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Condensed COP Report

Vietnam

2005

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Country Operational Plan (COP)

Country Name: Vietnam
 Fiscal Year 2005

U.S. Embassy Contact	John	Boardman	Deputy Chief of Mission	boardmanjs@state.gov
U.S. Embassy Contact	Nahoko	Nakayama	Emergency Plan Liaison Officer	nnakayama@usaid.gov
HHS In-Country Contact	Marie	Sweeney	Health Attache	sweeneymh@state.gov
HHS In-Country Contact	Mitchell	Wolfe	CDC Country Director	maw6@cdc.gov
USAID In-Country Contact	Dennis	Zvinakis	Country Manager	dzvinakis@usaid.gov
USAID In-Country Contact	Daniel	Levitt	HIV/AIDS Program Manager	dlevitt@usaid.gov
DOD In-Country Contact	Thomas	Crabtree	Lt. Colonel	thomas.gordon.crabtree@us.army.mil
DOL In-Country Contact	Sandra	Huang	Economic and Labor Specialist	huangss@state.gov

Table 1: Country Program Strategic Overview

1.1

National Response

In March 2004, the Ministry of Health of the Socialist Republic of Vietnam (GVN) released the National Strategic Plan on HIV/AIDS Prevention for 2004-2010 with a Vision to 2020. This strategy continues the country's 14 year response to HIV/AIDS in Vietnam. The National Strategy will be addressed in Section 1.1.1.

The national response to the HIV epidemic began in 1987 with the establishment of the AIDS Prevention Committee within the Ministry of Health. The body gained national coordinating authority in 1994 as the National AIDS Committee, which stood apart from the MOH to include other sectors across the government. The National AIDS Bureau served as the administrative and programmatic arm of the National AIDS Committee as well as the government partner for several large bilateral and multilateral organizations. Parallel AIDS committees were created in all 64 provinces, as well as at the district level. These committees, together with their member organizations, including the Vietnam Women's Union, the Vietnam Youth Union and the Vietnam Red Cross, became focal points for planning and delivering HIV/AIDS-related services. In 2000, the inter-ministerial coordinating authority shifted to a new body that established the National Committee for AIDS, Drug and Prostitution Prevention and Control. Also in 2000, the National AIDS Bureau (renamed the National AIDS Standing Bureau, NASB) returned to the MOH and in a 2003 reorganization merged with the Preventive Medicine Department to create the General Department for Preventive Medicine and HIV/AIDS Prevention and Control. The MOH thus regained overall responsibility for HIV/AIDS programs and coordination.

1.1.1

National HIV/AIDS Action Framework

In March 2004, the GVN released the National Strategic Plan on HIV/AIDS Prevention for 2004-2010 with a Vision to 2020. The strategy provides the vision, guidance and measures for a comprehensive national response to the epidemic, calling for mobilization of government, party and community level organizations across multiple sectors. The strategy takes a progressive and proactive stance to reducing drug-related HIV transmission and calls for efforts to diminish HIV/AIDS-related stigma, including de-linking HIV/AIDS from 'social evils' such as drug use and prostitution. The strategy calls for nine action plans to be developed; the Action Plans constitute operational HIV/AIDS policy and the government is (at the time of writing) negotiating with national and international stakeholders on development of these documents. The action plans will cover the following areas: behavior change communication (BCC), harm reduction, care and support, surveillance, monitoring and evaluation, access to treatments, prevention of mother to child transmission (PMTCT), STI management and treatment, blood supply safety and HIV/AIDS capacity building and international cooperation.

1.1.2 National HIV/AIDS Coordinating Authority

The current National Committee for AIDS, Drug and Prostitution Prevention and Control, chaired by a Deputy Prime Minister, includes 18 member ministries of the government and a number of other sectors, socio-political organizations and federations and central institutions. The National Committee has emphasized coordination that rests on one national HIV/AIDS action framework.

Much of the clinical and counseling work in response to HIV/AIDS is provided at the provincial level, through provincial AIDS committees. Although these committees have been established and are functioning, the planning process for HIV/AIDS activities is still in development in most provinces. It is anticipated that the reorganization of HIV/AIDS programs at the national level will also occur at the provincial level.

All programs supported thus far have been requested by government partners and thus elicited government commitment from the initial stages. New programs will be planned in a similar fashion to ensure central government commitment. Local personnel will participate in initial situational assessments, proposal development and mapping exercises and will be encouraged to adapt national procedures to fit the local context and to be part of the decision-making process. This will establish immediate "ownership" of the programs by their local implementers.

As with any developing nation, Vietnam has limited financial resources committed toward HIV/AIDS activities and thus depends heavily on international support. The GVN currently commits about \$4 million USD per year to HIV/AIDS; direct international support currently totals more than five times that amount. A goal of the EP is to provide guidance to the GVN in diversifying its assistance base to include more commitment from the national budget and the private sector and less from international donors.

Both the Emergency Plan and the Vietnam National Strategy on HIV/AIDS make collecting strategic information on HIV/AIDS activities a priority. The National Strategy calls for the development of a coordinating body specializing in monitoring and evaluation and data storage to create a strategic information management system. Vietnam has a solid foundation on which to build a system for monitoring implementation and evaluating effectiveness of HIV/AIDS programs, with a long tradition of district-provincial-central government reporting and accountability. MOH holds responsibility for monitoring and supervising provincial HIV/AIDS prevention and control agencies. Subcommittees reporting to MOH manage various aspects of HIV programs, and ad hoc review teams can be pulled together across agencies for program evaluation. A similar reporting network exists within the MOH system. Coordination of this system with the MOH network is crucial.

With the support of the World Bank, the MOH is in the process of developing a national M&E framework, upon which the national HIV/AIDS coordinating authority will rely. The MOH is building from strong experience in seroprevalence surveillance. Surveillance capacity has broadened vastly to incorporate second generation surveillance, which includes behavior sentinel surveillance (BSS) and STI surveillance. There have been concerns, however, over the quality of the results due to low capacity of local implementing bodies and weak monitoring and supervision. Also, weak coordination among different donors and implementing agencies have compromised the utilization of the study results for programmatic and policy decisions.

The health management information system for HIV/AIDS at the national level is limited, and M&E capacity at the central and provincial levels requires strengthening. Facility-based data collection, mostly conducted at the provincial level by departments of health, has been burdensome. Limited numbers of health department staff have been available to meet major donor reporting needs in the more than 20 provinces with two or more donor-funded scale-up programs. Integrating data collection requirements and harmonizing indicators for the various donor-funded projects will allow full utilization of data for program management and policy decisions. Except for USG supported facilities, QA is unclear for clinic-based interventions throughout the country, as no national facility surveys exist. The human resource base for national surveillance capacity is concentrated within a small group of experts at the National Institute of Hygiene and Epidemiology who have multiple projects. In addition, Demographic Health Surveys (DHS), conducted in 1997 and 2002, consisted of limited HIV/AIDS indicators.

Network Model

USG Vietnam Program will cooperate with government agencies, faith and community-based organizations, international NGOs, mass organizations and peer support groups in building capacity to implement comprehensive HIV care and support through the development of a diversified network system. Vietnam has a growing private health services sector with a focus on HIV/AIDS care providing opportunities for a comprehensive network model for the delivery of care and support services. Many of the ingredients of a network model already exist, but require the catalyst to develop linkages across sectors and services. Key challenges include:

- a lack of affordable quality care and clinical management with the full range of treatment options from the provincial level to ward level; low numbers of clinically qualified staff and poor remuneration and incentives for staff motivation; understaffed health management units
- minimal management experience; limited capacity of local leadership to advocate for comprehensive, multi-sectoral approaches to care and support; a lack of effective Vietnamese models for comprehensive care and support for rapid scale-up; and a lack of history of managing and ensuring confidentiality of lab testing in the HIV/AIDS arena
- community activism remains relegated to quasi-governmental mass organizations; the absence of a strong civil society sector poses the greatest challenge to developing truly beneficiary-driven care models
- relatively low HIV prevalence and ten years of public campaigns associating HIV/AIDS with drug use, crime and sex work have led to powerful stigma and discrimination, with roots in the healthcare sector; efforts to improve the legal framework for rights-based advocacy of PLWHA will prove fruitful only if those rights are enforced and there is still a dearth of advocacy leadership at both the central and local levels

At the same time, the Emergency Plan brings Vietnam the opportunity to partner with the USG and international NGOs to build on a good health infrastructure capacity while developing client-focused care models that link health facilities and communities from the provincial to the ward level.

Given a growing private sector in healthcare and the overwhelming majority of public sector clinicians who conduct private practices, the Emergency Plan activities will have the opportunity to focus on building public-private network linkages. These will include private provider training of clinicians and pharmacists in HIV/AIDS, OI and palliative care, assistance in developing and disseminating public and private sector quality management guidelines and effective referral between public and private services supported by the Emergency Plan and other international and local initiatives.

As well, community-based palliative care and support models in focus areas exist and can be assessed in order to identify lessons learned which can then be disseminated to government and NGO service providers. Specific emphasis could be placed on the actual or potential linkages to the network model--Access to, availability and quality of pain management medications should also be assessed, as a part of this.

At another level, network partnerships are also being addressed through pharmacy referral systems, and also in exploring the possibility of government programs (e.g., national HIV and TB programs) providing private physicians "certificates" to diagnose tuberculosis in order to enhance referral of HIV-infected TB patients into the national TB program.

1.3

Human Capacity Development

Vietnam has a comparatively strong healthcare work force, sound public health infrastructure and a leadership that is increasingly becoming engaged to address the HIV/AIDS epidemic. Despite this fact, the verticality of healthcare provision in the public sector causes some limitations in program coordination. Health care provision in the military, O5/06 Centers and the public health sector are all overseen by different Ministries. Consistency in service provision is necessary if there is to be an effective response.

The majority of general health care is administered at the provincial level. However, most provincial AIDS committees lack an adequate number of trained staff in public and allied health professions. The Emergency Plan activities will emphasize effectively utilizing and building upon existing capacity rather than changing systems.

Great emphasis has been placed on training physicians; less has been placed on auxiliary professionals such as nurses, social workers and counselors, although these fields are also growing. Human capacity building in Vietnam will focus not only on training, but on ensuring that training opportunities for HIV care and support providers link with existing programs and involve "learning by doing" approaches, with support for national dissemination of lessons learned. USG support will be given for training in program management, resource allocation, long-term planning and impact monitoring. Capacity building will focus on a continuum, from district to central level and vice versa, through focused study tours and policy and resource management workshops. Emphasis will be placed on engaging decision-makers who make policy at the central level; community leaders who implement policy at the local level; institutional leaders who develop curricula for various professionals; the professionals (physicians, laboratory staff, nurses, counselors, social workers) who teach or provide services to the public; community figures such as businessmen, pharmacists and traditional healers; and local spiritual leaders (e.g., monks and religious orders). Emergency Plan activities will continue to encourage local health officials to develop linkages to other leaders critical to program success, such as police, local labor officials, mass organizations, health care providers and pharmacies. The plan will support national HIV conferences for local program staff to present results of their work and local site visits that allow program staff to visit their counterparts in adjoining provinces. There is a growing private sector in healthcare and the overwhelming majority of public sector clinicians conduct private practices. The Emergency Plan activities will focus on building public-private linkages; these will include private provider training of clinicians and pharmacists in HIV/AIDS, OI and palliative care, assistance in developing and disseminating public and private sector quality management guidelines and effective referral between public and private services.

USG Partners

Within Vietnam, strong coordination and collaboration already exist among USG agencies, as well as between these organizations and, UN agencies, international donors and others. Historically, CDC programs primarily support government partners, whereas USAID programs primarily support civil society through international and local NGOs, providing the opportunity for these programs to interact and "synergize" through development of community referral networks, provision of co-trainings (as in the area of VCT) and in encouraging coordinated provincial project development. Other USG agency programs (DOD, DOL) have also combined efforts with existing USAID- and CDC-funded projects to leverage funding for coordinated, non-duplicative efforts.

USG agencies work collaboratively with other donors, foundations and UNAIDS and other UN entities through a variety of mechanisms. The agencies participate in the international HIV Technical Working Group and Subgroups; USAID and CDC also participate with the Community of Concerned Partners (CCP), a committee of donors working to harmonize support organized through the auspices of UNAIDS and UNDP. Through the CCP, USG agencies worked with other international donors and UNAIDS in providing support and feedback during development of the National Strategy for HIV/AIDS.

The USG will continue to collaborate with the UN and bilateral and non-governmental organizations through existing mechanisms such as the CCP and coordination of large scale-up projects. Emergency Plan funds can help support these useful coordinating activities. USG partners will continue to work with the GVN, the UN, multilateral and bilateral donors and NGOs in technical areas with long-standing projects, such as Surveillance, Monitoring & Evaluation, VCT, community outreach and HIV outreach. USG partners will work with UN agencies in areas where these agencies have a strategic advantage, such as promoting local NGO and civil society HIV/AIDS efforts and in certain policy areas (such as HIV in the workplace, PLWHA).

Sustainability and human capacity development are key principles. New programs will be planned to ensure central government commitment. Building off practices to date, USG projects will be implemented by both international NGOs, GVN agencies and local CBOs/FBO with the aim of using local structures and people to implement and develop activities. Local personnel will participate in the initial situational assessments, proposal development and mapping exercises and will be encouraged to adapt national procedures to fit the local context and to be part of the decision-making process. This will establish immediate "ownership" of the programs by their local implementers.

Specifically, over the next five years USG efforts for strengthening coordination will include: strengthening existing partnerships with government, the UN and donor organizations to best leverage the comparative advantages of each agency; building new partnerships with NGOs, CBO/FBO and organizations within the GVN (e.g., mass organizations and ministries not currently engaged by USG); encouraging an open, participatory, high-level process for implementing the National Strategy; advocating for a high-level, inter-ministerial body for Emergency Plan GVN coordination and planning; encouraging communication and transparency by all organizations involved HIV/AIDS activities in Vietnam; reducing redundancy in donor programs and encouraging coordination and collaboration, whenever possible; building on the existing very strong USG interagency collaborations to optimize staffing and leverage the technical advantages of each agency; and advancing regional programs where these programs exist and can be adapted to the country situation.

1.4.1

Public-Private Partnerships

Presently, state-owned enterprises continue to dominate many segments of the commercial sector. As a result, public-private partnerships are a particularly difficult challenge in Vietnam. Even so, there is a growing private sector, including the presence of American and other foreign companies. The USG will initially use these foreign companies to build a model of public-private partnering in HIV/AIDS, and expand this to include Vietnamese private commercial enterprises over the next 5 years. The DOL/SMARTWORKS project has developed curricula for training in the workplace, which is an initial step in engaging the private sector in a response to HIV/AIDS.

The USG also will seek to partner with the American Chamber of Commerce in taking a leadership role to build capacity of the private sector in addressing HIV/AIDS issues.

Local Partner Capacity for Health Care Delivery

ated by the MOH, the health care system is vertical, originating in the Central Government and ending down through the provincial, district and commune levels. There is a widespread hospital system with 6 beds/10,000 persons in 2001, of which 18.3 were government-run. Eight medical schools ensure a large supply of trained physicians (52 MDs/100,000 persons in 2001). Training for non-physician health care providers, including nurses, has only recently been widely supported. A separate health care system and medical school exist within the Ministry of Defense (MOD) for active military, their families, and retirees and, in many cases, civilians who do not have access to the MOH facilities. In addition, with one or two exceptions where MOH provides services, MOLISA operates a separate healthcare system for residents of the US/06 Centers.

Wages for health care workers remain low (\$50/month for government MDs), most have private practices or other alternative income sources. Since 1988, private medical practice has been allowed contributing to increased access to health care services, and choice in providers, but, because individuals pay for most health care services, affordability is a limiting factor to access. Deregulation of the production and distribution resulted in fewer drug and vaccine shortages.

The demands of augmenting HIV/AIDS treatment, care and prevention illustrate serious gaps in the nation's capacity to provide personnel able to implement the necessary policies and programs. Each province has an AIDS Division, but few full-time specialized workers in AIDS prevention. USG partners and international NGOs have trained approximately 350-400 health care providers in basic diagnosis and treatment of HIV/AIDS. Fewer physicians are trained to provide anti-retroviral (ARV) therapy, those who do, practice primarily in four provinces: Hanoi, HCMC, Quang Ninh and Hai Phong. Home-based care plays an important role for HIV-infected persons due to a combination of fear of stigma by health care workers and inability to pay for health care. The numbers of PLWHA seeking care in provincial hospitals continues to increase in 2004. Faith-based organizations are providing limited hospice services. In many cases, PLWHA through their support groups are engaging in treatment education. Many PLWHA in these groups are more knowledgeable about ARV treatment than healthcare providers. Efforts to increase treatment literacy among PLWHA would help to improve adherence to ARV and delay the development of drug resistance and treatment failure.

A USG-supported laboratory assessment in May 2004 reported laboratory capacity as follows: appropriately educated, competent and committed staff at each level of the laboratory system (national, provincial and district); considerable differences in the quality of their outputs; quality assurance and quality control are not practiced systematically; laboratory system requires coordination; laboratory safety is not always followed; pre-analytical and post-analytical components of the test process lack a strong orderliness to support cost-effective and timely laboratory services; and, laboratory maintenance resources and staff are limited.

In early 2004, a WHO task force visited Vietnam to assess the nation's viability to enter the WHO 3 by 5 Program (three million people on ARV treatment by 2005). It was estimated that less than 100 people had access to ARV treatments and purchased the major barriers to greater access to ARV in Vietnam: high cost of the ARV drugs produced or purchased in Vietnam; limited coordination within the MOH; limited partner coordination for care and treatment; stigma and discrimination in the health care system; absence of human resources development; and, lack of policies and programs that include training for health care workers and persons infected and affected by HIV.

Gender

Studies have shown that women in Vietnam head more than a quarter of households, but working women earn only approximately two-thirds of the salary of men for doing the same work. On average, women work six hours a day longer than men performing household chores and income-generating activities, and caring for children. Maternal mortality rates are among the highest in the world (130–160 for every 100,000 live births) as are rates for voluntary abortion. Gender studies in Vietnam have begun to document high levels of domestic violence, although support services have not yet evolved. Furthermore, when a family member is infected with HIV and becomes sick, women bear the greater burden of care-taking, income loss and increased workload. These indicators suggest strong gender disparities and biases against women in Vietnamese society.

Growing income disparities and domestic dysfunction appear to be fueling a rising number of women entering sex work. Reports increasingly reveal that many sex workers also inject heroin. Studies in Vietnam indicate that men decide the "script" for a sexual encounter, including condom use. Poor sex workers, particularly those who sell sex on the streets or who are highly indebted, are particularly unable to negotiate condom use when, as reported, about 50 percent of men will offer more money for unprotected sex. Violence against sex workers, while reportedly not very common, does nevertheless exist. In Viet Nam an estimated 5–20% of women experience gender-based violence (GBV) although there is little information on the extent of GBV in relation to HIV/AIDS. International research literature shows that GBV is both a cause and feared consequence of HIV.

In the context of HIV prevention programs, incorporating employment opportunities for more women might open up opportunities for women who might otherwise be involved in the sex trade or with drugs. Careful attention should be paid to gender balance in all staffing situations and in programs designed for females seeking HIV/AIDS assistance, in particular, injecting drug users and sex workers.

In Vietnam men living with HIV seem to enjoy greater family and community acceptance than women. If a man becomes infected through drug use or "indulging in play" (sex) he is regarded as a victim of social evils. In contrast, a woman who becomes infected is more likely to be subject to severe hostility and the belief that she has violated a core moral norm of society (Kuat et al 2004).

Many program planners avoid the subject of sexuality, but it is exceedingly important. One program in Vietnam—Men in the Know—has demonstrated that sexuality education for men can affect risk behaviors. More such work with men and women should be encouraged and supported.

The national strategy does not address gender in a substantial sense. A preliminary analysis by the POLICY Project (Eckman A. forthcoming) concludes that the strategy is "gender blind" and that while gender is mentioned occasionally, in general the strategy fails to mention women and men or how female and male norms, role and inequalities affect different program areas.

Stigma and Discrimination

Discrimination against PLWHA is still common. These negative views are prevalent in Vietnam, especially in provinces with low rates of HIV infection and among families who have been affected by the epidemic. Stigma and discrimination poses a major challenge to fighting the HIV epidemic and must be addressed to enable people to seek services and get the support needed.

Stigma and discrimination remain an enduring brake on increasing the effectiveness of the national HIV/AIDS program. Numerous studies have shown that HIV/AIDS stigma is closely intertwined with views on drug use and sex work (termed social evils). As noted above policy and program activities designed to delink HIV/AIDS from the stigma of social evils have begun to be more openly discussed as an essential feature of an effective response in the country. The most recent study on the causes and impact of HIV/AIDS related stigma in Vietnam concludes that more must be done to reduce the impact of stigma, in particular, the report call for programs that will assist to reduce the fear of casual transmission of HIV by delivering unambiguous factual information about the disease, and a committed effort to delink HIV/AIDS from social evils. The report also notes that the media has an important role to play and should reinforce efforts to reduce stigma through positive images of PLWHA. Stigma intensifies the impact of HIV/AIDS at a variety of levels. At the national and provincial level stigma encourages bias in the allocation of resources and support mechanisms, at the household and community level stigma reduces or removes informal support structures that ordinarily provide support to families to cope with health or economic instabilities.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National</u> <u>2 - 7 -10</u>	<u>USG Direct Support</u> <u>Target End FY05</u>	<u>USG Indirect Support Target</u> <u>End FY05</u>	<u>Total USG Support</u> <u>Target End FY05</u>
Prevention	Target 2010: 660,000			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting	1,060	0	0	1,060
Number of pregnant women who received PMTCT services in FY05	50,200	0	0	50,200
Care	Target 2008: 110,000			
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05	8,760	0	0	8,760
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05	150	0	0	150
Number of individuals who received counseling and testing in FY05	20,000	0	0	20,000
Number of OVCs being served by an OVC program at the end of FY05	290	0	0	290
Treatment	Target 2008: 22,000			
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05	200	0	0	200
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05	1,050	0	0	1,050

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID: 1,458
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

Mech ID: 1,459
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

Mech ID: 1,460
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

Mech ID: 1,462
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

Prime Partner: To Be Determined
 Mech ID: 1,469
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: other prevention
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

Mech ID: 1,570
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Palliative Care
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

Prime Partner: Academy for Educational Development

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Prime Partner: Academy for Educational Development
Mech ID: 1,538
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: SMARTWorks
Planned Funding Amount:
Agency: Department of Labor
Funding Source: GAC (GHAI account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Family Health International
Mech ID: 32
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: IMPACT
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Hanoi School of Public Health
Mech ID: 1,566
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 596
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Harvard Medical School - Division of AIDS
Mech ID: 1,540
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Vietnam CDC Harvard AIDS Program
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 807
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Ho Chi Minh City Provincial AIDS Committee
Mech ID: 1,563
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 2,319
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: International Organisation for Migration
Mech ID: 1,467

Prime Partner: International Organisation for Migration
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Department of Labor
Funding Source: GAC (GHA) account)
Prime Partner ID: 516
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: Yes

Prime Partner: Macro International
Mech ID: 36
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: MEASURE/DHS+
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 429
Prime Partner Type: Private Contractor
Local: No
New Partner: Yes

Prime Partner: Ministry of Health
Mech ID: 1,439
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account)
Prime Partner ID: 2,053
Prime Partner Type: Host Country Government Agency
Local: No
New Partner: No

Prime Partner: Pact, Inc.
Mech ID: 1,535
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 200
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: CARE International
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: Center for Community Health and Development (COHED)
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: International Organisation for Migration
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Department of Labor
Funding Source: GAC (GHA account)
Prime Partner ID: 516
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: Yes

Prime Partner: Macro International
Mech ID: 36
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: MEASURE/DHS+
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 429
Prime Partner Type: Private Contractor
Local: No
New Partner: Yes

Prime Partner: Ministry of Health
Mech ID: 1,439
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA account)
Prime Partner ID: 2,053
Prime Partner Type: Host Country Government Agency
Local: No
New Partner: No

Prime Partner: Pact, Inc.
Mech ID: 1,535
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 200
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: CARE International
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: Center for Community Health and Development (COHED)
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

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Prime Partner:

Pact, Inc.

Sub-Partner Name: Harvard University Kennedy School of Government
Sub Partner Type: University
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: Institute for Social Development Studies
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: International Center for Research on Women
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Mai Hoa
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: MDM
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Pathfinder International
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: Save the Children US
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: STDs/HIV/AIDS Prevention Center (SHAPC)
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: World Vision
Sub Partner Type: FBO
Planned Funding Amount:
Local: No
New Partner: No

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Prime Partner: Pact, Inc.
Sub-Partner Name: Worldwide Orphans Foundation
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: Yes

Prime Partner: Population Council
Mech ID: 39
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HORIZONS
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 204
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Institute for Social Development Studies
Sub Partner Type: NGO
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: International Center for Research on Women
Sub Partner Type: NGO
Planned Funding Amount:
 Funding To Be Determined
Local: No
New Partner: No

Prime Partner: Population Services International
Mech ID: 1,447
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 206
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: The Futures Group International
Mech ID: 41
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: POLICY Project
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 435
Prime Partner Type: Private Contractor
Local: No
New Partner: No

UNCLASSIFIED

Prime Partner: The Futures Group International
Sub-Partner Name: National Institute for Hygiene and Epidemiology
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: United Nations Development Programme
Mech ID: 1,536
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: UN Resident Coordinator's Office
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 1,869
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: Yes

Sub-Partner Name: Joint United Nations Program on HIV/AIDS
Sub Partner Type: Multi-lateral Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: UNESCO
Sub Partner Type: Multi-lateral Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: United Nations Volunteer
Sub Partner Type: Multi-lateral Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Prime Partner: University of North Carolina Carolina Population Center
Mech ID: 34
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: MEASURE/Evaluation
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 495
Prime Partner Type: NGO
Local: No
New Partner: Yes

Prime Partner: University of Washington
Mech ID: 1,542
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: I-TECH
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA account)
Prime Partner ID: 841
Prime Partner Type: University
Local: No
New Partner: Yes

UNCLASSIFIED

Prime Partner: US Agency for International Development
Mech ID: 1,452
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 31
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,582
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Base
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of Labor
Mech ID: 1,453
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of Labor
Funding Source: GAC (GHA account)
Prime Partner ID: 2,063
Prime Partner Type: Own Agency
Local: No
New Partner: Yes

Prime Partner: US DOD/Pacific Command
Mech ID: 1,468
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHA account)
Prime Partner ID: 2,470
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: Vietnam Ministry of Defense
Mech ID: 1,572
Mech Type: Headquarters procured, country funded (HQ)

UNCLASSIFIED

Prime Partner: Vietnam Ministry of Defense
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 2,420
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: World Health Organization
Mech ID: 1,465
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 523
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: Yes

UNCLASSIFIED

Program Area:

Mechanism ID: 1,458

Mechanism Type: Unallocated

Planned Funds:

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

- Result 1: Quality PMTCT services into routine antenatal care, mother and child health services
- Result 2: Increased access to comprehensive PMTCT services
- Result 3: Increased use of complete course of ARV prophylaxis by HIV+ pregnant women
- Result 4: Full supply of diagnostic and related medical supplies achieved
- Result 5: Sufficient number of trained staff skilled, motivated and productive

Total Funding for Program Area **Current Program Context:**

Current Country Context\nVN MOH has prioritized PMTCT and PMTCT plus as a critical HIV prevention program in the national strategy, while CDC has been the major supporter of their comprehensive PMTCT program. GVN also has received support from other international donors (UNICEF, Global Funds, Action AIDS) to implement pilot PMTCT projects in some provinces with higher HIV prevalence among pregnant women. MOH plans to use results of ongoing pilot programs to develop national guidelines for providing PMTCT and a referral service system for effective PMTCT programs.\n\nCurrent USG support\nA comprehensive commune-to-province level PMTCT program is currently being supported by USG in 3 provinces with the highest prevalence among ANC attendees: Hai Phong, Quang Ninh, and HCM City. Activities undertaken include situational and needs assessments, development of training curricula, and conduct of training courses for healthcare workers. Currently, women identified as HIV-positive in the prenatal period are provided AZT/3TC at 34 weeks gestation, and infants are provided nevirapine at delivery. Formula feeding is given to the babies living in the project districts. The PMTCT project has been implemented at all 4 public provincial OB-GYN hospitals, 8 district OB-GYN clinics (14% of total number of the district clinics in each province), as well as 154 commune clinics under the district OB-GYN clinics. The follow-up care and support service networks have been established from the community, district and provincial levels including all 4 public provincial pediatric hospitals to provide counseling, health care support, and formula feeding for newborns/infants born to HIV infected mothers until their HIV status are identified. These services are provided on a confidential basis and connected to other USG-supported services such as VCT and OPC services.

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds:

Activity Narrative:

The Emergency Plan will provide opportunities for the scaling up of the existing PMTCT program by strengthening and expanding partnerships with the GVN and with international organizations implementing PMTCT programs such as Global Fund, UNICEF, and other NGOs. Coverage by full PMTCT services will be increased. The program will continue to support provincial and district health professionals to develop comprehensive program plans, where PMTCT is linked to care and treatment and other support programs, in both the public and private sectors. The PMTCT program will draw its clients from government and NGO activities, and women who test positive will be referred to appropriate care and treatment services. CD4 tests will be done for HIV positive pregnant women (this service is covered under HTXS), and HAART will be provided to those who are eligible (under HTXD). In addition, a goal of the Emergency Plan is to move all HIV infected mothers, their children and husbands to the PMTCT-plus program. The PMTCT-plus will not be a stand-alone program but will be integrated with other USG-supported programs such as ARV treatment, care and support, and special care and support for OVC. There are substantial resources planned for PMTCT under the future World Bank and GFATM funding. USG-supported pilot PMTCT and PMTCT-plus activities will inform the development of the program scale-up plans and activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	6%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	8%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	8%
<input checked="" type="checkbox"/> Logistics	15%
<input checked="" type="checkbox"/> Policy and Guidelines	8%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	200	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	150	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	20,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Traditional birth attendants
 - Midwives
- HIV+ pregnant women
- Infants
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Hai Phong
State Province: Quang Ninh

ISO Code: VN-62
ISO Code: VN-13

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.

Planned Funds:

Activity Narrative:

A referral network for PMTCT will be set up so that pregnant women can access services at An Hoa Clinic. MDM will test all pregnant women receiving services at the An Hoa Clinic for HIV as part of their integration of HIV services in the clinics. In order to do this, MDM will strengthen communication efforts aimed at young women on prevention of HIV transmission by organizing a system of counseling for pregnant women. HIV positive women will be managed according to the national protocol and provided prophylaxis if needed. In addition, treatment for women who qualify under WHO guidelines will be initiated.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	28	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	8	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	800	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- HIV+ pregnant women
- Infants
- Pregnant women

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resource:
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Ha Noi

ISO Code: VN-64

State Province: Ho Chi Minh City

ISO Code: VN-65

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UN Resident Coordinator's Office / United Nations Development Programme

Planned Funds:

Activity Narrative: PMTCT activities are complex, and include a large number of government, INGO, FBO, CBO, international and other partners. Activities include the development of protocols, service provision, training of health care providers, BCC, advocacy, establishment of linkages and referral to VCT, care and support, and other services.

There is an urgent need to ensure effective coordination, information sharing, planning and implementation of these activities. Specific efforts need to be made to bring all partners into these efforts, and to ensure effective outreach to communities, and the provision of accurate information about PMTCT activities at community, provincial and national level.

UNAIDS and UNICEF will take responsibility for the overall coordination of PMTCT efforts between these various partners and actors, and effective links to the media and non-health sector actors. Specific activities will include quarterly meetings between all key actors; yearly assessment of PMTCT networks, partnerships and outreach at community level, and agreed plan for strengthening PMTCT programmes; and intensive national information campaigns through the mass media, mass organizations, local government and local partner organizations.

Activity Category

Development of Network/Linkages/Referral Systems

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- Media
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- Volunteers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Volunteers
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ho Chi Minh City Provincial AIDS Committee

Planned Funds:

Activity Narrative:

The PMTCT pilot project is aimed at accessing the efficacy of a comprehensive program, with long term follow-up of mothers and children by community health workers (i.e., case workers). The Emergency Plan will provide opportunities for the scaling up of the existing PMTCT program by strengthening and expanding partnerships with the GVN and international NGOs. The program will support provincial and district health professionals to develop comprehensive program plans, where PMTCT is linked to care and treatment and other support programs, both in the public and private sectors. The PMTCT pilot program will be continued in 4 districts (76 service sites) and expanded to other districts as needed. The PMTCT program will draw its clients from government and NGO activities, and women who test positive will be referred to appropriate care and treatment services. CD4 tests will be done for HIV positive pregnant women (this service is covered under HTXS), and HAART will be provided to those who are eligible (under HTXD). In addition, a goal of the Emergency Plan is to move all HIV infected mothers, their children and husbands to the PMTCT plus program. The PMTCT plus will not be a stand-alone program but will be integrated with other USG supported programs such as ARV treatment, care and support, and special care and support for OVC. There are substantial resources planned for PMTCT both from international funding such as Action AIDS/UK, UNICEF, the World Bank, GFATM and from local government funding. USG-supported pilot PMTCT activities will inform those larger scale PMTCT activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	7%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	300	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	250	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	50,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	76	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- HIV+ pregnant women
- Infants
- Pregnant women

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Ho Chi Minh City

ISO Code: VN-65

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Vietnam Ministry of Defense

Planned Funds:

Activity Narrative:

This is a twinning activity between the University of Hawaii and the Center of Excellence in Disaster Management and Humanitarian Assistance (COE-DMHA) and the prime partner, the Vietnamese Ministry of Defense (MOD). We will train 40 antenatal care providers including obstetricians in PMTCT and plan to screen approximately 800 women at two sites by March 2006.

Given the high yield of this intervention, we will specifically address the issue of PMTCT in the setting of laboratory and HIV prevention workshops. These will be devoted exclusively to training. Similarly, a University of Hawaii OB-GYN trained HIV specialist will provide "visiting professor" mentorship to physicians at Hospitals 108 (Hanoi) and 175 (Ho Chi Minh City).

Activity Category

Training

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	4	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	8	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	800	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Doctors
- Medical/health service providers
- HIV+ pregnant women
- Military
- Police
- People living with HIV/AIDS

Key Legislative Issues:

Twinning

Coverage Area:

State Province: Ha Noi

ISO Code: VN-64

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

Result 1: HIV preventive behaviors (A/B) among youth improved.

Result 2: A/B prevention messages in faith-based and community networks strengthened.

Total Funding for Program Area **Current Program Context:**

Current Country Context: Abstinence and faithfulness programs are an integral part of Vietnam's comprehensive HIV prevention program. GVN recognizes and views youth as the leaders of the future development of the country. Therefore a substantial portion of GVN prevention resources goes to A/B faithful messages through mass media campaigns, and activities of the mass organizations, such as the Youth Union and the Fatherland Front. Abstinence messages are built into the current health education curriculum in schools. Certain vulnerable populations, including at-risk youths and street children, may not all currently be reached by government and mass organizations. For example, in Vietnam, there are about 12,000 street children who lack access to health care and other social services, especially in large urban areas. Recent surveys indicate that street children in Vietnam may be at behavioral risk for HIV but the current programs have not reached this population. A small number of faith-based and community-based organizations have begun to work with this population. Current USG support: Delay in sexual debut, faithfulness and reduction of sex partners has been an integral part of USG behavioral change programs in Vietnam. USG has been working with Vietnam's Ministry of Health (MOH), international, community-based and faith-based organizations in implementing HIV prevention activities. Specifically, USAID supports A/B messages through NGOs in carrying out mass media messaging, community-based outreach and peer support drop-in centers. CDC supports MOH through its system at provincial, district and community level in implementing abstinence and faithfulness messages in community peer outreach and voluntary counseling and testing programs. DOL has been working with MOLISA in implementing workplace intervention programs that include A/B messages.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**

Planned Funds:

Activity Narrative:

FHI proposes to work through an interlinked behavior change promotion strategy that will effectively utilize mass media (TV, radio) with influential spoke persons (celebrities, national and community leaders) and interpersonal communication to promote the importance of faithfulness and partner reduction among men, with a focus on clients of sex workers in Vietnam.

Communication components will include male leaders who will promote responsible behaviors among men, the reduction of use of sex workers and reducing the number of sexual partners. More intensive outreach to high-risk men will occur at/or near venues where sex is sold and at workplaces that attract men who are away from their families.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	
<input checked="" type="checkbox"/> Community Mobilization/Participation	4%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	
<input checked="" type="checkbox"/> Health Care Financing	
<input checked="" type="checkbox"/> Human Resources	7%
<input checked="" type="checkbox"/> Information, Education and Communication	67%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	
<input checked="" type="checkbox"/> Local Organization Capacity Development	
<input checked="" type="checkbox"/> Logistics	

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- Needs Assessment
- Policy and Guidelines
- Quality Assurance and Supportive Supervision 5%
- Strategic Information (M&E, IT, Reporting) 2%
- Training 8%
- Workplace Programs 2%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	18,000,00	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	400,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,400	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Clients of sex workers
- Community members
- Factory workers
- High-risk population
- Injecting drug users
- Partners of sex workers
- Media
- Mobile populations
- Migrants
- Migrant workers
- People living with HIV/AIDS
- Sex partners
- Youth

Key Legislative Issues:

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

Coverage Area: National

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds:

Activity Narrative:

The following activities will be implemented: community-based outreach and referral delivered in both traditional and non-traditional settings and voluntary counseling and testing. These groups will receive messages by peer outreach workers and counselors that includes promotion of abstinence, delay, fidelity, and partner-reduction messages. This AB program is integrated into the existing large peer outreach and voluntary counseling and testing program of MOH.

Program activities mostly focus on 39 provincial programs including: sustaining on-going programs, providing quality assurance and refresher trainings, enhancing data management systems, providing program adjustments as necessary, and strengthening the referral system.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Human Resources	70%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	4%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	53	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	17,100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	665	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- High-risk population
- Discordant couples
- Injecting drug users
- Men who have sex with men
- Partners of sex workers
- Street youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Organisation for Migration

Planned Funds:

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Activity Narrative:

The activities under "Abstinence and Be Faithful" (HVAB) will include a needs assessment of labor migrants using both qualitative and quantitative research methods, training NGO and government staff, and the printing of relevant information and education communications materials.

The purpose of the data collection under "Abstinence and Be Faithful" will be to collect accurate and adequate data to determine the HIV environment with migrant workers, establish behavior-change communications strategies focused on abstinence and faithfulness, identify program needs and priorities, and to determine future implementation modalities. The activity will achieve the following:

- Establish a knowledge base on migrants and HIV, and the associated perception of self-risk. Health-seeking behaviors and care practices will be included.
- Identify the abstinence and faithfulness information communications appropriate for labor migrants.
- Establish options for interventions with migrants, as well as for supporting an environment for advocacy and policy.

As abstinence and faithfulness are one of the most effective methods of preventing HIV transmission, the research and material development for this activity will consider factors associated with labor migration and HIV, with the primary purpose of educating and reinforcing abstinence and faithfulness. These activities will include:

- Knowledge of HIV among labor migrants
- Sexual practices: abstinence and faithfulness
- Social, cultural and economic back-ground of migrants
- Knowledge of potential abuses
- Awareness of HIV counseling and testing services
- Living conditions, hygiene, income
- Self-esteem, knowledge of health, attitudes towards own health, motivation for abstinence and faithfulness, potential support among migrants

Activities to conduct the needs assessment will include:

- Organize orientation meetings between the IOM team, NGOs and government to finalize the study protocol, develop the questionnaires, develop discussion guides, plan the field work, and plan for analysis of findings.
- Recruit and train interviewers for focus-group discussions and in-depth interviews, as well as questionnaire support. It is expected that two to three interviewers will be recruited from local NGOs and MOLISA to support IOM staff. The recruited interviewers will be provided a one-day training course.
- Conduct in-depth interviews and group discussions with migrants. The results from the qualitative study will support the final development of the quantitative questionnaire.
- Conduct a quantitative baseline survey, using questionnaire-based interviews. It is expected that at least 300 questionnaires will be administered to migrants.
- Analyze the data, interpret the results, draft and finalize the report to determine the abstinence and faithfulness communication messages and the further research needs for people already engaged in high-risk behavior.
- Use assessment results to finalize IEC material development

This activity will focus on migrant knowledge of HIV, practices and behavior, primarily in relation to abstinence and faithfulness, and will not include condom use. It will also identify high-risk behavior and populations to further interview on HIV prevention in high-risk settings (in the HVOP component.) Although there is no budget allocated to policy and capacity building, results of the research will be presented to government officials for policy consideration. Government and local NGOs will be involved in the needs assessment and the material development. Leaflets and booklets on abstinence and being faithful will be printed. A film on labor migration, health and HIV will be translated and dubbed and shown to migrants. The needs assessment, training and IEC adaptation and printing are expected to take three months.

Training will be conducted for a local NGO, and government officials, on data

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collection and IEC material development with a focus on abstinence and faithfulness.

The budget allocated to the HVAB activity is [] This will include [] for the qualitative research, [] for the quantitative research, [] for training, and [] for IEC materials.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	32%
<input checked="" type="checkbox"/> Needs Assessment	60%
<input checked="" type="checkbox"/> Training	8%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	5,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Factory workers
- Government workers
- Host country national counterparts
 - Migrants
 - Migrant workers
- Trainers

Key Legislative Issues:

- Addressing male norms and behaviors
- Gender
- Addressing male norms and behaviors
- Stigma and discrimination
- Stigma and discrimination

Coverage Area:

State Province: Ha Noi

State Province: Ho Chi Minh City

ISO Code: VN-64

ISO Code: VN-65

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.

Planned Funds:

Activity Narrative: Building on existing Save the Children and other IEC/BCC materials for young people, Save will develop a new pamphlet focused on abstinence and being faithful HIV-prevention messages. Save the Children will also develop a draft strategy for institutionalizing an abstinence-based HIV/AIDS curriculum and systematic pre- and in-service teacher training in lower secondary and secondary schools nation-wide. New formative research will be conducted, as needed. This resource will be distributed by MOET in at least one priority province.

SHAPC will conduct a qualitative and quantitative survey at the beginning of the project to assess the understanding levels of students (at three universities in Hanoi) on abstinence and faithfulness in relation to HIV transmission and their needs for HIV/AIDS knowledge and prevention skills. Based on the results and recommendations of the survey, they will develop IEC materials containing messages on abstinence and being faithful, including the importance of A and B in reducing the transmission of HIV, skills for practicing A and B, social and community norms that support delaying sex and marital fidelity and partner reduction for unmarried individuals etc. SHAPC will directly organize a total of 6 intensive TOT trainings for about 120 representatives of Youth Unions at the university level. These trainings will provide attendees with knowledge and skills to train on A and B messages. After these, the trainees will act as trainers to transfer the knowledge and skills they have learned from the courses to an estimated 20,000 students at three universities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	26%
<input checked="" type="checkbox"/> Local Organization Capacity Development	11%
<input checked="" type="checkbox"/> Policy and Guidelines	45%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	1%
<input checked="" type="checkbox"/> Training	17%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	520,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	2	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	20,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	120	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Implementing organization project staff
- Policy makers
- Students
 - Secondary school
 - University
- Teachers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UN Resident Coordinator's Office / United Nations Development Programme

Planned Funds:

Activity Narrative:

HIV Prevention among new military recruits in 6 military zones:
 From early 2004, UNAIDS has supported a pilot MOD HIV peer education programme for new military recruits in southern Viet Nam, in military zones 7 and 9 (HCM City; Tay Ninh; An Giang and Can Tho). These activities have included behavioral surveillance surveys; the development of peer education training and education materials; development of training programmes; training of trainers; trainers of peer educators; and peer education activities. These peer education activities have emphasized abstinence and be faithful messages. These activities have succeeded in strengthening MOD commitment to HIV prevention, and to peer education as an appropriate and effective model for reaching new recruits with HIV prevention messages.

During 05/06, a collaborative programme between the Ministry of Defense (MOD) and UNAIDS will ensure:

- the expansion of peer education activities to new military recruits in two military zones in the south (zones 7 and 9, HCM City and Tay Ninh; An Giang and Can Tho) and
- expansion of the programme to 4 new military zones in the north of Viet Nam (1: Lang Son; 3: Quang Ninh; 4: Nghe An; and Capital Zone Hanoi)

This work will also link closely with PEPFAR DOD activities with the MOD, including advocacy and policy development; training in counseling and education; establishment of surveillance, counseling and testing strategies; care and treatment activities; laboratory service strengthening.

Development of HIV prevention with Ministry of Public Security: UNAIDS will also use the existing MOD project experience as a basis for advocacy and programme development with the Ministry of Public Security (MOPS, the police). Activities will include orientation workshops for senior MOPS; development of project activities; development of peer education and training materials; training of MOPS staff

Activity Category

Information, Education and Communication

% of Funds

100%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	6	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	6,000	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	6	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Military
- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- Program managers

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: An Giang	ISO Code: VN-44
State Province: Can Tho	ISO Code: VN-48
State Province: Ha Noi	ISO Code: VN-64
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Lang Son	ISO Code: VN-09
State Province: Quang Ninh	ISO Code: VN-13
State Province: Tay Ninh	ISO Code: VN-37

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: SMARTWorks / Academy for Educational Development

Planned Funds:

Activity Narrative: The SMARTWork (Strategically Managing AIDS Responses Together) program will conduct a needs assessment and a brief KAPB (knowledge, attitudes, behaviors and practices) survey with new and existing local partner organizations and enterprises to determine the required level of program input for the promotion of abstinence and faithfulness among unmarried and married workers as a means of prevention of transmission of HIV and other sexually transmitted infections (STIs). The needs assessment will be conducted in 4 existing SMARTWork enterprises. The KAPB will be done with a total sample of 4 enterprises (two enterprises working with the program since 2002 and two new enterprises) and serve as a means of evaluating the degree of behavior change required and to help inform program and policy at provincial and national levels.

SMARTWork will also develop new training and information, education and communication (IEC) and behavior change communication (BCC) materials which promote abstinence and faithfulness as means of prevention for workers, managers and their families. A pamphlet on the role abstinence can play in prevention of transmission of HIV will be produced and disseminate to partner agencies for their own use and distribution. A pamphlet and poster on the role of faithfulness in sexual relations will also be produced and disseminated to partner agencies for their further distribution. The current SMARTWork training materials used in the training of enterprise based information officers, partner personnel and enterprise managers will be revised to include more material on abstinence and faithfulness.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Workplace Programs	35%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	20,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Factory workers
- Government workers
- Medical/health service providers
- Policy makers
- Program managers
- Trainers
- Women of reproductive age

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
 - Increasing women's access to income and productive resources

Coverage Area:

State Province: An Giang	ISO Code: VN-44
State Province: Ba Ria-Vung Tau	ISO Code: VN-43
State Province: Dong Nai	ISO Code: VN-39
State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Nam	ISO Code: VN-27
State Province: Quang Ninh	ISO Code: VN-13
State Province: Thai Binh	ISO Code: VN-20

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ho Chi Minh City Provincial AIDS Committee

Planned Funds:

Activity Narrative:

Messages of abstinence, delay, fidelity, and partner-reduction will be delivered by peer educators and counselors within the community-based outreach and voluntary counseling and testing programs of the Ho Chi Minh City Provincial AIDS Committee. This AB program is integrated into existing programs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	7%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	16%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	25%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,250	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	40	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- High-risk population
 - Discordant couples
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
 - Street youth

Key Legislative Issues:

Coverage Area:

State Province: Ho Chi Minh City

ISO Code: VN-65

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Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Vietnam Ministry of Defense

Planned Funds:

Activity Narrative:

1. AB activities. This is a twinning activity between COE-DMHA/Univ of Hawaii that works with the prime partner, MOD. Ten thousand (10,000) active duty personnel will be given AB counseling and 400 educators will be trained. The primary goal of FY05 funding is to develop the V-MOD capacity to initiate courses to train workers in HIV prevention activities, either through a traditional mechanism of counseling or through youth or peer educators working with service members at risk of HIV infection. Some funding is allocated to the further development of IEC materials for members of the Armed Forces.
2. HIV diagnosis. A second activity will involve the V-MOD prime partner with twinning by the Armed Forces Research Institute of the Medical Sciences (AFRIMS, a joint US-Thai Army research institute) and the Phramongkutklao College of Medicine in Bangkok, Thailand. Renovations and equipment for the Military Inst of Hygiene and Epidemiology (MIHE) will allow this organization to play a more active role in the accurate diagnosis of HIV infection. Further laboratory training at AFRIMS in Bangkok will pave the way for training courses in laboratory HIV diagnosis offered by MIHE to the rest of V-MOD.
3. UNAIDS recruit cohorts. A third activity is included in the UNDP/UN Resident Coordinator AB narrative (UN System PEPFAR-Funded Activities, Section 2.2 Abstinence and Be Faithful).- 300 peer educators will be trained in the recruit cohorts and each will reach 20 additional recruits. The V-MOD recruit prevention activity will involve 6,000 recruits in military zones 7 and 9 (HCM City, Tay Ninh, An Giang, Can Tho) and further extension of the activity to military zones 1(Lang Son), 3 (Quang Ninh), 4 (Nghe An), and Capital Zone Hanoi and is coordinated by COE-DMHA/UNAIDS with the prime partner V-MOD.

Activity Category

- Human Resources
- Information, Education and Communication
- Training

% of Funds

- 24%
- 4%
- 72%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	6,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults*
- Men*
- Women*
- Clients of sex workers*
- Government workers*
- Military*

Key Legislative Issues:

- Gender**
 - Addressing male norms and behaviors
- Twinning**
- Stigma and discrimination**

Coverage Area:

State Province: Ha Noi	ISO Code: VN-64
State Province: Ho Chi Minh City	ISO Code: VN-65

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

Result 1: Improve policy support and demand for safe injection practices.

Result 2: Injection-related HIV transmission reduced.

Result 3: Strengthened local capacity for production of quality safe injection equipment.

Result 4: Universal safety precautions implemented and safe medical injections ensured.

Result 5: Full supply of related medical equipment and supply achieved.

Total Funding for Program Area

Current Program Context:

There is currently no national program or guidelines for injection safety. Hospitals and clinics may have established their own set of guidelines, but do not have national standards upon which to develop them. In 2000, the Nursing Division within the Therapy Department of MOH began a national injection safety "campaign" focusing on promotion of injection safety among physicians and nurses. Since 2000, WHO has worked with the Vietnam Nursing Association to perform a basic survey of injection safety practices in 7 provinces: Hanoi, Lao Cai, Binh Dinh, Khanh Hoa, Phu Tho, Ben Tre and Ho Chi Minh City. These surveys have indicated primarily that unexpected activities still exist in many national and district hospitals such as re-use of needles for injection, and lack of knowledge on correct injection safety techniques. Investigation results are being used to develop a training manual on safe injection practices as well as a draft of national guidelines on injection safety. These documents will be developed by the Therapy Department of MOH. The Therapy Department has identified several needs for support: additional trainings; curriculum development for university nursing programs; production of informational leaflets and brochures; policy advocacy on injection safety within the health system; and procurement of auto-disposable needles.

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds:

Activity Narrative:

In Vietnam, a national plan for safe health care waste disposal is under development. Based upon the results of this plan, USG will support MOH to develop model safe waste disposal programs in 1-4 provinces. These provinces will be chosen on the basis of need, ability to implement the model program, and role in Emergency Plan activities. It is likely that these provinces will be chosen from the four focus provinces.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	60%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in injection safety	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Health Care Workers

Key Legislative Issues:

Coverage Area:

State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Ninh	ISO Code: VN-13

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

- Result 1: HIV infection rate in vulnerable and hidden population reduced.
- Result 2: Increase access to HIV/AIDS prevention service for high-risk populations.
- Result 3: Awareness and knowledge about HIV/AIDS preventive practices increased.
- Result 4: Full supply of related drugs, condoms, medical equipment and supplies achieved.

Percent of Total Funding Planned for Condom Procurements

350,000

Total Funding for Program Area

Current Program Context:

Current Country Context: HIV in Vietnam is concentrated in MARPs: IDUs, SWs, SWs/IDUs and MSM. The epidemic in these groups is expanding and there is potential for spread into the general population if interventions are not instituted in a timely fashion to reach MARPs. Additionally, a high proportion of MARPs are sexually active youth, ages 16-24. The GVN has identified these populations for attention in their action plans. Currently about 60% of reported HIV infections in Vietnam are among IDUs, and increasing number of SWs are also injecting drugs. MSM, though not engaging in illegal behavior, are nonetheless engaging in taboo behavior and so remain hidden. As in most countries, all MARPs in Vietnam remain difficult to reach due to stigma. Additionally there is a system of rehabilitation centers for IDUs and SWs (05/06 centers), and USG currently cannot work in these centers due to USG policy. Finally, PLWHA networking and capacity building is in a nascent stage. In the past, GVN received support at different times from several international donors (DfID, GTZ, KFW, UN agencies) to implement interventions targeting both general populations and some MARPs in some provinces. As of now, there are several donor HIV/AIDS resource streams coming to VN (World Bank, GFATM, DfID), however, none of these will be ready for implementation until at least the end of FY05 and beyond. Therefore, the new USG HIV/AIDS support to VN will be the first of these donor initiatives to get started. Current USG Support: MARP outreach as well as VCT have been introduced and are being scaled up in key provinces but coverage is still limited. There is no available substitution therapy for the drug-using population, and only limited ART is available. USAID through NGOs has supported a range of interventions targeting MARPs in 5 higher prevalence provinces. These include support groups, peer driven outreach and facility-based services (drop-in centers) with STI and VCT availability. Through CDC's Cooperative agreement with MOH, community outreach has been introduced in 28 provinces and VCT has been introduced in 33 provinces. Last year, these USG-supported outreach programs reported making 37,000 contacts with MARPs and 17,000 referrals to VCT. DOD supports workplace training and strengthens linkages to VCT interventions. DOD has been supporting the MOD with training in counseling and other issues. Additionally, USAID is supporting policy reform and advocacy work as well as PLWHA capacity building.

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

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Activity Narrative:

IDU interventions: For interventions targeting the drug using population, FHI will work with multiple partner organizations to continue to support peer-based and other outreach to IDUs, drop-in centers, and "half-way houses" that provide safe spaces for IDU and allow more intensive counseling to occur. Drop-in centers will offer peer-based counseling to support users to reduce needle sharing and unsafe sexual partnerships. These centers will also refer active users who desire to stop drug use to "half-way" houses that offer social and peer support. VCT (where appropriate) and care and support services will be integrated into these centers for HIV+ IDU. The Burnett Institute Center for Harm Reduction and Abt Associates will join FHI to improve the quality of outreach and to expand IDU outreach interventions.

FHI will also initiate a community-based intervention that will attempt to reduce the overall number of drug users in one or two provinces. The approach will be based on community models tested in Yunnan Province, China by local researchers in collaboration with the University of California, Los Angeles (UCLA). FHI will collaborate with UCLA, Hanoi Medical University, Abt Associates, MOLISA, DOLISA, local youth unions, and provincial health services.

Sex worker interventions: FHI will work with the Provincial Health Services, Women's Unions, and faith-based organizations in priority provinces to expand the number of Women's Health Clubs to provide women at risk of HIV infection a safe space and access to HIV/AIDS/STI prevention messages and health services. These clubs will provide outreach and peer education services to attract women from venues where sex is sold. Special attentions will be given to the women who are both selling sex and injecting drugs to ensure safe-injection. These clubs will also be linked with men's interventions for a dual behavior change approach.

Sex worker client interventions: In collaboration with Vietnam Chamber of Commerce and Industry (VCCI), the Department of Labor, Invalids and Social Affairs (DOLISA), Provincial Health Services (PHS), Provincial Labor Unions, and Youth Unions of the priority provinces, the program will focusing on most-at-risk men, especially those who tend to be clients of sex workers. These are often migrant workers in large cities or industrialized zones in HCMC, Can Tho, Hai Phong and Ha Noi. These programs will provide outreach to these men, offering one-on-one discussions on HIV and referrals to VCT. There will be a strong linkage between these programs and the mass media prevention program targeting men. These programs will link and collaborate with HIV prevention programs initiated by the army and police.

MSM interventions: FHI has initiated MSM interventions in HCM City and will continue these services and expand them to urban centers where MSM communities exist in substantial numbers, such as Can Tho and Hanoi. MSM gathering places will be mapped, size estimations calculated, and peer outreach services efficiently targeted and initiated in these sites so that men have access to safer sex behavior change interventions, counseling and testing, and care and support when required.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Health Care Financing	4%
<input checked="" type="checkbox"/> Human Resources	12%
<input checked="" type="checkbox"/> Information, Education and Communication	13%
<input checked="" type="checkbox"/> Infrastructure	8%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	
<input checked="" type="checkbox"/> Local Organization Capacity Development	2%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	13%
<input checked="" type="checkbox"/> Workplace Programs	10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	18	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	250,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	600	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- Community leader
- Community-based organizations
- Faith-based organizations
- High-risk population
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
- Mobile populations
 - Migrants
 - Migrant workers
- Sex partners

Key Legislative Issues:

- Addressing male norms and behaviors

UNCLASSIFIED

Coverage Area:

State Province: An Giang	ISO Code: VN-44
State Province: Can Tho	ISO Code: VN-48
State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Ninh	ISO Code: VN-13

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: POLICY Project / The Futures Group International

Planned Funds:

Activity Narrative:

This series of activities is designed to assess, engage and address provincial HIV/AIDS and other provincial authorities concern regarding harm reduction activities and to promote greater community awareness and understanding of the harm reduction approach

Activity 1. Developing effective Harm Reduction Policy

In coordination with the MOLISA, this activity will assess the effectiveness of harm reduction interventions and recommendations for the implementation of comprehensive harm reduction in Viet Nam. The process and outputs from this activity will provide MOLISA, the Government Office and the National Assembly, and Central Party, as well as international partners, with strategic information in directing and forming harm reduction activities and policies.

Activity 2. Provincial legal framework for harm reduction

Four POLICY provinces (Quang Ninh, Ha Noi, Thai Nguyen, and HCMC) will receive technical support to develop harm reduction action plans and policies. Policy development on harm reduction at the provincial level will also linked with organizations and agencies able to conduct harm reduction activities (where possible).

Activity 3. Media Campaign on Harm reduction

This activity will involve the development of four television programs to be aired on Viet Nam television. The content of the programs will cover issues relating to harm reduction activities and be linked to the activities above. The programs will be designed to convey accurate and evidence based information on the implementation of harm reduction programs and will utilize a variety of formats to raise awareness among the general community of the value of a harm reduction approach.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication
- Linkages with Other Sectors and Initiatives
- Policy and Guidelines

% of Funds

- 10%
- 20%
- 10%
- 60%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,000,000	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Government workers
- Health Care Workers
 - Community health workers
 - Injecting drug users
- Host country national counterparts
- Implementing organization project staff
- Media
- National AIDS control program staff
- People living with HIV/AIDS
- Policy makers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds:

B5

Activity Narrative:

The following activities will be implemented: community-based outreach, referral, STI diagnosis and referral, and other prevention services delivered in both traditional and non-traditional settings, specifically targeting CSW and IDU populations. Program activities mostly focus on 39 provincial programs including: sustaining on-going programs, providing quality assurance and refresher trainings, enhancing data management systems, providing program adjustments as necessary, and strengthening the referral system. The evidence is compelling that this approach is effective in preventing HIV for other MARPs such as MSM, sex partners, and migrant populations (e.g., long distance drivers), and programs may be expanded to reach these groups. These interventions must be adapted according to local epidemics and affected MARPs.

Other prevention activities for general populations that are part of a comprehensive strategy that will be supported are mass media messages, school-based primary education and prevention messages, work-place education and prevention messages, and primary prevention targeting the uniformed services.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Human Resources	70%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	4%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	39	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	12,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	550	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Clients of sex workers
- Commercial sex workers
- Community leader
- Community members
- Community health workers
- Pharmacists
- High-risk population
- Injecting drug users
- Men who have sex with men
- Partners of sex workers
- Street youth
- Police
- National AIDS control program staff
- Policy makers
- Prisoners

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

The PSI program will help to increase safer sexual and injecting behaviors in MARPs through social marketing approaches that increase demand for services and reduce the stigma associated with their use. PSI will explore attitudes and behaviors relating to current barriers to healthy sexual and injecting behaviors and demand for VCT use among MARP. This will be done by reviewing existing research, consulting with community-based groups, and conducting qualitative research (such as focus groups) as needed. This evidence-gathering exercise will be followed by the development of a social marketing strategy to promote the use of VCT in conjunction with outreach efforts through USG-funded programs to promote IEC sessions and to change behaviors. PSI will use its experience in Behavior Change Communication to build the capacity of its local partners to communicate effectively to each target group, related to the "ABC approach", including how to best communicate on abstinence, delayed onset of first sex, and partner reduction.

Specifically, PSI will work with LIFE GAP community outreach workers in applying behavior change techniques to outreach with MARPs, and explore the feasibility of allocating resources to PSI managed peer educators and a small, core team of master trainers. PSI will approach international and local NGOs (such as COHED, Sharp C, FHI, Care Int'l, World Vision) to coordinate programs targeted to MARP; discuss ways to link existing and future support activities (such as VCT, PMTC, STI screening, care and support) through referral mechanism; and explore joint BCC and promotional strategies.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	55%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex workers
- High-risk population
- Injecting drug users
- International counterpart organization
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Ha Noi

ISO Code: VN-64

State Province: Hai Phong

ISO Code: VN-62

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Organisation for Migration

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The activities under "Other Prevention" (HVOP) will also include an additional needs assessment of labor migrants focused on HIV-related risk behavior and prevention. The component will also include the printing of associated information and education communications materials.

The purpose of the data collection will be to collect accurate and adequate data based on existing high-risk behavior and HIV prevention, establish risk-related behavior-change communications strategies, identify program needs and priorities, and to determine future implementation modalities. The project will achieve the following:

- Establish a knowledge base on migrants and HIV and existing and likely HIV-related risk behavior.
- Identify the types of behavior change and information communications necessary and appropriate for labor migrants.
- Establish options for interventions with migrants, as well as for supporting an environment for advocacy and policy.

The research and material development for this activity will consider factors associated with labor migration and HIV as follows:

- Knowledge of HIV among labor migrants
- Sexual practices: multiple sex partners, unprotected sex
- Condom use: frequency of condom use, reason for not using condoms
- Knowledge of potential abuses related to HIV risk (violence, coercion and rape)
- Awareness and use of HIV counseling and testing services
- Income, drug use

The activities to conduct the needs assessment will be the same as the needs assessment in the HVAB activity.

This activity will focus on migrant knowledge of HIV, practices and behavior (in relation to high-risk behavior,) and will investigate current condom-use practices and HIV risk from multiple sex partners. Government and local NGOs will be involved in the needs assessment and the material development. IEC materials will be developed to address condom use, especially when high-risk behavior is already prevalent among labor migrants. Leaflets and booklets on correct condom use will be printed.

Training will be conducted for a local NGO and government officials on data collection and IEC material development including condom use as a means to prevent HIV transmission with populations with high risk behavior, as well as abstinence and faithfulness. The needs assessment, training and IEC adaptation and printing is expected to take three months (conducted concurrently with the HVAB activities.)

Training will be provided to the local NGO, and government staff from MOLISA, on needs assessments and the provision of effective and relevant IEC materials. Training will also be provided on HIV, people living with HIV, non-judgmental and PLWA-friendly services and the importance of VCT and health-seeking behavior.

The activities in the HVOP component will continue to reinforce the abstinence and be faithful messages. With the recognition of existing high-risk behavior, however, other preventative messages will be included, such as the correct use of condoms.

The budget allocated to the HVOP activity is \$13,000. This will include \$2,600 for the qualitative research, \$4,300 for the quantitative research, \$1,900 for training, and \$4,200 for IEC materials.

Activity Category

- Information, Education and Communication
- Needs Assessment

% of Funds

32%
53%

UNCLASSIFIED

Training

15%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Factory workers
- Host country national counterparts
 - Migrants
 - Migrant workers
- Trainers

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Ha Noi
 State Province: Ho Chi Minh City

ISO Code: VN-64
 ISO Code: VN-65

Program Area: Other Prevention Activities
 Budget Code: (HVOP)
 Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: other prevention / To Be Determined

Planned Funds:

Activity Narrative: American condoms have low acceptability in Vietnam (Vietnamese complain that the American condoms are too large, have an undesirable odor, and are murky looking because of their powdered lubricant).

DDO/WHO have supported market research toward the development of a new brand for the current socially-marketed OK condom, produced in Vietnam. As all donors and agencies working in condom promotion will be marketing this condom, the USG team will assist in efforts to support this new brand as well. There are two major procurement agencies capable of procuring, testing to international standards, and distributing the Vietnamese condom nationwide.

The USG will compete openly for a single condom procurement agency in Vietnam. USAID will open competition and award the winning agency with a contract for the procurement of 10 million condoms for distribution across the various USG programs in 40 provinces, including LIFE-GAP, Family Health International, World Vision, Medecins du Monde, CARE, SMARTWorks, Mai Hoa, COHED, and SHAPC. The procurement will also involve the testing, packaging and distribution of condoms for use in social marketing and distribution through the programs. The MOH has agreed to warehouse condoms for the PEPFAR program.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	95%
<input checked="" type="checkbox"/> Logistics	5%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Commercial sex industry
- High-risk population
- Mobile populations
- People living with HIV/AIDS
- Seafarers/port and dockworkers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Volunteers

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.

Planned Funds:

Activity Narrative:

Pact will be providing financial and management oversight for five organizations (four international and one local NGO) working specifically in HIV/AIDS prevention. Prevention activities supported under the Pact Community REACH mechanism will include the development of community-based prevention programs targeted at most at-risk populations.

SHAPC will conduct a needs assessment and implement a project to improve HIV/AIDS knowledge and prevention skills for Students in Hanoi. Based on the results of its initial assessment, IEC materials will be developed focusing on improving STIs/HIV/AIDS knowledge and prevention skills. Training of trainers will be conducted to rapidly and effectively spread HIV information and knowledge. Other supplemental activities will also be implemented such as establishing a model counseling café where students will be provided with materials and information about safe sex, HIV/AIDS prevention, and condoms etc., conducting competitions on music performance and understanding about HIV/AIDS for students in the three colleges.

MdM will carry out a program on HIV and STI prevention among Vietnamese and Khmer beneficiaries. The program includes free distribution of condoms, monthly meetings for SW and IDU to debate on HIV prevention, and regular meetings with police to exchange view points about IDU and prostitution. MdM will organize training sessions for staff on comprehensive case management of STIs and refresher courses and supervision from the MDM team.

World Vision projects will increase awareness and knowledge of HIV and STI prevention among high-risk groups, leading to safer sex practices. The project will train frontline social networkers (FSNs) using a participatory learning approach in which learners' life experiences are used to relate to the target population in communicating for behavior change. Follow-up training will be conducted to improve communication skills. Every effort will be made to include peer educators without stigmatizing them by identifying them during training. These include IDUs, sex workers (SWs) and PLWHAs. All volunteers will be equipped with IEC materials reproducing the most effective materials after consulting with FHI and other NGOs engaged in prevention efforts. BCC will be undertaken by Frontline Social Networkers recruited from Peer Educators, Caregivers and other volunteers. These community educators will be trained on interpersonal communication skills, presentation skills and organizing public events and will be provided incentives. The community educators will speak at public events, at workplaces and during special events like World AIDS Day. FSNs will also provide condoms during the prevention activities.

CARE will provide information, skills building and services to prevent new infections among most at risk populations (MARP), and further transmission of HIV from individuals infected by HIV to others. Activities will include developing appropriate guidance for IEC activities, training community-based organizations (CBO) and peer educators on preventive measures, facilitating the education sessions and disseminating IEC materials for MARP by CBOs and peer educators. Activities will also include setting up and strengthening of networks/linkages between CBO and preventive services available in local areas. To obtain evidence for activity planning, training, IEC material development, monitoring and evaluation, a needs assessment on knowledge, attitude and practices (KAP) of MARP will be conducted. Information from monitoring and evaluation will be used as the basis of strategic information for future modification of activities. All the above mentioned activities will include the participation of MARP and PLWHA.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	4%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	3%
<input checked="" type="checkbox"/> Information, Education and Communication	27%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	13%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	2%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	7,003,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	15	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	420,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	350	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Pharmacists | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Private health care providers | <input checked="" type="checkbox"/> Policy makers |
| <input checked="" type="checkbox"/> Business community | <input checked="" type="checkbox"/> High-risk population | <input checked="" type="checkbox"/> Pregnant women |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Discordant couples | <input checked="" type="checkbox"/> Program managers |
| <input checked="" type="checkbox"/> Commercial sex industry | <input checked="" type="checkbox"/> Injecting drug users | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Brothel owners | <input checked="" type="checkbox"/> Men who have sex with men | <input checked="" type="checkbox"/> Students |
| <input checked="" type="checkbox"/> Clients of sex workers | <input checked="" type="checkbox"/> Street youth | <input checked="" type="checkbox"/> University |
| <input checked="" type="checkbox"/> Commercial sex workers | <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Sex partners |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> HIV+ pregnant women | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Implementing organization project staff | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Infants | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Factory workers | <input checked="" type="checkbox"/> M&E specialist/staff | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Media | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Police | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Mobile populations | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Migrants | |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Migrant workers | |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> National AIDS control program staff | |

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UN Resident Coordinator's Office / United Nations Development Programme

Planned Funds:

Activity Narrative:

MSM (Men having sex with men) is extremely sensitive in Viet Nam, and highly stigmatized. Research in HCM City and other urban areas shows that MSM lack HIV prevention knowledge, and few programmes are targeted to them. A recent prevalence survey in HCM City showed an 8% HIV prevalence rate; a study in Hanoi is forthcoming. A group of international and national agencies have supported local assessment studies; joint research training and studies; information sharing and coordination; and advocacy to government agencies. This coordinated and consistent work is making a major contribution to opening up this sensitive area.

UNESCO, with the support of UNAIDS will provide: technical support and coordination to emerging MSM education and service activities; rapid assessment activities to be undertaken by local MSM communities; development of educational materials; appropriate advocacy to national and local level government officials. This work is promoted within the framework of Male Sexual Health (MSH).

Activity Category

Policy and Guidelines

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- High-risk population
- Men who have sex with men
- International counterpart organization
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- transgender individual
- transgender individual

Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Da Nang

State Province: Hai Phong

State Province: Ho Chi Minh City

State Province: Khanh Hoa

ISO Code: VN-60

ISO Code: VN-62

ISO Code: VN-65

ISO Code: VN-34

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: SMARTWorks / Academy for Educational Development

Planned Funds:

Activity Narrative:

In FY 05-06, an expansion of the full range of services currently provided by SMARTWork to enterprises will occur. These services include: policy and program development for individual enterprises on the prevention and management of HIV/AIDS; the implementation of training of trainer (TOT) programs for enterprise IEC officers; provision of technical assistance to enterprises for the conduct of worker and management training with a target of 100% coverage; provision of technical assistance for use and access to voluntary counseling and testing (VCT), condom distribution in the workplace, access to care and treatment services for workers infected and affected by HIV/AIDS; the development and distribution of IEC/BCC materials targeting workers and managers which address key issues (means of transmission and prevention, provision of universal precautions in the workplace, reduction of stigma and prevention of discrimination, benefits of a holistic HIV/AIDS program etc). This will entail increasing the number of target enterprises in the 9 target provinces from 32 to 40 and the possibility of expansion into 2 additional provinces in response to changes in Vietnam's epidemiology in the period 2005-2006. Curriculum materials already developed by the SMARTWork program for use at enterprise level will be adapted to incorporate legal, medical and social developments relating to HIV/AIDS. All tasks will, in accordance with the operational modality of the SMARTWork program, be conducted with the parallel participation of tripartite agency (Vietnam Chamber of Commerce and Industry (VCCI), the Vietnam General Confederation of Labour (VGCL) and MOLISA). Technical assistance to enterprises will also include limited provision of targeted condom promotion in a workplace setting and small stocks of condoms in order to establish a sustained, self-funded means of condom provision within workplaces.

In FY 04-05, a community awareness campaign using the mass media (print and television) will be conducted. This is designed to promote greater awareness of the actions of individual enterprises and tripartite agency personnel in the development and implementation of workplace HIV/AIDS programs. A television documentary will be made highlighting project activities and the achievements of enterprises, particular efforts to reduce stigma and discrimination for workers infected and affected by HIV/AIDS and an in-studio discussion conducted.

Additionally during FY 04-05 and FY 05-06, the program of the provision of training for personnel at all levels of administration and management in sex worker and injecting drug user centers ('05' and '06' centers) under the management of SMARTWork's chief government partner, the Ministry of Labour, Invalids and Social Affairs (MOLISA) will be expanded from a planned 3 locations in FY 04-05 to 10. This program will focus on medical, technical, administrative and social aspects of HIV/AIDS. Content areas will include but not be confined to: care and treatment of center residents infected and affected by HIV/AIDS; management and control of opportunistic infections; assistance to center residents in reintegration into the community and world of work; reduction of stigma and prevention of discrimination for people living with HIV/AIDS (PLWA); provision of universal precautions in centers. These training programs (18 in total of 3 days duration each) will be conducted in the provincial facilities of closest proximity to respective 05 and 06 centers. New curriculum for use in the training of MOLISA personnel will also be developed.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	30%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,500,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	800	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Factory workers
- Government workers
- Injecting drug users
- HIV/AIDS-affected families
- Migrant workers
- People living with HIV/AIDS
- Policy makers
- Program managers
- Seafarers/port and dockworkers
- Trainers
- Women of reproductive age

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: An Giang	ISO Code: VN-44
State Province: Ba Ria-Vung Tau	ISO Code: VN-43
State Province: Dong Nai	ISO Code: VN-39
State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Nam	ISO Code: VN-27
State Province: Quang Ninh	ISO Code: VN-13
State Province: Thai Binh	ISO Code: VN-20

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ho Chi Minh City Provincial AIDS Committee

Planned Funds:

Activity Narrative:

The following activities will be implemented: community-based outreach interventions among vulnerable populations (i.e., injecting drug users and female sex workers); providing clients with knowledge and skills to change their risk behaviors; and referring clients to existing services related to HIV/AIDS prevention, care and treatment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	7%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	16%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,600	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex workers
- High-risk population
- Injecting drug users
- Men who have sex with men
- Partners of sex workers
- Street youth

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors

Coverage Area:

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW.

- Result 1: Enhancing the referral network for comprehensive HIV prevention, care and support and treatment services, with a focus on both clinical and community care and support.
- Result 2: Expand access to and diversification of quality VCT services, especially for people who practice high-risk behaviors. Develop innovative marketing strategies to stimulate demand.
- Result 3: Strengthening training and support for VCT service providers for increased quality, availability and referral of services.
- Result 4: Expanding access to high-quality, diversified HIV VCT targeted specifically at groups that practice high-risk behaviors and developing strong referral systems to clinical and community care and support programs, psycho-social support and peer support groups.
- Result 5: Supporting clients in test results disclosure and partner referral.

Total Funding for Program Area (\$):

Current Program Context:

Current Country Context: Currently while testing is available in all provinces in Vietnam, it is concentrated at the provincial levels. However, there are a number of difficulties and limitations in providing effective, quality services. To date, there are no official national guidelines for VCT and there are multiple training curricula. Donors have not yet coordinated in-training approaches and materials. A UNAIDS assessment on counseling and support for PLWHA raised concern that counseling in Vietnam is often limited to rudimentary and didactic medical and prevention information and that the number and the quality of services and counselors is insufficient. Although VCT currently exists in some non-traditional and non-governmental settings, most VCT sites are located in government facilities at the provincial preventive medicine centers where anonymity of services is not certain. As result, many clients, especially MARPs, may feel marginalized and stigmatized when using the service. Current USG support: USG supports MOH in implementing anonymous and free of charge VCT in 33 provinces targeting MARPs. The program is mainly located in government medical facilities but some stand-alone sites are also supported. Training curricula were adapted from the US client-centered risk reduction model. The service is linked to other facilities in the provinces, including community outreach, HIV outpatient clinics and other supporting services in the community. Training toolkits, including QA tools and procedures manuals are available in local language and user-friendly and have been widely disseminated and used by other programs not necessarily funded by USG. In addition, USG supports some NGOs for VCT as part of MARP outreach in selected districts.

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**

Planned Funds:

Activity Narrative:

FHI will continue to support VCT located in Bach Mai Hospital in Hanoi as well as the anonymous testing center located in Binh Thanh District in HCM City where over a hundred new VCT counselors are trained every year. VCT services will also be introduced into community-based centers for IDU, MSM, and FSW and HIV ambulatory day care centers at the district level so that the most at-risk population groups have access to client-oriented VCT and immediate support, if HIV-positive. Outreach services will promote both these as well as health care institution-based VCT services so that these groups have multiple options for HIV testing where they can be directly linked with community-based prevention, treatment, care, and support services. VCT services will make formal referral agreements with PMTCT sites supported by the US-CDC and others.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	8%
<input checked="" type="checkbox"/> Health Care Financing	4%
<input checked="" type="checkbox"/> Human Resources	12%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	2%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	13%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	150	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	12,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Commercial sex industry
 - Clients of sex workers
 - Commercial sex workers
- High-risk population
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Mobile populations
 - Migrants
 - Migrant workers
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Sex partners

Key Legislative Issues:

Coverage Area:

State Province: Can Tho	ISO Code: VN-48
State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Ninh	ISO Code: VN-13

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds: **Activity Narrative:**

Currently, USG funds, through a 5-year cooperative agreement with MOH, fully support 36 VCT clinics in 33 provinces. These VCT clinics are located in a variety of venues, including free-standing, located in outpatient clinics, located in preventive medicine centers, and located in TB clinics. It is anticipated that clinics will be established in 40 provinces by March, 2005. USG funds will be provided to continue and expand VCT training according to developed protocols, and service delivery of anonymous voluntary counseling and testing at established sites, and sites to be determined in conjunction with the USG-Vietnam program. The program will also develop, in conjunction with the USG-Vietnam program, UN, WHO, other major donors, and international NGOs, national guidelines for voluntary counseling and testing. USG funding will be used to assist in establishing strong and effective referral services systems between HIV prevention and care services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	13%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Information, Education and Communication	13%
<input checked="" type="checkbox"/> Infrastructure	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	1%
<input checked="" type="checkbox"/> Logistics	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	230	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	10,200	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	53	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Health Care Workers
- High-risk population
 - Discordant couples
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
 - Street youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

PSI's programs will increase the use of VCT services by MARP through social marketing approaches that increase demand for these services and reduce the stigma associated with their use. PSI will explore attitudes and behaviors relating to current barriers to accessing VCT services. This will be done by reviewing existing research, consulting with community-based groups, and conducting limited qualitative research (such as focus groups) as needed. This evidence-gathering exercise will be followed by the development of a social marketing strategy to promote the use of VCT, in collaboration with the MOH/LIFE-GAP project as the primary partner but with other INGOs and organizations offering VCT. The social marketing strategy will leverage existing programs and communication channels (such as the LIFE-GAP peer education and other community-based programs and LIFE GAP communication resources), while substantially increasing the quantity and quality of mass media campaigns directed at high-prevalence communities.

PSI will work with MoH/LIFE-GAP project, other groups targeting MARP, and include and engage groups that include PLWHA to establish linkages and referral mechanisms that will increase awareness of and trust in VCT centers. PSI will also explore the feasibility and applicability of developing a franchised network of support services (such as but not limited to VCT) that will make it easier for potential clients to identify a trustworthy support center/program. PSI will approach international and local NGOs (such as COHED, SHAPC, FHI, Care Int'l, World Vision) to discuss ways to link existing and future support VCT activities through referral mechanisms. All campaigns, whether interpersonal or mass media, will market existing VCT services under a generic umbrella.

PSI will also work with PHDs and provincial LIFE GAP partners to improve their ability to develop evidence-based, client-focused social marketing programs to increase demand for VCT. PSI will design and implement a workshop for LIFE GAP peer educators designed to provide a better understanding of the nature and effectiveness of interpersonal communications and the use of social marketing approaches. The social marketing workshops will be offered to PHD involved in the MOH/LIF-GAP project, as well as mass organizations and NGOs involved in HIV/AIDS prevention and VCT and will focus on action oriented training that can immediately be applied by partners. PSI will provide ongoing support to assure campaigns are effectively implemented.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	50%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	45	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Clients of sex workers
 - Commercial sex workers
- Community-based organizations
 - Injecting drug users
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Police
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, inc.

Planned Funds:

Activity Narrative:

MDM will implement counseling and testing programs:

1. To identify the most appropriate HIV testing methods in the context of the district level An Hoa clinic (and design a standard testing algorithm).
2. To strengthen capacity of the staff through initial training sessions and annual refreshing courses for An Hoa Staff dedicated to pre- and post- testing support
3. To establish a partnership with a biological lab for HIV testing.
4. To implement the voluntary HIV testing centre in An Ho clinic (shuttle services, ELISA quick tests, private consultation).
5. To ensure systematic referral to HIV testing during medical examinations for primary health care at An Hoa clinic and by the mobile teams.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	28%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	3%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	45	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	1,600	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Commercial sex industry
- Commercial sex workers
- Community-based organizations
- Country coordinating mechanisms
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- High-risk population
- Injecting drug users
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- Police
- Migrants
- Migrant workers
- Refugees/internally displaced persons
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Sex partners
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Ha Noi

ISO Code: VN-64

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UN Resident Coordinator's Office / United Nations Development Programme

Planned Funds:

Activity Narrative:

Priority problems with regard to Voluntary Counseling and Testing (CT) programmes in Viet Nam include: a) poor understanding among policymakers about VCT rationales and safeguards, and particularly that large-scale compulsory testing is not an effective HIV prevention strategy; and b) a lack of effective coordination and promotion of nationally agreed CT models and training materials in the CT services offered by national and internationally supported CT services.

Specific activities to address these two problems will be made in FY05/06 activities, including:

- the development and promotion of information and advocacy materials on the role of voluntary CT in HIV prevention, and the key role of human rights protections in CT services; this will aim to improve policymaker understanding of CT rationale and confidentially safeguards
- coordination and promotion of nationally approved CT models and training materials through national orientation meetings and information dissemination to all agencies providing CT services and targeting MARPs

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	85%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- International counterpart organization
- Media
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- Volunteers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Volunteers
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ho Chi Minh City Provincial AIDS Committee
 Planned Funds:

Activity Narrative:

Currently, USG supports 3 VCT clinics in HCMC, located in the STD hospital and at community support and counseling centers of district 02 and district 10. It is anticipated that clinics USG funds will be provided to continue and expand VCT training according to developed protocols, and service delivery of anonymous voluntary counseling and testing at established sites, and sites to be determined in conjunction with the USG-Vietnam program. The program will also develop, in conjunction with the USG-Vietnam program, UN, WHO, other major donors, and international NGOs, national guidelines for voluntary counseling and testing. USG funding will be used to assist in establishing strong and effective referral services systems between HIV prevention and care services.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	8%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	4%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	18%

Targets:

Target	Value	Notes
Number of individuals trained in counseling and testing	10	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	3,750	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- High-risk population
- Discordant couples
- Injecting drug users
- Men who have sex with men
- Partners of sex workers

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Vietnam Ministry of Defense
 Planned Funds:

Activity Narrative: This is a twinning activity between COE-DMHA/Univ of Hawaii working with the prime partner, MOD.

A total of about 100 VPA providers have been given introductory training in counseling techniques. A more fundamental course will be provided by DoD and an estimated 100 persons will likely attend. Approximately 20,000 persons will receive counseling and testing through these programs.

Two counselors will be hired; one for each clinical site. In conjunction with the two pharmacists these HCP will work with patients to focus on prevention of further HIV transmission and to educate the patients about the clinic, medication and access to care.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	23%
<input checked="" type="checkbox"/> Training	77%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	100	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	20,400	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Clients of sex workers
- HIV/AIDS-affected families
- Military
- Pregnant women

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Ha Noi ISO Code: VN-64
 State Province: Ho Chi Minh City ISO Code: VN-65

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

- Result 1: USG programs will support development of national policies on integration of services, establishment of routine diagnostic HIV testing within TB facilities, and development of a TB/HIV case manager model in provinces with a high burden of HIV and TB.
- Result 2: Strengthened delivery of integrated HIV and TB services. Collaboration between TB and HIV programs is a vital component of the Emergency Plan.
- Result 3: Improved diagnostics and treatment of TB among HIV+ individuals.
- Result 4: Strengthened institutional capacity of local organizations caring for HIV+ TB patients.
- Result 5: Full supply of related drugs and diagnostics achieved.

Total Funding for Program Area (\$):

Current Program Context:

Vietnam has one of the highest TB rates in the world, and also has what is considered a model developing country national TB program. In addition, TB is a leading cause of death among HIV-infected persons in Vietnam. Currently, there is weak collaboration and referral between the vertical HIV and TB programs. Efforts are currently underway to establish HIV VCT in TB clinics, and this will be expanded. Recognition of TB symptoms and referrals of HIV-infected persons to the national TB program for diagnosis and TB care is not standardized and needs to be improved. HIV-infected persons starting ARVs are not tested for TB. Not all persons with TB are tested for HIV.

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

District level ambulatory care centers supported by the district health centers in focal provinces will sign working agreements with district TB services to implement cross-referral and client information sharing with the primary PLWHA caregiver. All PLWHA will be screened for TB, and VCT will be offered to people with active TB. PLWHA who are currently followed by the national TB DOTS will be referred to day care and other community-based care and support service centers.

Home care teams will support the TB programs DOTS efforts at the community level. All PLWHA will be screened for TB. Work will be done to waive fees exacted for x-rays. Strong referral mechanisms will facilitate PLWHA with TB who are eligible for ART being able to access ART without delay.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	140	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	14	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Commercial sex workers
- Community leader
- Community members
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Injecting drug users
 - Men who have sex with men
- HIV/AIDS-affected families
- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: An Giang	ISO Code: VN-44
State Province: Can Tho	ISO Code: VN-48
State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Ninh	ISO Code: VN-13

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds:

Activity Narrative:

The program will promote the integration of TB-HIV programs in 3 provinces through supporting the establishment of counseling and testing activities within TB facilities. It will also strengthen linkages for case management and referral through training and development of national policies on integration of services, in conjunction with WHO, who are funded in this COP to improve HIV/TB linkages. The program will train HIV clinical providers in TB diagnosis and referral and improve early detection of active TB in PLWHA by supporting routine communication between the HIV and TB programs. Evaluation of AFB smear negative and HIV positive TB suspects will be supported by providing specimen transportation, cultures at national labs, and x-rays.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	23%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Logistics	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	300	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- People living with HIV/AIDS

Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Ha Noi

State Province: Hai Phong

State Province: Quang Ninh

ISO Code: VN-64

ISO Code: VN-62

ISO Code: VN-13

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Health Organization

Planned Funds:

Activity Narrative:

Vietnam has not yet adopted the WHO strategic TB/HIV framework developed by the Western Pacific Regional framework. The strategy is to refer PLWHA to TB services for screening for TB in order to detect and treat active TB at an early stage and provide prophylactic treatment for PLWHA who have latent TB. The strategy will extend lives of PLWHA and reduce transmission of HIV in the community. The strategy also promotes referral of TB patients for VCT, as TB patients are a risk group for HIV. HIV positive TB patients will receive co-trimoxazole prophylaxis and when available, ARV.

In Vietnam collaboration between the National AIDS and Tuberculosis programs has not yet been formalised. The need for a national HIV/TB committee has been identified as a first step to establish a coordinated approach the diagnosis, care, and referral of HIV/TB co-infected patients. The USG will support:

1. Developing a national workshop on HIV/TB strategies and establishment of an HIV/TB committee, including the development of POA for implementing joint strategy in the 4 focus provinces (policy and guidelines)
2. Training of staff of both the HIV and TB programs in the 4 provinces to establish referral system (including study/site visits to successful models operating in Cambodia) (training and local organisation capacity building)
3. Establishing a referral system in the 4 provinces (development of network/linkages/referral systems)
4. Supporting provinces through supervision and M&E (Quality Assurance and Supportive Supervision and Strategic Information)
5. Promoting community awareness and support using the TB network at the district and commune levels (Community mobilization/participation and IEC Activities)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	20%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men*
 - Women*
 - Community leader*
 - Community members*
 - Community-based organizations*
 - Country coordinating mechanisms*
 - Government workers*
 - Health Care Workers*
 - Community health workers*
 - Doctors*
 - Medical/health service providers*
 - Nurses*
 - Pharmacists*
 - Private health care providers*
 - High-risk population*
 - Injecting drug users*
 - HIV/AIDS-affected families*
 - Host country national counterparts*
 - Implementing organization project staff*
 - International counterpart organization*
 - M&E specialist/staff*
 - Military*
 - Police*
 - Ministry of Health staff*
 - National AIDS control program staff*
 - People living with HIV/AIDS*
 - Policy makers*
 - Pregnant women*
-
- Prisoners*
 - Program managers*
 - University*
 - Women of reproductive age*
 - Girls*
 - Boys*

Key Legislative Issues:

- Stigma and discrimination*

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Coverage Area:

State Province: An Giang

ISO Code: VN-44

State Province: Ha Noi

ISO Code: VN-64

State Province: Hai Phong

ISO Code: VN-62

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area: Palliative Care: TB/HIV
 Budget Code: (HVTB)
 Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ho Chi Minh City Provincial AIDS Committee
 Planned Funds:

Activity Narrative:

The program will promote the integration of TB-HIV programs in Ho Chi Minh City through supporting the establishment of VCT activities within TB facilities. It will also strengthen linkages for case management and referral through training and development of national policies on integration of services, in conjunction with WHO, who are funded in this COP to improve HIV/TB linkages. The program will train HIV clinical providers in TB diagnosis and referral and improve early detection of active TB in PLWHA by supporting routine communication between the HIV and TB programs. Evaluation of AFB smear negative and HIV positive TB suspects will be supported by providing specimen transportation, cultures at national labs, and x-rays. The program will also train TB clinical providers in HIV screening and referral.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	23%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Logistics	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- National AIDS control program staff
- People living with HIV/AIDS

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Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Ho Chi Minh City

ISO Code: VN-65

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Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

Result 1: Strengthened organizational capacity to promote long-term sustainability of palliative care services at the provincial, district, and ward levels.

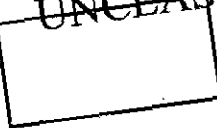
Result 2: Strengthened capacity of health care providers in HIV/AIDS care in facilities at the provincial, district and ward levels.

Result 3: Community based groups to provide home-based care and support to PLWHA identified and strengthened.

Result 4: Improved quality of basic health care clinical services for HIV+ patients.

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Total Funding for Program Area (\$):



Current Program Context:

Despite the fact that more than 215,000 people live with HIV and AIDS in Vietnam, very few services are available to PLWHA in need of care. Only a few providers have been trained in HIV clinical care and use of ARV medicines. The total number of health care providers trained in basic diagnosis and treatment of HIV/AIDS is approximately 350-400 professionals trained by USG and international organizations such as ESTHER and World Wide Orphans. However, the number of trained physicians with the knowledge to provide ARV therapy is far less and is primarily in 4 provinces: Hanoi, HCMC, Quang Ninh, and Hai Phong. PLWHA are thought to spend 19 times more on health care than the average consumer in Vietnam (Abt, PHRplus Vietnam Health Accounts). Although there is a health care coverage scheme for the poor, this system has been unsuccessfully implemented, and few PLWHA interviewed in qualitative research studies said they were able to benefit from this scheme (GIPA; ICRW 2004). While the Government has engaged mass organizations in the national HIV control effort, few national NGOs exist, and thus the government plays the dominant role in determining use of health aid. Government public spending on health is low (about \$US 4 million from 2000-2003). Small-scale treatment, care and support services are in place in selected provinces in Vietnam. In major urban areas, the greatest range of services exists for PLWHA. The CDC LIFE-GAP program funds HIV outpatient clinics in provincial and central hospitals in Hanoi, HCMC, Hai Phong, Can Tho, Quang Ninh and a few other high prevalence provinces. Outpatient clinics provide free service to PLWHA that includes OI treatment and prophylaxis, positive living counseling, and referrals. FHI works with district health centers to run home care and referral for PLWHA and OVC in Hai Phong and HCMC. WHO, FHI and MDM work with the HCMC Provincial AIDS Committee to support district level out-patient care through day care centers that include OI treatment and prophylaxis, PLWHA support groups and self-care counseling. The Vietnam-CDC-Harvard AIDS Training Partnership trains doctors in HIV ARV treatment, and clinical care, including palliative care; to date more than 200 doctors have been trained. Esther and FHI, through separate programs, have also supported training for approximately 200 hospital level doctors in clinical care, ART and palliation. FHI, CDC and COHED have also worked in a limited number of 05/06 centers to build the quality of care provided to PLWHA. In HCMC, MDM supports a mobile clinic for IDUs and sex workers. There are a few hospice and pagoda-based support services for PLWHA in Hanoi, HCMC and in Hue. PLWHA support groups and organizations are funded by CARE, the POLICY Project, the Red Cross, FHI and others. Save the Children/UK provides care to OVC in HCMC, etc. World Vision is running a care and prevention program for mobile populations in Hai Phong. CARE has supported care services for PLWHA in Quang Ninh. WHO and the MoH commissioned a 3X5 review of Vietnam in June 2004 that assessed and selected sites to initiate adult and adolescent HAART. HCMC, Hanoi, Hai Phong and An Giang were selected as initial sites for HAART using Global Fund monies. WHO and the MoH selected provincial level hospitals and district health center facilities in these provinces for initiation of HAART, in line with the global expanded approach to HAART service delivery. Global Fund has approved about [redacted] USD for HIV/AIDS programs in Vietnam supporting community-based care and services for PLWHA in 20 provinces, though only [redacted] have been disbursed. The USG is looking to work closely with GF to link treatment programs with quality care programs in high-focus provinces. WB will support the GVN with roughly [redacted] in 20 focus provinces, many of which overlap with USG-supported programs, but World Bank programs will not likely start for another 18 months.

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Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

District level ambulatory and in-patient care services supported by the district health centers in focal provinces will be supported in providing secondary and primary clinical care services for adult and pediatric PLWHA. District and community care entails day care services for ambulatory PLWHA at the district health center, and in-patient care appropriate for secondary level. Community level care includes regular home care follow-up for all PLWHA who request home services, PLWHA support groups, and supportive services managed by home care teams who act as case managers for their clients, facilitating support for children of PLWHA, nutrition and self-care counseling, spiritual guidance and harm reduction assistance for IDU PLWHA. The district out-patient service is integrated into the existing district health center services, and includes TB screening and treatment (described in next section). Home care and PLWHA groups will work with health center staff to promote ART and methadone adherence for those sites providing methadone. [Note: FHI will be supporting a pilot methadone maintenance program in 2 provinces, one each in northern and southern Vietnam, in partnership with the National Institute of Hygiene and Epidemiology. Target numbers for individuals have not yet been determined. The programs will strictly adhere to the policies and guidelines set by SGAC in working with HIV+ addicts]. Referrals to tertiary care for PLWHA clients will be managed by the district health center staff and home care teams. MoLISA has requested training in clinical care for staff responsible for caring for PLWHA. This training will be conducted in focal provinces. BHSC services will be linked with services implemented at the provincial level by other PEPFAR partners. Drugs for OI management will be purchased under this program.

Continuum of Care Networks will be created made up of Provincial Health authorities, PASB, party officials, PLWHA, high level religious leaders, provincial, district, commune and home care providers, and NGO representatives. These committees will meet monthly and will advise on the implementation of provincial care and treatment activities, facilitate problem solving for referral, management and resource related challenges, and hear from PLWHA regarding improvements needed in the care they receive. Select members of this committee will also be on the ART selection committee.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	60%
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	8%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	3%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	1%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	700	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	14	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> HIV+ pregnant women |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Orphans and other vulnerable children |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Widows |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Faith-based organizations | |
| <input checked="" type="checkbox"/> Government workers | |
| <input checked="" type="checkbox"/> Health Care Workers | |
| <input checked="" type="checkbox"/> Community health workers | |
| <input checked="" type="checkbox"/> Doctors | |
| <input checked="" type="checkbox"/> Medical/health service providers | |
| <input checked="" type="checkbox"/> Nurses | |
| <input checked="" type="checkbox"/> Pharmacists | |
| <input checked="" type="checkbox"/> Traditional healers | |
| <input checked="" type="checkbox"/> Discordant couples | |
| <input checked="" type="checkbox"/> Injecting drug users | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | |

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Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: An Giang

State Province: Can Tho

State Province: Ha Noi

State Province: Hai Phong

State Province: Ho Chi Minh City

State Province: Quang Ninh

ISO Code: VN-44

ISO Code: VN-48

ISO Code: VN-64

ISO Code: VN-62

ISO Code: VN-65

ISO Code: VN-13

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: POLICY Project / The Futures Group International

Planned Funds:

Activity Narrative: The POLICY Project will focus on policy preparedness for greater access to treatment and care.

Activity 1: Palliative Care: Conduct an assessment of the of existing palliative care services in selected provinces (institutional and community based) and provide recommendations for improvement, networking and referral, in line with the President's Emergency Plan for AIDS Relief, this activity will identify lessons learn and focus on the actual and potential network linkages of the network model.

Activity 2: Treatment preparedness for People Living with HIV/AIDS: Build and support the capacity of PLWHA to become partners in the HIV/AIDS treatment system. This will involve a series of linked activities that build self help, network and advocacy capacity as a well as technical capacity to ensure that PLWHA become partners with others involved in ARV systems design, implementation and monitoring. This will include an expansion of current treatment literacy programs, and advocacy with health care providers on the role of PLWHA and peer education and counseling. This activity will be designed to support the capacity of PLWHA groups to organize and network for effective input and advocacy in the treatment field and will link with international provincial partners working to increase access to effective HIV/AIDS treatments

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	26%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Needs Assessment	24%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations*
- Faith-based organizations*
- Health Care Workers*
- Community health workers*
- Doctors*
- Medical/health service providers*
- Nurses*
- Injecting drug users*
- Men who have sex with men*
- HIV/AIDS-affected families*
- HIV pregnant women*
- Host country national counterparts*
- Media*
- Ministry of Health staff*
- National AIDS control program staff*
- Nongovernmental organizations/private voluntary organizations*
- People living with HIV/AIDS*
- Policy makers*
- USG in country staff*
- Youth*

Key Legislative Issues:

- Gender*
 - Increasing gender equity in HIV/AIDS programs*
- Stigma and discrimination:*

Coverage Area: **National**

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds:

Activity Narrative:

The Emergency Plan will provide opportunities for enhancing the capacity of palliative care, including outpatient clinical services, pain management, wellness programs, and the diagnosis and treatment of opportunistic infections. Through these services PLWHA's quality of life will be improved. This will mainly occur through planned expansion of activities to 40 provinces, and strengthening of services in the four focus provinces.

Planned activities include: continuing provincial clinical management training and service delivery, and quality of life improvement activities; improvement in quality of palliative care; improvement and expansion in clinical case management; ensuring referral linkage; improving follow-up case management; and implementation of clinical community case management.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	38%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Logistics	8%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	7%

Targets:

Target	Value	Applicability
Number of individuals provided with general HIV-related palliative care	15,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	450	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	41	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Discordant couples
- HIV/AIDS-affected families
- Ministry of Health staff
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: /Pact, Inc.

Planned Funds:

Activity Narrative:

Pact will be providing financial and management oversight for seven organizations (2 local NGOs and 5 international NGOs) working specifically in HIV/AIDS care. Activities supported under the Pact Community REACH mechanism will include support for pilot community-based interventions in community-based care and support for adults and children and development of linkages and referral between USG-supported clinical care sites and peer support.

COHED programs will target HIV positive women and their family members. They include support for the establishment and operation of an HIV/AIDS community support center for HIV positive women and their families, training infected and affected women as the voluntary community care givers to provide basic health care and psycho-psychological support, including nutrition support, legal aid, etc. The self-help peer network of HIV positive women will be supported with basic HIV/AIDS peer education as well as training on small-business operation; supporting seed money for income-generating activities, organizing social events for HIV/AIDS prevention and education with HIV infected and affected as the main stakeholders. Access to quality and friendly health care for HIV positive women will be increased through activities including training for personnel in selected healthcare settings on care for PLWHA and ethical issues linked with disclosure and confidentiality; provision of basic medical insurance, regular medical checkups; and support from social funds. Activities of the Ha Long HIV/AIDS community support center will be promoted at provincial level and national level through mass media.

Mai Hoa Center will provide training on community-based care and support for AIDS patients for community voluntary caregivers and nursing staff of the center, providing food and clothing for homeless AIDS patients. The trained voluntary caregivers will provide care support to AIDS patients in the community outside the Mai Hoa AIDS Center. In addition, the center will provide other basic health care activities like nursing, medical check-up, and referral to adequate TB and other OI treatment with follow-up. Socio-psychological support to those AIDS patients in the center will be provided. This funding will support better nutrition, clothing, and other necessary materials for self-care of patients.

World Vision will use Using the framework of WHO's Comprehensive Care Across the Continuum; home care teams will be established in each of the four project sites, and at the ward level in high prevalence areas. They will be based in town and ward health stations and work within their designated town, ward or commune. The teams will form a network of caregivers supporting patients and their caregivers at home. The primary focus is health care. Social and emotional support will be given high priority as well as raising general awareness about HIV/AIDS within families and the community at large. Community Care and Support Volunteers will work to identify chronically ill persons in their respective communities and arrange to provide Home-Based Care (HBC). This work will be conducted in close coordination with Ward Health Stations. Community Care and Support Volunteers will make home visits to these ill people, providing them with material, psychosocial and basic clinical support, and appropriate nutritional advice and emotional counseling. The Community Care and Support Volunteers will also work with the assistance of Project Staff to help arrange, as needed, higher levels of palliative care for those patients who are clearly suffering from ailments cause by AIDS. Medical care, treatment of opportunistic infections (OI) including STIs, TB, pain management, referrals to ART programs, malaria prevention where appropriate, and PMTCT will be arranged. All of these additional services from the public sector will be made available through referral to USG supported outpatient clinical care sites, in addition to support from Global Fund through the MOH. WV Trainers with technical assistance from FHI and local partners will progressively mobilize and train volunteers in all designated project districts. Through a trainer of trainers (TOT) format WV will instigate a process whereby a cadre of community care volunteers will provide quality care and support to PLWHAs in their

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communities. In order to provide families with PLWHAs with increased livelihood support, Micro-Enterprise Development (MED) will be supported by subgrants to the district and town level Women's Unions.

CARE activities will include developing high quality comprehensive health care packages to be delivered by CBOs to individuals infected and affected by HIV/AIDS at home, community and selected public health facilities. The package will include physical, mental, spiritual, end of life, nutrition and hygienic care etc. The package also includes vocational training and facilitation of employment opportunities through work place programs that aim at increasing access to jobs for individuals who cannot afford for critical treatment, care and support. CARE will work with health experts to develop the package, then train CBO staff and volunteer care givers on the application of the package. These care givers and CBOs will in-turn provide direct care and support for PLWHA. The development of packages and care will be conducted with the participation of community and PLWHA. To ensure the continuity of care and support, CARE will facilitate the process in building linkages and referral system between CBO, home based care giver network and the existing private and public health services and ensure cases are managed and communicated among services. Quality of care and support services will be monitored using quality assurance policies and guidelines to be developed according to WHO/UNAIDS standards.

MdM will carry out a program on HIV and STIs prevention among Vietnamese and Khmer beneficiaries. The program will include free distribution of condoms, monthly meetings for SW and IDU to discuss HIV prevention, regular meetings with police, and potential provision of drug substitution to IDUs who wish to stop.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Health Care Financing	5%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	7%
<input checked="" type="checkbox"/> Infrastructure	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	14%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	16%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,692	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	58	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	55	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	7	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Policy makers |
| <input checked="" type="checkbox"/> Business community | <input checked="" type="checkbox"/> Pregnant women |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Program managers |
| <input checked="" type="checkbox"/> Commercial sex workers | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Sex partners |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Country coordinating mechanisms | <input checked="" type="checkbox"/> USG in country staff |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Medical/health service providers | |
| <input checked="" type="checkbox"/> Nurses | |
| <input checked="" type="checkbox"/> Pharmacists | |
| <input checked="" type="checkbox"/> Traditional healers | |
| <input checked="" type="checkbox"/> High-risk population | |
| <input checked="" type="checkbox"/> Injecting drug users | |
| <input checked="" type="checkbox"/> Men who have sex with men | |
| <input checked="" type="checkbox"/> Street youth | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | |
| <input checked="" type="checkbox"/> HIV+ pregnant women | |
| <input checked="" type="checkbox"/> Host country national counterparts | |
| <input checked="" type="checkbox"/> Implementing organization project staff | |
| <input checked="" type="checkbox"/> International counterpart organization | |
| <input checked="" type="checkbox"/> M&E specialist/staff | |
| <input checked="" type="checkbox"/> Media | |
| <input checked="" type="checkbox"/> Police | |
| <input checked="" type="checkbox"/> Mobile populations | |
| <input checked="" type="checkbox"/> Migrants | |
| <input checked="" type="checkbox"/> Migrant workers | |
| <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |

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Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Twinning
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Ha Noi
State Province: Hai Phong
State Province: Ho Chi Minh City
State Province: Quang Ninh

ISO Code: VN-64
ISO Code: VN-62
ISO Code: VN-65
ISO Code: VN-13

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UN Resident Coordinator's Office/ United Nations Development Programme

Planned Funds:

Activity Narrative:

This project aims to promote GIPA in Viet Nam, through recruitment of UN Volunteers – most of whom are living with or affected by HIV/AIDS. The main role of the UN Volunteers will be to act as peer educators, to advocate for social acceptance and access to care and support services, to promote networking among people living with or affected by HIV/AIDS, and to promote the voluntary involvement of other people living with or affected by HIV/AIDS in HIV/AIDS activities.

The second activity is to provide a wide range of training and mentoring support to the UN Volunteers as well as to other people living with or affected by HIV/AIDS, so that in the consequent year of the project they will be able to actively engage in providing voluntary, community-based support. Training and mentoring will be provided in areas such as treatment literacy, human rights, communication skills, IT, HIV prevention and treatment, training-of-trainers, interpersonal, behavioral change communication development, leadership, and management skills, etc.) as well as include informative updates on issues such as care and treatment. An exchange visit to Cambodia as well as information sharing through other means with UNV and other GIPA initiatives in the region (e.g. Laos, Cambodia, Indonesia) will be organized.

The UN Volunteers will also be provided with regular psychological support.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	9%
<input checked="" type="checkbox"/> Human Resources	48%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Applicability
		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	50	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: An Giang
State Province: Ho Chi Minh City

ISO Code: VN-44

ISO Code: VN-65

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Vietnam CDC Harvard AIDS Program / Harvard Medical School - Division of AIDS

Planned Funds:

Activity Narrative: The program will continue technical training for physicians on care, management of opportunistic infections, and pain management in the focus provinces through intensive bedside trainings which stress management of patients as well as training for clinical and support staff working in O5/U8 centers. The program will pilot a national nursing training followed by ongoing technical support and mentoring of 40 nurse leaders throughout the country. The program will provide ongoing quality assurance and supportive supervision through onsite mentoring and site visits, establishment of case conferences and journal clubs to discuss patient management and evidence based approach to care. The program will assist in establishment of "on-call" management of emergencies and/or "warm-lines" for the focus provinces.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	35%
<input checked="" type="checkbox"/> Training	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	220	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Nurses
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

- Twinning

Coverage Area: National

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: I-TECH / University of Washington

Planned Funds:

Activity Narrative:

This program will develop Operating Procedures to standardize non-ART HIV care services in up to 6 focus districts; including identifying staffing and long term TA needs to facilitate implementation; establish referral linkage between VCT centers and primary health care sites, and hospitals; and collaborate with FHI in developing community-based support systems to include outreach, case management and adherence support.

It will also provide technical support to program managers, medical record staff, data managers, at MOH, District and facility levels; provide technical assistance in the development of a national, district and facility-based medical record and quality assurance system; and conduct targeted evaluations of ITECH trained providers on site (# of patients, accuracy of staging, adherence rates, failure rates, treatment safety monitoring).

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	55%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

Targets:

Target	Value	Applicability
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff
- Program managers

Key Legislative Issues:

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Coverage Area:

State Province: An Giang

ISO Code: VN-44

State Province: Can Tho

ISO Code: VN-48

State Province: Ha Noi

ISO Code: VN-64

State Province: Hai Phong

ISO Code: VN-62

State Province: Ho Chi Minh City

ISO Code: VN-65

State Province: Quang Ninh

ISO Code: VN-13

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ---/ Ho Chi Minh City Provincial AIDS Committee

Planned Funds:

Activity Narrative:

The Emergency Plan will provide opportunities for enhancing the capacity of palliative care, including outpatient clinical services, pain management, wellness programs, and the diagnosis and treatment of opportunistic infections. Through these services PLWHA's quality of life will be improved. Planned activities include: continuing provincial clinical management training and service delivery, and quality of life improvement activities; improvement in quality of palliative care; improvement and expansion in clinical case management; ensuring referral linkage; improving follow-up case management; and implementation of clinical community case management. Initiate district/ward clinical management training.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	15%

Targets:

Target	Value	Applicability
Number of individuals provided with general HIV-related palliative care	5,440	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	70	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	14	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
- Doctors
- Medical/health service providers
- Nurses
- People living with HIV/AIDS

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Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Palliative Care / To Be Determined

Planned Funds:

Activity Narrative:

Continuum-of-care case management intervention to assist People Living with HIV/AIDS being released from drug rehabilitation centers ("06 Centers) will be provided in one/two provinces of Vietnam to assist with reintegration into the community. Transitional services will insure linkages to medical and other palliative care services, including possible ARV treatment; HIV prevention services; interventions to avoidance of relapse to drug use (including support groups, family counseling, and substitution therapy); and vocational training and placement. The intervention is based on a continuum-of-care case management model that has been successfully and effectively implemented among people being released from correctional facilities in the U.S. Case managers will be hired and supervised by NGOs to work with residents nearing their release to develop transitional plans and insure linkages to services in the community. Having the case managers be employees of an NGO is likely to increase the initial level of trust that Center residents and releases place in the case managers. As NGO employees, they are independent of the "system" and may be presumed to give precedence to the best interests of their clients rather than to the detection of relapse and the recommitment of drug users to Centers or prisons. At the same time, it is important to coordinate efforts and build partnerships with DOLISA. In this way, DOLISA staff may come to shift their perspective from one primarily of enforcement to one primarily of support and rehabilitation. This, in turn, may lead to DOLISA's taking ownership of and institutionalizing a rehabilitative approach if it proves to be effective, as well as building capacity among DOLISA staff for maintaining the intervention in the future.

The model also presupposes that services to link to exist in the community. In Vietnam, there may be the need to support the formation of support services and positions such as family counselors or vocational placement counselors. For those who cannot or will not be able to return to their families, housing services are needed. Transportation support will also be essential until persons have a stable enough income to manage these needs. The same case manager works intensively with the client after s/he is released. The client will be linked to at least the following services in the community:

- Access to available HIV care and support at either provincial or district hospitals or NGO clinics as appropriate; ARV is generally unavailable in Vietnam at the current time, but the framework established at provincial hospitals through CDC LIFE/GAP funding provides for regular check-ups, prophylaxis for opportunistic infections, and counseling on nutrition and healthy living;
- Prevention of relapse to drug use (based on avoidance of "triggers" and other strategies from established relapse prevention literature and practice);
- Community-based group support for cessation of drug use and practical/emotional support in living with HIV/AIDS (employing support groups already in place, encouragement of recovering drug users to form groups based on "12-step" models, treatment preparedness and adherence support groups; and family counseling); and
- Vocational training and placement.

Case managers will meet with each client at the Center at least four times during the two months prior to release and then meet regularly with the client in the community for at least six months post-release. While USG funds will not be utilized at present for in-Center services, case managers will need to interact with clients, physicians and other staff to gain an understanding of the issues facing particular clients. Case managers will meet clients as they actually leave the correctional facility and help them through the extremely risky first few days in the community. Experience also suggests that it is useful for case managers to help make appointments for clients and accompany them to appointments to ensure that they are actually linked with and receive available services in the community.

Case managers would also work in their clients' communities of return to provide education on drug use and HIV prevention and seek to reduce the stigma against drug users and PLWHA that currently contribute to the extreme difficulty encountered by 06 Center releasees in successfully transitioning to the community. The program will need to be developed and approvals finalized for the intervention.

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recruitment of case managers in each province, and identification of the DOLISA and community partners and services. Training of the case managers and their DOLISA partners and detailed protocols and procedures for the intervention will be developed. The intervention will serve 300 clients. Contingent on actual numbers being released, approximately 18 clients will be recruited each month. Case managers will work with clients for two months prior to their release and then continue to work with them for at least four months post-release. This should translate into an average caseload of 48 clients/year per case manager

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	18%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	13%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	20	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Injecting drug users
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Rehabilitation Center Residents

Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Ha Noi

State Province: Ho Chi Minh City

ISO Code: VN-64

ISO Code: VN-65

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Vietnam Ministry of Defense

Planned Funds:

Activity Narrative: This is a twinning activity between COE-DMHA/Univ of Hawaii working with the prime partner, MOD.

Ten persons will be trained to provide palliative care to HIV infected persons; 300 persons will be provided with palliative care and support through this program. FY05 funding will support the continued investment in training of MOD health care providers (HCP) to engage in the management of HIV infected persons. A shift from US DOD sponsored to MOD sponsored workshops will occur. 2 training workshops are planned. As well, roughly 30% of the salary of a resident HIV specialist "visiting professor" will support HIV management through preceptorships at Hospitals 108 and 175. 4 VPA health care providers will be sent for periods of 2 months each to the Hawaii AIDS Clinical Research Program and the AIDS Education Center at the University of Hawaii. These HIV "clerkships" will expose these providers to the full spectrum of HIV care in a highly specialized setting. The University of Hawaii has identified housing on the campus of the HACRP unit that it will provide without charge to the Program.

Experience in clinics and with patients unfamiliar with the requirements of HIV therapy has led to the creation of 4 support positions (2 counselors, see below and 2 pharmacists). Recognizing that adherence is the key to successful therapy, these ancillary personnel will be trained to provide more intensive follow-up and education of both patients and providers.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	18%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Training	67%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults*
- Men*
- Women*
- Clients of sex workers*
- Community leader*
- Government workers*
- HIV+ pregnant women*
- Military*

Key Legislative Issues:

- Gender**
 - Increasing gender equity in HIV/AIDS programs
 - Increasing women's access to income and productive resource
- Twining**

Coverage Area:

State Province: Ha Noi

ISO Code: VN-64

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

- Result 1: Strengthened capacity of national and provincial government coordinating structures in support of OVCs.
- Result 2: Policy initiatives that support care for OVCs advanced.
- Result 3: Improved preventive behaviors of OVCs and family members to protect themselves from HIV infection.
- Result 4: Improved ability of OVCs and their caretakers to obtain secure livelihoods.
- Result 5: Existing orphan support programs strengthened and expanded.

Total Funding for Program Area (\$): **Current Program Context:**

Due to the relatively late introduction of HIV in Viet Nam and its high concentration among intravenous drug users, clients of sex workers and sex workers, and due to a dearth of research on the situation of OVC in Viet Nam, HIV/AIDS orphans and affected children are just beginning to emerge as an important group for which integrated and comprehensive services are lacking. To date, large donor activities do not focus on OVC services. Although most health services dealing with orphans and vulnerable populations currently rest within government programs, a private health sector and community/faith based interventions are emerging. Their coverage, though, is quite limited to a few sites throughout the country. Current on-going USG-funded activities do not include specific programs of support for AIDS orphans and vulnerable children. While Government of Vietnam has a strong social welfare system and mass organizations such as the Women's Union which are committed to support services for women and children, strong stigma, low prevalence and a general lack of knowledge have stymied care and support efforts for HIV+ children and children affected by HIV/AIDS. The Government of Vietnam has a number of orphanages nationwide, and recently developed an orphanage for HIV+ children in Ho Chi Minh City (separated from their HIV- peers). In addition, the government has placed a number of HIV+ children in 05 rehabilitation centers to be cared for by HIV+ sex workers. Services are minimal in 05 rehabilitation facilities, and generally, there is a lack of knowledge as to how to care for pediatric HIV cases (and almost no knowledge specific to pediatric treatment). Pediatric ART is only available through an NGO program in HCMC, Worldwide Orphans Foundation, which cares for approximately 100 children with HIV. USG funding will support a comprehensive assessment to address and document existing practices regarding orphan care in local communities, review existing laws and policies regarding the rights of the child, and provide information on gaps in these areas, in addition to looking at the clinical care needs for OVC.

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds:

Activity Narrative:

The Emergency Plan will support the implementation of an OVC pilot model, based upon the results of a needs assessment. This OVC pilot model will be developed in collaboration with, and on condition of approval of, the USG Vietnam program and will be evaluated. In collaboration with the USG-Vietnam program, the MOH will determine whether the pilot model should be expanded. OVC medical services will be implemented based on a needs assessment of direct medical care, HIV treatment, and links needed between OVC NGO activities in FY04, and implementation may occur at the National Hospital of Pediatric.

In addition, the Emergency Plan will provide opportunities for the provincial pediatric hospital/department to scale up existing medical services to HIV exposed infants discharged from the existing PMTCT programs and referred from other OVC activities in the area.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Logistics	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	3	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	150	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	70	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Health Care Workers
- Infants
- Orphans and other vulnerable children

Key Legislative Issues:

President's Emergency Plan for AIDS Relief
Country Operational Plan Vietnam FY 2005

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Coverage Area:

State Province: Ha Noi

State Province: Hai Phong

State Province: Quang Ninh

ISO Code: VN-64

ISO Code: VN-62

ISO Code: VN-13

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.

Planned Funds:

Activity Narrative:

Save the Children will conduct a national survey of the OVC situation in Viet Nam focusing on health care, socioeconomic issues, education and legal rights. The survey will also entail reviewing existing OVC-related policies, developing an inventory of current OVC programming nation-wide, and assessing strategic documents and plans of donors and the Vietnamese Government. Formative research will be conducted in five provinces - 2 in the north, 2 in the south, and 1 in the central region. Through this assessment, Save the Children and the Government of Viet Nam will reach a working definition of "orphans and vulnerable children", and identify appropriate strategies and approaches to address their needs. The assessment team will be comprised of Save the Children staff, an international consultant, USG technical staff and government of Viet Nam representatives (e.g. CPFC, Ministry of Health, MOLISA). Save the Children will explore the feasibility of jointly conducting the assessment with a key Ministry of the Government of Viet Nam. Save the Children will coordinate closely with CDC Life Gap's assessment of clinical services, as feasible. The assessment will involve a consultative process with infected and affected children and their communities. Save the Children will conduct at least one dissemination workshop to share findings, and to develop recommendations and a plan of action to address the needs of OVCs.

CARE's activities aim at ensuring OVC access to basic care and support and enjoyment of non-discriminative environments. In conjunction with the USG assessment on OVC, a training and care and support package will be developed and delivered by CBOs and child-focused programmers. CARE will work with CBOs to conduct IEC activities targeted to families, community and schools to remove the stigma and discrimination against OVC and help them to access basic education and to integrate within community. CARE will also provide training for schools and families on universal precautions of HIV/AIDS. Mass media, local leaders and national celebrities will be invited to participate in the campaigns as role models for the community. Care and support for OVC will be included in the comprehensive packages for CBOs and care givers. CARE will link employment support activities to the poorest families with OVC.

MdM project will focus on providing primary health care, promoting adaptive behaviours and encourage the population reached by the mobile teams to go for STIs testing at An Hoa DCC, reinforcing the referral circuit with the district hospital for very ill patients and between other interventions and the STI services, insuring HIV screening and HAART access for pregnant women and their children infected and patients treatment adherence follow-up.

The Worldwide Orphans Foundation (WWO) will continue to train Vietnamese medical professionals in the diagnosis and treatment of pediatric HIV/AIDS. WWO will conduct its second training session in HCMC and begin a new training initiative in Ha Noi. These programs will serve WWO project physicians, orphanage administrators and caregivers, and health care professionals from the wider community. US medical experts will collaborate with Vietnamese physicians to develop protocols for the diagnosis, treatment and monitoring of HIV+ OVCs. WWO's local project director will supervise a set schedule of diagnostic tests and monitoring labs, and coordinate exchange of patient information and treatment recommendations between US and Vietnamese medical teams. WWO will create and manage a database, which will include patient demographics and history, growth and development measurements, diagnostic and monitoring tests, first and second line ARV drugs, OI medications and other treatments. This database will facilitate the ongoing assessment of patients by the US and Vietnamese medical teams and enable the long-term monitoring of outcome measurements. Although this program is designed to treat HIV/AIDS, it will also enhance the quality of life for HIV+ OVCs through social, educational and psychological support programs. Granny Programs, for example, will provide OVCs with one-on-one social interaction, reducing the adverse effects of institutional care on the children's social and psychological development. By involving women from the community, as well as psychologists and educators, WWO will improve the quality of children's lives, reduce the stigma attached to HIV/AIDS, and create local jobs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	2%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	1%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	2%
<input checked="" type="checkbox"/> Needs Assessment	39%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	21%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	5	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	120	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	255	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Commercial sex industry | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Orphans and other vulnerable children |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Pregnant women |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Primary school |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Pharmacists | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Traditional birth attendants | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Street youth | <input checked="" type="checkbox"/> Widows |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> HIV+ pregnant women | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Implementing organization project staff | |
| <input checked="" type="checkbox"/> Infants | |
| <input checked="" type="checkbox"/> International counterpart organization | |
| <input checked="" type="checkbox"/> Media | |
| <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> National AIDS control program staff | |

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Twinning
- Volunteers
- Stigma and discrimination

Coverage Area: National

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ho Chi Minh City Provincial AIDS Committee

Planned Funds:

Activity Narrative: The Emergency Plan will provide opportunities for the provincial pediatric hospital/department to scale up existing medical services to HIV exposed infants discharged from the existing PMTCT programs and referred from other OVC activities in the area.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	7%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	76	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	250	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Infants*
- Orphans and other vulnerable children*

Key Legislative Issues:

Coverage Area:

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

- Result 1: National and local pharmaceutical and commodities management strengthened to support expanded access to ART.
- Result 2: ART treatment for clinically eligible HIV positive individuals, including PMTCT+ expanded.
- Result 3: Supply of pharmaceuticals and diagnostics expanded for adequate scale up.

Percent of Total Funding Planned for Drug Procurement

90

Total Funding for Program Area (\$) **Current Program Context:**

The Vietnamese MOH reported 13,315 HIV-infected persons had developed AIDS by the end of August 2004 (cumulative) and would have met criteria for ARV treatment. However, considering that AIDS is still largely unreported in Vietnam, and that AIDS is not the only criteria for ARV treatment for HIV-infected people, WHO and other experts estimate 20,000 to 25,000 HIV-infected adults and children currently qualify for treatment. Of note, 20% to 25% (4,000 to 6,500) of these persons currently reside in social labor/rehabilitation (05-06) centers. It is estimated that just under half of persons meeting criteria for ARV treatment are 35 years old or younger and 90% are less than 50 years old. Rates of HIV among children less than 13 years old are poorly understood. The GVN MOH reports that few children less than 13 need ARV treatment (fewer than 300 cases nationwide). At this time, no national formulary has been issued, nor have national procurement mechanisms been determined for pharmaceutical management. Vietnam has limited in-country production of generic ARV, but quality assurance testing has yet to be performed. A USG-funded MSH assessment using '04 funds set the stage for the current USG/MSH/FHI/WHO/Global Fund/Harvard collaboration to bring ARV drugs into the country immediately and to streamline coordination across major donors working in treatment. The assessment found that while there is a large health infrastructure with sufficient human resources to manage an ARV program, there are only non-existent-to-nascent systems in place for large-scale ARV management including procurement, drug delivery (and storage), and quality monitoring. In addition, there are no systems in place for preventing diversion, with the exception of the vertical national TB program. MSH will be placing a full-time drug technical advisor in country beginning in January, 2005, to work with PEPFAR, the MOH, and other major donors contributing to ARV procurement and delivery.

Program Area: HIV/AIDS Treatment/ARV Drugs
 Budget Code: (HTXD)
 Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**

Planned Funds:

Activity Narrative: These funds will be used to procure ARV drugs for all USG-supported sites and clinics (CDC, FHI, MDM) as elaborated in sections of the USG Country Operational Plan for Vietnam.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	90%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%

Targets:

Not Applicable

Target Populations:

- Men
- Women
- Clients of sex workers
- Commercial sex workers
- Factory workers
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
 - Discordant couples
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
 - Street youth
- HIV+ pregnant women
- Infants
- Mobile populations
 - Migrant workers
- People living with HIV/AIDS
- Pregnant women
- Sex partners
- Women of reproductive age
- Youth

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: An Giang	ISO Code: VN-44
State Province: Can Tho	ISO Code: VN-48
State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Ninh	ISO Code: VN-13

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

- Result 1:** Strong coordination and collaboration with other donors, government and NGOs through a network system.
- Result 2:** Effective national HIV treatment strategy capable of being implemented at all levels and reducing program duplication.
- Result 3:** Coordination with other government sectors and other donors (e.g., GFATM, WHO, ESTHER) for rapid expansion of ARV services.
- Result 4:** Continue to work to address policy issues related to ARV access.

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+

10%

Total Funding for Program Area (\$):

Current Program Context:

Technical capacity for effective HIV treatment is limited, but is increasing rapidly. While USG-supported regional training programs have assisted the GVN in training more than 400 physicians in over 40 provinces (including infectious disease, TB, STI and rehabilitation center doctors), the number of providers who can adequately care for PLWHA is still insufficient. HIV management training has focused on HIV diagnosis, prevention, occupational exposure, universal precautions, PMTCT, prevention, diagnosis and treatment of opportunistic infections (OI), and basic anti-retroviral therapies. Specialty training in working with IDU, clinical mentoring and on-going supervision needs further support. Model outpatient programs in both the public and private sectors, which can eventually form a framework for outpatient ARV programs, are already underway in 25 provinces. Revised national guidelines on ARV therapy are expected in late 2004 and dissemination plans are underway. The MOH is already discussing a dissemination process for the guidelines. Early draft ARV guidelines are consistent with current WHO recommendations.

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**

Planned Funds:

Activity Narrative:

District level ambulatory care centers run by the district health center (hospital - health center is a VN term for what is normally considered a hospital with in-patient ward of approx 50 beds, lab, etc) will provide ART, clinical care, TB treatment and supportive services to PLWHA. The district out-patient service will be integrated into the existing district health center services, including TB screening and treatment. Children with HIV will be initiated on ART in select district ART programs. Home care and PLWHA groups will work with health center staff to promote ART adherence and methadone will be made available to IDU+ [see below] in pilot district centers. Tertiary care for PLWHA on ART who experience immune-reconstitution syndrome, serious side effects or other complications will be provided by the provincial hospitals supported by the US-CDC/VCHAP and Esther. Labs not available at the district level, such as CD4, will be performed at the provincial hospital level. ART eligibility is based on bio-markers described in draft-national guidelines; ART selection committees will be at district level made up of PLWHA, health, NGO and party officials.

FHI/IMPACT will also implement a pilot methadone treatment program among HIV+ IDU in An Giang and Hai Phong to increase adherence to ARV therapy and to inform national policies for a future scaled-up substitution therapy program for IDU. Methadone, ART, HIV ambulatory care services, VCT, self-care counseling and other supportive services will all be provided at IDU community supper centers where PLWHA IDU clients will be assisted through case managers. For the methadone adherence pilot in Hai Phong, FHI will partner with CDC and Esther will initiate 350 people on ART in 2005.

Information sharing on ART programs will take place through the NGO care and treatment working group, chaired by FHI, members including US-CDC, FHI, MDM, WHO, Esther, ANRS and others involved in implementing ART services in Viet Nam.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	35%
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	13%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Infrastructure	8%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	8%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	120	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	700	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Clients of sex workers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Discordant couples
 - Injecting drug users
 - Men who have sex with men
- HIV/AIDS-affected families
- HIV+ pregnant women
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Religious/traditional leaders
- Trainers

Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: An Giang
State Province: Can Tho
State Province: Hai Phong
State Province: Ho Chi Minh City
State Province: Quang Ninh

ISO Code: VN-44
ISO Code: VN-48
ISO Code: VN-62
ISO Code: VN-65
ISO Code: VN-13

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds: **Activity Narrative:**

MOH will collaborate with VCHAP to provide training on ART and ongoing ARV care (including skills to improve adherence) to additional provinces using a "training of trainers" model (where trainers go directly to provinces) and through a mentoring model (where local staff come to regional and national hospitals). Targets for ART training will be health care professionals of all backgrounds (physicians, nurses, pharmacists, nutritionists, and other auxiliary staff) and at all levels (provincial, district, commune). The national trainers will be involved in curriculum development and faculty training for the country's medical schools. To meet the workforce requirements to provide training and ARV treatment in USG-supported programs, existing public health providers and health care workers will receive rewards for quality performance. In addition, some short-term contractors will be hired. Quality assurance of ART care will include supportive supervision as well as periodic reviews by funding entities.

MOH public health and clinical staff will be involved in producing and reviewing accuracy of brochures on adherence and other elements of quality ART treatment. MOH will develop clear-cut linkages between the HIV ART programs, STD programs, and national TB programs (as needed). They will develop systems and communication models to ensure that the national programs coordinate activities in a patient-focused manner. MOH will also provide support to local clinics and key institutions in management training, records keeping, leadership, and other mechanisms to improve organizational capacity. MOH will work with ITECH, who is being funded in the COP to establish clinical records management systems. Twinning models will be encouraged (e.g., with a US-based MBA program). MOH will provide local ART programs to HIV infected people, including pregnant women receiving USG-supported PMTCT services, with necessary funding for equipment and supplies (including CD4 test kits but no cytometers) and vehicles and other supplies for effective HIV treatment and collaborate with RPM or other partner for developing ARV access, distribution, and accounting systems.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Human Resources	45%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Training	15%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	5	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	100	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- HIV+ pregnant women
- People living with HIV/AIDS

Key Legislative Issues:

- Twinning
- Stigma and discrimination

Coverage Area:

State Province: An Giang	ISO Code: VN-44
State Province: Can Tho	ISO Code: VN-48
State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Ninh	ISO Code: VN-13

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.

Planned Funds:

Activity Narrative:

Pact will be providing financial and management oversight for four international organizations working specifically in HIV/AIDS treatment. Activities supported under the Pact Community REACH mechanism will include clinical treatment in two district care and treatment centers, in addition to two orphanages for HIV+ children.

CARE's activities will include training for public and private health service providers in treatment counseling skills, safety precautions, non-stigmatizing and non-discriminative services as well as setting up/strengthening community-adherence activities that promote continuous treatment and compliance with ARV. A team of PLWHA counselors will be trained in professional counseling, placed and supported in public health settings as formal counselors to ensure clients feel comfortable with ARV services. Through CBOs networks, peer educators and caregivers will support PLWHA to follow-up ARV adherence and report to local health services

MDM will provide training on HIV/AIDS treatment for An Hoa and local MDM staff to ensure access to quality ART for eligible PLWHA, to support peer support groups and to help patients on HAART with home care and psychological follow up, to build and implement clinical and biological follow-up of drug toxicity in order to prevent and treat severe side effects to insure patient's adherence and to develop an assessment design for the program by summer 2005

World Vision will work with USG-supported clinical sites in ensuring community adherence to treatment through community-support groups and referral mechanisms through case management. Support at the community level will be given to ensure that people receiving treatment comply with their drug regime and have an adequate diet.

World Wide Orphans will provide technical oversight to Vietnamese health care clinicians and orphanage staff assigned to care for HIV+ OVCs. The WWO technical team will review cases via digital communications from NY (to cut travel and staffing costs). The US team will use patient diagnostics to discuss the appropriate treatment regimen for each child. Under the guidance of the local project director, Vietnamese physicians will supervise treatment and adherence. In conjunction with a standard timetable for monitoring labs, the Vietnamese team will meet to review each child's progress and send an update with recommendations for further treatment to the US team. Team conferences, information exchange and progress reviews will occur on a quarterly basis and as needed. The project will also develop and management a database to record the medical treatment and progress of each child.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation
- Development of Network/Linkages/Referral Systems
- Health Care Financing
- Human Resources
- Information, Education and Communication

% of Funds

- 10%
- 5%
- 4%
- 1%
- 12%
- 8%

UNCLASSIFIED

<input checked="" type="checkbox"/> Infrastructure	9%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%
<input checked="" type="checkbox"/> Logistics	1%
<input checked="" type="checkbox"/> Needs Assessment	4%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	22%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	11%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	9	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	100	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	2	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	145	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	15	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	372	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	6	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	150	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	4	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Private health care providers
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- International counterpart organization
- Ministry of Health staff
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Volunteers

UNCLASSIFIED

Key Legislative Issues:

- Twinning
- Stigma and discrimination

Coverage Area:

State Province: Ha Noi

State Province: Hai Phong

State Province: Ho Chi Minh City

ISO Code: VN-64

ISO Code: VN-62

ISO Code: VN-65

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Vietnam CDC Harvard AIDS Program / Harvard Medical School - Division of AIDS

Planned Funds:

Activity Narrative:

VCHAP will conduct in-service trainings and continuing education delivered through traditional lecture formats, on-the-job training, and in-service mentoring on ARV treatment programs. They will be developing curricula for doctors, nurses and other health care providers, developing faculty training, and providing oversight on materials developed by government trainers. In addition, they will be providing 4 foreign nationals HIV specialists to cover focus areas of the country. Quality assurance will be provided through supportive supervision of services through in-country supervisors, ongoing mentoring and coaching, as well as periodic review by funding entities. The HIV specialists will be providing technical assistance for all USG supported programs providing ART from provincial through district levels (including FHI, MDM, MOH).

Activity Category

- Policy and Guidelines
- Quality Assurance and Supportive Supervision
- Training

% of Funds

- 5%
- 35%
- 60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	220	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers*
- Health Care Workers*
 - Doctors*
 - Medical/health service providers*
 - Nurses*
- Ministry of Health staff*
- National AIDS control program staff*
- USG in country staff*

Key Legislative Issues:

- Twinning*

Coverage Area:

State Province: An Giang	ISO Code: VN-44
State Province: Can Tho	ISO Code: VN-48
State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Ninh	ISO Code: VN-13

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: I-TECH / University of Washington

Planned Funds:

Activity Narrative:

Develop Operating Procedures to standardize ART services in up to 6 provinces, including identifying staffing and long term TA needs to facilitate implementation.

Develop a clinical monitoring system for data compilation and analysis of CD4 count for approximately 4000 patients on ART and VL measurement for approximately 4000 patients on ART and compile and analyze data on a quarterly basis, providing feedback to the selected sites at regular intervals.

Support targeted monitoring of use of ARV drug therapy.

Provide technical support to program managers, medical record staff, data managers, at MOH, District and facility levels. Provide technical assistance in the development of a national, district and facility-based medical record and quality assurance system.

Conduct training of 20 staff (program managers, medical record staff, coordinators, and data managers at national, regional and facility levels) involved with ART program at various levels.

Conduct targeted evaluations of ITECH trained providers on site (# of patients, accuracy of staging, adherence rates, failure rates, treatment safety monitoring)

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	55%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	20	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff
- Program managers

Key Legislative Issues:

Coverage Area:

State Province: An Giang	ISO Code: VN-44
State Province: Can Tho	ISO Code: VN-48
State Province: Ha Noi	ISO Code: VN-64
State Province: Hai Phong	ISO Code: VN-62
State Province: Ho Chi Minh City	ISO Code: VN-65
State Province: Quang Ninh	ISO Code: VN-13

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ho Chi Minh City Provincial AIDS Committee

Planned Funds: **Activity Narrative:**

After initial in-depth training on ARV use through the VCHAP HIV specialists, the HCM City Health Dept will be providing training on ARV treatment (including skills to improve adherence) to additional provinces using a "training of trainers" model (where trainers go directly to provinces) and through a mentoring model (where local staff come to regional and national hospitals). Targets for ARV training will be health care professionals of all backgrounds (physicians, nurses, pharmacists, nutritionists, and other auxiliary staff) and at all levels (provincial, district, commune). The trainers will be involved in curriculum development and faculty training for medical schools. To meet the workforce requirements to provide training and ARV treatment in USG-supported programs, existing public health providers and health care workers will receive rewards for quality performance. In addition, some short-term contractors will be hired if necessary. Quality assurance of ARV treatment will include supportive supervision as well as periodic reviews by funding entities. The HCM City Health Dept. public health and clinical staff will be involved in producing and reviewing for accuracy brochures on adherence and other elements of quality ARV treatment. The HCM City Health Dept. will develop clear-cut linkages between the HIV ARV programs and national TB programs (as needed) and STD programs, and will also develop systems and communication models to ensure that the national programs coordinate activities in a patient-focused manner. The HCM City Health Dept. will also provide support (either through MOH or a hired contractor) local clinics and key institutions in management training, records keeping, leadership, and other mechanisms to improve organizational capacity. Twinning models will be encouraged (e.g., with a US-based MBA program). The HCM City Health Dept. will provide local ARV programs with necessary funding for equipment, supplies, vehicles and other equipment for effective HIV treatment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%

UNCLASSIFIED

Training

45%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	5	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	800	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	120	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	80	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	30	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,050	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	150	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	30	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- HIV+ pregnant women
- Ministry of Health staff

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: /Vietnam Ministry of Defence

Planned Funds:

Activity Narrative:

This is a twinning activity between COE-DMHA/Univ of Hawaii/AFRIMS that works with the prime partner, MOD. One hundred to 200 persons will be trained in ARV administration/treatment and 400 persons will be under care by March 2006. Activity in FY05 will center around continued training of VPA HCP to administer ARV with a shift to MOD-sponsored training in Q4 of FY05. Site visits of Hosp 108 and 175 suggest that there may be a need for clinic renovation, to ensure privacy and comfort. Also, the second diagnostic laboratory renovation (Hospital 175) will likely be undertaken in this FY. The previously mentioned "visiting professor" model will be utilized both at Hosp 108 and Hosp 175. Given the overlap between HIV care and treatment it is likely that the HIV medicine "clerkships" at the University of Hawaii will also result in substantial gains in experience in the administration of ARV.

FY05 funding is sought for a key MOD hire; in order to further support program development and training a position for a full time, MOD physician to coordinate HIV care at the two clinical sites and to further develop the training infrastructure has been proposed. It is possible that MOD will prefer this person be hired by DOD, but the presence of a Vietnamese speaking, MOD-based physician will add greatly to the clinical program.

Funding is further provided to continue to support the diagnostic capability of the newly refurbished and equipped laboratories. AFRIMS (Bangkok) will undertake a QA program through a Royal Thai Army liaison QA officer assigned to the Department of Retrovirology.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	14%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Infrastructure	14%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Training	46%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	150	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	4	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	8	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Clients of sex workers
- HIV+ pregnant women
- Military
- People living with HIV/AIDS

Key Legislative Issues:

- Twinning
- Stigma and discrimination

Coverage Area:

State Province: Ha Noi
 State Province: Ho Chi Minh City

ISO Code: VN-64
 ISO Code: VN-65

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

- Result 1:** Work towards achieving one national M&E system by establishing a steering committee comprised of international donors to support the government in achieving the national M&E framework and providing technical assistance in implementing the activities toward a national M&E system, such as harmonizing USG and international indicators and data collection and reporting systems with the national system. \n
- Result 2:** Strengthen and build national SI capacity by enhancing the quality of surveillance activities, validating estimations and projections; encouraging the integration of BSS studies so that they offer comparable results that can be applied at the national level; supporting AIDS Indicator Survey with HIV testing in the general population; supporting size-estimation among the most at-risk populations including SW, IDU, client of SW and MSM; supporting HIV/AIDS related mortality through Sample Vital Registration Through Verbal Autopsy (SAVVY); assessing and strengthening HMIS; supporting Service Availability Mapping (SAM) and the future implementation of a national health facility survey; and supporting workplace policy surveys.
- Result 3:** Build institutional and human capacity for SI by assessing and supporting training of technical skills and supporting evidence-based analysis and advocate utilization of information \n
- Result 4:** Measure USG program effectiveness by performing targeted evaluation/operational research of USG in-country support and supporting systemization of program monitoring (including data quality monitoring) and data management systems.

Total Funding for Program Area (\$): **Current Program Context:**

Strategic information is a priority area in the Vietnam National Strategy on HIV/AIDS, where the government identified a need to form a system of management, monitoring, and scientific research. It calls for the development of a coordinating body specializing in monitoring and evaluation (M&E) and storing and synthesizing data. Viet Nam has a solid foundation on which to build a system for monitoring implementation and evaluating effectiveness of HIV/AIDS program: There is a long tradition of reporting and accountability from district/commune to provincial to central level administrations. Subcommittees, reporting to MOH, manage various aspects of HIV programs, and ad hoc review teams are pulled together across agencies for program evaluation needs. A similar reporting network exists within the MOD system. Coordination of this system with the MOH network is crucial. Vested with the responsibility for monitoring and supervising provincial HIV/AIDS prevention and control agencies, MOH, with the support of the World Bank, is in the process of developing a national M&E framework, upon which one national HIV/AIDS coordinating authority will be established. MOH is building from strong experience in seroprevalence surveillance, conducted by the National Institute of Hygiene and Epidemiology (NIHE) and which has rapidly expanded from its initial 8 provinces in 1994 to 40 provinces today (some of which USG is currently supporting). Surveillance capacity has broadened vastly to incorporate second generation surveillance, which includes behavior surveillance survey (BSS) and STI surveillance. USG has supported two rounds of BSS in the past four years in 5 provinces. Other studies have emerged to assess the behavior and STI correlation with HIV, including a USG-funded survey linked to HIV seroprevalence surveillance in 5 provinces and an ADB funded STI/HIV survey in 5 border provinces. There have been concerns over the quality of the results due to low capacity of local implementing bodies and weak monitoring and supervision. Also, weak coordination among different donors and implementing agencies have compromised the utilization of the study results for programmatic and policy decisions. The Demographic Health Survey was conducted in 1997 and 2002 and has information on HIV/AIDS knowledge in the general population. However, while trend information is useful, there is a need for current HIV/AIDS related behavioral data and information about HIV/AIDS services. While national capacity for surveillance is strong, there is an overarching need to strengthen monitoring and evaluation capacity both at the central and provincial levels. The health management information system at the national level is limited to HIV/AIDS case reporting. Facility-based data collection, most of which is done at the provincial level by the department of health, have been burdensome as only a limited number of the health departments staff are available to meet major donor reporting needs. Over 20 provinces have two or more donor-funded scale-up programs. Integrating data collection requirements and harmonizing indicators for the many and various donor-funded projects is crucial for achieving full utilization of information for program management and policy decisions. Furthermore, except for USG facilities, quality assurance is unclear for clinic-based interventions throughout the country, as no national facility surveys exist. USG can play a major role in helping Vietnam establish one national M&E system by addressing the current strategic information challenges in coordination with international donors, the central government and provincial implementing bodies.

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

The Ministry of Health will be supported to implement an additional round of 2nd generation integrated (HIV and behavioral) surveillance among high-risk groups (IDU, FSW, MSM, and selected male client groups) in selected sites in priority provinces. Furthermore, FHI, in collaboration with the Futures Group POLICY Project, will support the MOH in integrated analysis and advocacy of that and other data so that estimates and projections can be correctly calculated.

The main purposes of these activities are to 1) provide indicators at the impact and outcome level for USG prevention programming in Vietnam 2) strengthen the capacity of the HIV surveillance system and personnel 3) provide information to explain changes in HIV prevalence, including the impact of USG-funded prevention programming 4) provide information for advocacy and policy and 5) develop a clear understanding of the HIV/AIDS epidemic in the country so that that effective national policies and appropriately targeted programs can be developed.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) 230

Not Applicable

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- Community leader
- Community members
- Country coordinating mechanisms
- Disabled populations
- Factory workers
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
- High-risk population
 - Injecting drug users
 - Partners of sex workers
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Media
- Police
- Miners
- Ministry of Health staff
- Mobile populations
 - Migrants
 - Migrant workers
 - Truckers
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Program managers
- Students
- University
- Seafarers/port and dockworkers
- Sex partners
- Teachers
- Trainers
- USG in country staff
- Volunteers
- Widows
- Women of reproductive age
- Youth
 - Girls
 - Boys

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Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MEASURE/Evaluation / University of North Carolina Carolina Population Center

Planned Funds:

Activity Narrative: The three activities to be undertaken by MEASURE Evaluation are in the general area of capacity assessment, data use, and information source development for mortality surveillance and program coverage. The first activity is to utilize existing information on coverage (e.g. local application of COVERAGE-PLUS) for program quality improvement and strategic planning in collaboration with Hanoi School of Public Health and other USG partners. The second focuses on the development of a USG database with country partners including, USG partners in support of HMIS, and information on HIV-related services in particular, via the Hanoi School of Public Health (part of the Vietnam MOH). The third activity is to assess AIDS-related mortality statistics and information sources, and to examine the feasibility of establishing a sample vital registration with verbal autopsy system (SAVVY) in Vietnam.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Program managers
- University
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information
 Budget Code: (HVS1)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MEASURE/DHS+ / Macro International
 Planned Funds:

Activity Narrative:

The AIDS Indicator Survey will be national estimates of women and men of reproductive age, with oversampling in 4-6 key provinces in Vietnam. It will allow the assessment of knowledge, attitudes and behaviors related to HIV/AIDS. The survey will also provide data needed for assessment in key scale-up areas. Data collected in the survey will enable program areas to monitor progress outlined in the President's Emergency Plan. This study will be undertaken and managed by MACRO.

The survey will monitor knowledge and behavior related to HIV transmission, HIV prevention, specifically abstinence, be faithful, and condom practices. Other areas of focus are prevention of mother-to-child transmission, counseling and testing, stigma and discrimination, orphans and vulnerable children, and STIs. The survey will also provide the ability to track key areas of focus, namely male norms and behaviors, and stigma and discrimination.

In the implementation of this survey, the implementing organization (Vietnam local institute) will receive concrete capacity building of skills in strategic planning, training, fieldwork, data processing, report writing and dissemination of information.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women

Key Legislative Issues:

Coverage Area: National
 State Province:

ISO Code:

Program Area: Strategic Information
Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HORIZONS / Population Council

Planned Funds:

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Activity Narrative:

1. CDC/FHI Evaluation: Since 2001, the Centers for Disease Control (CDC) and the Viet Nam Ministry of Health (MOH) have been operating the MOH/LIFE-GAP Program, a large program of HIV/AIDS prevention, care and treatment activities in Viet Nam. Implementation has taken place in more than 30 of the 40 intended provinces. During the same period, Family Health International (FHI), an international non-profit organization, has been working with MOH in Viet Nam to deliver HIV/AIDS/STI prevention, care and support programs in 4 initial provinces, and 8 provinces starting in 2003. The Population Council, proposes to work in partnership with a Vietnamese research NGO or medical university to carry out an independent, mid-term evaluation of the MOH/LIFE-GAP program and related activities operated by FHI Impact. Up to four provinces will be selected from the group of provinces that operate both LIFE-GAP and the FHI Impact Program. The research team will review the three main activities of the LIFE-GAP program: 1. VCT for IDUs, sex workers and clients; 2. Peer activities to reach IDUs, sex workers and clients, and 3. Care and treatment for opportunistic infections. Related activities of FHI to be reviewed include: 1. VCT; 2. Targeted Interventions for high risk groups; and 3. Community care and support. This mid-term evaluation will focus on the extent and quality of programmatic implementation of major activities and proximate outputs and outcomes. Principal results of this mid-term evaluation of two major USG programs will be: 1. To generate timely and credible information, expert analysis and guidance for the LIFE-GAP and Impact programs individually and in interaction with each other, for example through cross-referrals; 2. To promote self-assessment and program learning by senior managers and project staff of both programs; and 3. To provide findings and that the CDC, FHI and MOH program directors and the USG can use to enhance the strengths of the LIFE-GAP and Impact programs and to identify potential solutions to shortcomings.

2. Stigma and Discrimination: Stigma and discrimination (S & D) is a barrier to effective HIV programs, and affects uptake of VCT, adherence to ARV treatment, care and support for PLHA, as well as preventive behavior change. Horizons, in collaboration with ICRW and local partners, propose to conduct Operations Research to implement and evaluate the impact of a program to reduce HIV-related stigma and discrimination in the health care setting, and increase the utilization of HIV-related services by PLHA. The intervention will be based on an adaptation of similar Horizons work in India to promote the existence of "PLHA-friendly" hospitals. The study will use a participatory process among health care workers at hospitals to review policies for providing care and treatment, as well as develop and implement IEC materials and a training curriculum for physicians, nurses, and other ward staff. In one arm of the study, S & D reduction activities will be implemented with health care staff and PLHA (and possibly their families as well, to address the secondary stigma they experience from health workers). Family- and PLHA-oriented stigma reduction activities have already been developed by ICRW and ISDS for the Vietnamese setting. Impact will be measured at both the facility/health care provider level and PLHA level, utilizing both qualitative and quantitative methodologies. Results from the intervention will be compared with a "delayed intervention" arm, which will act as a control, and where the control setting will receive successful intervention activities later on. Details will be determined through a participatory process with the Ministry of Health and local hospitals, but it is currently expected that 3 large hospitals with a substantial HIV+ patient population will be selected, 2 implementing the intervention and the third a control.

3. Tools and Study Design for Care and Support Services: The objective of this activity is to develop the tools and study design required to undertake targeted evaluations of outcomes associated with the uptake of a range of care and support services. Vietnam is entering a period of rapid scale-up of care and support services for persons living with HIV/AIDS. Several USG partners are expanding their care and support services, including planning for the wide-scale provision of ARVs to PHLA in the most at risk populations. However, very little information is known about how the provision of these services impacts on risk behaviors, adherence to medication, levels of stigma and discrimination and quality of life of PHLA. Targeted evaluations of different populations receiving services under different models will be required in order to determine the most appropriate

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interventions to follow. These targeted evaluations will require the development of specialized tools to measure the behaviors of interest and will depend on the ability to recruit and maintain study cohorts. This activity will be undertaken over a period of three months and will produce the following outputs: A set of evaluation tools that can be used to measure the targeted behaviors, and; a targeted evaluation design that specifies the cohort(s) that will be recruited, procedures for maintaining adequate follow-up, and the methodology of the evaluation.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

20

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community-based organizations
- Country coordinating mechanisms
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- HIV/AIDS-affected families
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Can Tho

ISO Code: VN-48

State Province: Ha Noi

ISO Code: VN-64

State Province: Hai Phong

ISO Code: VN-62

State Province: Ho Chi Minh City

ISO Code: VN-65

State Province: Quang Ninh

ISO Code: VN-13

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds: []

Activity Narrative: Activities will focus in 2 areas. Both of these activities will occur in collaboration with MOH, with specific activities being conducted by the National Institute of Hygiene and Epidemiology. The first activity will be the establishment of a surveillance system for ARV resistance. With the delivery of ARVs in Vietnam through USG-supported programs, it is critical to monitor the emergence of ARV drug resistance and evaluate patterns of mutations developing with various HIV-1 subtypes and drug regimens, in addition to monitoring HIV incidence patterns... Analysis of resistance patterns can help to determine, on a population basis, best regimens and adherence. A portion of the funds will be used for testing specimens, likely in Bangkok, as capacity to perform the testing in Vietnam is developed.

The second major activity is related to HIV surveillance activities. USG-funding will include provision of training for provincial field staff and on-going technical support to improve the national technical capacity for HIV sentinel surveillance (HSS) sampling, methodology, quality assurance, and quality control.

Activity Category % of Funds
[] Strategic Information (M&E, IT, Reporting) 100%

Targets:

Table with 2 columns: Target Description, Value. Row 1: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS), 80. Row 2: [] Not Applicable.

Target Populations:

[] Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hanoi School of Public Health

Planned Funds:

Activity Narrative: The Hanoi School of Public Health (HSPH) will continue data management for USG supported sites and collaborate with system development of a USG database compiling Emergency Plan and clinical management indicators necessary for program management and reporting. Collaboration on this will include MEASURE/Evaluation.

The HSPH will collaborate with MEASURE/Evaluation also on national Health Management Information System (HMIS) strengthening and Sample Vital Registration through Verbal Autopsy (SAVVY) system development.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/> Not Applicable
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Target Populations:

- Ministry of Health staff
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Vietnam Ministry of Defense

Planned Funds:

Activity Narrative: FY05 funding is provided for processes and human capacity for evaluation of program impact, feedback and accountability. The activity will monitor quality, outcomes, perform limited sample surveillance, and provide required reports and analysis as needed.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2	<input type="checkbox"/> Not Applicable
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Target Populations:

Military

Key Legislative Issues:

Coverage Area:

State Province: Ha Noi

ISO Code: VN-64

State Province: Ho Chi Minh City

ISO Code: VN-65

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Program Area:

Budget Code:

Program Area Code:

Table 3.3.14: PROGRAM PLANNING OVERVIEW

- Result 1: Building government commitment and ownership to respond to HIV/AIDS as well as supporting local community leadership\n
 - Result 2: Reducing stigma/discrimination through advocacy and targeted interventions\n
 - Result 3: Improving greater involvement of PLHA within civil society\n
 - Result 4: Strengthening international, national, and donor coordination and collaboration
 - Result 5: HIV/AIDS workplace policies and programs expanded across all activities and partners
-
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Total Funding for Program Area (\$):

Current Program Context:

Recently, there has been significant movement in relation to HIV/AIDS policy and system strengthening issues, specifically with respect to the new national HIV/AIDS strategy to 2010, review and revision of the Ordinance on Prevention and Control of HIV/AIDS, and recent public statements by the President of Viet Nam regarding HIV/AIDS patients and stigma. In March 2004 the government of Viet Nam released the National Strategic Plan on HIV/AIDS Prevention for 2004-2010 with a Vision to 2020. The strategy provides the vision, guidance and measures for a comprehensive national response to the epidemic, calling for national mobilization of government, party and community level agencies across multiple sectors. The strategy calls for nine Action Plans that constitute operational HIV/AIDS policy and have led to significant national initiatives. The Action Plans cover the following areas: behavior change communication, harm reduction, care and support, surveillance, monitoring and evaluation, access to treatments, prevention of mother to child transmission, Sexually Transmitted Infection (STI) management and treatment, blood transfusion safety, and HIV/AIDS capacity building and international cooperation - all areas that are addressed in the Presidential Initiative's 5 year strategy and Country operating Plans. The Emergency Plan dollars will help to encourage development and activation of key parts of the National Strategy while enabling inter-ministerial cooperation. Despite the recent public statements by the President, stigma and discrimination against PLWHA is widespread in Vietnam. Research has been conducted which has led to the development of a set of interventions that are aimed at reducing stigma and discrimination. Anti-stigma interventions are being operationalized on a limited basis at various levels of society. Largely due to the stigma and discrimination that they face, PLWHA have had only limited involvement in civil society and decision-making processes which influence their lives. Further involvement of PLWHA is needed to ensure that treatment, care and support services are appropriately utilized. The participation by skilled representatives of the PLWHA community personalizes the AIDS epidemic by showing the range of people affected by the epidemic, thereby making prevention messages more relevant and meaningful, as well as reducing stigma and discrimination. Many agencies working in Viet Nam (USG, UN, Global Fund, World Bank, and others) require a commitment by agencies and government to collaborate, communicate, and coordinate activities to achieve maximal benefit from funding. Challenges occur mainly in the area of coordination of donor agencies with the host government. The UN system has key role in working with national and international counterparts in developing the policy and enabling environment to strengthen systemic provision of care, treatment and prevention interventions. Emphasis has been placed on engaging and training various levels of government and civil society in leadership, policy and system strengthening strategies. Such levels include decision makers who make policy at the central level (e.g., National Assembly, ministers, other leaders), community leaders who implement policy at the local level, institutional leaders who develop curricula for various professionals, professional themselves (physicians, laboratory staff, nurses, counselors, social workers) who teach or provide services to the public, and key community figures such as private businessmen (e.g., pharmacists, traditional healers) and local spiritual leaders (e.g., monks, nuns). In the workplace sector, curricula for HIV prevention interventions have been developed and are being disseminated through training programs. In the health care sector, it is believed that many private providers lack training, basic equipment and supplies, and public health sector monitoring.

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Program Area: Other/policy analysis and system strengthening
 Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: POLICY Project / The Futures Group International

Planned Funds:

Activity Narrative:

Title: Engendering bold leadership and building political commitment for effective and sustainable responses

Activity 1. HIV/AIDS legal reform and review-Development of HIV/AIDS legal resource materials based on the new HIV/AIDS Ordinance (POLICY has supported the review and revision of the new Ordinance and it will come into effect in February 05). This will include the development of user friendly legal guides and materials developed specifically for PLWHA to raise awareness of their rights and how to use the new legislative framework Dissemination and awareness raising of the new national HIV/AIDS legislative arrangements at the national level and in 4 provinces (Thai Nguyen, Quang Ninh, Ho Chi Minh City and Kien Giang). This will include the development of 4 provincial legislative frameworks based on the new Ordinance. In addition the POLICY project will work with the same provinces to develop HIV/AIDS action plans based on the new national strategy.

Activity 2. POLICY Information, Advocacy, and Training-The GOALS model will be applied at the national level and in Ho Chi Minh City. The model will be developed to inform this policy development and program resource allocation. A squared-Integrated Analysis will improve analysis of epidemic dynamics in Viet Nam and will be combined with innovative advocacy In collaboration with FHI (Viet Nam), the National Institute Of Health Economic and the East West Center (Hawaii), POLICY will develop advocacy materials. Policy analysis and development training will be focused on provincial leaders of four province with the participation of master trainers from the Hanoi School of Public Health.

Activity 3. ARV Policy and strategic information-This proposed activity is a result of discussions with MOH officials concerned with developing a long term strategy to sustain access to ARV in Viet Nam. The activity will provide support for the development of a proposal with the Department of Drug Administration (MOH) to the Government of Viet Nam which will provide clear directions for sustainable access to ARV therapies. This activity will provide key information and a set of related strategies which will assist the government of Viet Nam develop a long term plan for the sustain ARV access. The activity will be linked to current initiatives aimed at scaling up ARV access in Viet Nam including those supported by the President's Emergency Plan for AIDS Relief and the WHO 3x5. The proposal will address issues related to IP-law, domestic production of ARV and importation including and beyond the five year period covered by the Presidents Emergency Plan for AIDS Relief

Activity Category

Community Mobilization/Participation

% of Funds
20%

President's Emergency Plan for AIDS Relief
 Country Operational Plan Vietnam FY 2005

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- Development of Network/Linkages/Referral Systems 10%
- Information, Education and Communication 10%
- Local Organization Capacity Development 20%
- Strategic Information (M&E, IT, Reporting) 20%
- Training 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	40	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2,300	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community-based organizations
- Government workers
- Health Care Workers
- High-risk population
- Implementing organization project staff
- International counterpart organization
- Media
- Ministry of Health staff
- National AIDS control program staff
- People living with HIV/AIDS
- Policy makers
- Program managers
- University

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

Program Area: Laboratory Infrastructure
 Budget Code: (HLAB)
 Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health

Planned Funds:

Activity Narrative: MOH will procure necessary laboratory equipment and test kits for HIV-related care and treatment activities, consistent with current activities and consistent with planned expansion of activities. However, MOH will not purchase CD4 counters. These will be provided by DOD.

The program will improve and upgrade the HIV laboratory capacity in provinces and in regional institutes, including providing necessary equipment, training for lab technicians and setting up quality assurance and quality control system. This will be done in consultation with the USG-Vietnam program.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Logistics	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Applicability
Number of individuals trained in the provision of lab-related activities	40	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	2	<input type="checkbox"/> Not Applicable

Target Populations:

Health Care Workers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Health Organization

Planned Funds:

Activity Narrative: Significant national initiatives are now becoming available. These include: (a) National Strategy on HIV/AIDS Prevention and Control until 2010 with a vision to 2020, (b) HIV/AIDS-Treatment: Action Plan #5 and (c) National OI (Opportunistic Infections) and ARV guidelines.

The next important step is to operationalize these strategies, actions and guidelines into a health system development framework for implementation. To promote rapid scale-up of the system it must be decentralized with the district level becoming the "hub" or focus for HIV/AIDS care and treatment, as stated in the Strategy. This will require the development of advanced services and activities provided at the national and provincial levels. This will also require the development of specialized centers/programs, delivering basic or essential services at the district level through day care centers (DCC) or HIV outpatient/inpatient units, and support services provided at the commune level. The experience of the DCC in District 8 of Ho Chi Minh City provides evidence that such decentralization is not only possible, but preferable to PLWHA.

The USG will support the following activities:

- In collaboration with the Ministry of Health (MOH), WHO will develop an "HIV/AIDS care and treatment" coordinating unit within the Department of Therapy, MOH.
- Dissemination of the service delivery model and policies/guidelines throughout the health system
- Coordination on training, including: technical/clinical and HIV/AIDS management at all levels of the health care system
- Participation in the development of a national HIV/AIDS care and treatment monitoring system:
 - (i) National patient monitoring system
 - (ii) National program monitoring and evaluation (M&E) system.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	75%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Policy and Guidelines	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Infants
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- Mobile populations
 - Migrants
 - Migrant workers
- National AIDS control program staff
- Religious/traditional leaders
- Trainers
- USG in country staff
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.

Planned Funds:

Activity Narrative: MDM will improve Laboratory Infrastructure facilities by:
 1. Organizing training sessions for the staff on comprehensive case management of STIs, refresher courses every year and supervision visits from the MDM team
 2. Equipping a basic STI laboratories and validating a STI algorithm management (including antibiotic resistance) with partners

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	90%
<input checked="" type="checkbox"/> Training	10%

Targets:

Target	Value	Applicable
Number of individuals trained in the provision of lab-related activities	10	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	2	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Pregnant women |
| <input checked="" type="checkbox"/> Commercial sex industry | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Commercial sex workers | <input checked="" type="checkbox"/> Sex partners |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Doctors | |
| <input checked="" type="checkbox"/> Medical/health service providers | |
| <input checked="" type="checkbox"/> Nurses | |
| <input checked="" type="checkbox"/> High-risk population | |
| <input checked="" type="checkbox"/> Injecting drug users | |
| <input checked="" type="checkbox"/> Street youth | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | |
| <input checked="" type="checkbox"/> HIV+ pregnant women | |
| <input checked="" type="checkbox"/> Infants | |
| <input checked="" type="checkbox"/> Media | |
| <input checked="" type="checkbox"/> Police | |
| <input checked="" type="checkbox"/> Mobile populations | |
| <input checked="" type="checkbox"/> Migrants | |
| <input checked="" type="checkbox"/> Migrant workers | |
| <input checked="" type="checkbox"/> Orphans and other vulnerable children | |

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Key Legislative Issues:

- Reducing violence and coercion
- Volunteers

Coverage Area:

State Province: Ha Noi

State Province: Ho Chi Minh City

ISO Code: VN-64

ISO Code: VN-65

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.

Planned Funds:

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Activity Narrative:

Pact will be providing financial and management oversight for four organizations (three international and one local NGO) working specifically in HIV/AIDS policy and system strengthening. Activities supported under the Pact Community REACH mechanism will include the development of HIV/AIDS training curricula for political cadres at the national and provincial levels, implementation of a pilot stigma and discrimination reduction toolkit at the provincial level and targeted evaluation in assessing the potential for public-private partnerships in HIV/AIDS health care delivery. In conjunction with financial and program management oversight from its Washington office, Pact will place a program coordinator in addition to its '04 funded Vietnamese management unit within the Vietnam office. Pact management staff will synthesize all Emergency Plan reporting documentation and financial accounting for grantees through its sub-granting mechanism. Pact will also serve as the first contact for queries on programs, indicators, results and impact.

ISDS will support Phase III of an ongoing USAID-funded research and intervention partnership between the Institute for Social Development Studies and the International Center for Research on Women. In Phase I detailed qualitative research was conducted, on the basis of which a set of interventions is being piloted in Phase II. In Phase III, ISDS will (1) implement a detailed anti-stigma intervention program at community level in a total of 2 communes; (2) perform a detailed Targeted Program Evaluation of this intervention; (3) undertake a national-level Training of Trainers program in stigma reduction; (4) roll out a stigma reduction program at the Provincial Level in two strategically located provinces. Project partners will include the Institute for Social Development Studies, the Commission for Ideology & Culture, Provincial Departments of Propaganda and Education, the Center for Public Opinion Survey, and the International Center for Research on Women. Specific TA from ICRW will be provided on conducting a Targeted Program Evaluation and/or development and implementation of a monitoring and evaluation plan. Intervention & Curriculum Design and Development will cover the design of stigma workshops at community, provincial and national levels. This will involve the further adaptation of the Toolkit and Fact Sheets, as well as the development of new materials and workshop curricula. Through its support to these interventions, ICRW will also be supporting key policy making and programming bodies within Vietnam, including the Commission for Ideology & Culture and a range of mass organizations at local, provincial and national levels.

Harvard University will be developing the Vietnam AIDS Public Policy Training Project, which addresses gaps in leadership on HIV/AIDS by training Vietnam's national and provincial level policy leaders to design and implement effective multi-sectoral and evidence-based HIV/AIDS programs and policies. The project is a partnership between the Ho Chi Minh National Political Academy, Harvard University's Kennedy School of Government and the POLICY Project in Vietnam. The objectives of the Project are:

- 1) to build capacity among Vietnamese AIDS experts (including academic, practitioners, policy makers and people living with HIV/AIDS) to conduct multi-sectoral AIDS public policy training, 2) to promote AIDS as an issue that requires active and bold leadership at the highest levels, 3) to strengthen leadership capacity to design and implement multi-sectoral AIDS programs and policies at national and local levels, 4) to build capacity of faculty and leadership at the Ho Chi Minh National Political Academy to institutionalize the training program at the Academy, and 5) to link the training program to effective HIV/AIDS policy in practice at national and local levels. The training program will cover AIDS as a public policy issue (including its segregation from the social evils policies), the economic impact of AIDS, social perspectives on AIDS (including stigma and discrimination), HIV and human rights, gender and sexuality, HIV prevention, HIV/AIDS care and treatment, HIV/AIDS impact mitigation, AIDS and the business response, and strategic planning for multi-sectoral collaboration and leadership. The course presents international and Vietnamese best practice in HIV/AIDS prevention, care, treatment and impact mitigation; reviews the main debates about HIV/AIDS (e.g. public security vs. public health perspectives); and presents strategies for improving leadership and inter-sectoral collaboration and

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partnerships at all levels, including contributions of NGOs, civil society and the private sector. Participants in the training are national level leaders from relevant ministries, Party commissions and educational institutions, and the National Assembly as well as provincial level leaders from Peoples Committees and Peoples Councils.

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Pathfinder will improve overall community responsiveness to HIV/AIDS through the strengthening of public-private sector partnerships for effective HIV/AIDS prevention, care, and treatment. While the private sector is widely considered to be a viable alternative to government-provided services, little is known about the quality of services provided in the private sector, and it is believed that many private providers lack access to training, basic equipment and supplies. While the public sector is mandated to support the private health sector through supervision, monitoring and provision of training, mechanisms to do so are currently lacking. Project activities will be implemented in 5 high-prevalence provinces (Quang Ninh, Ho Chi Minh City, Ha Noi, An Giang and Can Tho), with a focus on An Giang province, where Pathfinder International has initiated STI/HIV/AIDS activities in support of public-private partnerships through the Pfizer Foundation. A survey of the private sector will be conducted in 5 provinces to examine private practitioners' experience as providers of prevention, care and treatment for STI/HIV/AIDS clients, providers' education and training, as well as their knowledge, attitudes and practices regarding prevention, care and treatment for populations vulnerable to HIV/AIDS. Survey results will be discussed with key province-based stakeholders towards the development of a framework of partnership between the public and private sectors for effective HIV/AIDS prevention, care and treatment. Results will also be shared at the national level for policy and program formulation. In addition, the project will support the development and piloting of a supportive supervision model in An Giang to be used by the public sector to monitor and support the private sector's work in STI/HIV/AIDS. In piloting this model, a team of province-based supervisors will be trained. This model will be evaluated and results from evaluation disseminated at the provincial and national levels.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Policy and Guidelines	8%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	18%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	14%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	20	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	300	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Community-based organizations
- Government workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Private health care providers
- HIV/AIDS-affected families
- Host country national counterparts
- Implementing organization project staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Program managers
- Trainers
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UN Resident Coordinator's Office / United Nations Development Programme

Planned Funds:

Activity Narrative:

The UN system role in HIV/AIDS Policy Development and Achievement of Emergency Plan Targets:

The UN system in Viet Nam has a key role in working with national and international counterparts in developing the policy and "enabling" environment to support targeted prevention interventions to MARP (Most at Risk Populations) and treatment, care and support to people infected and affected by HIV/AIDS. This work is crucial to the overall success of the Emergency Plan program, and the effectiveness of Emergency Plan-funded efforts. The UN Resident Coordinator system, UNAIDS and UNDP are all key actors in promoting, coordinating and support this key policy level work.

This work will use the prestige and respect the UN system has in Viet Nam to remain cutting-edge, pushing forward a human-rights based approach to HIV/AIDS prevention, treatment, care and support in Viet Nam. Specific cross cutting themes for FY 05/06 include:

- promoting gender understanding and empowerment;
- development of a national campaign to promote practical action in the health, education and employment/work-place sectors to respect the rights of PLWHA and people affected by HIV/AIDS; and
- promoting the values of compassion, social solidarity and social mobilization in HIV/AIDS communication by the Party, government, mass media and others

Work will be undertaken with a wide and inclusive range of national and international partners; including government; National Assembly; the Party; Mass organizations and other institutions; FBOs; CBOs; groups and networks of PLWHA and people affected; People's Councils and Committees (local government); professional associations; UN, bilateral and multilateral agencies; international and local NGOs; research institutions. Specific activities to be undertaken in FY 05/06 are:

- 2 National level policy dialogues on rights-based cross cutting issues, including gender and HIV; stigma and discrimination; and the socio-economic impact of HIV in Viet Nam
- Publication and dissemination of 6 evidence-based advocacy and "Best Practice" policy and intervention studies specifically developed for Viet Nam
- Secretariat support to strengthen the impact of national policy/advocacy and technical coordinating mechanisms, the Community of Concerned Partners (CCP), and the HIV/AIDS Technical Working Group and subgroups (TWG)
- Strengthening the collection and analysis of data and information on the national HIV/AIDS effort through Mapping of HIV/AIDS programmes and planned activities in Viet Nam; and development of interactive web-based information systems through use of the UNAIDS Viet Nam website, and experimentation with self-learning publications and modules both electronically and paper-based

Activity Category

Policy and Guidelines

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Host country national counterparts
- International counterpart organization
- Media
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Program managers
- Volunteers

Key Legislative Issues:

- Gender
- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: SMARTWorks / Academy for Educational Development

Planned Funds:

Activity Narrative:

These activities will support strengthened adherence to existing laws and policies governing HIV/AIDS in the workplace; promote awareness of these laws and policies; and examine policy and legal gaps in order to affect policy and legislative change. Central to this policy and legal focus is the reduction of stigma and discrimination of workers and managers infected and affected by HIV/AIDS and the adoption and enforcement of effective anti-discriminatory measures in the workplace. Activities will include curriculum development for HIV/AIDS workplace training, conferences, workshops, and other technical assistance for and in cooperation with: government agencies—MOLISA and DOLISAs; mass organizations representing employers and employees—VCCI and VGCL; and enterprises.

In FY 04-05, processes of the additional development of workplace HIV/AIDS curricula will be completed under SMARTWork, including new curriculum areas for 05 and 06 centers. These curricula will be used in FY 04-05 and FY 05-06 in the implementation of training and be adopted as standard for use by MOLISA in the training of all future staff. SMARTWork will also integrate existing curricula and associated materials into the formal training institutions and programs of tripartite agencies (e.g. the College of Labour and Social Affairs of MOLISA) during FY 05-06. By doing so, the sustainability of the program is greatly enhanced and concrete human resource support for the implementation of workplace HIV/AIDS programs across industries will be created as graduates of these programs enter the workforce. 4 training workshops for the implementation of this program component will be conducted in FY 05-06 (3 in Hanoi and 1 in Ho Chi Minh City).

SMARTWork Vietnam has already provided significant input into the drafting of the National Ordinance on HIV/AIDS and on individual policy initiatives of MOLISA. The program will use these and other relevant laws and policies as the main sources for this first strategic information task. 1 national conference will be conducted and 9 provincial workshops. 9 provincial workshops of 2 days duration will focus on current legislation and policy initiatives, legislative and policy gaps and monitoring adherence to existing legislation and policy at enterprise level. Awareness and adherence promotion will be further integrated into existing SMARTWork training curricula used at the workplace level. Where appropriate, regionally developed models for addressing stigma and discrimination such as those used by the Thai Business Coalition on AIDS will be adapted for use within a Vietnamese context. Recommendations from these activities as well as from the regular technical assistance work conducted by the program in partnership with VCCI, VGCL and MOLISA will be used to suggest changes and/or new initiatives in law making and policy to the government of Vietnam. This task will be approached in collaboration with initiatives already underway by the POLICY Project managed by the Futures Group.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	30	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	400	<input type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Government workers
- Host country national counterparts
- Teachers
- Trainers

Key Legislative Issues:

Coverage Area: National

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hanoi School of Public Health

Planned Funds:

Activity Narrative:

Continue implementing the HIV/AIDS management training program for HIV/AIDS program personnel working on USG-funded prevention, care, and treatment programs.

HSPH faculty will assist participants trained in FY04 in conducting management workshops for provincial and district-level program personnel within USG-supported HIV/AIDS programs. HSPH faculty will play a lead role in these first round of workshops and the trained participants will co-teach and facilitate exercises and group discussions. The HSPH will also hold a national meeting for participants of the management training programs to share their experience in applying skills gained at training in the field.

Activity Category

- Human Resources
- Training

% of Funds

- 10%
- 90%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	3	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	82	<input type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff

Key Legislative Issues:

Coverage Area:

State Province: Ha Noi

ISO Code: VN-64

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Vietnam Ministry of Defense

Planned Funds:

Activity Narrative:

This is a twinning activity between COE-DMHA/AFRIMS/Phramongkutkiao Medical College that works with the prime partner, MOD. 20 persons will be trained by March of 2006. An extensive QA and support program, similar to that undertaken in military-military PEPFAR programs in Africa (Kenya, Tanzania, Cameroon, Uganda) will be utilized.

DOD has undertaken to purchase 8-10 flow cytometers for the USG supported PEPFAR activities in Vietnam for FY05. These cytometers will be purchased through the Armed Forces Research Institute of the Medical Sciences, Bangkok, Thailand attached to the US Embassy. The cytometers will be shipped to the US Embassy Hanoi and distributed throughout the country on an AFRIMS hand receipt. AFRIMS will maintain service contracts on the flow cytometers.

Additional equipment is provided for the new laboratory at the Center for Preventative Medicine, HCMC (attached to Hosp 175) as a second center for VPA diagnostic laboratories.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	83%
<input checked="" type="checkbox"/> Infrastructure	14%
<input checked="" type="checkbox"/> Training	3%

Targets:

Target	Value	Applicable
Number of individuals trained in the provision of lab-related activities	20	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Clients of sex workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Military

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Ha Noi

ISO Code: VN-64

State Province: Ho Chi Minh City

ISO Code: VN-65

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

- Result 1:** Ability of USG in-country team to manage, coordinate, and implement HIV/AIDS programs strengthened.
- Result 2:** Provide adequate staffing to manage the array of programs funded under the Emergency Plan.
- Result 3:** Ensure a management structure that fully takes advantage of the strengths and comparative advantages of the different USG agencies in order to achieve the Emergency Plan goals and objectives.

Total Funding for Program Area (\$): **Current Program Context:**

The US Government (USG) Mission in the Socialist Republic of Vietnam, led by the Ambassador, directs and coordinates the USG interagency Emergency Plan for AIDS Relief response. The Deputy Chief of Mission (DCM) heads the interagency Emergency Plan Core Team, while the HHS Health Attaché plays the interagency coordinating role. The DCM convenes weekly team meetings and provides overall supervision and leadership for the Emergency Plan program management. The Vietnam Core Team is also responsible for technical inputs related to achieving the EP goals. The Liaison Officer manages the coordination of reporting and updating on policy issues, and coordinates communications between the Vietnam core team and SGAC. In Vietnam, the Emergency Plan encompasses the following USG agencies: U.S. Agency for International Development (USAID), Department of Defense (DOD), Department of Labor (DOL), Department of Health and Human Services Office of Global Health Affairs (HHS), and the Centers for Disease Control and Prevention (CDC). CDC programs have primarily supported government partners, whereas USAID programs have supported international and local NGOs. This structure provides an opportunity for these programs to interact and "synergize" through the development of community referral networks within the network model, provision of co-trainings, and coordinated provincial project development efforts. Other USG agency programs (DOD, DOL) have also combined efforts with existing CDC and USAID projects to leverage funding for coordinated and non-duplicative efforts. The activities related to the Emergency Plan require significant management and coordination between USG agencies and other key local and international partners. Linkages with the Government of Vietnam (GVN) including various ministries, the multilateral Community of Concerned Partners (CCP), the Global Fund, UN agencies, and other US Government partners are critical in order to ensure effective project implementation and achieve desired impact. The Interagency Coordinator and the Liaison Officer ensure that the EP activities are fully coordinated and in line with the activities of other donors and stakeholders in the country.

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Refer to Management and Staffing under US Centers for Disease Control and Prevention for

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing
 Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Agency for International Development

Planned Funds:

Activity Narrative:

Currently, USAID Vietnam consists of one PSC HIV/AIDS Program Manager and one FSN Program Specialist for the HIV/AIDS program (a significant number of recruitments were supported with 2004 funds but recruitment was stymied in anticipation of '04 funds arrival). In order to meet the challenges of procuring, managing, and reporting on the expanded portfolio of activities under the Emergency Plan, additional management, technical advisory and support staff will be recruited. USAID is anticipating a total of 14.33 staff members devoted to the Emergency Plan for AIDS relief by the end of FY 2005. Costs for human resources include the following (new positions using '05 funding are indicated):

US personnel (4.33)

1. Country Program Manager (33%)- Direct Hire
2. HIV/AIDS Office Director- Direct Hire
3. HIV/AIDS Office Deputy Director (NEP)- Direct Hire (New for '05 – centrally funded)
4. AIDS Technical Advisor/HIV-AIDS and Rehabilitation- PLP Fellow
5. AIDS Technical Advisor/Care & Treatment- PLP Fellow

TCN (1)

6. Emergency Plan Liaison Officer- Interagency

FSN (9)

7. Program Specialist/Rehabilitation
8. Program Specialist/Health Programs Liaison Officer
9. Program Specialist/Monitoring & Evaluation
10. Program Specialist/Program Management
11. Program Specialist/Care & Treatment (New for '05)
12. IT Specialist
13. Secretary
14. Driver
15. Driver (New for '05)

Program oversight, management for results, program design, and quality assurance will be carried out by the US and FSN technical staff. Commodity procurement will include purchase of all basic office supplies, workstation paraphernalia and program vehicles and maintenance. Infrastructure includes security and related office administration expenses and ICASS costs. Logistics includes site visits and other field travel, staff overtime and vehicle insurance and fuel.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Labor

Planned Funds:

Activity Narrative:

The [redacted] for DOL management costs will include all costs for monitoring and evaluation as well as travel to post related to program oversight. A small amount is for general tracked overhead costs. DOL wishes to maximize funding going to partners so has not allocated staffing costs to cover Washington staffing associated with EP. There is no in-country staffing existing or anticipated.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

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Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US DOD/Pacific Command

Planned Funds:

[Redacted]

Activity Narrative:

FY05 Emergency Program funding is requested to provide assistance with program management costs including: travel, personnel and supplies. This allows augmentation of US Embassy, Hanoi Defense Attache Office staff and DOD staff, US Pacific Command, Honolulu, Hawaii.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Base / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

Currently, CDC has 27 positions; 23 in Hanoi and 4 in HCMC. Of these, 4 are US direct hire (including 1 in HCMC), 4 are contractor positions (3 will likely be US contract hires) and 20 are LES. In addition, currently 10 positions are vacant, including 2 US direct hire positions. CDC is actively recruiting for all vacant positions. The filled contractor position is a US citizen M&E specialist, and the 3 vacant contractor positions are: a senior laboratory specialist, an administrative fellow, and a physician fellow for the HCMC office.

Of the 23 Hanoi positions, 3 are US direct hire, and include the director, deputy director, and SI director. 13 positions are technical staff. One is a financial manager, and 6 are support staff, including secretaries, drivers, and receptionists. Of the 4 HCMC positions, 1 is a US direct hire (HCMC office director - planned for a PHA), one (contractor) is technical staff, and 2 are support staff.

For Hanoi, we propose 4 new positions: 1 medical epidemiologist to be prevention, care, and treatment branch chief; 1 laboratory information specialist; 1 PMTCT coordinator, and 1 M&E program assistant. The medical epidemiologist, ideally a public health and HIV/AIDS specialist, would fill a need for improved technical support for our technical staff, for oversight of surveillance activities, as well as for attendance at lower-level meetings and assistance with preparation of routine HIV/AIDS-related documents and communications. This position would likely be a contract hire. The laboratory information system specialist would be a contract position. The PMTCT coordinator and M&E program assistant would be local hire (FSN).

For HCMC we propose 3 positions: 2 technical program staff, and one custodian. The LES technical program staff would provide technical assistance to HCMC and to the southern provinces in collaboration with our MOH LIFE-GAP partners. The custodian may not be necessary if USG team moves into existing Consulate office space.

CDC does not have operating funds from HQ to operate programs at Post. All funds come from Program Funds. Of the approximately or 46% directly support technical HIV/AIDS program activities through support of salaries for technical personnel, informational communications materials, expert US-based technical support, and directly supporting program activities including laboratory quality assurance activities and antiretroviral resistance testing.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1	Is an AIDS Indicator Survey (AIS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, will HIV testing be included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	When will preliminary data be available?	October 31, 2005	
2	Is a Demographic and Health Survey (DHS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, will HIV testing be included?	Yes	No
	When will preliminary data be available?		
3	Is a Health Facility Survey planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	When will preliminary data be available?		
4	Is an ANC Surveillance Study planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If yes, approximately how many service delivery sites will it cover?		
	When will preliminary data be available?		
5	Other significant data collection activity		
	<p>Name: Behavioral Surveillance</p> <p>Brief description of the data collection activity:</p> <p>2nd generation integrated (HIV and behavioral) surveillance among high-risk groups (IDU, FSW, MSM, and selected male client groups) in selected sites in priority provinces will be conducted. This would develop a clear understanding of the HIV/AIDS epidemic in the country.</p> <p>Preliminary data available: December 01, 2005</p>		
6	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 2005?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No