory visits to the students in order to provide mentorship, feedback and technical assistance and support. A related element of this program involved the organization of TQM networks of HIV/AIDS provincial staff. Through these networks, provincial staff, in conjunction with those who have already attended regional workshops, met to share their experiences in the application of TQM.

HSPH also coordinated and implemented a Training of Trainers (TOT) course on project management for regional trainers, the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) staff, and NGOs. This training was originally developed for PEPFAR Vietnam staff in FY06 by the HHS/CDC Atlanta-based Sustainable Management for Development Project. This course included an introductory module on HIV/AIDS strategic planning at the provincial level and discussed linkages between provincial and national strategies through VAAC.

In FY08, HSPH will continue to carry out the established TQM program with the implementation of another three rounds of TQM training (three courses in three regions) and provision of supervisory technical assistance visits to the students. The Sustainable Management for Development Project will again provide technical assistance to the HSPH to coordinate and manage the development of TQM activities adapted for provincial HIV/AIDS health workers. In addition, the HSPH will conduct a first round of the training on "Project Management for Provincial HIV/AIDS Managers". PEPFAR will maintain their partnership with the HSPH to focus on building the capacity of provincial HIV/AIDS program managers to plan, design, implement, and evaluate HIV/AIDS prevention and care programs, through an agreement that was developed in FY07 between VAAC and HSPH.

In FY08 HSPH will engage in two new activities. The first is designed to strengthen Vietnam's capacity for sustainability in behavioral and social research. PEPFAR will support HSPH to develop a five-year project intended to strengthen their collaboration with the Johns Hopkins Bloomberg School of Public Health. The goal is to establish a behavioral and social sciences research infrastructure for Vietnamese researchers working on HIV/AIDS-related issues. Through this program essential data on the underlying individual and community-based behavioral patterns related to HIV acquisition and transmission in Vietnam will be gathered and analyzed. This will help researchers better understand the unique local characteristics of the emerging HIV epidemic and will provide information needed to effectively design, implement, and evaluate appropriate HIV prevention programs. To further support this activity PEPFAR funding will be used to convene national workshops, establish monthly behavioral science research round tables, set up a quarterly newsletter, support visiting professorships, and research projects. PEPFAR will also support a master's degree scholarship for leadership in public health and help develop a Johns Hopkins Bloomberg School of Public Health certificate program that is tailor-made for HSPH staff.

A second new activity involves the development of HSPH as a center of excellence in HIV/AIDS in Vietnam. The HSPH is in a unique position to play a key role in providing public health training and conducting HIV/AIDS research. The Hanoi School of Public Health has made a commitment to build its training and research capacity in HIV/AIDS over the next 10 years, as part of the "Hanoi School of Public Health Development Strategy for 2005 – 2010." As a center for excellence, the HSPH will be better able to provide technical assistance to strengthen national public health and HIV/AIDS systems in Vietnam. To further this goal, PEPFAR will support the HSPH to conduct an internal study that will review and identify staffing requirements and assess current and planned curricula. Following completion of this internal review, a team of four senior HSPH staff will undertake a study visit to selected schools of public health in the United States to learn how successful centers of excellence are created and sustained.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9424

**Related Activity:** 15300, 15277

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24566	5732.24566.09	HHS/Centers for Disease Control & Prevention	Hanoi School of Public Health	10498	10498.09		\$596,125
9424	5732.07	HHS/Centers for Disease Control & Prevention	Hanoi School of Public Health	5100	3094.07	HSPH Cooperative agreement	\$300,000
5732	5732.06	HHS/Centers for Disease Control & Prevention	Hanoi School of Public Health	3094	3094.06	Cooperative agreement	\$300,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15300	9414.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$874,000
15277	10172.08	7109	5412.08	HCD Project	Abt Associates	\$359,093

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

\* Education

### Food Support

### Public Private Partnership

**Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	312	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Indirect Targets**

**Target Populations**

**General population**

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Other**

Teachers

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 5170.08

**Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)

**Prime Partner:** Ministry of Health, Vietnam

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 9414.08

**Planned Funds:** \$874,000

**Activity System ID:** 15300

**Activity Narrative:** This is a continuing activity from FY07.

The Ministry of Health (MOH)/Vietnam Administration for HIV/AIDS Control (VAAC) was established in August 2005 and is responsible for overseeing and coordinating HIV/AIDS programs in all 64 provinces. PEPFAR's success in Vietnam will depend in part on sustainable national program management solutions as VAAC expands its mandate to coordinate HIV/AIDS activities nationwide. VAAC is mandated to oversee all major donor assistance programs including PEPFAR, Global Fund, World Bank, and the Asian Development Bank. PEPFAR funding currently supports activities in 30 provinces.

In 2007, PEPFAR substantially increased support to VAAC to enable capacity building in technical areas by providing funds for 30 contract staff at the central level and partial support (temporary contract, overtime, incentive bonuses) for provincial and district level staff. Funds also supported: a national summary workshop to disseminate the results of the first five year cooperative agreement between HHS/CDC and MOH; development of provincial-level work plans for the new follow-on cooperative agreement; provincial joint PEPFAR/MOH program oversight visits, and the development of the VAAC office. However, given substantially increased PEPFAR and other donor support, VAAC has requested additional support to build management structure at the central and provincial levels, and infrastructure at the provincial level.

Several donors have come together to support the government of Vietnam (GVN) in its response to the HIV/AIDS epidemic, including PEPFAR, Global Fund (GF), World Bank, and the Asian Development Bank. With PEPFAR support, VAAC will strengthen its capability to serve as the coordinating agency by conducting regular coordination meetings with PEPFAR partners, Vietnamese government officials and other donor agencies. These meetings will serve as a forum for dialogue on program progress, overlap and duplication, and will address key issues for strengthening the national program. In addition, VAAC will sponsor technical workshops on prevention, care and treatment, and strategic information to disseminate lessons learned, program results, as well as highlight innovative programs and ideas. These workshops will be open to government staff, donor agencies and implementing partners.

In 2008, PEPFAR funds to VAAC will continue to support human capacity through temporary contract technical and administrative staff at VAAC, whose principle role will be to coordinate donor programs at the central and provincial levels. At the national level, key temporary technical contract staff will be recruited in prevention, care and treatment, and program administration. VAAC administrative staff will undergo training to manage PEPFAR funds provided through the HHS/CDC cooperative agreement. At the provincial level, PEPFAR will continue to support temporary contract VAAC staff in each of the seven PEPFAR focus provinces, and will support additional temporary contract staff in the eighth focus province. These individuals will serve as primary liaisons for VAAC and other donor-funded activities, supporting the coordination and communication between national and provincial programs. Each of these staff will participate in a Total Quality Management (TQM) course offered in partnership with the Hanoi School of Public Health (HSPH) (see OHPS HSPH activity narrative). Through a newly developed memorandum of understanding between VAAC and HSPH, HSPH will provide additional management technical assistance and training to national and provincial staff. PEPFAR will increase support for the development of provincial AIDS centers (provincial VAAC) through material support, carefully selected infrastructure and renovation support, and coordination activities in eight focus provinces plus at least two additional provinces in which PEPFAR will provide expanded technical support. Also at the provincial level, VAAC will support a network of regional program managers that will link HIV/AIDS programs and provide a forum for discussions on implementation, key issues, challenges and solutions. This network will also provide a mechanism for the dissemination of successful programmatic innovation. The network will meet on a regular cycle to bring together provincial governments, PLWHA, local organizations and international donors, within the provinces to foster a connected relationship between all sectors involved in HIV/AIDS programs.

In 2008, PEPFAR will support VAAC to develop a comprehensive national plan for geographic coverage of HIV/AIDS programs, in collaboration with other donors including GF and World Bank, including a tiered approach for PEPFAR support comprising eight focus provinces, expanded targeted programmatic area technical support in carefully selected provinces, and maintenance of existing services in a total of 32 provinces (see uploaded Geographic Coverage document).

PEPFAR is working with VAAC to develop a health workforce assessment that will be used as a basis for developing a human capacity development (HCD) strategy. Currently critical staffing gaps are filled through provision of funds to hire temporary workers on behalf of the MOH or other government bodies. It is anticipated that the HCD strategy will identify key issues in human capacity (gaps and opportunities) to enable a more effective response to the epidemic in Vietnam (see OHPS section).

PEPFAR will also support the MOH in establishing a Field Epidemiology Training Program (FETP). FETP students will be trained to conduct epidemiologic investigations and field surveys to strengthen HIV/AIDS surveillance, present their work at scientific and medical conferences, evaluate HIV/AIDS disease control and prevention measures, and apply training and acquired skills to improve HIV/AIDS program implementation in Vietnam. It is expected that 15 public health professionals will be part of the first cohort of trainees in the first year. GVN is in the process of establishing the best coordinating mechanisms between agencies involved in the establishment of the FETP, and support is expected to be distributed among one or more agencies within the MOH.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9414

**Related Activity:** 15264, 15292, 15293

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9414		HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$574,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15292	5810.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$1,350,000
15293	5517.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$3,400,000
15264	5732.08	7105	3094.08		Hanoi School of Public Health	\$600,000

## Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3115.08	<b>Mechanism:</b> Health Policy Initiative
<b>Prime Partner:</b> Constella Futures Group	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 5804.08	<b>Planned Funds:</b> \$0
<b>Activity System ID:</b> 15352	

**Activity Narrative:** This is a continuing activity from FY07.

PEPFAR will support the Health Policy Initiative (HPI) to: develop an HIV/AIDS policy and program auditing tool, which can be used to assess the compliance of HIV/AIDS related policies and practices to the provisions of the law in all focus provinces and national partners responsible for local compliance with the law; support the management capacity of PLWHA to receive and manage HIV/AIDS funding; and foster involvement of a leading host country business in HIV/AIDS to begin working on public-private partnerships.

The first activity relates to the HIV/AIDS law. The law represents the most recent and powerful legal and policy framework for HIV/AIDS in Vietnam. To date, HPI has been supporting legal awareness and services with a focus on PLWHA. However, the law provides a range of measures which can support and increase resources and ensure access to high quality HIV/AIDS services through greater sectoral involvement, in particular by requiring the integration of HIV/AIDS into broader socio-economic development plans (Chapter V, article 19, June 2007).

Currently, HPI activities in the COP07 focus on the development of legal clinics and legal support/awareness through case work. The audit activity proposes to build on this and incorporate data from the legal clinics and work with Vietnam's national AIDS control program staff and policy makers, health care providers in the public and private sector, PLWHA groups, and the Vietnam Lawyers' Association to develop an audit tool which will assess compliance with the provisions in the HIV/AIDS law, and support provincial authorities and other HIV/AIDS actors to comply and implement the law.

In FY08 HPI will develop an HIV/AIDS policy and program auditing tool which will allow the law to be used as a framework for monitoring and evaluation, and as a mechanism to support multi-sectoral involvement in the HIV/AIDS response. The audit tool will be used to assess the compliance of HIV/AIDS-related policies and practices to the provisions of the law in all focus provinces and national partners including the Ministry of Justice, the Ministry of Health (MOH) (legislation department) the Vietnam Lawyers' Association, the UN (UNAIDS and UNDP) and Provincial People's committees, as it is these bodies which are responsible for local compliance with the law. An advisory group will be established to develop indicators on which to frame the audit tool. The tool will be developed using international best practices and will draw on HPI experience of similar activities in Cambodia and Nepal. Once this tool has been developed it will be used to determine the level of compliance of HIV/AIDS-related policies and practices in PEPFAR's eight focus provinces. The methodology for implementation of the audit will include a policy review and key informant interviews at the national and provincial levels. A final report will be developed for each province in addition to a national HIV/AIDS legal auditing tool.

It is anticipated that results of applying the audit tool will include the integration of HIV/AIDS prevention, care and treatment activities in socio-economic plans and development of provincial budget components for these plans. Not only will this activity help to build capacity at the provincial level, it will also foster sustainable planning and resource allocation by provinces.

The second activity is designed to support the management capacity of PLWHA to receive and manage HIV/AIDS funding. The current legal environment restricts the capacity of PLWHA organizations to seek, receive, and manage funding independently. Existing PLWHA groups in Vietnam are still nascent but have demonstrated commitment to addressing HIV/AIDS issues. Until the legal environment changes, and in order to support capacity development in the management and implementation of direct funding to PLWHA, HPI proposes to support an existing NGO to act as an umbrella organization responsible for channeling funding to the groups and increasing overall management capacity as implementing organizations. This will help to build the capacity and sustainability of indigenous groups in Vietnam, including human resource and financial management, strategic planning, and network strengthening. HPI will, in partnership with PLWHA groups and NGOs, identify a suitable NGO to act as the implementing partner. PLWHA representatives from 20 self-help groups (an estimated 100 people in total) and staff of the NGO will be trained in proposal and project management, financial management, and transparency and accountability. HPI will provide an initial series of small grants to pilot the model and support the group to seek funding from other agencies.

This activity is designed to address the specific needs voiced by PLWHA groups in regard to obtaining funding, which they are able to manage as independently as the current legal environment allows. This activity will also provide the necessary capacity development to enable a national PLWHA network to exercise strong management capability when it is legally able to form.

The third activity is new and involves supporting the first public-private partnership for the Vietnam PEPFAR team. It is designed to foster involvement of a leading host country business in HIV/AIDS. This activity fits PEPFAR's Private Public Partnership technical working group's definition of, 'collaborative endeavors that combine resources from the public sector with resources from the private sector to accomplish the goal of HIV/AIDS prevention, care, and treatment.

HPI has developed informal links with the FPT Corporation, one of Vietnam's leading IT and mobile phone companies, through a previous project in 2006 where HPI assisted in linking FPT with the Bright Futures PLWHA network.

With the aim of strengthening the potential leadership role of FPT as a private sector actor in HIV/AIDS, HPI will provide technical support and advice to FPT to develop a plan for the company in 2008 and 2009. This will include a plan for how the company might integrate and incorporate HIV prevention and treatment, as well as anti-stigma and discrimination messages through the use of mobile phone technology. FPT has an established corporate social responsibility program and in our discussions with their representative they have expressed interest in working on HIV/AIDS issues. However, they have no experience in the field and are unclear how to leverage human and financial resources in this area. HPI will work with them to assess the resources and potential they can bring to the field and develop a strategic plan for the company's corporate social responsibility program. HPI will provide technical support to FPT to develop the following deliverables:

- a) Three-year strategic plan for FPT on HIV/AIDS, including a commitment to human and financial resource allocation, which will equal the amount provided by PEPFAR.
- b) Anti-stigma and discrimination campaigns implemented by FPT, using available resources and the IT capacity of the company.

**Activity Narrative:** c) A core team of FPT personnel trained to develop a project utilizing the resources of the company to deliver stigma and discrimination reduction messages to the general public.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9428

**Related Activity:** 15337, 15339

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9428	5804.07	U.S. Agency for International Development	The Futures Group International	5163	3115.07	Health Policy Initiative (HPI)	\$770,000
5804	5804.06	U.S. Agency for International Development	The Futures Group International	3115	3115.06	Policy Dialogue and Implementation-TO1	\$475,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15337	5781.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000
15339	9532.08	7117	3102.08	Community REACH Vietnam	Pact, Inc.	\$250,000

**Emphasis Areas**

Local Organization Capacity Building

Wraparound Programs (Other)

\* Economic Strengthening

**Food Support**

**Public Private Partnership**

Estimated PEPFAR contribution in dollars \$50,000

Estimated local PPP contribution in dollars \$70,000

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	11	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	32	False
14.3 Number of individuals trained in HIV-related policy development	40	False
14.4 Number of individuals trained in HIV-related institutional capacity building	105	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	60	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	125	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3095.08

**Prime Partner:** Ministry of Defense, Vietnam

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 5740.08

**Activity System ID:** 15290

**Mechanism:** N/A

**USG Agency:** Department of Defense

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$120,000

**Activity Narrative:** This is a continuing activity from FY07. This activity represents the ongoing collaboration between DOD, the U.S. Pacific Command's Center of Excellence, and Vietnam's Ministry of Defense (MOD) to promote and develop HIV/AIDS-related policies in the military context. The key populations being targeted are senior military policymakers and educators. The commitment of senior military leaders to address HIV/AIDS is essential for meaningful policy and system-level changes to benefit members of the Vietnamese military community and civilian populations served by the MOD. All activity components have been designed to promote policies that will strengthen the Vietnam People's Army's (VPA) capacity to address the specific needs of the military community and the civilian population it serves.

In FY06, DOD and MOD began collaborating to address general HIV/AIDS awareness and HIV/AIDS-related policies within the military. That year, over 400 commanding officers in the VPA participated in awareness-raising events. This activity was continued in FY07, engaging a similar number of commanding officers. As a result, the commanders have increasingly recognized the importance of HIV/AIDS awareness, as demonstrated by incorporating HIV/AIDS information into all training activities for their troops.

In FY08, MOD, with PEPFAR support, will organize five workshops to promote an educational framework that integrates HIV/AIDS information into the standard curriculums for all military academic and training institutions. The curriculum on HIV/AIDS policy, developed by Harvard University's John F. Kennedy School of Government, will also be incorporated by MOD for these trainings. MOD will select 350 policymakers and educators from various military zones and service branches throughout the country to participate. This activity aims to systematize the MOD's commitment to raising the military community's awareness, knowledge, and overall understanding about HIV/AIDS and its potential impact on the military. This workshop will present policies and promote practices that relate to reducing stigma and discrimination within the military community. The workshop also will address the issue of male norms associated with high-risk sexual behavior. Specifically, the workshop will highlight the association between alcohol use and high-risk sexual behavior, reiterating and further justifying MOD's new policy on no alcohol use during working hours.

In addition, PEPFAR will continue support for two workshops targeting senior-level military leadership to address HIV/AIDS-related issues. One workshop is designed to foster a greater commitment to HIV/AIDS policies among senior-level MOD leadership. This workshop will advocate for MOD leadership to develop closer linkages with regional and international military medicine and HIV activities, including the sharing of MOD experiences about HIV policies. Such exchanges will promote greater scrutiny of MOD policies and potentially generate new ideas for strengthening policy and practice.

The second workshop, continued from FY07, aims to promote a national-level dialogue between MOD senior military leadership and the government of Vietnam's (GVN) senior civilian leadership. The use of dialogues and workshop formats are expected to promote participation and mobilization from within the military community. One of these dialogues will address HIV as a national security issue, including its potential impact on the nation. It is expected that through this and related "dialogues," commitment from senior military and civilian sector leaders will increase. A further expected outcome of the dialogues will be an increased understanding and acceptance of prevention and care and treatment activities as priority military policy issues.

As a component of this activity, MOD will be provided with technical assistance from various PEPFAR partners to develop technically-sound HIV-related policies. MOD also will receive technical assistance to develop HIV-related institutional capacity, centered on heightening senior military leaders' awareness on ways they can contribute to fighting the epidemic. Through workshop and "dialogue" formats a total of 600 senior military policy makers will be trained in HIV-related policy development. An additional 250 will be trained in enhancing institutional capacity and 600 will be trained on how they can contribute to the reduction of stigma and discrimination in a military context.

This activity will forge linkages with other DOD activities, and will strengthen the support network within both the military health care system and the civilian health care system, resulting in greater service for the populations they serve. These networks and linkages will be critical as MOD expands its HIV/AIDS program in FY08 and beyond. Furthermore, this activity addresses capacity building and international cooperation, identified as priority objectives of Vietnam's National Strategic Plan on HIV/AIDS Prevention for 2004-2010.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9426

**Related Activity:** 15406, 15359

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9426	5740.07	Department of Defense	Ministry of Defense, Vietnam	5179	3095.07	Ministry of Defense	\$0
5740	5740.06	Department of Defense	Ministry of Defense, Vietnam	3095	3095.06		\$40,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15406	5808.08	7130	3109.08	Center of Excellence	US Department of Defence/Pacific Command	\$60,000
15359	5789.08	7111	6132.08		United Nations Resident Coordinator	\$175,000

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	600	False
14.4 Number of individuals trained in HIV-related institutional capacity building	250	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	600	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 5412.08

**Prime Partner:** Abt Associates

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 10172.08

**Activity System ID:** 15277

**Mechanism:** HCD Project

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$359,093

**Activity Narrative:** This is a continuing activity from FY07.

Funding in this activity will be used to conduct follow-on activities identified by the human capacity development assessment for HIV/AIDS programs in Vietnam carried out in 2007. A comprehensive strategy and action plan will be developed in coordination with other donors, stakeholders, the Ministry of Health (MOH)/Vietnam Administration for HIV/AIDS Control (VAAC), and the Ministry of Labor Invalids and Social Affairs (MOLISA).

In consultation with the OGAC human capacity technical working group, PEPFAR is supporting the government of Vietnam (GVN) to conduct a health workforce human capacity assessment to identify the human resources needed to achieve HIV/AIDS prevention and care program goals, to document the gaps in resources that cannot be realigned from the overall workforce and to determine how to identify, train and retain health workers engaged in HIV/AIDS services without compromising the budget or manpower of other health services. The first stage of the assessment started in August 2007 with one week of data collection. The second stage, which involves field work, will begin in November 2007 with an expanded team to include national and international stakeholders.

MOH, provincial health departments, and related ministries charged with working in HIV/AIDS have stretched human resource capacity. Despite government commitment to increasing the public health workforce, there is substantial variation in the degree to which public health positions are available within Vietnam, particularly at the provincial and district levels. The public health professionals that are available are already providing a range of public health services in the fields of avian influenza, disease outbreak control, TB, and HIV/AIDS. This situation has been exacerbated by the increase in PEPFAR funding, coupled with changes in host nation policies, including the provision of free ARV drugs. Consequently, patient loads and demand for treatment, counseling and testing, care and prevention services in clinics have increased substantially. Given that government ministries, including MOLISA, are the most inherently sustainable organizations implementing HIV/AIDS programs, it is important to assure that PEPFAR programs do not inadvertently compromise this sustainability.

In the medium-term, GVN will need to increase staffing levels and strengthen human capacity in the areas of basic public health sciences, analytical assessment, policy development, program planning, communication, financial and program management, leadership, and community development to adjust the structure of the health care system to address the HIV/AIDS crisis. The proposed human capacity assessment will assist in developing a human resources strategy to address the needs identified in the assessment.

In the short-term, PEPFAR will continue to support strategies to allow quality program expansion to take place, including formulation of a short- and long-term human capacity development strategy, hiring temporary contract staff, providing targeted incentives, supporting short- and long-term training, and funding overtime.

A possible initial activity that may be identified by the human capacity development assessment is the development of better education and training programs for the health workforce, in order to improve quality, accessibility, and use of priority health services. This would leverage the past years of investment in the Hanoi School of Public Health and build upon the institution's successes. The human capacity development assessment will take into consideration the role of the private health sector as Vietnam moves quickly along the development continuum and begins to consider privatization. Recommendations will assist MOH in facing some of the challenges presented by privatization of health care.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10172

**Related Activity:** 15300, 15264, 15352

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10172	10172.07	U.S. Agency for International Development	IntraHealth International, Inc	5412	5412.07	The Capacity Project	\$500,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15264	5732.08	7105	3094.08		Hanoi School of Public Health	\$600,000
15300	9414.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$874,000
15352	5804.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 5781.08

**Activity System ID:** 15337

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$250,000

**Activity Narrative:** Pact sub-partner: Harvard Kennedy School of Government

This is a continuing activity from FY07.

Pact Vietnam will fund Harvard University's John F. Kennedy School of Government to work in partnership to conduct this activity.

Building on the curriculum development, HIV/AIDS public policy training, and provincial HIV/AIDS planning conducted in FY05 and FY06, the Kennedy School will partner with the Health Policy Initiative (HPI) and the Ho Chi Minh National Political Academy (NPA) to provide training and technical assistance to provinces to strengthen their HIV/AIDS plans. FY08 will be the final year of PEPFAR-funded technical assistance from the Kennedy School to the NPA.

The objective of this program is to engage government cadres and Communist Party leaders more effectively by improving their knowledge and strengthening their capacity to plan, direct, and coordinate HIV/AIDS prevention and control activities in Vietnam.

During FY05 and FY06, over 350 policy makers were trained in AIDS public policy. Participants in these trainings repeatedly expressed the need for training to be taken to the next step – that is, the development of evidence-based multi-sectoral AIDS plans at the provincial level. Beginning in FY06, PEPFAR and other donors, including the U.K.'s Department for International Development, expressed the need for coordinated multi-sectoral HIV/AIDS planning. In response to these needs, the Kennedy School, the National Political Academy, and HPI developed a planning curriculum that focuses on the development of effective, multi-sectoral provincial AIDS plans that 1) are based on human rights, 2) combat stigma and discrimination, 3) integrate gender issues, and 4) promote the greater involvement of people living with AIDS (GIPA) and civil society engagement. The training workshops were designed so that by the end of the session the participants were able to:

1. Understand how to develop and strengthen multi-sectoral HIV/AIDS plans for prevention, treatment, and impact mitigation at the provincial level;
2. Understand the content of key national documents including the national HIV/AIDS strategy, nine associated action plans, the national HIV/AIDS law and implementing guidelines of the law ;
3. Analyze their respective provincial HIV/AIDS plans and provide recommendations for modifying these plans to integrate and strengthen attention to human rights, gender, GIPA, civil society engagement, and a multi-sectoral approach; and
4. Develop specific process, output, and outcome indicators of performance and coordinate and harmonize national, provincial, and donor targets.

Participants in the planning workshops include senior representatives from the departments of health, public security, social affairs, education, planning and investment, finance, culture and communication, women's and youth unions, the Communist Party, People's Councils, and People's Committees.

To enhance sustainability of the program, the Kennedy School faculty has focused its efforts in FY07 on teaming with NPA faculty to build its capacity to facilitate and teach sessions of the planning workshops. FY08 is the last year of PEPFAR funding for the Kennedy School to provide technical assistance because the NPA faculty will have obtained the capacity to update the curriculum and train independently. Note that a similar modality was used by the Kennedy School faculty to build capacity among the NPA faculty to teach an HIV/AIDS public policy course, which NPA faculty are now conducting without Kennedy School engagement.

This activity will help PEPFAR reach the vision outlined in the PEPFAR Vietnam 5-Year Strategy by building local capacity through training of local leaders on impact mitigation, and on ways to coordinate rights-based, evidence-based, and multi-sectoral HIV/AIDS responses at the provincial level.

FY08 funding will support three activities:

The first activity will include four provincial planning workshops for approximately 45 participants (15 participants from three provinces per training), totaling approximately 180 trained from 12 provinces.

The second activity will focus on the refinement and revision of planning curriculum. Planning curriculum content will be updated with the latest epidemiological data and best practices in HIV/AIDS planning. The Kennedy School will work with NPA faculty to provide assistance in updating the training materials, including session power points, group discussion guidelines, templates for reporting back, and other training materials. NPA faculty will be paired with Kennedy School faculty, who will mentor them on updating content and developing teaching materials for planning.

The third activity will strengthen the capacity of faculty from the NPA to facilitate provincial level planning. The Kennedy School has developed a strategy for building NPA capacity for sustaining the project activities beyond FY08. The Kennedy School will pair with NPA faculty to develop and teach planning workshop sessions. With each successive workshop, NPA faculty will take on greater responsibility for preparing and facilitating the planning workshops. In addition, the Kennedy School in collaboration with HPI will support NPA to integrate into the national and international community working on HIV/AIDS in Vietnam, including participation in the UNAIDS-led HIV/AIDS Technical Working Group, national and international conferences, and other fora. By the end of the FY08 COP funding year, NPA faculty will have the capacity to facilitate the planning workshops and develop and teach the sessions and group exercises.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9528

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9528	5781.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$184,637
5781	5781.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$300,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15352	5804.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0
15359	5789.08	7111	6132.08		United Nations Resident Coordinator	\$175,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	97	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	97	False
14.3 Number of individuals trained in HIV-related policy development	180	False
14.4 Number of individuals trained in HIV-related institutional capacity building	10	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	180	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

Teachers

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3102.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 5785.08

**Activity System ID:** 15338

**Mechanism:** Community REACH Vietnam

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$100,000

**Activity Narrative:** Pact sub-partner: Pathfinder

This is a continuing activity from FY07.

This activity narrative formerly included activities that have been migrated to Palliative Care: HBHC. The following describes policy-level activities to be carried out in FY08.

There is unprecedented interest at the Ministry of Health (MOH) in mobilizing private health care providers to support public sector HIV/AIDS programming in Vietnam. Several events in the last year have contributed to this development. Key among them is a significant increase in the size of the private health sector, coupled with the government's movement toward privatization of several MOH hospitals. There is also heightened interest in meeting international standards in order to comply with Vietnam's accession to the World Trade Organization. During a recent assessment, the director of the MOH/Vietnam Administration for HIV/AIDS Control (VAAC) and the director of the MOH legal department expressed a strong desire to work with the rapidly expanding private health sector in the area of HIV/AIDS.

Seizing on this change in the political environment, Pathfinder will launch an initiative at the central MOH level to strengthen policies and regulations that will contribute to effective partnership between the public and private health sectors in the areas of HIV/AIDS prevention, care and support. The initiative will build on the lessons learned through Pathfinder's work in three PEPFAR-supported provinces.

Pathfinder will work closely with the MOH legal department to develop a "circular" (policy framework) to guide the involvement of the private health sector in the provision of HIV/AIDS services. At a recent workshop on public-private sector collaboration in health care, which included HIV/AIDS, the legal department stated their intention to craft this circular. Specific issues to be addressed may include accreditation of in-service training for private providers offering antiretroviral therapy, legal protection for private sector providers working in HIV, private sector access to post-exposure prophylaxis, and government contracting of the private sector to provide services for PLWHA. Pathfinder will support a policy/legal expert to work with the legal department to develop the circular.

To help create support and understanding of the circular, Pathfinder will support a series of awareness-raising and advocacy-related activities on private health sector participation in HIV/AIDS. Activities include: 1) working with the Vietnam Medical Association and the Hanoi Association of Private Providers to translate and widely disseminate key articles on public-private health sector partnerships in HIV/AIDS; 2) fostering dialogue between the national and provincial levels to demonstrate the success and lessons learned from pilot work to address HIV/AIDS through public-private health sector partnership; 3) supporting a seminar series at the national level, targeting key policy makers in the National Assembly and in civil society, as well as high-level officials within the MOH on a series of topics related to international experience in working with the private health sector to address HIV/AIDS issues; 4) supporting the Hanoi Association of Private Providers to conduct awareness-raising on stigma and discrimination; and 5) conducting a study tour for a select number of decision makers to observe how the public health sector can effectively mobilize and coordinate with the private health sector in HIV/AIDS.

Pathfinder will encourage the MOH to form an advisory group, as well as promote dialogue at the national level on the wide range of public and private health sector issues associated with HIV/AIDS programs and services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9530

**Related Activity:** 15300, 15352

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24690	5785.24690.09	U.S. Agency for International Development	Pact, Inc.	10534	3102.09	Community REACH Vietnam	\$413,750
9530	5785.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$131,036
5785	5785.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$110,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15300	9414.08	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	Ministry of Health, Vietnam	\$874,000
15352	5804.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	24	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	60	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3102.08	<b>Mechanism:</b> Community REACH Vietnam
<b>Prime Partner:</b> Pact, Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 9532.08	<b>Planned Funds:</b> \$250,000

**Activity System ID:** 15339

**Activity Narrative:** Pact sub-partner: International Center for Research on Women, Vietnam's Institute for Social Development Studies

This is a continuing activity from FY06, and will follow on FY07 stigma and discrimination activity funded through Pact.

Pact will fund the International Center for Research on Women (ICRW) and Vietnam's Institute for Social Development Studies (ISDS) to work in partnership to conduct this activity.

In FY06, ICRW and the ISDS adapted the Stigma Reduction Tool Kit for Vietnam. The two organizations developed a strong complementary relationship while working together over the past four years on a program of research and intervention related to HIV/AIDS-related stigma. ICRW will be the principal implementing partner for this activity, working in partnership with ISDS to develop and implement all activities. As is standard practice for stigma-reduction activities conducted by ICRW and ISDS, PLWHA will play an integral role. PLWHA organizations will be included in the rapid assessment conducted at the central and provincial levels and at a meeting to disseminate findings. It is also anticipated that PLWHA will attend the regional trainings as both participants and co-facilitators.

In FY08, ICRW and ISDS will develop a comprehensive strategy for integrating and expanding stigma reduction and provision of technical assistance, training, and tools to PEPFAR's implementing partners. As a first step, ICRW and ISDS will conduct a rapid assessment of PEPFAR-supported programming efforts at the central level and in four focus provinces. They will then develop a comprehensive strategy for enhancing stigma-reduction programming efforts in these areas. A dissemination meeting with key PEPFAR partners, including PLWHA organizations will then be held to garner input and support for this strategy. Following the finalization of the comprehensive strategy, three regional trainings will be conducted with PEPFAR implementing partners, including PLWHA partner organizations, on HIV/AIDS-related stigma and discrimination reduction. These activities will enable country program managers and implementers to scale-up stigma reduction efforts in a complementary manner to ensure large-scale reductions in stigma. Reductions in stigma will improve HIV/AIDS prevention, care and treatment efforts at multiple levels throughout Vietnamese society, including prevention with positives and increased uptake of HIV/AIDS prevention modalities, HIV/AIDS testing and antiretroviral treatment. If necessary, ICRW and ISDS will provide support to PEPFAR partner organizations to implement their stigma-reduction action plans the following year.

Specific activities include:

1. A rapid assessment of PEPFAR-funded activities will be conducted using a combination of qualitative and quantitative methods (e.g., key informant interviews, focus group discussions, and brief evaluation tools). At the central level, interviews with senior management and project coordinators from international, ministerial, PLWHA, and NGO partners will provide information on current stigma reduction activities and identify key gaps and areas for collaboration. At the provincial level, interviews with project staff will provide important information about specific needs and challenges faced during implementation.
2. A comprehensive strategy will be developed based on the needs assessment and country experience to date. The strategy will identify concrete ways to integrate stigma-reduction into existing programming, as well as key entry points for stigma-focused programming.
3. A workshop will be held in Hanoi with key PEPFAR partners to present the results of the assessment and receive feedback on the comprehensive strategy developed, after which a final report will be prepared and submitted.
4. Regional trainings will be conducted for up to a total of 120 participants to ensure national coverage. These three-day trainings will use the Stigma Reduction Toolkit to build capacity among local partners to conduct stigma reduction activities. The first two days will focus on sensitization and capacity building and the last day will focus on action planning.
5. An electronic PDF document containing findings from the country program assessment and outlining a comprehensive strategy for integrating and expanding stigma reduction throughout PEPFAR programs will be prepared.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9532

**Related Activity:** 15352, 15359, 16077

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9532	9532.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$280,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15352	5804.08	7122	3115.08	Health Policy Initiative	Constella Futures Group	\$0
15359	5789.08	7111	6132.08		United Nations Resident Coordinator	\$175,000
16077	16077.08	7214	7214.08	New Partners Initiative	Nordic Assistance Vietnam	\$0

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	20	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	120	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	120	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

## Target Populations

### Other

People Living with HIV / AIDS

## HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

**Total Planned Funding for Program Area: \$6,185,358**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

The U.S. Ambassador leads the PEPFAR team in Vietnam with agency representation from the Department of State, USAID, HHS, and the Department of Defense (DOD). An interagency coordinator coordinates the PEPFAR interagency management team as they plan, manage, and monitor programs. Vietnam was one of the first two sites to have Staffing for Results (SFR) headquarters' visits in 2006, and had the benefit of being able to incorporate SFR recommendations into COP 2007. The various agencies worked in FY07 to develop a vision based on the principle that interagency teamwork is the expected norm that will maximize their different yet complementary functions. In the Care and Treatment program area, for example, USAID works closely with non-governmental partners to provide a substantial portion of technical assistance and program implementation activities and is particularly strong in community-based care; CDC technical staff collaborates closely with Vietnam's Ministry of Health (MOH) to provide direct technical assistance and tends to focus on medical/clinical areas; the Substance Abuse and Mental Health Services Administration (SAMHSA) works across agencies on cross-cutting issues related to addiction and substance abuse; and DOD works exclusively with the Government of Vietnam's (GVN) military establishment to provide a wide range of care and treatment services. Although CDC, USAID, and DOD fund partners that implement programs across diverse technical areas, their individual strengths, along with that of SAMHSA, together comprise the essential elements of a comprehensive HIV/AIDS program.

Soon after the SFR headquarters visit the Ambassador designated the Deputy Chief of Mission (DCM) as his representative on the team. The DCM attends team meetings and has developed a thorough understanding of the issues related to SFR. The team became the SFR work group to assure buy-in from the top down. Although the overall organizational structure of the team continues to evolve, these steps, along with a consistent emphasis on team building, has helped PEPFAR Vietnam to become more efficient and effective at dealing with emerging, ad hoc, and ongoing issues. Part of this evolution results from a sincere effort to take SFR from concept to reality. In FY07, the team formally incorporated most of the recommendations from the SFR report, including: solidifying the interagency technical working group (TWG) structure and operations by transitioning agency heads out of TWG leadership and naming single points of contact for technical areas; expanding and filling key positions in the PEPFAR Coordination Office; adopting an interagency hiring process for all technical positions that includes determination of staffing gaps, functional placement, developing position descriptions, interviews, and selection (resulting in filling 10 of the 18 positions approved in COP 2007 as of 9/30/2007); conducting periodic all-PEPFAR staff meetings; orienting all new staff to PEPFAR to an interagency approach; developing intra-PEPFAR cost norms for some technical areas; working with the U.S. Embassy on a plan to locate PEPFAR agencies physically closer to one another; and involving partners in PEPFAR TWG meetings and strategic planning discussions where appropriate. Moreover, the priority for additional staff requested in FY08 is based on the SFR principles established by the team.

The functional organization chart (see uploaded document) defines the relationship of the interagency teams. Recognizing that teamwork substantially enhances PEPFAR Vietnam's ability to provide technical oversight, plan, and evaluate programs, and is the most efficient way to assure a seamless USG approach to HIV/AIDS activities, the team has developed three TWGs. CDC and USAID are temporary co-chairs of the Care and Treatment TWG, with the chairs of the Strategic Information and Prevention TWGs being CDC and USAID respectively (see uploaded TWG chart). Within each TWG there are designated technical leads. For example, in the Care and Treatment TWG there are leads for TB/HIV, PMTCT, OVC, Palliative Care, etc. The PEPFAR Vietnam model also incorporates five cross-cutting areas with working sub-committees, including Substance Abuse, Gender, Laboratory, Policy and Systems Strengthening (including stigma and discrimination), and Procurement. The team has developed documents describing the roles and responsibilities of the TWGs, as well as the roles of senior technical staff related to technical implementation within and between agencies. Over the past year, agency and individual responsibilities within these TWGs were clearly articulated so that this year's COP development process was efficient and harmonized.

In FY07, PEPFAR supported Management and Staffing positions include 14.1 for HHS (CDC-13.85, SAMHSA-.25), 12.8 for USAID, and three for DOD. Positions supported in other technical areas include 29.15 for HHS (CDC-28.4, SAMHSA-0.75), 11.1 for USAID, and one for DOD. Although there were a number of new positions approved and filled in FY07, staffing has not kept pace with the financial and programmatic growth of PEPFAR Vietnam. The FY08 program budget will be \$88.8 million, which is a 35% increase over FY07. In FY08 the PEPFAR team will expand activities in nearly all program areas, particularly in Prevention, OVC, PMTCT, and medication assisted therapy for drug addiction. Given this broadening scope, the PEPFAR team is requesting additional staff to implement these programs effectively. The range of short- and long-term skills needed include technical assistance in the areas of prevention, treatment, palliative care and management support. Short-term needs will include discrete technical and management assistance in a variety of program areas such as development of a national laboratory quality

assurance manual, national OVC guidelines, etc. These short-term needs are met with agency TDY staff, consultants, or fellows whenever possible.

The priority for additional staff requested in FY08 is based on the SFR principles established by the interagency management team. This has resulted in a SFR plan that anticipates staffing gaps for the next several years, and prioritizes them for hiring over the next two fiscal years. In keeping with our commitment to sustainability and cost efficiency, most of the proposed positions are for locally employed staff (LES) in both HVMS and in specific technical areas (see Prevention, Care and Treatment). New LES will have primary responsibility for identifying the need for, and providing capacity-building technical assistance to, the government of Vietnam across all program areas. LES requested for FY08 include: 1) a Senior Program Officer to serve as the LES representative for HHS/CDC on the PEPFAR management team and to train as the lead for the Program Management Unit (PMU); 2) a Project Officer for the PMU; 3) 2.5 administrative assistants (CDC-1.5, USAID-1) to address the increased workload resulting from rapid program expansion. There are three exceptions to hiring LES. PEPFAR Vietnam is proposing the placement of: 1) a U.S. direct-hire at CDC to serve as an Associate Director for Science (Behavioral Scientist) who will work 75% time in Management and Staffing to provide human subject and scientific expertise and 25% in Other Prevention. This position will assure adherence to, and thus more rapid approval of, complex human subjects requirements, leading to faster program implementation; 2) a USAID international-hire Program Development Officer to provide technical leadership and assistance for the PEPFAR portfolio; and 3) a CDC U.S. direct-hire to provide management leadership to the newly formed PMU that will provide management technical assistance for the rapidly expanding programs of government partners. It is anticipated that if these three staffing needs are approved, no additional expatriate positions will be necessary.

Finally, both the Management Team and Embassy Hanoi believe it is critical to co-locate the three PEPFAR agencies in Vietnam to improve efficiency of operations. Currently the agencies are housed in separate buildings with a 30 minute commute. The PEPFAR team has adopted SFR recommendations and has fully implemented the interagency approach; this requires multiple meetings each week which currently leads to major inefficiencies. The Ambassador and DCM have requested the Management Team to earmark \$500,000 of FY08 COP funding to support co-location so that this process can begin. This amount is currently unallocated, and will be allocated to agencies after cost analyses are completed. It is anticipated that additional funds will be required to complete the co-location plan in FY09.

#### **Program Area Downstream Targets:**

#### **Custom Targets:**

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3108.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15
<b>Activity ID:</b> 9684.08	<b>Planned Funds:</b> \$2,067,993
<b>Activity System ID:</b> 15374	

**Activity Narrative:** This is a continuing activity from FY07.

Funds requested will support overall program management and oversight costs at USAID, including operations, management, procurement and coordination. Since the USAID/Vietnam Country Program Office has been approved to become a stand alone mission, the Vietnam PEPFAR program will need to increase staffing to account for additional management responsibility. Funds will also be used to hire additional new positions added to the USAID Vietnam team that were not included in the FY07 COP. A complete list of AID positions supported in this program area are as follows:

**Existing Positions:**

Health Officer (USDH) 100%  
 HIV/AIDS Senior Technical Advisor (USPSC) 50%  
 Program Management Specialist (LES) 70%  
 M&E Specialist (LES) 70%  
 Health Liaison Officer (LES) 100%  
 Secretary (LES) 100%  
 IT (LES) 100%  
 Contract Specialist (LES) 100%  
 Development Program Specialist (LES) 100%

PEPFAR Coordinator (USPSC) 100%  
 PEPFAR Program Officer (USPSC) 100%  
 PEPFAR Program Management Specialist (LES) 100%  
 PEPFAR Interpreter/Communication (LES) 100%  
 PEPFAR Secretary (LES) 100%

**New Management/Support Positions funded by M&S funding:**

Program Officer (USPSC) 80%  
 Administrative Assistant (LES) 100%

The two new management/support positions requested in FY08 are to better support the management and administrative requirements of the increased funding and number of partners. Their roles, responsibilities and justifications for the positions are outlined below:

**Program Officer (USPSC), USAID/Vietnam Office:** The rapid expansion of PEPFAR budget and program management responsibilities, combined with the complexity of new PEPFAR and Office of Foreign Assistance planning and reporting requirements have made a dedicated program officer essential. The Program Officer will advise Mission management on programming, budgeting and performance monitoring issues and provide project development expertise to technical teams in HIV/AIDS (80%), humanitarian assistance (10%), and economic growth (10%). As a key leader in a growing Mission, the Program Officer will provide incoming and current staff with expert supervision and training on USG programming, budgeting, monitoring, and documentation procedures. He or she will also share responsibility for the Mission's public affairs initiatives. The Program Officer is expected to possess significant experience with USAID and PEPFAR policy, directives, development principles, strategic planning, budget formulation, and monitoring practices.

**Administrative Assistant (LES), USAID/Vietnam Office:** With the expansion of the budget in COP08 and increased staffing there is a need for additional administrative support for the growing team. The incumbent will provide administrative support services to the USAID HIV/AIDS staff.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9684

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24661	9684.24661.09	U.S. Agency for International Development	US Agency for International Development	10527	3108.09		\$93,374
9684	9684.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$1,334,876

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 3108.08

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 9685.08

**Planned Funds:** \$224,972

**Activity System ID:** 15375

**Activity Narrative:** This is a continuing activity from FY07. In FY07 the ICASS portion allotted to the PEPFAR/USAID team was \$125,520. As a result of expanded procurement and space requirements in FY08, the amount of funds to support ICASS is estimated at \$224,972. This will support existing and new positions including one US direct hire, seven USPSCs and 18 LES.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9685

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9685	9685.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$165,000

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 3108.08

**Mechanism:** N/A

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 9686.08

**Planned Funds:** \$157,552

**Activity System ID:** 15376

**Activity Narrative:** This is a continuing activity from FY07.

In FY07 IRM portion allotted to PEPFAR/USAID team was \$90,012. This proportion in FY08 is expected to increase to \$157,552 to cover the IT management costs associated with supporting existing and new positions including one US direct hire, seven USPSCs and 18 LES. The IRM costs are calculated at a rate of \$5,800 per FTE or proportion thereof.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9686

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24789	9686.24789.09	U.S. Agency for International Development	US Agency for International Development	10556	10556.09	USAID Local GHCS Partnered Activities	\$2,360,719
9686	9686.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$130,000

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3367.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15
<b>Activity ID:</b> 9687.08	<b>Planned Funds:</b> \$247,603
<b>Activity System ID:</b> 15385	

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support staff salaries/allowances and related office support, including travel, communications, equipment, and miscellaneous procurement, etc. The following positions are currently supported with Management and Staffing funding:

**Existing positions:**

- Country Director, US direct-hire (100%)
- Deputy Director, US direct-hire (100%)
- Associate Director, HCMC office, US direct-hire (35%)
- Two Office Managers, LES (100%)
- Senior Financial Specialist, LES (100%)
- Financial Assistant, LES (100%)
- IT Specialist, LES (100%)
- Two Secretaries, LES (100%)
- Receptionist, LES (100%)
- Administrative Assistant, HCMC, LES (100%)
- Two drivers, LES (100%)
- Senior Medical Officer (50%)

**Newly requested positions for FY08:**

- AD Science/Behavioral Scientist (75%)
- Public Health Advisor (100%)
- Senior Project Officer, LES (100%)
- Project Officer, LES (100%)
- 1.5 Administrative Assistant, LES (100%)

In FY08, CDC will establish a program management unit to better manage and monitor the rapidly growing HHS/CDC cooperative agreement portfolio with the government of Vietnam (GVN). Individuals in this unit will be responsible for working closely with GVN counterparts to develop their management and administration capacity by providing support to partners in the development, implementation and monitoring of budgets, work plans, and activities in the field. These responsibilities had previously been assigned as collateral duty to the technical officers, with oversight from the Deputy Director for Management. But as the program has grown, technical staff has had to work full time on expansion activities. This unit will also be responsible for assisting in the development of funding opportunity announcements, conducting technical reviews of cooperative agreement applications, assuring that grantees submit continuation applications in a timely manner, and providing overall management/administrative support to partners. The staffing of this unit, which will consist of one USDH Public Health Advisor, and four locally employed staff (one senior project officer, three project officers) will be phased in over the next two years. The request for FY08 is for the PHA manager and two locally employed project officers.

CDC is requesting a USDH position to serve as an Associate Director for Science as a subject matter expert for human subjects' issues. The incumbent will plan, direct, analyze, and implement a variety of human subject research-related programmatic, technical, and administrative efforts in support of the day-to-day operations of PEPFAR programs. This position will fill an unmet interagency technical need for a senior scientist, and support various surveillance activities including size estimation, behavioral and biologic surveys, and sentinel surveillance strengthening. The incumbent will also have expertise in behavioral interventions, and will support the PEPFAR Interagency Prevention working group chaired by the USAID Senior Prevention Advisor. Seventy-five percent of his/her time will be devoted to IRB/human subject's management issues and 25% percent to prevention.

An additional 1.5 administrative positions are requested in FY08 to provide support services to the CDC PEPFAR Office. The workload in this office has increased substantially since the last addition to the administrative supportstaff in FY05. The budget has increased \$54 million over the past two years alone and the staff has grown by 16 positions (including FY08 requested positions). With the formulation of the Program Management Unit and the expansion of three USDH positions in the FY07 and 08 budgets, the workload is expected to continue to increase substantially. Support for the remainder of the second position will come from the CDC Avian Influenza activity, which is located within the CDC office.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9687

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24560	9687.24560.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10495	3367.09	CDC-GHCS-Funded HQ Activities	\$694,254
9687	9687.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$76,522

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 7252.08 **Mechanism:** HHS/CDC CSCS  
**Prime Partner:** US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Area Code:** 15  
**Activity ID:** 9689.08 **Planned Funds:** \$245,523  
**Activity System ID:** 15386  
**Activity Narrative:** This is a continuing activity from FY07. In FY08 HHS/CDC, GAP Vietnam will continue to pay in to the State Department's OBO Capital Security Cost Sharing (CSCS) program. The funds collected under this program are used to provide the State Department Overseas Buildings Office funding to build and renovate chanceries and consulates throughout the world. GAP Vietnam's costs are calculated based upon the per capita costs associated with the five US direct hire, seven US contract staff and 27 locally employed staff housed in non-controlled access areas within US Embassy.  
**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 9689  
**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9689	9689.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$248,835

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 3109.08 **Mechanism:** Center of Excellence  
**Prime Partner:** US Department of Defence/Pacific Command **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Area Code:** 15  
**Activity ID:** 10164.08 **Planned Funds:** \$385,000  
**Activity System ID:** 15407  
**Activity Narrative:** This is a continuing activity from FY07. Funds requested will support overall PEPFAR DOD program management and oversight, including ongoing operations, management, procurement, coordination and staff salaries, benefits and official travel costs for a USDH Program Manager and three locally hired positions--a Program Management Assistant and two technical Program Officers. These funds will also be used to pay for related office support including space rental, communications, equipment, miscellaneous procurement of supplies and services, etc.  
**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 10164  
**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10164	10164.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$275,000

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 3109.08 **Mechanism:** Center of Excellence  
**Prime Partner:** US Department of Defence/Pacific Command **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Area Code:** 15  
**Activity ID:** 10165.08 **Planned Funds:** \$78,000

**Activity System ID:** 15408

**Activity Narrative:** This is a continuing activity from FY07. The DOD program in Vietnam subscribes to ICASS services to cover administrative and personnel costs associated with supporting one US direct hire and three LES. In FY07 DOD ICASS charges were \$65,000. The FY08 estimate for ICASS costs is \$78,000.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10165

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10165	10165.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$65,000

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 3109.08 **Mechanism:** Center of Excellence  
**Prime Partner:** US Department of Defence/Pacific Command **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Area Code:** 15  
**Activity ID:** 10167.08 **Planned Funds:** \$49,200

**Activity System ID:** 15409

**Activity Narrative:** This is a continuing activity from FY07. Funds will be used to contribute to the State Department's OBO Capital Security Cost Sharing (CSCS) program for the PEPFAR/DOD team. The funds collected under this program are used to provide the State Department Overseas Buildings Office funding to build and renovate chanceries and consulates throughout the world. Costs are calculated based upon the per capita costs associated with one US direct hire, and three LES housed in non controlled access areas within US Embassy.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10167

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24729	10167.24729.09	Department of Defense	US Department of Defense	10541	3109.09	DoD - Defence-Partnered HQ activities	\$12,444
10167	10167.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$41,000

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 3661.08

**Mechanism:** N/A

**Prime Partner:** Substance Abuse and Mental Health Services Administration

**USG Agency:** HHS/ Substance Abuse and Mental Health Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 15499.08

**Planned Funds:** \$31,000

**Activity System ID:** 15499

**Activity Narrative:** This is a continuing activity from FY07. Management and Staffing technical assistance will be provided by this position. Technical oversight and direction for activities related to the prevention of drug abuse, primarily heroin, will be provided by the Substance Abuse Treatment Advisor from HHS/SAMHSA. Technical assistance includes program conception, development, management, and evaluation. Funds requested will support 25% of one full-time staff salary, allowances and support, including travel, communications, equipment, miscellaneous procurement, etc. Support for this position was previously listed in the OHPS program area as Activity ID 5809.06 and 5809.07.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 7228.08

**Mechanism:** N/A

**Prime Partner:** US Department of Health and Human Services

**USG Agency:** HHS/Office of the Secretary

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 15681.08

**Planned Funds:** \$50,000

**Activity System ID:** 15681

**Activity Narrative:** This is a new activity for FY08.

Because PEPFAR is the principal mechanism for working on HIV/AIDS issues, the different activities of the HHS Office of Global Health Affairs are frequently intertwined with those of PEPFAR. This office provides HIV-specific and general public health oriented subject matter expertise, technical assistance, and guidance to the PEPFAR Interagency Management Team. This technical assistance particularly relates to HIV health policy input and coordination that is derived from involvement in the broader health policy development activity in Vietnam. The Health Attaché serves as an ad hoc member of this team. Additionally, the Office coordinates with common partners, e.g., Vietnam's Ministry of Health and Ministry of Foreign Affairs and with international donors on broader health policy issues that affect PEPFAR programming. Moreover, the Health Attaché is frequently called on by the Ambassador and Deputy Chief of Mission to represent them on PEPFAR-related activities with the Global Fund, the World Bank, the Asian Development Bank, and other major donors. The planned funds represent approximately 12 percent of the annual costs of the HHS Health Attaché's office budget.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 3694.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 9891.08

**Planned Funds:** \$1,409,765

**Activity System ID:** 15397

**Activity Narrative:** This is a continuing activity from FY07 and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support staff salaries/allowances and related office support, including travel, communications, equipment, and miscellaneous procurement, etc. The following positions are currently supported with Management and Staffing funding:

**Existing positions:**

- Country Director, US direct-hire (100%)
- Deputy Director, US direct-hire (100%)
- Associate Director, HCMC office, US direct-hire (35%)
- Two Office Managers, LES (100%)
- Senior Financial Specialist, LES (100%)
- Financial Assistant, LES (100%)
- IT Specialist, LES (100%)
- Two Secretaries, LES (100%)
- Receptionist, LES (100%)
- Administrative Assistant, HCMC, LES (100%)
- Two drivers, LES (100%)
- Senior Medical Officer (50%)

**Newly requested positions for FY08:**

- 06 Center Technical Advisor (50%)
- Public Health Advisor (100%)
- Senior Project Officer, LES (100%)
- Project Officer, LES (100%)
- 1.5 Administrative Assistant, LES (100%)

In FY08, CDC will establish a program management unit to better manage and monitor the rapidly growing HHS/CDC cooperative agreement portfolio with the government of Vietnam (GVN). Individuals in this unit will be responsible for working closely with GVN counterparts to develop their management and administration capacity by providing support to partners in the development, implementation and monitoring of budgets, work plans, and activities in the field. These responsibilities had previously been assigned as collateral duty to the technical officers, with oversight from the Deputy Director for Management. But as the program has grown, technical staff has had work full time on expansion activities. This unit will also be responsible for assisting in the development of funding opportunity announcements, conducting technical reviews of cooperative agreement applications, assuring that grantees submit continuation applications in a timely manner, and providing overall management/administrative support to partners. The staffing of this unit, which will consist of one USDH Public Health Advisor, and four locally employed staff (one senior project officer, three project officers) will be phased in over the next two years. The request for FY08 is for the PHA manager and two locally employed project officers.

CDC is requesting a USDH position to serve as an Associate Director for Science as a subject matter expert for human subjects' issues. The incumbent will plan, direct, analyze, and implement a variety of human subject research-related programmatic, technical, and administrative efforts in support of the day-to-day operations of PEPFAR programs. This position will fill an unmet interagency technical need for a senior scientist, and support various surveillance activities including size estimation, behavioral and biologic surveys, and sentinel surveillance strengthening. The incumbent will also have expertise in behavioral interventions, and will support the PEPFAR Interagency Prevention working group chaired by the USAID Senior Prevention Advisor. Seventy-five percent of his/her time will be devoted to IRB/human subject's management issues and 25% percent to prevention.

An additional 1.5 administrative positions are requested in FY08 to provide support services to the CDC PEPFAR Office. The workload in this office has increased substantially since the last addition to the administrative supportstaff in FY05. The budget has increased \$54 million over the past two years alone and the staff has grown by 16 positions (including FY08 requested positions). With the formulation of the Program Management Unit and the expansion of three USDH positions in the FY07 and 08 budgets, the workload is expected to continue to increase substantially. Support for the remainder of the second position will come from the CDC Avian Influenza activity, which is located within the CDC office.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9891

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24562	9891.24562.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10496	3694.09	CDC-GAP-Funded HQ Activities	\$626,909
9891	9891.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$938,128

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 7251.08

**Mechanism:** HHS/CDC ICASS

**Prime Partner:** US Department of State

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 9688.08

**Planned Funds:** \$579,000

**Activity System ID:** 15398

**Activity Narrative:** This is a continuing activity from FY07.

HHS/CDC, Global AIDS Program (GAP) is fully represented on the U.S. Embassy-Vietnam ICASS interagency working group which meets periodically to develop policy and make recommendations regarding assigning ICASS costs to the various services provided by the embassy to GAP, Vietnam. HHS/CDC, GAP subscribes to the full range of ICASS services to cover administrative and personnel costs associated with supporting six U.S. direct-hire, five U.S. contract and 30 locally employed staff.

In FY07 ICASS charges were \$482,398. As a result of expanded procurement and space requirements, FY08 ICASS charges are expected to be \$579,000.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9688

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24608	9688.24608.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$584,941
24607	9688.24607.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$5,759
24606	9688.24606.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$183,913
24605	9688.24605.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$107,570
24604	9688.24604.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$34,019
24603	9688.24603.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$8,989
24602	9688.24602.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$44,124
24601	9688.24601.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$9,914
24600	9688.24600.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$9,914
24599	9688.24599.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$115,097
24598	9688.24598.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$189,107
24597	9688.24597.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$59,358
24596	9688.24596.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$77,953
24595	9688.24595.09	HHS/Centers for Disease Control & Prevention	US Department of State	10505	7251.09	HHS/CDC ICASS	\$39,344
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 3661.08

**Mechanism:** N/A

**Prime Partner:** Substance Abuse and Mental Health Services Administration

**USG Agency:** HHS/ Substance Abuse and Mental Health Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 15771.08

**Planned Funds:** \$46,000

**Activity System ID:** 15771

**Activity Narrative:** This is a continuing activity from FY07. HHS/SAMHSA is represented by HHS/CDC on the Embassy, Vietnam ICASS interagency working group which meets periodically to develop policy and make recommendations regarding assigning ICASS costs to the various services provided by the Embassy. HHS/SAMHSA subscribes to the full range of ICASS services to cover administrative and personnel costs associated with supporting one US Direct Hire position. In FY07 ICASS charges were \$38,000. As a result of expanded PEPFAR procurement and space requirements, FY08 ICASS charges are expected to be \$46,000.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 3694.08

**Mechanism:** N/A

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 15776.08

**Planned Funds:** \$113,750

**Activity System ID:** 15776

**Activity Narrative:** This is a new activity for FY08.

In FY08 the Coordinating Center for Global Health at CDC will develop a comprehensive plan to upgrade the CDC global information technology (IT) services that will allow all countries to receive broader band width and improved electronic communications. The ultimate goal will be to bring the offices behind the HHS/CDC firewall and provide the IT security required. This annual fee will cover the IT management costs associated with supporting existing and new positions, including direct hire, locally employed and contractor staff at 28 desks in Hanoi and seven in Ho Chi Minh City. These IT costs are calculated at a rate of \$3,250 per desk.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 8686.08

**Mechanism:** State

**Prime Partner:** US Department of State

**USG Agency:** Department of State / Bureau of Administration

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 19477.08

**Planned Funds:** \$500,000

**Activity System ID:** 19477

**Activity Narrative:** Funds are being moved from unallocated into new programs.

\$500,000 will remain unallocated but earmarked for co-location expenses.

Co-location of PEPFAR Staff:

The progressive increase in the PEPFAR budget (nearly 30%) between FY 2007 and FY 2008 has required a commensurate strengthening of operational and management capacity to plan, implement, monitor and evaluate the increasing scale and scope of programs. To enhance operational and management efficiency and effectiveness, the PEPFAR Management Team has taken actions to: increase the number of key management and technical staff; open opportunities for training; and focus on means to improve program coordination. An important strategy to augment program coordination and more efficiently utilize staff time and resources is to co-locate PEPFAR staff, who are presently dispersed widely across Hanoi. Currently Embassy administrators are working diligently to identify appropriate sites for co-location of PEPFAR agencies and staff; however, it is important to program additional time in order to complete negotiations, favorably, with regard to key financial and security objectives. PEPFAR/Vietnam will work towards programming these resources in July 2008.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 5: Planned Data Collection**

<b>Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			1/1/2009
<b>Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?</b>		<b>Yes</b>	<b>X</b>
If yes, Will HIV testing be included?		Yes	No
When will preliminary data be available?			
<b>Is a Health Facility Survey planned for fiscal year 2008?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>
When will preliminary data be available?			
When will preliminary data be available?			1/1/2009
<b>Is an Anc Surveillance Study planned for fiscal year 2008?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>
If yes, approximately how many service delivery sites will it cover?		Yes	No
When will preliminary data be available?			1/1/2009
<b>Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>

**Other Significant Data Collection Activities**

**Name:** IBBS

**Brief Description of the data collection activity:**

Another round of the integrated biological and behavioral surveillance activity will be conducted starting in October 2007 and continuing into 2008. This activity will be conducted in the 7 focus provinces and DaNang.

**Preliminary Data Available:**

9/1/2008

**Name:** Decision 26 routine reporting

**Brief Description of the data collection activity:**

As defined in Decision 26, all Districts in Vietnam are required to report HIV program activity data on a quarterly basis. This reporting is supported by multiple donor activities including financial and technical support from PEPFAR. In 2007, the national M&E technical working group (TWG) has focused on capacity development at provincial and district level for these reporting activities. In 2008, the TWG will focus on supervision of data quality and data management and use for these data.

**Preliminary Data Available:**

7/1/2008

**Name:** MARP Size estimation

**Brief Description of the data collection activity:**

Estimating population sizes of IDU, CSW, and MSM using various methods, including multiplier, police census, and capture-recapture. First round in 2007, successive rounds will be built into IBBS.

**Preliminary Data Available:**

1/1/2009

**Name:** HIV Drug Resistance Site Monitoring

**Brief Description of the data collection activity:**

PEPFAR will implement the WHO HIV drug resistance protocol at a sample of ART sites pending final design and clearance. These activities should begin in late 2007 and will be on-going.

**Preliminary Data Available:**

6/1/2008

**Name:** Survey Assessment of Vietnamese Youth (SAVY) Round 2

**Brief Description of the data collection activity:**

UNICEF and WHO will partner with MOH and the General Statistics Office (GSO) to conduct a second round of a national survey of Vietnamese youth. In this round PEPFAR will work with the team to further develop methodologies for improved data on sexual and drug use risk behaviors. An additional protocol for further data collection on at-risk youth will also be developed and tested.

**Preliminary Data Available:**

1/1/2009

**Supporting Documents**

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Vietnam Functional Staffing Chart.pdf	application/pdf	9/14/2007	Functional Staffing chart	Other	VChao2
Vietnam Global Fund Supplemental.pdf	application/pdf	9/19/2007	Global Fund Supplemental	Global Fund Supplemental*	VChao2
Vietnam Geographic Coverage Strategy and Map.pdf	application/pdf	9/19/2007	Geographic Coverage Strategy and Map	Other	VChao2
Vietnam USAID Organizational Chart.pdf	application/pdf	9/14/2007	USAID management chart	Other	VChao2
Vietnam PEPFAR Organizational Chart.pdf	application/pdf	9/23/2007	PEPFAR organizational chart	Other	VChao2
Vietnam FY08 Strategy for IDU, Rehab Center Res, MAT scale up.pdf	application/pdf	9/23/2007	FY08 Strategy for IDU, Rehabilitation Center Residents, and MAT scale-up	Other	VChao2
Vietnam FY08 USAID TB workplans.pdf	application/pdf	9/23/2007	TB/HIV workplans	Other	VChao2
Vietnam HCD Table - FY 2008.pdf	application/pdf	9/7/2007	Human Capacity Development Table	Other	VChao2
Vietnam DOD Organizational Chart.pdf	application/pdf	9/14/2007	DOD management chart	Other	VChao2

Vietnam FY08 OVC Waiver Justification.pdf	application/pdf	9/26/2007	Vietnam Justification for OVC Budgetary Requirements	Justification for OVC Budgetary Requirements	VChao2
Vietnam FY08 AB Waiver Justification.pdf	application/pdf	9/26/2007	Vietnam Justification for AB Budgetary Requirements	Justification for AB Budgetary Requirements	VChao2
Vietnam FY08 Treatment Waiver Justification.pdf	application/pdf	9/26/2007	Vietnam Justification for Treatment Budgetary Requirements	Justification for Treatment Budgetary Requirements	VChao2
COP 08 Letter from Amb Michalak to Amb Dybul.pdf	application/pdf	9/26/2007		Ambassador Letter	VChao2
Vietnam FY09 Planned Activities.pdf	application/pdf	9/25/2007	Vietnam FY 2009 Funding Planned Activities	Fiscal Year 2009 Funding Planned Activities*	VChao2
Vietnam FHI 8% Waiver Request.pdf	application/pdf	9/27/2007	Justification for funding above 8% to Family Health International (FHI)	Justification for Partner Funding	VChao2
Vietnam FY08 COP Budgetary Requirement Worksheet.xls	application/vnd.ms-excel	9/27/2007		Budgetary Requirements Worksheet*	VChao2
Vietnam CDC Organizational Chart.pdf	application/pdf	9/27/2007	Vietnam CDC Management Chart	Other	VChao2
Vietnam Executive Summary FY08.doc	application/msword	9/27/2007		Executive Summary	VChao2
Vietnam FY08 Explanation of Target Calculations.pdf	application/pdf	9/27/2007	Vietnam explanation of targets calculations for Table 2 and Table 3.3.	Explanation of Targets Calculations*	VChao2
Vietnam FY08 - Map of SI Activities.pdf	application/pdf	9/27/2007	FY 2008 Map of Strategic Information Activities in Vietnam	Other	VChao2