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Vietnam

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Table 1: Country Program Strategic Overview

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

Yes No

Description:

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Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
Target 2010: 660,000				
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		82,000	0	82,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		600	0	600
Care				
Target 2008: 110,000				
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting period		17,840	0	17,840
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		940	0	940
Number of OVC served by an OVC program during the reporting period		1,620	0	1,620
Number of individuals who received counselling and testing for HIV and received their test results during the reporting period		66,500	0	66,500
Treatment				
Target 2008: 22,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		1,950	0	1,950

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2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
Target 2010: 660,000				
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		150,000	0	150,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		1,800	0	1,800
Care				
Target 2008: 110,000				
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting period		35,700	0	35,700
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		1,880	0	1,880
Number of OVC served by an OVC program during the reporting period		3,240	0	3,240
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		133,000	0	133,000
Treatment				
Target 2008: 22,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		5,000	0	5,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Unallocated

Mechanism Type: Unallocated
Mechanism ID: 3821
Planned Funding(\$):
Program Area: Treatment: Unallocated

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Mechanism Name: (Lab Info Management System)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3662
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: (M&E Resident Advisor)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3663
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: (M&E Training)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3664
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: (Patient monitoring care/tx)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3665
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: (AB Community)

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3658
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: (AB Media Intervention)

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3657
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: (INGO- former AIDSMARK)

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3652
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Initial social marketing activities were initiated in FY05 through the AIDSMARK project. It has been determined to achieve the c& t targets provided in the COP guidance, there needs to be a considerable increase in social marketing C&T. To enable continuation and expansion of this activity, funds will be needed by March 06.
Early funding associated activities: Expansion of socially marketing C&T services as outlined in the COP.

Mechanism Name: (INGO- former FHI/IMPACT)

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3107

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: To Be Determined

New Partner:

Early Funding Request: Yes

Early Funding Request Amount: Early Funding Request Narrative:

AID will be competing this activity in 2006. This activity has previously been implemented via field support through the Impact project. To facilitate seamless transition of existing services being provided at sites, the early funding request will enable the procurement to be initiated earlier and time can be built into existing activities for this transition. This includes provision of ARV services which any delay in service would considerably impact the program.

Early funding associated activities: Continuation of C&T and ARV services as outlined in the activity section of the COP.

Beginning work in the government rehabilitation centers is one of the highest priorities for USG Vietnam and residents are scheduled to be released from these centers in early 2006 and it is urgent that services begin both in and out of these centers as populations in these centers have some of the highest prevalence rates in Vietnam. Early funding would enable the program to begin sooner. Activities are outlined in the other prevention, C&T and palliative basic sections of the COP.

Early funding associated activities: Other Prevention and C&T and Palliative Basic

Sub-Partner: National Institute for Hygiene and Epidemiology

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: (Peer Education Evaluation)

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3659

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: To Be Determined

New Partner:

Mechanism Name: SMARTwork

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3822

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: Academy for Educational Development

New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3112
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Armed Forces Research Institute of Medical Sciences
New Partner: No

Mechanism Name: Cooperative agreement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3094
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Hanoi School of Public Health
New Partner: No

Mechanism Name: VCHAP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3096
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Harvard Medical School - Division of AIDS
New Partner: No

Mechanism Name: Cooperative agreement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3093
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3089
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Joint United Nations Program on HIV/AIDS
New Partner: No

Mechanism Name: Rational Pharmaceutical Management Plus

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3101
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Management Sciences for Health
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: As outlined in the ARV drug section of the COP, procurement of ARV's has been an ongoing challenge in Vietnam based on the amount of time for delivery and also the issue of inability to purchase generics. All of these issues are being addressed but having funds available sooner will ensure there is no interruption of supplies and full orders can be placed.
 Early funding associated activities: Procurement of ARV's.

Mechanism Name: Cooperative agreement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3106
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Institute for Hygiene and Epidemiology
New Partner: No

Mechanism Name: Community REACH

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3102
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: CARE International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
 Palliative Care: Basic health care and support
 OVC

Sub-Partner: Harvard University Kennedy School of Government
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: International Center for Research on Women
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

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Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: Medecins Du Monde

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: PMTCT

Other Prevention

Palliative Care: Basic health care and support

OVC

Counseling and Testing

Treatment: ARV Services

Laboratory Infrastructure

Sub-Partner: Pathfinder International

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Other Prevention

Palliative Care: Basic health care and support

Other/policy analysis and system strengthening

Sub-Partner: Save the Children U.S.

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: Worldwide Orphans Foundation

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: OVC

Treatment: ARV Services

Sub-Partner: Mai Hoa

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

OVC

Treatment: ARV Services

Sub-Partner: Institute for Social Development Studies

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: Center for Community Health and Development (COHED)

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: STDs/HIV/AIDS Prevention Center (SHAPC)

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: Other Prevention

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Sub-Partner: Bright Futures Group
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

Sub-Partner: "Tue Tinh Duong" Buddhist Clergymen
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

Sub-Partner: Tieng Vong
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes
Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Network Smiling Group
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes
Associated Program Areas: Other Prevention

Sub-Partner: Green Hope Club
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes
Associated Program Areas: Other Prevention

Sub-Partner: Blue Sky
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: Other Prevention

Sub-Partner: Sympathy Club
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
OVC

Sub-Partner: Care Binh Thuy Pen
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes
Associated Program Areas: Other Prevention

Sub-Partner: Pastoral Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes
Associated Program Areas: Palliative Care: Basic health care and support
OVC
Treatment: ARV Services

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Sub-Partner: Action for Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: HORIZON

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3098
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Population Council
New Partner: No

Sub-Partner: Institute for Social Development Studies
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: Strategic Information
Other/policy analysis and system strengthening

Sub-Partner: Hanoi Medical University
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Strategic Information

Sub-Partner: International Center for Research on Women
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: N/A.

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3661
Planned Funding(\$):
Agency: HHS/ Substance Abuse and Mental Health Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: Substance Abuse and Mental Health Services Administration
New Partner: Yes

Mechanism Name: Policy Dialogue and Implementation- TO1

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3115
Planned Funding(\$): [REDACTED]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Futures Group International
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: [REDACTED]
Early Funding Request Narrative: As of 1 September 2005, POLICY II Project Vietnam had a pipeline of [REDACTED] On 3 October 2005, POLICY II Project Vietnam received their FY05 funds of [REDACTED] for a total pipeline of [REDACTED]. The Vietnam office currently has a monthly burn rate of approximately [REDACTED] and approximately [REDACTED] is in commitments (subcontracts, grants, letter agreements). The majority of activities are expected to end on 31 December 2005, and all funds expected to be spent by the end of POLICY II Project (6 March 2006).

Early Funding Associated Activities:

Program Area: Palliative Care: Basic health care and support
Planned Funds: [REDACTED]
Activity Narrative: Using FY05 funds, the USG supported POLICY II Project supported the development of the new HIV/AIDS

Program Area: Strategic Information
Planned Funds: [REDACTED]
Activity Narrative: The A 2 project: Advocacy part Policy Development and Implementation (PDI) will continue the Anal

Program Area: Other/policy analysis and system strengthening
Planned Funds: [REDACTED]
Activity Narrative: This activity includes two main components: 1. AIDS Service Organization Pilot - US Government suppo

Program Area: Other Prevention
Planned Funds: [REDACTED]
Activity Narrative: The following two activities are follow-on to POLICY II contract FY05 activities and will be carried

Program Area: Treatment: ARV Services
Planned Funds: [REDACTED]
Activity Narrative: USG support in this technical area will focus on PLWHA capacity building to promote ARV literacy and

Mechanism Name: UTAP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3651
Planned Funding(\$): [REDACTED]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Tulane University
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3108
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: U.S. Agency for International Development
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: The current USPSC Drug Rehabilitation and Prevention Advisor provides technical assistance and oversight in counseling and testing and the current employment agreement is funded through February 2006. Early funding will ensure no disruption in this technical assistance for programs.
 Early funding associated activities: Other Prevention and C&T

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3367
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: U.S. Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: The Vietnam team would like to secure early funding for 25% of OI drug cost in order to ensure smooth transition from FY05 funding to FY06 funding for OI drug and its procurement process.

Early Funding Associated Activities:

Program Area: Palliative Care: Basic health care and support
Planned Funds:
Activity Narrative: This money will be used to procure drugs to treat opportunistic infections and provide symptomatic r

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3694
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: U.S. Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A**Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3111**Planned Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** GAC (GHAI account)**Prime Partner:** United Nations Development Programme**New Partner:** No**Sub-Partner:** United Nations Volunteer**Planned Funding:** **Funding is TO BE DETERMINED:** No**New Partner:** No**Associated Program Areas:** Palliative Care: Basic health care and support**Sub-Partner:** Joint United Nations Program on HIV/AIDS**Planned Funding:** **Funding is TO BE DETERMINED:** No**New Partner:** No**Associated Program Areas:** PMTCT
Counseling and Testing
Strategic Information
Other/policy analysis and system strengthening**Sub-Partner:** World Health Organization**Planned Funding:** **Funding is TO BE DETERMINED:** No**New Partner:** No**Associated Program Areas:** Palliative Care: TB/HIV
Other/policy analysis and system strengthening**Mechanism Name: N/A****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 3090**Planned Funding(\$):** **Agency:** Department of Defense**Funding Source:** GAC (GHAI account)**Prime Partner:** University of Hawaii**New Partner:** No**Mechanism Name: MEASURE/Evaluation****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 3099**Planned Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** GAC (GHAI account)**Prime Partner:** University of North Carolina Carolina Population Center**New Partner:** No**Sub-Partner:** Vietnam Committee for Population, Family and Children**Planned Funding:** **Funding is TO BE DETERMINED:** No

New Partner: Yes

Associated Program Areas: Strategic Information

Mechanism Name: ITECH

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3097
Planned Funding(\$):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: University of Washington
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3660
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Bureau of the Census
New Partner: No

Sub-Partner: Vietnam Committee for Population, Family and Children
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Strategic Information

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3109
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Defence/Pacific Command
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3095
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Vietnam Ministry of Defense
New Partner: No

Mechanism Name: Cooperative agreement

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3092

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHA) account)

Prime Partner: Vietnam Ministry of Health

New Partner: No

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
 Budget Code: MTCT
 Program Area Code: 01

Total Planned Funding for Program Area:

Program Area Context:

In 2005, USG and partners have worked to expand PMTCT plus services in 4 high prevalence provinces: Ha Noi, Quang Ninh, Hai Phong and HCMC. Current activities aim to provide services and build capacity from the tiered national, regional, provincial and community levels, as well as increase linkages among all levels. USG supported sites provide a comprehensive set of services for women and family members infected and affected by HIV/AIDS, including a basic set of counseling, testing, and follow-up care services with referral to care and treatment sites as necessary. Sites receive referrals from community health workers, peer outreach workers and local VCT sites. In each PMTCT site a network of Community Health Care workers have been trained to educate and support HIV infected pregnant women, HIV infected new mothers, infants born to HIV infected mothers and their spouses/partners. Additionally, through MCNV, USG funds are supporting community based organizations such as the Sunflower club, which supports PLWHA with small children. Activities include training on nutrition, counseling on child care, formula substitutes, outreach activities, and linkage and referral for PMTCT and ARV treatment. USG is supporting the Women's Union on PMTCT training for women infected with HIV. Finally, UNAIDS has received support from USG to facilitate coordination between all partners and the National PMTCT program.

USG is working closely with other international organizations including GVN, UNICEF, GFATM and ActionAIDS to coordinate services. UNICEF activities focus mostly at the community level in the areas of health care worker training, development and dissemination of IEC material targeting pregnant women on PMTCT, and improving the referral system for women infected with HIV. The GFATM is providing basic support for 7 hospitals, and indirect funding for USG supported sites is being coordinated by local implementing partners to be complimentary and non-duplicative. GVN has provided test kits to sites at a 50% reduced price. Boeringer continues to supply Nevirapine pills and suspension for single dose use at government sites throughout the country. One major barrier in the delivery of services at USG sites has been the delay in ARV delivery to sites as described in Section 3.3.10 which is currently being addressed.

In 2006, USG support will continue to improve services at existing sites, with particular focus on the improvement of community outreach and the referral network between PMTCT and pediatric and adult OPC sites. Services will be expanded to support adjoining districts not currently covered in the program. USG supported partners will continue to focus on the provinces with highest prevalence until all districts are covered. Funds will also continue to be used to build capacity by providing technical support to the National OB/GYN hospital in order to expand PMTCT through collaborations with other partners to non-focus provinces nationwide. Needs for services are currently being explored in An Giang and Can Tho and will be expanded there if feasible. USG funds will also continue to support UNAIDS to play a national role in coordination of services. DoD will support PMTCT activities to be initiated at MoD Hospitals 103 in Hanoi and 175 in HCMC. These activities will consist of a pilot PMTCT program at each hospital. Up to three health care professionals from each site will be trained at the University of Hawaii on the basic principles and techniques of PMTCT. Linkage to ARV services, laboratory infrastructure, and VCT will be established. Expansion on PMTCT activities in hospitals 103 and 175 activities are expected to occur by the end of FY07.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	24
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	805
Number of health workers trained in the provision of PMTCT services according to national or international standards	332
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	74,824

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Country: Vietnam

Fiscal Year: 2006

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Table 3.3.01: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Vietnam Ministry of Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5542

Planned Funds: [REDACTED]

Activity Narrative: In FY2005, the MOH was able to strengthen existing PMTCT services in 3 focus provinces: Hanoi, Hai Phong and Quang Ninh. PMTCT services have existed in Ha Noi through the support of GVN and GFATM. In late 2005, PMTCT + services will commence in Ha Noi and in one additional regional site in Quang Ninh province. The MOH has supported the National OB/GYN Hospital, designated as the national implementer, educator and QA provider, to provide training at the provincial level, produce IEC materials, provide QA and monitoring of the provinces and to lead the implementation of the national PMTCT network.

In 2005, the PMTCT protocol was adapted to conform to the new National Guidelines which calls for AZT/3TC/NVP from 36 weeks for PMTCT. Women who meet WHO Clinical Criteria for ARV treatment are evaluated by the affiliated adult OPC, started on OI prophylaxis and begin treatment with AZT/3TC/NVP. Curriculum was updated and 30 health care workers received training of trainers in April 2005 to reflect these protocol changes. QA and monitoring support tools are also being updated to reflect these changes. After delivery, women and babies are referred for continuing care and/or treatment at the affiliated OPC. Babies are referred for follow-up by the pediatric OPC. Services include education and counseling, formula provision for 6 months, cotrimoxazole prophylaxis for babies starting at 6 weeks, and PCR testing at 2 and 6 months.

In 2006, USG funding will be used to expand activities in existing provinces to additional districts to reach more women during the antenatal time. Through a network of community health care workers, peer educators and VCT services, women will continue to be referred to ANC services. An opt-out approach will continue to be used which includes pre-test video and IEC materials. Women are offered individual counseling if it is requested. Test results will be received within 7 days until after 34 weeks through labor and delivery when a rapid testing method is employed. Women who test positive are counseled and offered PMTCT + services in coordination with the affiliated out patient clinic. The community health care workers will continue to be supported to serve as educators and adherence supporters during the antenatal period and also help to close the referral link. This activity will be expanded to reach additional districts. MOH will continue to work closely with UNICEF to link services provided in their supported districts to PMTCT plus services provided by USG. Single dose nevirapine is still approved if a woman is diagnosed at time of labor. In this MOH supported pilot protocol, these women will receive seven days of AZT/3TC after delivery due to the evidence and increasing concerns of NNRTI resistance in the setting of single dose nevirapine, Drug resistance evaluation will be incorporated into the 2006 plan. After delivery, infants will be provided follow up through the affiliated pediatric OPC.

Through the continued strengthening of referral networks, ongoing efforts will be made to include all HIV infected mothers, their children and partners to the PMTCT-plus program. Through linkages with other local and international NGOs and Vietnamese mass organizations, the MOH will work to further expand these linkages at the community level.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	12	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	500	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	45,000	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 Traditional birth attendants (Parent: Public health care workers)
 HIV/AIDS-affected families
 Infants
 Orphans and vulnerable children
 Pregnant women
 HIV positive pregnant women (Parent: People living with HIV/AIDS)
 HIV positive infants (0-5 years)
 Caregivers (of OVC and PLWHAs)

Coverage Areas

Quang Ninh
 Hai Phong
 Ha Noi

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Table 3.3.01: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5543
Planned Funds:

Activity Narrative: In FY05, USG worked closely with the HCMC-PAC to make use of all available resources from different partners including UNICEF, GFATM, Action Aid to expand PMTCT services throughout the entire city. In FY06 USG funding will be used to improve PMTCT services in the existing eight sites, including 02 OB/GYN city hospitals and 06 cluster district sites. Additional support will be provided to improve the capacity of community case workers who provide education, referrals, counseling and adherence support as well as the long term follow-up of mothers and children. Funds will also be used to maintain 194 service outlets in ten other districts providing the minimum package of PMTCT services and referrals to PMTCT plus outlets when indicated..

In FY06, HCMC will continue to raise public awareness about PMTCT through mass media campaigns and involve staff at the district and commune levels to mobilize pregnant women into the program as early as possible. Other ongoing activities will strengthen linkages and referral systems between OB/GYN hospitals, the community and pediatric hospitals to reduce the loss of follow up of infected child-mother pairs post-delivery. In 2006, this activity will involve USG coordination with PAC HCMC to start an ARV resistance study for PMTCT.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	8	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	300	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	29,000	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Traditional birth attendants (Parent: Public health care workers)
- Infants
- Pregnant women
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- Public health care workers
- Other health care workers (Parent: Public health care workers)

Coverage Areas

Ho Chi Minh City

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Hawaii
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5558
Planned Funds:
Activity Narrative: The Center of Excellence in Disaster Management and Humanitarian Assistance (COE-DMHA), with prime partner the University of Hawaii, will work with the Vietnamese Ministry of Defense (MOD) to develop a pilot PMTCT program at Hosp 103 (Hanoi) and Hosp 175 (Ho Chi Minh City). This activity will include training 10 antenatal care providers, including obstetricians, in PMTCT. Approximately 800 women will be tested at these two sites.

Given the high yield in this intervention, we will specifically address PMTCT issues in laboratory settings and with HIV prevention workshop. Activities will be devoted exclusively to training, with a University of Hawaii OB-GYN trained HIV specialist providing "visiting professor" mentorship to physicians at Hospitals 103 and 175.

This is linked to ARV, laboratory infra, counseling and testing activities.

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	2	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	10	<input type="checkbox"/>
Number of pregnant women who received HIV counselling and testing for PMTCT and received their test results	800	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- People living with HIV/AIDS
- Pregnant women
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Widows/widowers

Key Legislative Issues

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

Coverage Areas

- Ha Noi
- Ho Chi Minh City

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5559
Planned Funds:
Activity Narrative: PACT will fund Medecins du Monde France to conduct this activity.

USG funds will support Medecins du Monde to continue providing PMTCT services to pregnant women in the context of its integrated prevention, treatment, care, and support projects in Hanoi and HCMC. In Hanoi, treatment will be provided on-site at the project's Day Care Center in Tay Ho District. In HCMC, pregnant women will be provided with counseling and testing and referred to district- and provincial-level sites providing PMTCT, many of which are USG supported. Clients will also be provided with options for ART through direct provision of treatment or referral to other available sites. In addition, they will be referred to existing social support groups and will receive nutritional/formula supplements as necessary.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	2	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	5	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	22	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	24	<input type="checkbox"/>

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Injecting drug users (Parent: Most at risk populations)
- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Other health care workers (Parent: Public health care workers)
- Implementing organizations (not listed above)

Coverage Areas

- Ha Noi
- Ho Chi Minh City

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Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Development Programme
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5561
Planned Funds:
Activity Narrative: UNDP will fund UNAIDS for this activity.

PMTCT programs in Vietnam are relatively nascent, and in functional districts they involve government, mass organization, INGO, FBO/CBO and community support. 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.

In FY05, USG funds supported the urgent need for effective coordination, information sharing, and planning and implementation of these activities. Initial efforts were made to bring partners together to ensure effective outreach to communities, and the provision of accurate information about PMTCT activities at community, provincial and national levels.

In FY06, USG funds will continue to support UNAIDS and UNICEF to take responsibility for the overall coordination of PMTCT efforts between these various partners and actors, and the development of effective links to the media and non-health sector promoters of PMTCT services. Specific activities will include quarterly meetings between all key actors; yearly assessment of PMTCT networks, partnerships and outreach at the community level, development of a plan for strengthening PMTCT programs; and intensive national information campaigns through mass media, mass organizations, local government and local partner organizations.

Emphasis Areas

% Of Effort

Development of Network/Linkages/Referral Systems

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing the minimum package of PMTCT services according to national or international standards

Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting

Number of health workers trained in the provision of PMTCT services according to national or international standards

Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results

Target Populations:

- Community-based organizations
- Faith-based organizations
- International counterpart organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Program managers
- Volunteers
- Implementing organizations (not listed above)

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prima Partner:	U.S. Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	5562
Planned Funds:	<input type="text"/>
Activity Narrative:	Technical assistance to and program oversight of MOH PMTCT Program will be provided by the Care & Treatment Team at CDC in program design, implementation and evaluation. Technical assistance includes developing training curricula and conducting training to clinicians on PMTCT related issues and conducting quality assurance and control on implementation of protocols. Funds requested will cover 2 full-time LES staff at CDC, including their salaries, benefits, official travel and a percentage of ICASS costs.

Table 3.3.02: Program Planning Overview

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

Total Planned Funding for Program Area:



Program Area Context:

AB programs are an integral part of Vietnam's HIV program to reduce targeting youth. Even though high-risk groups such as IDUs and CSWs are increasing in Vietnam, it is important to target youth who have not become sexually active or are sexually active with accurate/appropriate AB messages. Vietnam is a traditional society influenced by traditional Confucian values, which discourage pre-marital sex. GVN views youth as the future leaders who will contribute to the further development of the country. Therefore, a substantial portion of GVN resources promotes AB messages through campaigns and delivers AB messages through mass organizations. Abstinence education is also built into health education curriculum in some schools. However, certain vulnerable populations such as out-of-school youth are not being reached with AB messages.

In FY05, USG funded the GVN, 5 NGO's and UNAIDS to work on AB activities to target youth. The activities were implemented at the national level with emphasis six focus provinces. Based on recommendations from OGAC, USG Vietnam is shifting some activities from AB to other prevention and strengthening AB activities for FY06. For FY06, the program will refocus its AB strategy and 3 major AB only components targeted to youth, parents, teachers, and communities. The overall goal of the AB program will be to increase the knowledge/skills among in and out-of-school youth to practice abstinence. The activities will build on programs in FY05 which targeted youth and clients of sex workers and will reach youth nationwide through an integrated behavior change initiative utilizing the mass media in conjunction with an integrated community based approach in select provinces.

One activity will focus on a national level campaign to complement planned community based activities. Given relatively traditional values and a strong Confucian society, public messages in Vietnam promoting delayed sexual debut and discouraging premarital sex and these messages need to be reinforced. The campaign will develop messages promote AB for youth. Messages will be developed/delivered to promote AB. Messages will be tailored to appeal to both urban and rural youth and will be delivered through traditional and nontraditional media. These messages will use "hip" Vietnamese language and culture to promote the values of abstinence and increase the involvement of young people in the HIV/AIDS response. For rural youth, messages will be tailored to the values of youth in a rural setting to delay sexual debut and promote fidelity among couples. The campaign will also use popular singers and actors to promote AB to urban and rural youth in Vietnam. The campaign will be complemented by focused community-based activities to enhance the message and develop skills to practice AB. The USG team will continue to support collaboration with Vietnam's Ministry of Education and Training. In FY05, Save the Children drafted a strategy for institutionalizing an abstinence-based HIV/AIDS curriculum and systemic pre-and in-service teacher training in schools nation-wide and delivered the new curriculum, pamphlet and training programs in at least one province and these activities will be expanded. The expansion of these activities will include two additional components focusing on parents and providing youth options for after school activities. The activity will also focus on the importance of parenting and will train parents with the skills/knowledge to communicate about the value of delaying their children's sexual debut and about risks of acquiring HIV/STDs. These programs will include a program evaluation component to assess the effectiveness of this strategy. The third AB intervention activity targets at-risk male youth who are clients or future clients of CSWs. The intervention will deliver messages that discourage use of commercial sex and encourage abstinence and faithfulness to one life long partner.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	110,000
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	50,000
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	300

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Country: Vietnam

Fiscal Year: 2006

Table 3.3.02: Activities by Funding Mechanism

Mechanism: (AB Community)
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: *Abstinence and Be Faithful Programs*
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5508
Planned Funds:

Activity Narrative: *USG will support a pilot community based program that focuses on promoting delay in sexual debut, faithfulness and reduction of sex partners among youth. The TBD partner will work with MOET and/or appropriate VN GOV organization to conduct a qualitative and quantitative assessment about current knowledge of youth on abstinence and faithfulness in regards to prevention of HIV/AIDS, and the needs of youth in order to feel empowered to delay sexual debut. Based on the results of this assessment, a comprehensive program targeting youth, parents and education professionals will be developed and implemented in Hanoi, Ho Chi Minh City and Quang Ninh.*

The components of this comprehensive AB program will include but are not limited to:

- Support to the educational system in delivering AB educational messages to youth by training key educational professionals in primary and secondary schools,
- Assess and revise school based curriculum to incorporate discussion and education for youth to practice abstinence and/or monogamy with their partners,
- Train youth on essential life skills (such as managing peer pressure, self-esteem/self-worth) to empower them to remain abstinent until marriage and also address issues related to alcohol and drug abuse,
- Develop after school activities for in school and out-of-school youth which build self-esteem and essential skills through sports, arts and crafts and/or job skills.
- Conduct outreach to out of school youth to educate them on the value of abstinence and/or monogamy and provide HIV prevention messages,
- Train parents with the appropriate skills and knowledge to support abstinence behavior among their children and highlight the critical role they play in protecting their children.
- Develop and expand IEC/BCC materials on abstinence and be faithful to be distributed to youth in school and out of school.

The TBD organization will conduct pre and post intervention evaluations to measure changes in attitudes, behaviors and practice of abstinences and faithfulness among youth who are in and out-of-school.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	50,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

- Adults
- Community-based organizations
- Children and youth (non-OVC)
- Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

- Stigma and discrimination
- Education

Coverage Areas

- Quang Ninh
- Ha Noi
- Ho Chi Minh City

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	(AB Media Intervention)
Prime Partner:	To Be Determined
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	5509
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>A TBD organization will be responsible for developing an integrated behavior change communication initiative at the national-level to include research, development, implementation and evaluation of a mass media campaign to target urban and rural youth with abstinence and be faithful messages. This initiative will be developed in partnership with select ministries and mass organizations of Vietnam. The first phase will assess the strengths of existing national and provincial media interventions to promote abstinence and reduce HIV risks and then collaboratively design and implement a national mass media campaign founded on the principles of abstinence and delayed sexual debut. The second phase will launch a mass media campaign which may include TV, internet, news outlets, print media, and other supporting materials. This new mass AB activity for FY06 will be the driving force to educate and inform youth on the importance of practicing abstinence until marriage and being faithful. Links will be established between the mass media intervention with the proposed community-based AB intervention and abstinence programs within the educational system. Furthermore, the campaign will reinforce messages of FY05 AB activities which focused on building and implementing a life-skills curriculum in lower and upper secondary schools. It is also anticipated this campaign will further contribute to the reduction of stigma and discrimination and this issue will be considered in all aspects of implementation.</p> <p>Activities will include but are not limited to:</p> <ol style="list-style-type: none"> 1. Conducting market research about sexual and social norms of urban and rural youth and how they compare to traditional values, sexual knowledge among youth, knowledge of transmission of HIV/AIDS, and understanding of the relationship between current lifestyles/sexual practices and the transmission of HIV/AIDS. 2. Conducting Market research to determine which forms of mass media are most accessible and popular for promoting public health messages among urban and rural youth in Vietnam and actively involve youth in all stages of material development. 3. Development of series of slogans and messages to attract urban and rural youth in practicing abstinence and fidelity. The campaign will actively involve youth and will use language and messages that appeal to youth in both an urban and rural setting. A series of slogans will be branded and distributed through a variety of mediums to include pamphlets, bumper stickers, t-shirts, key chains and pens that promote the values of abstinence. The messages will be pre-tested with youth to determine their acceptability and understanding of the message developed. Several messages will be developed and launched throughout the year to avoid fatigue and burnout of the messages among youth. 4. Development of print materials such as pamphlets, newsletters, and IEC materials to be distributed through mass organizations, GVN and TBD partner. 5. Promotion and organization of a national launch of the media campaign in the major cities which will include high level officials, popular entertainment figures to be involved in supporting and promoting the media messages on abstinence and fidelity. 6. Developing a website for youth to access and learn how to practice abstinence and fidelity which will include chat sites and promotional items from the mass media campaign. 7. Training journalists in Vietnam on how to write articles targeting youth with AB messages. Journalists will also be trained on the importance of promoting abstinence and be faithful messages in featured articles in various news outlets and magazines

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throughout the year.

8. Conducting market research after the implementation of mass media activities to determine impact of the media campaign.

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Training

10 - 50

Targets

Target

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

100

Target Populations:

Adults

Street youth (Parent: Most at risk populations)

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Education

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: (INGO- former FHI/IMPACT)
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5510
Planned Funds:

Activity Narrative: A TBD organization will be responsible for the continuation of an integrated media emphasizing the importance of abstinence and being faithful to one partner in regards to a healthy sexual life. The outreach and media interventions aim to reduce commercial sex among high-risk men and youth in 5-7 provinces where commercial sex is more common. In FY05, USAID funded FHI for the development of this intervention but the continuation of the intervention will be competed for in FY06.

The outreach activities will target men at venues that are linked to commercial sex such as bars, karaokes, beer halls, discothèques, and other like venues where males may gather before engaging in commercial sex. Outreach activities include direct communication by health teams who will physically visit venues and places where males gather and the delivery of abstinence and faithfulness messages through IEC/BCC materials that are visually stimulating and promote sexual health through exploration and faithfulness to one life-long partner. Materials should stimulate discussions about sex with life-long partners and sexual health. The media intervention will deliver the same messages that discourage the use of commercial sex and will be broadcasted on TV and radio, and burned on a DVD to be shown at targeted venues.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

- Adults
- Most at risk populations
- Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

- Quang Ninh
- Thai Binh
- An Giang
- Can Tho
- Hai Phong
- Ha Noi
- Ho Chi Minh City

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5511
Planned Funds:
Activity Narrative: Technical assistance to and program oversight of USG Abstinence and Be Faithful (AB) Program will be provided in program design, implementation and evaluation of AB activities. The majority of activities in this technical area is new and will require considerable technical assistance. Funds requested will cover one full-time U.S. contractor (Training Coordinator – ORISE Fellow) at CBC, including their salaries, benefits, official travel and a percentage of ICASS costs.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5512
Planned Funds:
Activity Narrative: Technical oversight will be provided in program design, implementation and evaluation of AB activities. Cost will cover a percentage of one staff member at USAID. The majority of activities in this technical area is new and will require considerable technical assistance.

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Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area:

Program Area Context:

For FY05, the USG did not fund blood safety activities in Vietnam, since WHO and GVN were working collaboratively on ensuring blood safety at the national level. However, information gathered at Vietnam Ministry of Defense's (MOD) sites by the U.S. Department of Defense (DOD) assessment team showed that the Blood Safety Program in the military medical facilities is not being supported by the MOH, or other agencies. The lack of support for the blood donor operations indicates an imperative need for the USG to support the development and maintenance of the Blood Safety Program in the MOD's health care system. Based on a request by the MOD, which has a parallel health structure to that of the Ministry of Health, and an assessment by the DOD, the USG Team has decided to support strengthening of the MOD Blood Safety Program for FY06 as a critical activity.

The military population is at higher risk of suffering trauma or illness during the execution of various military operations (during war or peace time), potentially requiring the transfusion of blood products. The safety of these blood products is essential to prevent the transmission of blood borne pathogens, including HIV, to recipients of blood products. HIV infected blood product recipients can further spread the virus to other individuals by other modes of transmission, such as unprotected sexual contact. The MOD's Military Medical Department (MMD), funded by the USG, has initiated the modernization of the Blood Safety Program at selected military hospitals.

Hospital 103, located in Hanoi, is the first of these facilities to start the development and strengthening of the Blood Safety Program. Data gathered from assessments of the Program at Hospital 103 showed that the annual requirement for transfusions at this facility is at least 3,500 to 4,000 units of blood. The blood bank and HIV screening capabilities at the facility had been insufficient and inadequate to guarantee a minimal level of blood safety, including the exclusion of HIV. The assessment also found potential risks to the donor population, given the inadequacy of equipment and the overall infrastructure, including poorly equipped blood transfusion rooms. Activities at Hospital 103 included: 1) renovation of physical infrastructure that houses the blood bank; 2) acquisition of laboratory equipments to support the necessary tests for screening blood products, for the presence of HIV; 3) training of corresponding laboratory personnel on HIV testing techniques, and 4) addressing issues of reporting and quality control.

Blood supply operations of poor quality conducted by the MOD can potentially have significant detrimental effects on the general population of Vietnam, including the transmission of HIV. Furthermore, the demand for blood products in Vietnam can dramatically increase during national or local emergencies, disaster relief operations, or military deployments, in which the military may be the primary source to provide medical services to the affected populations. With support from the USG, the Blood Safety Program will be extended in FY06 to Hospital 175, which has similar characteristics as Hospital 103, regarding the number of patients seen, blood donor operations, etc. Hospital 175 serves both military and civilian populations. The extension of the Blood Safety Program to Hospital 175 in HCMC is primarily justified by the significant geographic distance from Hanoi and the density of the population served, in the area covered by this military hospital.

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	2
Number of individuals trained in blood safety	30

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Vietnam Ministry of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5537
Planned Funds:

Activity Narrative: FY06 funds will support the Ministry of Defense (MOD) to collaborate with the Center of Excellence in Disaster Management (COE) and the Armed Force Medical Institute of Medical Research (AFRIMS) to facilitate a training session about blood safety to a number of staff at Hospital 103 and 175. With USG support, at least 30 people will be trained, and activity related materials will be procured locally for these centers.

This activity is related to the other portion of the blood safety program, as well as the laboratory infrastructure, VCT, and ARV services for FY06.

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	2	<input type="checkbox"/>
Number of individuals trained in blood safety	5	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

UNCLASSIFIED

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Armed Forces Research Institute of Medical Sciences
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5539
Planned Funds:
Activity Narrative:

In FY06, the Center of Excellence in Disaster Management and Humanitarian Assistance (COE-DMHA), with prime partner, the Armed Forces Research Institute of Medical Sciences (AFRIMS) will continue to support Vietnam Ministry of Defense's (MOD) Hospital 103, and to expand the Blood Safety Program to Hospital 175 in Ho Chi Minh City.

Hospital 175 has a similar capacity for clinical services as Hospital 103. It is also strategically located in the southern region of the country, and covers a large military and selected civilian population in this region. Hospital 175 will receive support from the USG for the following: 1) to renovate existing physical space that would house the laboratory infrastructure; 2) to acquire laboratory equipments; 3) to provide training of corresponding laboratory personnel to conduct blood safety activities; 4) to address issues of quality control and data collection; and 5) to develop linkages to other USG activities.

The laboratory infrastructure mentioned above will be in support of the Blood Safety Program, and will be linked to other USG activities for FY06, including VCT and ARV services. These activities, however, are separate and funds for laboratory infrastructure, VCT, and ARV are located separately under their corresponding budget categories.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	2	<input type="checkbox"/>
Number of individuals trained in blood safety	25	<input type="checkbox"/>

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Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

Military personnel (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Pregnant women

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Host country government workers

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
 Budget Code: HMIN
 Program Area Code: 04

Total Planned Funding for Program Area:

Program Area Context:

There is currently no national program or guidelines for injection safety and individual hospitals and clinics may have established their own set of guidelines. 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 that poor injection practices 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.

In February 2005, 79 health care workers from the Ministry of Health, 4 epidemiology institutes and 20 provinces in Vietnam participated in a workshop on medical waste processing related to HIV/AIDS. This workshop was supported by USG and implemented by the National Institute for Hygiene and Epidemiology. The workshop focused on medical waste process related to HIV/AIDS, responsible institutes to management, monitoring and evaluation this issue. Financial issues and the development of national guidelines for medical waste management were also addressed in this workshop. A needs assessment will be done in the FY06 for equipment for medical waste processing. Equipment then will be procured and installed at sites. The institute that conducted the conference will no longer be involved with this topic and it is currently unclear if and when additional assistance will be needed by the Ministry of Health. Therefore, we have no specific plans at this time for assisting with equipment for medical waste processing. We will continue to address this issue with Ministry of Health and may wish to support these activities in FY06 should funding be available and clear activities negotiated, but no funding is specifically allocated for this activity. Potential areas of collaboration may include: additional training; 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.

National Institute of Occupational Safety and Health (NIOSH): NIOSH continues its collaborative agreement (initiated in 1999) with the National Institute of Occupational and Environmental Health (NIOEH), Hanoi. The purpose of the agreement is to facilitate staff exchanges for the purpose of training NIOEH staff in occupational safety and health research techniques and related skills. In addition to this activity, NIOSH is working with the World Health Organization (WHO) to pilot test tools and approaches to reduce needle stick injuries in health care workers, with a goal of expanding the effort globally. Vietnam is one of three pilot countries where the work is being done.

Program Area Target:

Number of individuals trained in injection safety

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area:



Program Area Context:

Given low general population prevalence and an HIV epidemic driven primarily by injection drug users, sex workers and their clients, men who have sex with men (MSM) and other most at risk populations (MARPs), the Vietnam program will continue to focus a majority of its prevention programs on MARPs. Effective interventions will educate MARPs about ways to reduce the chance of HIV infection and other health risks. Interventions will include outreach and education for IDU and SW, assistance for individuals who wish to stop these activities, and provision of information and condoms. Interventions will also support reduction of injecting drug use and related risks and will improve prevention programs and services, including STI management for MARPS. Incidence among all at-risk sentinel groups has increased as has the proportion of new infections by sexual transmission (though transmission is still dominated by IDU). This year's vision will reorient program focus on innovative targeted prevention for MARPS with increased focus on indirect SW, clients of SW (reduction of partners and frequency of visitation to SW), MSM activities, a pilot rehabilitation/reintegration activity, and treatment and HIV risk reduction models for IDU.

FY05 USG activities support the GVN and local organizations in a range of interventions targeting MARPs in 38 provinces. These include peer outreach for MARPs (IDU, CSW, MSM), and facility-based IEC/BCC programs. USG also supports prevention via peer education through local community support groups and prevention education in universities spearheaded by the Youth Union, in addition to industry-based prevention education and workplace referral to VCT. USG also assists the Vietnamese military to conduct targeted IEC/BCC among new recruits and referral to counseling and testing. The alcohol and drug abuse prevention program within the Vietnamese Army will be partially funded by USG as an integral part of HIV prevention, including an AB and peer education program for new military recruits. In an effort to target IDU (over 60% of HIV infections in Vietnam), the plan supports the development of a transitional model for IDU leaving rehabilitation centers. The new pilot model, designed to link exiting residents with community services, will provide HIV prevention, care and support services, social reintegration and referral to clinical and community services. Implementation of this model will begin at the close of 2005. The USG has prioritized expansion of the existing transition model for IDU leaving rehabilitation centers and drug treatment, as well as targeted interventions for clients of SW and MSM in its '06 plan. Plans include expansion of the transition model from one to two provinces (to include Hanoi), expansion of drug treatment pilots (to one or two additional provinces – possibly An Giang or Quang Ninh), rigorous evaluation of the existing USG-sponsored outreach programs, and expanded coverage of MSM and client of SW populations with friendly care and support services.

USG programs will also leverage support from major donors. In particular, USG plans to team up with the World Bank in Ho Chi Minh City to support comprehensive care and treatment in two rehabilitation centers. In FY06, the USG is proposing a pilot program in the 05/06 rehabilitation centers to support comprehensive and integrated prevention and treatment HIV-related, pre-release and post-release services for newly released residents from rehabilitation. USG programs will partner with local GVN departments at the provincial level and with select local NGOs supporting focused on prevention, care and support for MARPS (MSM, IDU and CSW) and youth.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	265,888
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	4,963
Number of targeted condom service outlets	321

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Vietnam Ministry of Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5810
Planned Funds:
Activity Narrative: In FY06, continuation of the peer-base community outreach programs targeting IDUs and CSWs in 37 provinces will be supported.

The following activities will be maintained: sustaining ongoing programs, providing quality assurance and refresher trainings, enhancing data management systems, and strengthening the referral service system.

To enhance the strengths of the program and effectiveness of the peer educators network, the following new activities will be conducted:

- In-country regional workshops. The workshop aims to 1) exchange experiences and best practices in implementing community-outreach programs and 2) disseminate program results and impact to promote understanding of community outreach effectiveness in HIV prevention and care. It is planned to organize five regional workshops involving participants who are provincial HIV/AIDS staff and representatives and key officials from other related sectors such as law-enforcement, mass-organizations, and local authority/community.
- Community outreach targeting youths at risk will be developed based on adoption and adaptation as well as lessons learned from existing program targeting IDUs and CSWs.
- The referral service system will be expanded in coordination with Care and Treatment Section to pilot STI clinics for CSWs participating community outreach program.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision.	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Injecting drug users (Parent: Most at risk populations)
- Street youth (Parent: Most at risk populations)
- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Public health care workers
- Other health care workers (Parent: Public health care workers)
- Implementing organizations (not listed above)

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Coverage Areas

Cao Bang
Son La
Lang Son
Quang Ninh
Hoa Binh
Ha Tay
Thai Binh
Thanh Hoa
Nghe An
Thua Thien-Hue
Quang Nam
Gla Lai
Binh Dinh
Dac Lak
Khanh Hoa
Lam Dong
Tay Ninh
Dong Nai
Binh Thuan
Long An
Ba Ria-Vung Tau
An Giang
Dong Thap
Tien Giang
Can Tho
Vinh Long
Ben Tre
Tra Vinh
Soc Trang
Bac Giang
Bac Ninh
Bin Duong
Da Nang
Hai Duong

Hai Phong

Ha Noi

Nam Dinh

Thai Nguyen

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5811
Planned Funds:
Activity Narrative: USG FY06 funding will continue to support the peer-based community outreach programs targeting IDUs and CSWs in 4 selected districts.

The following activities will be maintained: sustaining on-going outreach activities, providing quality assurance and refresher training, enhancing data management systems, and strengthening the referral service system.

FY 06 funding will also support new activities as follows:

- Pilot peer education program targeting newly-released residents from Government drug rehabilitation (06) centers. The delivery of program services will be based on adoption and adaptation as well as lessons learned from current programs targeting IDUs and CSWs. The services will be expanded if the proposed comprehensive integrated HIV prevention, care and treatment transition program for newly-released residents from Government drug rehabilitation (06) centers in HCMC and Hanoi receive O/GAC approval
- Pilot substitution program for newly-released residents from Government drug rehabilitation (06) centers. The services will be expanded if the proposed comprehensive integrated HIV prevention, care and treatment transition program for newly-released residents from Government drug rehabilitation (06) centers in HCMC and Hanoi are approved by O/GAC.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,250	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	70	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Injecting drug users (Parent: Most at risk populations)
- Street youth (Parent: Most at risk populations)
- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Public health care workers
- Other health care workers (Parent: Public health care workers)
- Implementing organizations (not listed above)

Coverage Areas

Ho Chi Minh City

UNCLASSIFIED

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Vietnam Ministry of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5813
Planned Funds:

Activity Narrative: As with many militaries worldwide, Vietnamese Ministry of Defense (MoD) military personnel constitute a most-at-risk population (MARP) due to high mobility, young age, potential exposure to commercial sex workers, and separation from their family nucleus with consequent conduct of at-risk sexual behaviors. Continued aggressive measures are needed to address this mostly young and sexually-active portion of the population which represents a high-risk group which can serve as a bridge for HIV transmission to the population at-large. Activities under this submission will support ongoing efforts, started under FY05, by the MoD with assistance from the US Department of Defense (DoD), to provide prevention, education and condom distribution services to military personnel and to communities surrounding military posts including the military health facilities.

An HIV/AIDS education program, complementary to PACOM and UNAIDS initiatives, and based on the provision of key information to military members by peer educators, will be accomplished. This approach, which has been previously found to be very successful with other militaries, is based on the initial training of medics as peer educators within military units and, in turn, serve as multipliers in providing a "train the trainer" life skills type of modules. This education program has already been developed for the MoD in FY05 and will be utilized/implemented through the MoD basic training centers for recruits as well as at major unit installations and posts of assignment. A unique aspect to the military is that all recruits must be HIV-negative in order to be able to join the military services, as well as to be able to serve on military duty outside of Vietnam. Thus, this HIV testing requirement provides us with an excellent opportunity for monitoring baseline HIV prevalence and annual HIV incidences, which, in turn, will allow us to objectively evaluate the effectiveness of these prevention programs over the course of the service members' life cycle in the MoD.

Funding will support the initial peer educator training of 300 peer educators. These peer educators will be supported in continued prevention/outreach efforts throughout their period of military service. Special attention will be given to the provision of training at the recruit training camps, where a majority of military personnel are in a young age, high-risk category (18 to 22 years of age). These young adults are removed from family and other support mechanisms, and are often exposed to high-risk populations such as commercial sex workers, which put them at greater risk of infection. In addition to such efforts with MoD basic training recruits, other units will be targeted including major unit areas, special detachment and border camps where military personnel are stationed outside their residential areas for periods which often can be as long as six to 24 months (or longer).

Condom distribution and education services will be provided for and incorporated through prevention efforts, at 50 post/camp treatment clinics, basic training centers and special detachment and border camps. Condoms will be obtained through USAID and national procurement channels which will also assist in distribution. Their cost is not included in this budget.

It is expected that we will reach a target population of approximately 10,000 recruits at basic training centers, as well as approximately 40,000 servicemembers and up to 160,000 military dependents and surrounding community members by end of September 2007. Prevention outreach will be linked to VCT and Blood Safety activities at the 2 main hospitals of the MoD in Hanoi and HCMC where military personnel and dependents will be referred for HIV testing and HIV/AIDS care and treatment support, as necessary.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	300	<input type="checkbox"/>
Number of targeted condom service outlets	50	<input type="checkbox"/>

Target Populations:

Adults

Most at risk populations

Military personnel (Parent: Most at risk populations)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: SMARTwork
Prime Partner: Academy for Educational Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5814
Planned Funds:
Activity Narrative: The SMARTWork program has the following objectives:

- Creation of workplace prevention and education programs to reduce the rate of HIV infection and increase referral to VCT and treatment services.
- Adoption of workplace policies that ensure protections and guarantee rights of individuals affected and infected by HIV/AIDS.
- Use of IEC and BCC strategies to reduce HIV/AIDS-related stigma and discrimination in the workplace.

SMARTWork will continue to engage business, government and labor leaders to establish HIV/AIDS workplace policies and programs at enterprise and national level; increase counseling and testing (C&T); address stigma and discrimination towards workers infected and affected by HIV/AIDS; improve access to treatment, and strengthen local and national networks.

With Emergency Plan support, SMARTWork Vietnam will implement the following prevention activities:

- Support HIV positive persons based in northern provinces to conduct prevention and awareness training at the enterprise level.
- Address specific needs of employers participating in the pilot transition program for returning IDU in Ho Chi Minh City (HCMC). In 2005, a number of HCMC employers agreed to employ 15,000 newly released IDU (most of whom are HIV positive) in industrial zones. Between 2006 and 2007, these employers will likely integrate a 25,000 employees into the workforce. This new SMARTWork component would provide employers necessary knowledge and skills for successful integration of HIV positive workers into the community.
- Apply SMARTWork methodology to provide technical assistance (TA) to 30 medium sized enterprises in 8 target provinces, and assist their workplace HIV/AIDS programs to reach 10,000 to 15,000 workers and 20,000 to 40,000 family/community members, for a total of 30,000 to 55,000 people. However, restricted funding requires we reduce the number of enterprises served in each province.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	51 - 100
Workplace Programs	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000	<input type="checkbox"/>
Number of targeted condom service outlets	30	<input type="checkbox"/>

Indirect Targets

The nature of SMARTWork's workplace interventions is such that spouses, regular partners, family members and friends of targeted workers are classified as indirect targets. Based on experience from workplace prevention and awareness activities, it is expected that for each person trained by SMARTWork, three others are indirect beneficiaries.

Target Populations:

Adults

Business community/private sector

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Factory workers (Parent: Business community/private sector)

Doctors (Parent: Public health care workers)

Injecting drug users (Parent: Most at risk populations)

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Migrants/migrant workers (Parent: Mobile populations)

Host country government workers

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Democracy & Government

Coverage Areas

Quang Ninh

Khanh Hoa

Bin Duong

Hai Duong

Ho Chi Minh City

Hung Yen

Vinh Phuc aka Vinh Yen

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5815
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>USG will support Pact's provision of management and technical support, as well as financial oversight, to five NGOs (four international, one local) engaged in HIV/AIDS prevention activities covering all Emergency Plan priority provinces. Prevention activities supported under the Community Reach mechanism will include the development and implementation of community-based prevention programs targeted at most at-risk populations, including injecting drug users, sex workers and their clients, and men who have sex with men (see CARE, Medecins du Monde, Pathfinder International, Save the Children, and SHAPC, below). Pact will:</p> <ul style="list-style-type: none"> (i) work with each of these organizations on detailed project design; (ii) provide efficient grants management and administration; (iii) provide technical/management assistance, as needed, during project implementation; (iv) facilitate the development and use of rigorous monitoring and evaluation frameworks, with the objective of ensuring complete and accurate reporting against Emergency Plan prevention targets; and (v) facilitate coordination with all USG partners, including a new USAID partner (TBD) charged with following up FHI supported prevention initiatives. <p>Through such coordination, PACT will aim to prevent duplication in the production of materials, ensure a coordinated prevention response, link its partners with needed technical expertise, and facilitate cross fertilization of ideas. Coordination will be ensured through regular participation by Pact and its sub-grantees in existing USG working groups, as well as by facilitating direct linkages between sub-grantees and other USG prevention partners. Pact will also continue facilitating sub-grantees' access to condom supplies through USG central procurement.</p> <p>Finally, Pact will provide more intensive, capacity building support to one local NGO working on a prevention initiative with urban university students (see SHAPC, below). This assistance will be both technical and managerial, and will include detailed review of all prevention materials and training curricula.</p>

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
<i>Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful</i>		<input checked="" type="checkbox"/>
<i>Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful</i>		<input checked="" type="checkbox"/>
<i>Number of targeted condom service outlets</i>		<input checked="" type="checkbox"/>

Target Populations:

Faith-based organizations
Non-governmental organizations/private voluntary organizations
USG in-country staff

Coverage Areas

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

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5816
Planned Funds:
Activity Narrative: Pact will fund CARE International to conduct this activity

In FY06, USG will continue to support CARE's HIV prevention capacity-building initiatives with community-based organizations (CBOs), with the aim of reaching underserved districts and most at risk populations. FY05 support will enable CARE to begin work with CBOs in Hanoi (the Buddhist Association, Bright Futures, and Network) and Haiphong (Bright Futures). FY06 support will enable CARE to expand coverage to CBOs in Ho Chi Minh City (Green Hope); Quang Ninh (Dong Cam Clubs); and Can Tho (Binh Thuy). With CARE support, the CBOs will develop and strengthen peer education programs and models for HIV prevention. Prevention work will concentrate on two particularly marginalized most at risk populations: (a) injecting drug users (with attention to the largely overlooked population of female drug users); and (b) men who have sex with men.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	70	<input type="checkbox"/>
Number of targeted condom service outlets	10	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Most at risk populations
- Injecting drug users (Parent: Most at risk populations)
- Men who have sex with men (Parent: Most at risk populations)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas

Quang Ninh

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5817
Planned Funds:
Activity Narrative: Pact will fund MDM to conduct this activity

USG will support MDM's continuing efforts to improve community-level prevention services, including STI management, in both Ho Chi Minh City (HCMC) and Hanoi, activities that were launched in FY05. At-risk populations will be reached by mobile teams and encouraged to seek STI testing at the projects' day care centers (DCCs) in District 6 (HCMC) and Tay Ho District (Hanoi). Staff will be provided with new or refresher training on comprehensive STI management, including follow-up supervision by MDM staff. Efforts will also be made to reinforce the antibiotic procurement and delivery circuit for STI treatment.

To decrease risk behaviours for HIV transmission among sex workers and IDUs, USG funds will support the HCMC project to continue conducting HIV prevention activities among Vietnamese and Khmer beneficiaries (leaflet distribution, group discussions); providing free condoms to at-risk groups; training DCC staff in BCC, health education and health promotion strategies; meeting with sex workers and drug users to discuss prevention issues; and engaging in dialogue with the District 6 police to exchange perspectives on intravenous drug use and prostitution, with the objective of reducing the frequency of raids against "Social Evils". In FY06, the HCMC team will also develop and implement an appropriate substitution strategy for IDUs, in collaboration with one other NGO (potentially MDM Canada).

In Hanoi, additional prevention activities will include: disseminating HIV prevention information to at-risk groups; training DCC and MT staff on counselling for risk reduction; monitoring staff member's listening and communication skills; and distributing condoms to at-risk groups. Methadone treatment will be introduced in the context of MDM's work with aftercare clubs for former rehabilitation center detainees in Hanoi.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,750	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	662	<input type="checkbox"/>
Number of targeted condom service outlets	16	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
 Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 Most at risk populations
 Injecting drug users (Parent: Most at risk populations)
 International counterpart organizations
 Mobile populations (Parent: Most at risk populations)
 People living with HIV/AIDS
 Partners/clients of CSW (Parent: Most at risk populations)
 Public health care workers
 Laboratory workers (Parent: Public health care workers)
 Other health care workers (Parent: Public health care workers)
 Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5818
Planned Funds:
Activity Narrative: Pact will fund Pathfinder International to conduct this activity.

In FY06, USG will support Pathfinder International to continue promoting effective linkages between public sector and private sector providers in An Giang, and to expand this work to two additional Emergency Plan priority provinces. The aim of the project is to improve the quality and reach of services for people living with HIV and at risk of HIV infection by increasing the engagement of private sector providers in the HIV/AIDS response and their capacity to deliver high quality prevention programs and services, including STI management. Key private sector partners will include licensed physicians, nurses, midwives and physician's assistants who have private practices and who are most active and open to supporting work with populations at risk of or living with HIV. The HIV prevention component, which will be designed based on the results of an FY05 assessment, is likely to have the following objectives: improving private sector providers' capacity in the areas of STI diagnosis and case management, as well as HIV/STI prevention counseling; and increasing the capacity of the public sector provincial health services and preventive medicine departments in supporting capacity building of private sector providers in HIV prevention. The project will improve the public sector's ability to engage with and train private sector providers (40 public sector providers trained); increased private sector responsiveness to the epidemic and, as a result, improve access to quality private sector health services for PLHA and at-risk populations (86 private sector providers trained). Key outcomes will include improved infection prevention practices (standard precautions) at private sector facilities; decreased stigmatization of PLHA by private sector providers; increased access to condoms; improved diagnosis and treatment of STIs; and referrals for VCT.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,570	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	126	<input type="checkbox"/>
Number of targeted condom service outlets	96	<input type="checkbox"/>

Target Populations:

- Adults
- Commercial sex workers (Parent: Most at risk populations)
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Injecting drug users (Parent: Most at risk populations)
- People living with HIV/AIDS
- Partners/clients of CSW (Parent: Most at risk populations)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Other health care workers (Parent: Public health care workers)
- Private health care workers
- Doctors (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Coverage Areas

- An Giang
- Can Tho

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5819
Planned Funds:	<input type="text"/>
Activity Narrative:	Pact will fund Save the Children US to conduct this activity.

USG will support Save the Children to test innovative strategies that promote the adoption of protective practices among urban young men, a growing risk and bridge population in Vietnam due primarily to use of sex workers and injecting drugs. Save the Children will adapt Project H (for Homen, or men in Portuguese), an interpersonal communications curriculum for young men that includes five modules - 1) sexuality and reproductive health; 2) preventing and living with HIV/AIDS; 3) fatherhood and care giving 4) from violence to peaceful coexistence; and 5) reasons and emotions. Project H was developed by a consortium of NGOs in Brazil, and has had a positive impact on the prevention of gender violence and the reduction of youth vulnerability to sexually transmitted diseases, including HIV/AIDS. It has been adapted for use in South Asia by Save the Children. With USG support, the curriculum will now be adapted for the Vietnam context and the strategy will be piloted in an urban center of one priority province (likely HCMC).

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,250	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	25	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Adults

Most at risk populations

Injecting drug users (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

Children and youth (non-OVC)

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5820
Planned Funds:

Activity Narrative: PACT will fund SHAPC to conduct this activity. In FY06, SHAPC will build on FY05 work aimed at improving knowledge and skills for prevention of HIV transmission. The project emphasizes abstinence and faithfulness for the general student population of three Hanoi universities, while also meeting the HIV prevention needs of those who are sexually active. Specific activities include the development and dissemination of IEC materials; establishment of information desks in university libraries; music/knowledge contests focused on HIV prevention; training of Youth Union leaders—who subsequently train students on HIV prevention; and the launching of condom cafés. In FY06, SHAPC will continue its work in the three universities where it began work in FY05, as well as expanding to three additional university sites. In the FY05 sites, SHAPC will support the Youth Union to provide prevention services to incoming freshmen students and to strengthen the knowledge and skills of FY05 beneficiaries. This will be achieved through a set of activities to be defined through discussion with the universities' Youth Union, based on experience garnered in FY05 and recommendations of the project evaluation. In the three new university sites, SHAPC will work with the Youth Union to implement a modified version of the FY05 project, adapted based on lessons learned in FY05, and tailored to the particular needs of the students at those sites.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	60	<input type="checkbox"/>
Number of targeted condom service outlets	4	<input type="checkbox"/>

Target Populations:

- Adults
- University students (Parent: Children and youth (non-OVC))
- Men (Including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Partners/clients of CSW (Parent: Most at risk populations)
- Implementing organizations (not listed above)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Education

Coverage Areas

Ha Noi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Joint United Nations Program on HIV/AIDS
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5821
Planned Funds:
Activity Narrative: HIV Prevention among new military recruits with the Ministry of Defense (MOD) in 5 military zones:

Since FY04, the Center of Excellence in Disaster Management and Humanitarian Assistance (COE) has worked with prime partner UNAIDS, to support the MOD HIV peer education program for new military recruits. This program has supported military zones 7 and 9 in Vietnam's southern region, and will include military zones 1 and 3 with funds from FY05. COE's project with the UNAIDS for FY05 is currently being processed through the contracting mechanism at USAID. For FY06, it is expected that UNAIDS will be contracted with the mechanism that was used by the COE for FY04.

The activities entailed in this peer education program have included behavioral surveillance surveys; the development of peer education training and education materials; development of training programs; training of trainers; trainers of peer educators; and peer education activities. These peer education activities have emphasized abstinence and be-faithful messages, by addressing various issues and scenarios that the young and mobile male population would encounter. Some of the issues and scenarios have included visits to karaoke bars, commercial sex workers, and abusing alcohol and illegal substances. I.E.C materials have been developed and produced for distribution to the military zones, to reach even the remotely located military population. Funds in FY06 will continue to support activities from the previous year and incorporate information about condoms. The program is also planned to include at least one new military zone for the coming year.

The activities will continue to strengthen MOD's commitment to HIV prevention, and to peer-education as an appropriate and effective model for reaching new recruits.

This program will also link with other DOD/COE and MOD activities. These include advocacy and policy development; training in counseling and education; establishment of surveillance, counseling and testing strategies; care and treatment activities; and strengthening laboratory services.

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Emphasis Areas

% Of Effort

Commodity Procurement

10 - 50

Human Resources

10 - 50

Information, Education and Communication

10 - 50

Training

10 - 50

Workplace Programs

10 - 50

Targets

Target

Target Value

Not Applicable

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

50,000

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

300

Number of targeted condom service outlets

100

Target Populations:

Most at risk populations

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: (INGO- former FHI/IMPACT)
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: S822
Planned Funds:

Activity Narrative: These activities are follow-on to USG supported activities implemented by FHI in FY05 - the FY06 partner will be determined by competition. There are four main activities in this section.

Interventions for Injecting Drug Users (IDU): USG funds will support targeted IDU prevention interventions in the six focus provinces, including drop-in centers and peer and health worker outreach with links to job placement, VCT, relapse prevention and drug treatment. USG will support the design and implementation of a transitional program for individuals released from 06 rehabilitation centers. The goals of this program are to prevent relapse into injection drug use and to link HIV+ individuals to care and treatment services in their home communities.

Interventions for Female Sex Workers (FSW): USG will support FSW drop-in centers and peer and health worker outreach linked with job placement and skill development for women who wish to leave prostitution. Funds will support training in condom negotiation skills, STI treatment, and HIV VCT for women who stay in prostitution. These services will be paired with male client interventions to maximize impact by reducing frequency of visitation to sex workers while making prostitution safer for those individuals who continue to engage in it. Interventions will be based on the successes of current interventions, and will be informed by the outreach program evaluation planned for '06.

Interventions for Men who have Sex with Men (MSM): These interventions will be built on the success of nascent interventions in Vietnam (supported by FHI, CDC and UNESCO, and will include peer-driven interventions, such as peer outreach and drop-in center services (i.e. modeled on the Blue Sky Club in Ho Chi Minh City); the creation of a supportive environment for behavior change and reduction of stigma and discrimination; improvement of availability and promotion of use of condom and water-based lubricant; and increase of availability and access to "MSM-friendly" services for STI, VCT and HIV care.

Prevention for Positives: Funds will support discordant couple counseling and support groups in VCT sites and OPC clinics. This will reduce risk of transmission and improve quality of life for discordant couples.

Transitional: These new activities will support comprehensive and integrated prevention and treatment HIV-related, pre-release and post-release service for newly released residents from 06 rehabilitation centers. Services are provided primarily, but not exclusively to persons living with HIV/AIDS. It is expected that FY06 USG support will 1) reduce relapse rates, 2) reduce risk behaviors, 3) avert new infections and 4) ensure access to a support network and relapse prevention services.

Treatment for drug abuse varies according to patient characteristics. Drug treatments provide strategies for coping with drug cravings, avoiding drugs, preventing relapse and dealing with relapse. Substance abuse outpatient treatment provides services such as drug education, psycho-social counseling, relapse prevention and referral to maintenance therapy when indicated. Peer education and self help groups provide low cost and readily available support for drug abusers. These forms of support will play a crucial role in assisting returning residents and their families to avoid problems associated with relapse and continued drug use. Specific activities include:

Community Outreach and Education: Community outreach based at two OPC in HCMC districts 8 and Binh Thanh, will continue efforts to assist most at risk

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populations to reduce risk of HIV transmission. These community based efforts will reach many IDU returning from government drug rehabilitation centers, and may include development of self-help groups modeled on the AA 12-Step program. Refresher training will be given to current staff and some new workers will be added to serve and increasing client load.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	32,560	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	<input type="checkbox"/>
Number of targeted condom service outlets	200	<input type="checkbox"/>

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Most at risk populations
- Discordant couples (Parent: Most at risk populations)
- Injecting drug users (Parent: Most at risk populations)
- Men who have sex with men (Parent: Most at risk populations)

Key Legislative Issues

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

Coverage Areas

Thai Binh

Khanh Hoa

Can Tho

Bac Giang

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Policy Dialogue and Implementation- TO1
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5823
Planned Funds:

Activity Narrative:

The following two activities are follow-on to POLICY II contract FY05 activities and will be carried out by a partner to be determined under the PDI contract. These activities are designed to assess and address provincial HIV/AIDS and other provincial authorities' concerns regarding prevention activities to reduce injecting drug use and related risks to promote greater community awareness and understanding of various approaches to prevention of HIV, transmission and drug use. Specific activities will include:

1. Training for PWA on HIV/AIDS/STDs to provide skills and knowledge for practice of safer behaviors. Regular communication and meetings among PWA groups will enable them to identify problems and solutions to practice safer behaviors. This activity will assess effectiveness of risk reduction interventions and recommendations for implementation of comprehensive risk reduction among PWA in Viet Nam. The process and outputs from this activity will provide USG implementing agencies information with which to form and direct HIV prevention and drug use prevention activities and policies.

2. Journalist and PWA Media Training Campaign: This is a coordination and training activity in partnership with *Internews* (which will receive USAID Regional funds for programs in Vietnam and the region). In an effort to boost PWA involvement in prevention education, and to improve GVN reporting on effective models for prevention of HIV, the PDI partner will collaborate with *Internews* to develop accurate messages on HIV/AIDS/STI prevention (and care/treatment), healthy living, and condom social marketing to be incorporated in multimedia outlets (newspapers, local radio and potentially television). Program content will include messages on effective prevention paradigms and VCT, and positive messages about PWA. Media messages will target both policy makers and the general population to raise awareness on the nature of the epidemic and to increase focus on successful implementation of targeted programs that address IDU and sexual transmission (in addition to addressing the growing incidence of MTCT). Specific activities will include training of journalists and training of PWA to provide confident and informed interviews for journalists on HIV prevention. A PWA cohort will also be involved in the training sessions, providing the dual effect of improving prevention messages and boosting PWA advocacy, self confidence and self determination.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- International counterpart organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)
- Program managers
- Volunteers
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Religious leaders
- Implementing organizations (not listed above)

Key Legislative Issues

- Gender
- 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
- Increasing women's legal rights
- Stigma and discrimination

Coverage Areas

- Quang Ninh
- Thai Binh
- Thanh Hoa
- An Giang
- Can Tho
- Hai Phong
- Ha Noi
- Ho Chi Minh City
- Nam Dinh
- Thai Nguyen

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	U.S. Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5824
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>Technical assistance to and program oversight of MOH Prevention Program will be provided by the Vulnerable Population Team at CDC, in close coordination with USAID Rehabilitation Team, in program design, implementation and evaluation of interventions targeting high risk groups, including injecting drug users and commercial sex workers. Many continuing FY05 activities that were classified as AB in the FY05 COP have been placed in this technical area. This will result in additional technical assistance to ensure all activities are integrated and targets are met. Additionally many new activities are being designed and implemented related to working in 05/06 transition centers and will require substantial technical input from USG. Funds requested will cover 3 full-time LES staff at CDC, including their salaries, benefits, official travel and a percentage of ICASS costs.</p>

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5825
Planned Funds:
Activity Narrative: Technical oversight will be provided by the rehabilitation team at USAID in program design, implementation and evaluation. Cost will cover a percentage of two staff (one USPSC and one FSN) at USAID. Many continuing FY05 activities have been placed in this technical area that were classified as AB in the FY05 COP. This will result in additional technical assistance to ensure all activities are integrated and targets are met. Additionally many new activities are being designed and implemented related to working in 05/06 transition centers and will require substantial technical input.

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense/Pacific Command
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5826
Planned Funds:
Activity Narrative: Technical oversight will be provided by the HIV Prevention and Treatment team at DoD (AFRIMS, COE, and UH) in program design, implementation and evaluation. Cost will cover a percentage of one AFRIMS consultant for technical support.

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
 Budget Code: HBHC
 Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

In FY2005, palliative care services were initiated and strengthened in six focus provinces. The number of trained physicians and auxiliary staff has increased in 40 provinces to include approximately 400 professionals trained. In 2005, training curriculum was updated to be consistent with the new National Guidelines for HIV/AIDS Diagnosis and Treatment. HIV-infected people have received clinic and home-based care supported by multiple USG partners. Clinic-based services include OI prophylaxis and treatment, education and counseling, treatment adherence support, prevention and referrals for community linkages. Service targets aim at strengthening the national, provincial and district levels. Home-based care teams (FHI supported) provide community services which are anticipated to be invaluable to support ARV adherence efforts for programs. At the request of GVN, a collaborative USG team (FHI, VCHAP, POLICY project and CDC) completed an assessment on palliative care. Preliminary findings show that there is indeed a great need for and lack of comprehensive support, including pain management and psychosocial support for both PLHA and caregivers. USG will support MOH to develop the National Palliative Care and Opioid Guidelines with plans to expand these services in FY2006. In addition, USG supported a number of local NGOs to bolster community-based care and support in conjunction with clinical training.

In 2006, collaborative work to build a Continuum of Care from the community to the tertiary level will continue with USG partners supporting all levels of service delivery. USG will continue to fund the MOH and HCMC to support provincial and district OPCs in 40 provinces that serve as primary service delivery sites as well as referral centers for complicated clinical cases. USG, through DOD, will support services in 2 military sites. FHI-initiated programs will continue through INGO TBD; MDM will continue to expand support at district level health centers, home based care and referral for PLWHA and OVC in 6 focus provinces. Services will be enhanced at selected sites providing linkages to the 05/06 centers as part of the USG 05/06 transitional model. VCHAP will provide on site technical support, ongoing trainings and coordination with GVN to develop a National HIV Training curriculum, as well as expand services in palliative and hospice care. Clinical services will be increasingly supported and improved by community based efforts supported by CARE, PDI, FHI, COHED, Save the Children/USA, World Vision, Pathfinder, and new local partnerships under the STRONG II mechanism through CARE. Increasing linkages and cooperative efforts between community initiatives will be critical to providing quality services in HIV Care and Treatment.

In FY06, the USG is proposing a pilot program to support comprehensive and integrated HIV prevention and treatment, and pre- and post-release services for residents from IDU rehabilitation centers. Services are provided primarily to persons living with HIV/AIDS. Specific to this program area, an emphasis on comprehensive psychosocial support will provide assistance to those who are entering the community.

In FY06, the USG will continue to pursue close collaboration with other partners. GFATM has approved about USD in 2005 for programs supporting community-based care in 20 provinces. Initial collaboration has included technical assistance and involvement of USG HIV specialists in training healthcare providers working in GFTAM supported programs. USG will work with GFATM to link treatment programs and care programs in high-focus provinces. WB will support the GVN with roughly in 20 focus provinces, largely not overlapping with USG focus provinces. GVN public spending remains low, but an increase is planned in FY2006. Great effort has been made to respond to the Three Ones Strategy with UNAIDS and WHO playing a central coordination role.

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Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	187
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,069
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,645

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Vietnam Ministry of Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5517
Planned Funds:

Activity Narrative: In FY05, the USG supported MOH in providing opportunities for enhancing the capacity of palliative care, including outpatient clinical services, pain management, wellness programs, diagnosis and treatment of opportunistic infections, treatment adherence, ARV readiness education, and referrals to other HIV support services, especially to TB services (in 39 provinces) and to and from PMTCT plus sites (in four focus provinces). These sites are increasing capacity to serve as referral centers for district-level sites. 41 HIV outpatient clinics (OPCs) in 39 provinces are currently operating and services have been improved in five focus provinces (Hanoi, Quang Ninh, Hai Phong, An Giang and Can Tho). By June 2005, 5,213 outpatients with more than 10,000 patient visits were provided with free services by trained healthcare providers; however, service uptake has been slower than expected due to the delayed arrival of ARVs.

Services provided by these OPCs have helped not only improve patient's health but also reduce stigma and discrimination towards HIV-infected people among healthcare providers. In collaboration with VCHAP and National Institute for Clinical Research in Tropical Medicine (NICRTM), MOH has successfully provided intensive training on HIV/AIDS care and treatment and on outpatient clinic operation to 120 healthcare providers. However, 20% of healthcare providers were reassigned to other positions after having been trained requiring ongoing collaboration with VCHAP and NICRTM to provide new and refresher training for healthcare providers involved in HIV care and treatment. In addition, 78 laboratory technicians have been trained on OI diagnosis by trainers at NICRTM who were trained by CDC laboratory experts to become national trainers.

In FY05, working in close collaboration with the USG, the MOH developed a procedure manual and training materials for operating pediatric outpatient clinics (OPCs) and, with support from VCHAP, provided training for 48 pediatric OPC staff. Three piloted OPCs that are integrated into existing health care services at the National Pediatric Hospital in Hanoi, the Provincial Pediatric Hospital in Hai Phong and the Provincial General Hospital in Quang Ninh have been renovated recently and are ready to provide services to infants born to HIV-infected mothers and HIV-infected children.

In 2006, planned activities include continuing provincial clinical management training and quality of palliative care service delivery; improving quality of life improvement activities; improvement in clinical case management and psychosocial support; and implementation of clinical community case management through linkages with other community-based support services such as home-based care and PLHA support groups. With the improvement of the referral network, the provision of ARVs and a more comprehensive program for HIV-infected people, it is expected that by September 2007, 10,000 HIV-infected adults and 250 pediatrics patients will receive outpatient services, and 100 new healthcare providers recently transferred to work at the OPCs, will be trained on OPC operations and receive intensive training on HIV/AIDS management.

In FY06, the USG will also provide opportunities for the provincial pediatric department to scale up existing medical services to HIV exposed infants discharged from the existing PMTCT programs and referred from other OVC programs. Pediatric medical services (i.e. pediatric OPCs) in focus provinces such as Quang Ninh (regional hospital), Can Tho and An Giang will be expanded in order to address the need of referrals of children born to HIV-infected mothers. It is expected that there will be 250 HIV-infected and HIV-exposed children receiving services by the end of September 2007. In addition, refresher training and new training for clinic staff will

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be conducted based on findings from quality assurance and supervision activities as well as local needs. It is expected that about 30 HCWs will be trained in the FY06. In addition, USG will also provide the opportunity for expanding Basic Care and Support Services for HIV-infected people in Uong Bi Hospital (a regional hospital located in Quang Ninh province).

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	45	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,250	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	130	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
 Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 Pharmacists (Parent: Public health care workers)
 Most at risk populations
 Discordant couples (Parent: Most at risk populations)
 Injecting drug users (Parent: Most at risk populations)
 HIV/AIDS-affected families
 People living with HIV/AIDS
 HIV positive infants (0-5 years)
 HIV positive children (6 - 14 years)
 Caregivers (of OVC and PLWHAs)
 Laboratory workers (Parent: Public health care workers)
 Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Education

Coverage Areas

Cao Bang
Son La
Lang Son
Quang Ninh
Hoa Binh
Ha Tay
Thai Binh
Thanh Hoa
Nghe An
Thua Thien-Hue
Quang Nam
Gia Lai
Binh Dinh
Dac Lak
Khanh Hoa
Lam Dong
Tay Ninh
Dong Nai
Binh Thuan
Long An
Ba Ria-Vung Tau
An Giang
Dong Thap
Tien Giang
Can Tho
Vinh Long
Ben Tre
Tra Vinh
Soc Trang
Bac Giang
Bac Ninh
Bin Duong
Binh Phouc
Da Nang

Hai Duong
 Hai Phong
 Ha Noi
 Nam Dinh
 Thai Nguyen

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBMC
Program Area Code: 06
Activity ID: 5518
Planned Funds:
Activity Narrative: This activity also relates to activities in PMTCT, TB/HIV, Counseling and Testing, and Treatment.

In FY05, the USG supported the HCMC/PAC to enhance the capacity of palliative care, including outpatient clinical services, pain management, wellness programs, psychosocial support and the diagnosis and treatment of opportunistic infections at six target outpatient clinics (OPCs). Clinics are located at 4 district and 2 city level sites including one OPC at the HCMC TB hospital and one OPC at the Tropical Disease Hospital, the tertiary level referral center for southern Vietnam.

In FY 2006 the HCMC PAC will support ongoing activities that will strengthen and improve quality of services at these six sites and throughout HCMC. At the city level, activities will focus on improving the capacity and developing linkages and support at TDH and TB Hospital such that these sites are able to support complicated cases referred from the HCMC districts and other southern provinces. TDH in collaboration with CDC and VCHAP will build a treatment network supporting training, referral and QA and monitoring to improve overall care and support of patients in HCMC and southern Vietnam.

Activities at the district sites will focus on:

- Improving links with the community and with TB units of the districts
- expanding the capacity of community case workers for PMTCT+ to increase the number of HIV/AIDS patients accessing and adhering to treatment
- increasing linkages with and support of local peer support groups who will be trained to provide increasing assistance in social support and adherence
- Strengthening the capacity of OPC counselors to provide psychosocial and adherence support.
- Expanded services for clients released from the 06 Rehabilitation centers as described in the transitional model narrative.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,619	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	<input type="checkbox"/>

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Most at risk populations

Discordant couples (Parent: Most at risk populations)

Injecting drug users (Parent: Most at risk populations)

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	VCHAP
Prime Partner:	Harvard Medical School - Division of AIDS
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5519
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>In 2005 VCHAP completed Module 1 training for physicians and nurses in the focus provinces. This training is a small focused training given by in-country Harvard physicians and trained Vietnamese trainers concentrating on the basics of HIV Care and Support, including updated information contained in the new OI guidelines, basic care and support, TB/HIV, and addiction. These trainings also support physicians providing care in GFATM supported sites and in the 05/06 centers. VCHAP HIV specialists on the ground supported curriculum development and served as lecturers in the Care and Support trainings provided by the both GFATM and MOH. VCHAP physicians have played an integral role in providing on site technical assistance and oversight at USG OPCs. Monthly case discussions provide a forum for discussion of difficult cases and updates. These meetings are being expanded to include provincial health care workers to support the development of a treatment and referral network.</p> <p>In FY 2006 VCHAP will continue building country infrastructure in general HIV care, management of opportunistic infections, and palliative care (symptom control, psycho-social support). VCHAP will conduct one-week-long local trainings in general HIV care and ARV therapy for provinces and institutions where ART support will be provided increasingly by Vietnamese HIV/AIDS specialists. These national specialists will be trained and supported by VCHAP medical officers on the ground. Refresher trainings for previously trained providers in provinces and institutions will help to reinforce critical concepts, update information and provide a forum for feedback and technical support for both adult and pediatric HIV specialists. Other targets include: the development and implementation of local training in palliative care, including pain and symptom management and psycho-social support for patients with advanced AIDS and their families. Training in didactic skills to build a core group of national training experts (training of trainers) to ensure sustainability will be emphasized. In continued support of capacity building for nursing, VCHAP train-the-trainers program for HIV nursing leaders will continue with its third national training and additional local trainings provided by the trained nurses. Finally, VCHAP will support ongoing training activities and capacity building at the nation's two leading HIV centers: NICRTM in Hanoi and the Tropical Disease Hospital in HCMC. Activities include monthly technical meetings for hospital physicians to discuss cases and selected topics in HIV care, regular scientific conferences where physicians from the local and provincial regions can share their experiences in HIV care, and hands-on training that affords physicians from the provinces the opportunity to spend two weeks working and training in HIV care at NICRTM.</p> <p>At the request of GVN and in collaboration with WHO, the USG and other partners on the ground will support VCHAP in development of a national curriculum in HIV/AIDS care for physicians designed to lead to national certification in HIV/AIDS care. VCHAP also will work with its partners to develop a standardized curriculum in HIV/AIDS for Vietnam's 10 medical schools and will provide technical assistance to the MoH to develop a National Training Center in HIV/AIDS Care. The USG proposes that the Center be designed as a twinning between the Harvard Medical School Division of AIDS and the Hanoi Medical University to produce leaders in HIV clinical care and education for Vietnam.</p> <p>In 2006, VCHAP's medical officers will focus on three specific priority activities based in USG focus provinces:</p> <ul style="list-style-type: none"> - Continue to provide intensive, daily clinical mentoring to help enable Vietnamese physicians to meet the challenges of caring for adult and pediatric patients with complex AIDS-related syndromes independently in the future. - Support and provide technical assistance to develop national policies and guidelines

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for palliative care and build program models that provide care in accord with these guidelines
- In Ho Chi Minh City, HCMC, VCHAP, USG and Tropical Disease Hospital health care workers will capacity-build by creating an HIV treatment network for the city consisting of linkages between hospitals, HIV clinics, TB centers, district and commune health centers, and O5/06 centers.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	350	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Twining
Education

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Coverage Areas

Cao Bang

Son La

Lang Son

Quang Ninh

Hoa Binh

Ha Tay

Thai Binh

Thanh Hoa

Nghe An

Thua Thien-Hue

Quang Nam

Gia Lai

Binh Dinh

Dac Lak

Khanh Hoa

Lam Dong

Tay Ninh

Dong Nai

Binh Thuan

Long An

Ba Ria-Vung Tau

An Giang

Dong Thap

Tien Giang

Can Tho

Vinh Long

Ben Tre

Tra Vinh

Soc Trang

Bac Giang

Bac Ninh

Bin Duong

Binh Phouc

Da Nang

Hai Duong

Hai Phong

Ha Noi

Nam Dinh

Thai Nguyen

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Hawaii
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5520
Planned Funds:
Activity Narrative: Opportunistic Infection drugs will be provided to approximately 300 patients along with other suitable palliative care.

This is an activity COE-DMHA has with prime partner University of Hawaii to work with Vietnam's Ministry of Defense (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. FY06 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. One training workshop is planned. As well, roughly 30% of the salary of a resident HIV specialist "visiting professor" will support HIV management through preceptorships at Hospitals 103 and 175. Four VPA HCP will be sent for periods of 4-6 weeks each to the Hawaii AIDS Clinical Research Program and the AIDS Education Center (HACRP) at the University of Hawaii and to Thailand. 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 will be provided without charge to the Program.

Experience in clinics and with patients unfamiliar with the requirements of HIV therapy will lead to the creation of four support positions (two counselors and two 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.

This activity is linked to ARV services.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	300	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	6	<input type="checkbox"/>

Target Populations:

- Military personnel (Parent: Most at risk populations)
- People living with HIV/AIDS
- Men (Including men of reproductive age) (Parent: Adults)
- Women (Including women of reproductive age) (Parent: Adults)
- Doctors (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)

Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5521
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>USG will support Pact's provision of management and technical support, as well as financial oversight, to five NGOs (three international, two local) engaged in the provision of basic care and support to PLHA and their family members in all USG priority provinces. Palliative care activities supported under the Community Reach mechanism will include clinic-, community- and home-based care and support for both adults and children, including treatment of opportunistic infections (OI) and referrals for specialized medical care; ART adherence support; and community re-integration of former rehabilitation center detainees. Details are provided under each subgrantee's project description, below (see CARE, COHED, Mai Hoa Center, Medecins du Monde, and Pathfinder International). Pact will:</p> <ul style="list-style-type: none"> (i) work with each of these organizations on detailed project design; (ii) provide efficient grants management and administration; (iii) provide technical/management assistance, as needed, during implementation; (iv) facilitate the development of rigorous monitoring and evaluation frameworks, with the objective of ensuring complete and accurate reporting against USG targets; and (v) facilitate coordination with all USG partners. <p>Through such coordination, PACT will aim to avoid duplication in the production of educational/training materials, service guidelines, and clinical protocols; ensure that its partners contribute to the development of a full continuum of care in each priority province; facilitate cross fertilization of ideas; and ensure sub-grantee access to USG partner palliative care trainings and other resources. Coordination will occur through regular participation by Pact and its sub-grantees in existing USG working groups, as well as by facilitating direct linkages between sub-grantees and other USG partners engaged in VCT, ARV services, and palliative care. A particular focus will include working with a new USAID partner NGO (TBD) charged with following up on FHI's palliative care initiatives, with a view to developing consistent care and support guidelines for home care. Pact will also continue to facilitate procurement and distribution of USG funded OI drugs for its partners.</p> <p>Finally, PACT will provide more intensive, capacity building support to two local NGOs providing basic care and support to adults and children living with HIV in Ho Chi Minh City (Mai Hoa Center, see below) and to women living with HIV in Quang Ninh province (COHED, see below).</p>

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

- Faith-based organizations
- Non-governmental organizations/private voluntary organizations

Coverage Areas

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

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHA account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5522
Planned Funds:	<input type="text"/>
Activity Narrative:	PACT will fund CARE International for this activity.

In FY06, USG will continue to support CARE's palliative care capacity-building initiatives with community-based organizations (CBOs), with the aim of reaching underserved districts with care and support services. FY05 USG support enabled CARE to begin work with CBOs in Hanoi (the Buddhist Association, Bright Futures, and A for D); Ho Chi Minh City (Xuan Vinh and Pastoral Care); and Hai Phong (Bright Futures). FY06 support will also enable CARE to expand coverage to a CBO in Quang Ninh province (the Dong Cam Clubs). With CARE support, the CBOs will provide basic health care and support to people living with HIV and their families, including self care and home care knowledge, home-based care services, treatment literacy, referrals for medical care, and income generation support.

CARE will ensure that services are client friendly and confidential. Care and support services will be linked with prevention services targeting most at risk populations, to facilitate access to care as well as prevention promotion.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,800	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	60	<input type="checkbox"/>

Target Populations:

Community-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Other health care workers (Parent: Public health care workers)

Coverage Areas

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

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5523
Planned Funds:
Activity Narrative: PACT will fund Medecins du Monde (Mdm) France to conduct this activity.

In FY06, USG will support Mdm's continuing provision of basic health care and support to PLHA and their family members in Hanoi and HCMC, activities that were launched in FY04/05 in collaboration with local health authorities. Activities in HCMC, which are centered around a day care center (DCC) and four mobile teams, will include strengthening the network of primary health care providers for PLHA (in partnership with SAMU Social International); reinforcing the referral circuit for very ill patients; supporting the District Health Authorities in implementing the national TB Program; providing treatment for opportunistic infections; and providing adherence support and both home- and facility-based clinical and psychological follow-up services to ART beneficiaries.

In Hanoi, USG will continue to support the provision of community-based health care and social support to IDUs and sex workers living with HIV in Tay Ho, Ba Dinh and Hoan Kiem districts. Community-level DI/HIV management will be provided through a DCC in Tay Ho District, mobile teams, and referrals to specialized hospitals. Specific activities will include: provision of laundry, shower facilities, emergency beds, and nutritional support for PLHAs; counselling services; OI treatment and referrals; and the provision of support to referral hospitals, including staff training in OI treatment. Mdm will also continue providing community support to drug users and sex workers living with HIV in Hanoi through existing aftercare clubs for former rehabilitation center detainees. Activities will include enhancing the communication, counseling, and coaching skills of aftercare club staff and volunteers; individual follow up of aftercare club members in cooperation with the mobile teams; supporting aftercare club weekly meetings; organizing monthly social, cultural and sporting activities for aftercare club members; identifying and providing access to employment opportunities for aftercare club members; supporting income generation projects for aftercare club members; and organizing quarterly meetings in schools, offices, factories and other locations in participating districts to enhance community integration and support.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	770	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	24	<input type="checkbox"/>

Target Populations:

Business community/private sector
Commercial sex workers (Parent: Most at risk populations)
Community leaders
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Injecting drug users (Parent: Most at risk populations)
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Religious leaders
Public health care workers
Other health care workers (Parent: Public health care workers)
Implementing organizations (not listed above)

Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5524
Planned Funds:
Activity Narrative: PACT will fund Pathfinder International to conduct this activity.

In FY06, USG will support Pathfinder International to continue promoting effective linkages between the public sector and private sector in Quang Ninh, and to expand this work to two additional USG priority provinces. The aim of the project is to improve the quality and reach of services for people living with HIV and at risk of HIV infection by increasing the engagement of private sector providers in the HIV/AIDS response and their capacity to deliver high quality services. Key private sector partners will include licensed physicians, nurses, midwives and physician's assistants who have private practices and who are most active and open to supporting work with populations at risk of or living with HIV. The palliative care component of the project, which will be designed based on the results of an FY05 assessment, is likely to have the following objectives: improving private sector providers' capacity in the diagnosis and treatment of opportunistic infections, referral for ART, and adherence counseling; and increasing the capacity of the provincial health services and government agencies in charge of HIV/AIDS treatment to provide appropriate technical training to private sector providers in the treatment of opportunistic infections and other elements of palliative care.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	96	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,632	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	126	<input type="checkbox"/>

Target Populations:

- Adults
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- People living with HIV/AIDS
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Other health care workers (Parent: Public health care workers)
- Private health care workers
- Doctors (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Coverage Areas

- An Giang
- Can Tho
- Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5525
Planned Funds:	<input type="text"/>
Activity Narrative:	PACT will fund Mai Hoa AIDS Center for this activity.

Mai Hoa Center is a small hospice and residence for homeless or especially poor people living with HIV in HCMC, run by a small group of Catholic nuns who are also nurses by training. The center received USG funding in FY05 to provide basic care and support to residents. In FY06, USG will support Mai Hoa Center to continue providing these services, which include treatment of opportunistic infections based on up-to-date treatment guidelines, psychological and spiritual support, pain relief, and culturally appropriate end-of-life care. Pact will provide Mai Hoa Center with project management capacity building and technical assistance, as required. Mai Hoa Center will also receive clinical support from physicians at the HCMC Pasteur Institute, VCHAP, and the University of California/San Francisco.

USG will also support the Center to work with a sister group, Tieng Vong, to provide improved care and support for poor PLHA in Ho Chi Minh City and to link them to services they require. Tieng Vong, a group of volunteers headed by a Catholic nun, provides care and support to poor PLHA (including individuals released from 05-06 centers), OVC, and their families in districts 2, 4, 6, 10, 11, 12, Tan Binh and Hoc Mon. Tieng Vong refers homeless individuals living with AIDS to Mai Hoa Center, and assists with pre-admission assessments. In exchange, Mai Hoa Center provides Tieng Vong with technical support on symptom management and assists Tieng Vong in its efforts to secure minor financial support or pharmaceuticals. In FY06, Mai Hoa Center will collaborate with Tieng Vong to (a) expand the team providing care and support and build its capacity; and (b) enhance the quality and increase the reach of current care and support activities.

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Emphasis Areas

Community Mobilization/Participation

Development of Network/Linkages/Referral Systems

Local Organization Capacity Development

Training

% Of Effort

10 - 50

10 - 50

10 - 50

10 - 50

Targets

Target

Number of service outlets providing HIV-related palliative care
(excluding TB/HIV)

Target Value

2

Not Applicable

Number of individuals provided with HIV-related palliative care
(excluding TB/HIV)

500

Number of individuals trained to provide HIV-related palliative care
(excluding TB/HIV)

10

Target Populations:

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Volunteers

Caregivers (of OVC and PLWHAs)

Private health care workers

Nurses (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Coverage Areas

Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5526
Planned Funds:
Activity Narrative: Pact will fund COHED to conduct this activity.

FY06 USG support will enable COHED to strengthen and continue care and support activities for women living with HIV in Ha Long city, activities which will be launched in FY05. The project aims to bring about sustainable improvements in the quality of life of identified HIV positive women and their families through empowerment for positive living. Activities center around the establishment and operation of a club for HIV positive women. A broad range of care and support activities will be provided through the club, including treatment of basic opportunistic infections by trained health care staff, and referrals for ART and specialized medical services. Home care teams are being established to reach HIV positive women confined to their homes. Attention is given to building the capacity of project beneficiaries so that they can gradually become involved in the project's operation and management. Primary beneficiaries will include approximately 250 women living with HIV in Ha Long city and their family members.

Emphasis Areas

% Of Effort

Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Doctors (Parent: Public health care workers)
 HIV/AIDS-affected families
 People living with HIV/AIDS
 Volunteers
 HIV positive pregnant women (Parent: People living with HIV/AIDS)
 Caregivers (of OVC and PLWHAs)
 Public health care workers
 Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Gender
 Increasing women's access to income and productive resources
 Stigma and discrimination

Coverage Areas

Quang Ninh

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Development Programme
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5527
Planned Funds:
Activity Narrative: UNDP will fund UNV to implement this activity.

The project will continue to implement FY05 activities aiming 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 project will also continue to provide training and mentoring support to the UN Volunteers and to other people living with or affected by HIV/AIDS, so that in the subsequent 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. Information sharing with UNV and other GIPA initiatives in the region (e.g. Laos, Cambodia, and Indonesia) will be maintained.

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

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	<input type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Volunteers

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Volunteers

Stigma and discrimination

Coverage Areas

Quang Ninh

An Giang

Can Tho

Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism: (Patient monitoring care/tx)
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5528
Planned Funds:
Activity Narrative: This is scale-up of Patient Monitoring Information Systems in USG funded Clinics providing ARV Treatment. PMIS efforts are initially focusing on 4 pilot clinics using CareWare. Concurrent plans to scale-up to the remaining USG clinics will occur using the lessons learned from the pilot clinics. Activities and coordination will focus on: consensus workshops, policy development, requirements gathering, capacity assessment, site prioritization, form design, software development, infrastructure development, training, implementation and support. All tasks will be coordinated with the MOH and other partners who are involved in building capacity to support the development of a national M&E framework and HMIS. The responsibility for various activities will be assigned to both local and national government, NGOs and international contractors.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- Program managers
- Public health care workers

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Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	(INGO- former FHI/IMPACT)
Prime Partner:	To Be Determined
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5529
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>Following on activities supported through FHI in FY05, the USG will support district level ambulatory and in-patient care services supported by the district health centers in focal provinces in providing secondary and primary clinical care services for adult and pediatric PWA. District and community care entails day care services for ambulatory PWA at the district health center, and in-patient care appropriate for secondary level. Community level care includes regular home care follow-up for all PWA who request home services, PWA support groups, and supportive services managed by home care teams who act as case managers for their clients, facilitating support for children of PWA, nutrition and self-care counseling, spiritual guidance and harm reduction assistance for IDU PWAs. The district out-patient service is integrated into the existing district health center services, and includes TB screening and treatment. Home care and PWA groups will work with health center staff to promote ART and methadone adherence for those sites providing methadone. [Note: FHI has been supporting a pilot methadone maintenance program in Le Chan District of Hai Phong for 100 HIV+ addicts on ARV. The TBD partner will also take on the responsibility of the methadone treatment program.] Referrals to tertiary care for PWA clients will be managed by the district health center staff and home care teams.</p> <p>USG will also support the continuance of three innovative models for implementation of a Continuum of Care (CoC) Network approach, made up of Provincial Health Authorities, Provincial AIDS Authorities, party officials, PWA, high level religious leaders, provincial, district, commune and home care providers, and NGO representatives, to district level treatment and care and support for PWAs. 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 PWAs regarding improvement needed in the care they received. Select members of this committee will also be on the ART selection committee. These include an urban based model in Ho Chi Minh City, a rural model for HIV care treatment and support in An Giang, Can Tho and Quang Ninh and an integrated prevention, care and treatment model for IDU in Hai Phong and Quang Ninh.</p> <p>The INGO will also continue the development of the National Palliative Care Guidelines and advocacy for opioid-inclusive policies for pain care in cooperation with other agencies (as noted in the Policy section).</p> <p>Transitional Activities: These activities support comprehensive and integrated prevention and treatment HIV-related, pre-release and post-release services for newly released residents from OG rehabilitation and social labor centers. Services are provided primarily, but not exclusively to persons living with HIV/AIDS. Specific components for this activity include:</p> <p>Social Worker Training & Support for Addictions Counseling: Social workers employed by the Department of Labor, War Invalids, and Social Affairs (DOLISA) will play a key role in assisting residents to make successful transition into their home communities. To date, the role of such social workers has been primarily law enforcement and monitoring of returnees. To affect a shift from law enforcement to public health approach, advice will be sought from selected international groups or individuals with extensive integrated addictions management expertise. The USG team will decide which groups or individuals would be best suited to develop a menu of potential addictions management tools applicable to the Vietnamese situation. Such tools may include, but are not limited to, substance abuse education, relapse prevention, cognitive behavioral therapy, 12-Step groups, case management, and other key pieces of an integrated drug abuse treatment plan.</p>

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While the selected partner, in conjunction with groups or individual consultants, would begin training DOLISA social workers, the implications of this exercise reach much further. In addition to DOLISA social workers, the USG team understands rehabilitation center staff, clinicians at OPCs, and many others will require appropriate training on addictions treatment, clinical counseling, case management and other key integrated drug treatment tools. While all training mechanisms/partners have not been determined, it is reasonable to expect that DOLISA social workers and other treatment professionals will require training in similar substance abuse/addictions techniques, theories, technologies, and models. These tools will be developed throughout the 2006 program year.

Referral network: As one of components of the referral network, palliative care services will be provided to HIV-infected returnees in OPC sites supported by USG without discrimination or stigma. Services will include OI prophylaxis and treatment, healthy living counseling, ARV treatment adherence support, risk reduction counseling, referrals to other HIV support services. In addition, returnee's partners and their children who are infected and/or affected by HIV/AIDS will also receive support from other programs such as PMTCT, OVC if they have needs and are referred to these services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,048	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	825	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
 Community leaders
 Community-based organizations
 Faith-based organizations
 Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 Pharmacists (Parent: Public health care workers)
 Most at risk populations
 Discordant couples (Parent: Most at risk populations)
 Injecting drug users (Parent: Most at risk populations)
 Men who have sex with men (Parent: Most at risk populations)
 HIV/AIDS-affected families
 Non-governmental organizations/private voluntary organizations
 Orphans and vulnerable children
 People living with HIV/AIDS
 Policy makers (Parent: Host country government workers)
 Program managers
 Teachers (Parent: Host country government workers)
 Volunteers
 HIV positive pregnant women (Parent: People living with HIV/AIDS)
 HIV positive infants (0-5 years)
 HIV positive children (6 - 14 years)
 Caregivers (of OVC and PLWHAs)
 Widows/widowers
 Partners/clients of CSW (Parent: Most at risk populations)
 Religious leaders
 Host country government workers
 Public health care workers
 Laboratory workers (Parent: Public health care workers)
 Other health care workers (Parent: Public health care workers)

Coverage Areas

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

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: Policy Dialogue and Implementation- TO1
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5530
Planned Funds:
Activity Narrative: Using FY05 funds, the USG supported POLICY II Project supported the development of the new HIV/AIDS Law for Vietnam. It is anticipated that this Law will help provide a legal framework for PWA rights and responsibilities, a comprehensive care and support system for PWA and those who are affected by HIV/AIDS. In addition, POLICY has assisted the GVN to develop its national palliative care guidelines in conjunction with additional USG-supported agencies.

In FY06, USG funds will support legal aid for PWA and their families, including OVCs, as a social component of palliative care in conjunction with other care and support activities and the Continuum of Care Network. The work will be done in cooperation with the Vietnam Lawyers' Association and Provincial AIDS Authority in each province, both of which will be empowered to take on responsibility of legal support for PWAs in their localities. In addition, the program will support dissemination of information on legal aid services in HIV care and treatment outlets and PWA groups operating in those provinces. PDI will also target PWA agents of change and six local NGOs with legal aid training to raise awareness and to protect rights of PWA, as well as to monitor and measure the implementation of the National AIDS Law for dissemination of lessons learned at the national and provincial levels. While the initial targets for this activity may seem low (180 receiving care), these are change agents themselves who will effectively reach additional community member PWAs with care/legal support services. At this time, it is difficult to estimate the total number of individuals reached through legal aid until the project is under way.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	180	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	180	<input type="checkbox"/>

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Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Injecting drug users (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Twinning
Stigma and discrimination

Coverage Areas

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

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5532
Planned Funds:
Activity Narrative: This money will be used to procure drugs to treat opportunistic infections and provide symptomatic relief for all USG supported clinics and home based care activities. In FY05, the CDC contracted with Central Pharmaceutical Company number 1 to procure these drugs and distribute to sites. USG worked closely with MSH and will continue to do so to manage stock in FY06.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- Most at risk populations
- Discordant couples (Parent: Most at risk populations)
- Injecting drug users (Parent: Most at risk populations)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Populated Printable COP

Country: Vietnam

Fiscal Year: 2006

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Coverage Areas

Cao Bang

Son La

Lang Son

Quang Ninh

Hoa Binh

Ha Tay

Thai Binh

Thanh Hoa

Nghe An

Thua Thien-Hue

Quang Nam

Gia Lai

Binh Dinh

Dac Lak

Khanh Hoa

Lam Dong

Tay Ninh

Dong Nai

Binh Thuan

Long An

Ba Ria-Vung Tau

An Giang

Dong Thap

Tien Giang

Can Tho

Vinh Long

Ben Tre

Tra Vinh

Soc Trang

Bac Giang

Bac Ninh

Bin Duong

Binh Phouc

Da Nang

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Hai Duong

Hai Phong

Ha Noi

Nam Dinh

Thai Nguyen

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5533
Planned Funds: [redacted]
Activity Narrative: (This is a shared-narrative with the CDC palliative care basic of [redacted] Technical assistance to and program oversight of MOH Palliative Care – Basic Program will be provided by the Care and Treatment Team at CDC in program design, implementation and evaluation of care activities. This includes developing training curricula and conducting training for clinicians and community members working in HIV care activities. The funds requested will cover 1.5 LES staff at CDC, including their salaries, benefits, official travel and a percentage of ICASS costs.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5553
Planned Funds: [redacted]
Activity Narrative: (This is a shared-narrative with the CDC palliative care basic of [redacted] Technical assistance to and program oversight of MOH Palliative Care – Basic Program will be provided by the Care and Treatment Team at CDC in program design, implementation and evaluation of care activities. This includes developing training curricula and conducting training for clinicians and community members working in HIV care activities. The funds requested will cover 1.5 LES staff at CDC, including their salaries, benefits, official travel and a percentage of ICASS costs.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5554
Planned Funds:
Activity Narrative: Technical oversight will be provided by the Care and Treatment team at USAID in program design, implementation and evaluation of care activities. Cost will cover a percentage of two staff (one USPSC and one FSN) at USAID.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GAC (GHA1 account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5555
Planned Funds:
Activity Narrative: Technical oversight will be provided by the HIV Prevention and Treatment team at DoD (AFRIMS, COE, and UH) in program design, implementation and evaluation of care activities. Cost will cover one staff (FSN) at the Defense Attaché Office, Hanoi, Vietnam.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Substance Abuse and Mental Health Services Administration
USG Agency: HHS/ Substance Abuse and Mental Health Services Administration
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5556
Planned Funds:
Activity Narrative: *Technical assistance in the area of palliative care basic health services will be provided by this position. Technical oversight and direction for activities related to the treatment of drug abuse, primarily heroin, as well as drug abuse prevention activities will be provided by the Substance Abuse Treatment Advisor from HHS/SAMHSA. Technical assistance includes program management and evaluation.*

Funds requested will support 50% of 1 full-time HHS/SAMHSA staff, including start-up cost, salary, benefits, official travel, and a percentage of ICASS costs.

Table 3.3.07: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

The prevalence of TB in Viet Nam is 240 per 100,000, ranking Viet Nam as 13th- of 22 WHO-designated "high-burden" TB countries. The Vietnam National TB Program (NTP) coordinates all national TB activities including TB diagnosis and treatment at the district and commune levels. The director of the National Hospital for Tuberculosis and Respiratory Diseases (NHTRD) in Hanoi serves as the director of the NTP. NHTRD oversees TB activities for the northern provinces of Vietnam. Pham Ngoc Thach Tuberculosis Center in HCMC oversees TB activities for the southern provinces of Vietnam. NTP plans to obligate about for TB/HIV activities in their 2006-2010 plan. At the provincial level, a TB coordinator provides guidance to the district on TB detection and treatment, training, data collection and drug management and distribution. At the district level, a district tuberculosis coordinator supervises diagnoses and treatment of TB through a network of commune health centers. All districts in Viet Nam follow the WHO-recommended DOTS strategy. HIV prevalence among TB patients has increased from 1.8% in 2000 to 2.6% in 2001 and 3.4% in 2003, as measured by national sentinel surveillance. In addition, TB is a leading cause of death among HIV-infected persons in Vietnam. Currently, there is weak collaboration between the HIV and TB programs; integration of services or referral between programs is minimal. A major limiting factor has been the lack of funding for additional human resources, training, and supplies to implement TB/HIV collaborative activities.

In FY05 the USG supported efforts to establish HIV diagnostic counseling and testing in TB clinics and improve screening of TB and referral to TB services among HIV infected persons. The USG supported the development of protocols for TB/HIV that were approved by USG/CDC and the Ministry of Health of Vietnam, with a program needs assessment completed by the NTP. CDC drafted training materials on HIV diagnostic counseling and testing in TB programs have been translated, reviewed and approved by NTP. In FY05, the USG provided support to WHO to improve collaboration at the national level between the National AIDS and Tuberculosis programs and all partners. The establishment of a national HIV/TB committee has been identified as a first step toward a coordinated approach for the diagnosis, care, and referral of patients with TB and HIV.

In FY06 the USG will continue to support HIV testing of TB patients, TB screening of PLHWA, and improve the collaboration between the TB and HIV programs. The USG will support improved referral of HIV-infected persons to the national TB program for diagnosis and TB care; TB-HIV linkages/referral between TB clinics, pediatric OPCs, adult OPCs and PMTCT will be enhanced. In FY06 USG will also support the expansion of current activities in the four focus provinces. USG will also continue to support WHO for the implementation of the FY05-developed HIV/TB strategy and the operation of the HIV/TB committee, further improvement of capacity of the 4 focus provinces in management of the referral system, training of staff from both the HIV and TB programs, strengthening and expansion of the referral system, support of M&E of the NTP, and promoting community awareness and support using the TB network at the district and commune levels. The USG team is working closely with other partners in implementing TB/HIV activities, including the GFATM, which has provided \$2.5 million for TB support in Vietnam. This award includes some support for TB screening for PLHWA, but does not include increased HIV testing among TB patients, which USG will support.

Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	40
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	85
Number of HIV-Infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,527
Number of HIV-infected clients given TB preventive therapy	

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Vietnam Ministry of Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5513
Planned Funds:
Activity Narrative: This activity also relates to activities in Counseling & Testing, Basic Palliative Care

This activity has many different components. One component is to provide HIV diagnostic counseling and testing in district and provincial TB centers within the National TB program. 3 TB provincial hospitals and 27 district TB centers will continue HIV diagnostic counseling and testing for the high number of TB both in and out-patients.

FY06 funds will be used to support the procurement of test kits, and the renovation of sites to facilitate counseling and testing. Training will be provided for health care staff at the hospitals and centers on diagnostic counseling and testing utilizing a CDC draft training manual on HIV diagnostic counseling and testing. Supervisors at the hospitals and centers will be trained in quality assurance of services. This component of the activity will provide support for 30 service outlets, training for 36 individuals in HIV diagnostic counseling and testing, and provide counseling and testing services to an estimated 3000 individuals

The second component of this activity is to provide training for HIV staff in TB diagnosis and referral and improve early detection of TB disease in people living with AIDS (PLHWA). This component of the activity will provide training for 60 individuals.

The third component of this activity is to support TB screening in PLHWA. Funds will be used to support services including AFB smear, chest x-ray, sputum culture, specimen transportation and patient transportation. This component of the activity will provide training for 65 individuals. TB evaluation will be provided to 2500 HIV infected persons.

The last component of this activity is to strengthen collaboration between TB and HIV programs. Staff of the two programs will meet quarterly to have case discussion and referral progress. This component of the activity will provide support for 12 meetings with 60 individuals.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	30	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	65	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	869	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and receive their test result	2,000	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5514
Planned Funds:

Activity Narrative: This activity also relates to activities in Counseling & Testing, Basic Palliative Care

This activity has several different components. One component is to provide HIV diagnostic counseling and testing in district and provincial TB centers within the National TB program. Pham Ngoc Thach TB and Respiratory Diseases hospitals and 9 district TB centers will continue providing counseling and testing for both TB in- and out-patients. FY06 funds will be used to support the procurement of test kits, and the renovation of facilities at the TB hospitals and centers to better facilitate counseling and testing. More health care staff at the hospitals and centers will be trained on diagnostic counseling and testing using USG/CDC training manuals. Supervisors at the hospitals and centers will be trained to ensure quality of this service. This component of the activity will provide support for 10 service outlets, training for 25 individuals in HIV diagnostic counseling and testing, and provide counseling and testing services to an estimated 3000 individuals.

The second component of this activity is to provide training for HIV staff in TB diagnosis and referral and improve early detection of TB disease in people living with AIDS. This component of the activity will provide training for 50 individuals.

The third component of this activity is to support TB evaluation for people living with AIDS. Funds will be used to support AFB smear, chest-x-ray, sputum culture, specimen transportation and patient transportation. This component of the activity will provide training for 20 individuals. TB evaluation will be provided to 3000 individuals.

The last component of this activity is to strengthen collaboration between TB and HIV program. Staff of the two programs will meet quarterly to have case discussion and referral progress. This component of the activity will provide support for 4 meetings with 60 individuals.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	20	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	652	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and receive their test result	2,400	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Development Programme
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5515
Planned Funds:
Activity Narrative: UNDP will fund WHO for this activity.

Vietnam has not yet adopted the WHO strategic TB/HIV framework developed by the Western Pacific Regional framework. This strategy advocates referring PLWHA to TB services for screening for TB in order to detect and treat TB disease at an early stage and provide prophylactic treatment for PLWHA who have TB infection. The strategy will extend lives of PLWHA and reduce transmission of HIV in the community. The strategy also promotes referral of HIV patients for TB screening and TB patients for HIV counseling and testing, as TB patients have a high prevalence of HIV. WOH has to ensure that HIV-infected TB patients will receive cotrimoxazole prophylaxis and, when available, other OI treatment and ARV. USG support will continue to advocate for adoption of this strategy in Vietnam.

In FY05, USG provided support to improve collaboration between the National AIDS and Tuberculosis programs and all partners. The establishment of a national HIV/TB committee has been identified as a first step to establish a coordinated approach for the diagnosis, care, and referral of HIV/TB co-infected patients. For FY06, the USG will continue to support:

- The implementation of the FY05-developed HIV/TB strategy and the operation of the HIV/TB committee, including the development of POA for implementing the joint strategy in the remaining 2 focus provinces.
- Further improvement of capacity of the 4 focus provinces in management of the referral system and training of staff of both the HIV and TB programs in the remaining 2 focus provinces (including study/site visits to successful models operating in other provinces or in Cambodia)
- Strengthening the referral system in the 4 provinces and further expanding the system into the other 2 focus provinces.
- Supporting provinces through supervision and M&E
- Promoting community awareness and support using the TB network at the district and commune levels

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and receive their test result		<input checked="" type="checkbox"/>

Target Populations:

Community leaders

Country coordinating mechanisms

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Injecting drug users (Parent: Most at risk populations)

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5516
Planned Funds:
Activity Narrative: Technical assistance to and program oversight of MOH Palliative Care – TB/HIV Program will be provided by the Care and Treatment Team at CDC in program design, implementation and evaluation of TB/HIV activities. This includes developing training curricula and conducting training for clinicians and community members working in HIV/TB activities. Funds requested will cover 2 full-time LES staff at CDC, including their salaries, benefits, official travel and a percentage of ICASS costs.

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

FY05 was the first year that the USG supported nascent OVC programs. While the GVN has a strong social welfare system, including mass organizations committed to providing support services for women and children, stigma and discrimination related to HIV/AIDS, and general lack of knowledge hinder efforts to provide essential care and support services for children infected with and affected by HIV/AIDS. The GVN includes OVC support in its National Strategy and has taken steps to support a number of residential services throughout the country, including the recent established a home for HIV positive children in Ho Chi Minh City. A number of HIV + children also receive care from female sex workers in 05 rehabilitation centers.

Specifically, in FY05, the USG supported OVC capacity-building for families, ensuring access to essential services, and mobilizing community-based responses through both Government and non-governmental organizations. The USG supported Worldwide Orphans Foundation (WWO) to provide care and support for 100 HIV+ children who reside in 05 rehabilitation facilities. Emergency Plan funds also supported FHI, CARE (local subgrants), MdM, the Women's Union, and the Mai Hoa center to implement community-based OVC services in 6 provinces for 500 children infected and/or affected by HIV/AIDS. Other USG funds enabled regular home care visits from volunteers, social workers, and mass organizations. Children in these programs were systematically assessed for nutritional health, schooling and emotional needs. The program also supported HIV + parents with succession planning, including preparation of wills and appointment of guardians. The USG is also working now with UNICEF to organize a regional OVC workshop from which representatives of 14 countries will be invited to share best practices and build high level commitment for facilitation and implementation of OVC programs. Through a partnership with UNICEF, MOLISA, MOH, UNAIDS and the Save the Children Alliance, the USG will support the development and implementation of national guidelines for care giving and protection of OVCs. This partnership will aim to develop a training curriculum, support materials, and care booklets for HIV providers working on pediatric adherence. Other OVC activities include: new and refresher training for clinic staff, based on findings from quality assurance and supervision activities; CBO support for nutrition, education, emotional needs and economic support; USG supported advocacy activities through the above partnership to promote protection of the most vulnerable children.

In FY2006, The USG will continue to strengthen existing OVC activities through current partners in the GVN and in the community. The Emergency Plan will maintain the above three FY 05 activities and support two new activities that will ensure the protection of vulnerable children and create a supportive environment. By March 2007, ~1500 HIV-infected and affected children will receive services through Emergency Plan funded programs.

Program Area Target:

Number of OVC served by OVC programs	1,500
Number of providers/caretakers trained in caring for OVC	100

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5449
Planned Funds:
Activity Narrative: Pact will fund CARE International to conduct this activity.

In FY06, USG will continue to support CARE's OVC capacity-building initiatives with two community-based organizations (CBOs) in Ho Chi Minh City (Xuan Vinh and Pastoral Care). FY06 support will also enable CARE to expanding coverage to a CBO in Quang Ninh province (the Dong Cam Clubs). With CARE support, the CBOs will reach out and provide care and support to children infected with and affected by HIV. The content of care and support will be based on an assessment to be conducted in FY05, and is expected to include enhancing caregivers' knowledge of appropriate care for children with HIV, financial support for food and education, and referrals for medical care.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	150	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	15	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- HIV/AIDS-affected families
- Orphans and vulnerable children
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)

Coverage Areas

- Quang Ninh
- Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5450
Planned Funds:
Activity Narrative: Pact will fund MDM France to conduct this activity.

In FY06, USG will support Mdm's continuing provision of care and support to children infected with or affected by HIV in Hanoi and HCMC, activities that were launched in FY04/05 in collaboration with local health authorities. The Mdm program centers around full-service day care centers (DCCs) in District 6 (HCMC) and Tay Ho District (Hanoi), which are supported by mobile teams (MTs) and referrals to specialized hospitals. HAH DCC staff and MT members will be provided with new or refresher training on comprehensive OVC care, and will receive supportive supervision from Mdm staff.

Mdm will also seek ways to better reach children in need. In the HCMC project catchment area, a need has been identified to try not only to reach children in HIV-affected families, but also street children, who are vulnerable to HIV.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	21	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	22	<input type="checkbox"/>

Target Populations:

- HIV/AIDS-affected families
- Orphans and vulnerable children
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Public health care workers
- Implementing organizations (not listed above)

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Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5451
Planned Funds:
Activity Narrative: Pact will fund WWO to conduct this activity.

In FY06, USG will support WWO to continue providing care and treatment to children living with HIV in Tam Binh 2 orphanage in Ho Chi Minh City and the Social Labor Training Center 2 in Ba Vi, activities launched in FY05 with USG support.

The OVC component of the WWO program includes:

- 1) Provision of basic health care to children living with HIV, including treatment of opportunistic infections, by physicians and nurses working in the two centers with support from a medical team at Columbia University and WWO's medical director in Viet Nam in coordination with VCHAP trainers. (ARV services will also be provided.)
- 2) Comprehensive psychosocial services, which aim to combat the developmental and psychological effects of HIV and institutional care, while reducing stigma and discrimination and encouraging community integration. A cornerstone of this work is the early intervention Granny Program, adapted from WWO's successful model in Targoviste, Bulgaria, in which volunteers from the community are matched with developmentally at-risk children to provide one-on-one care and attention.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	64	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	30	<input type="checkbox"/>

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Target Populations:

Orphans and vulnerable children
Volunteers
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ha Tay
Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: S453
Planned Funds:
Activity Narrative: Pact will fund Mai Hoa Center to conduct this activity.

USG FY06 support for OVC work in Mai Hoa Center will build on initiatives launched in FY05, including: (a) basic health care and support for child residents, including treatment of opportunistic infections based on up-to-date treatment guidelines; and (b) provision of education and other enrichment opportunities to resident children. Pact will provide Mai Hoa Center with project management capacity building and technical assistance, as required. Mai Hoa Center will also receive clinical support from physicians at the HCMC Pasteur Institute, VCHAP, and the University of California/San Francisco.

USG will also support Mai Hoa Center's work with a sister group, Tieng Vong, to provide improved care and support for PLHA and their families in Ho Chi Minh City. Tieng Vong is a group of volunteers led by a Catholic nun, providing care and support to poor PLHA (including individuals released from 05-06 centers), OVCs, and their families in districts 2, 4, 6, 10, 11, 12, Tan Binh and Hoc Mon. Mai Hoa Center will collaborate with Tieng Vong to provide health care for children living with HIV and other support (school books, food) for poor children who have HIV or whose parents have HIV.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	60	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	10	<input type="checkbox"/>

Target Populations:

- Faith-based organizations
- Orphans and vulnerable children
- Volunteers
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Private health care workers

Coverage Areas

Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	(INGO- former FHI/IMPACT)
Prime Partner:	To Be Determined
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5454
Planned Funds:	<input type="text"/>

Activity Narrative: USG will support the continuation of OVC activities previously implemented by FHI in FY05 in the 6 focal provinces of Hanoi, Quang Ninh, Haiphong, HCMC, Cantho, and An Giang.

Through regular home-based care visits, OVCs will be assessed for nutritional health status, education and emotional needs. The program will also support parents with HIV in succession planning including the preparation of wills and the appointment of guardians. The INGO will work with the Women's Union and other partners to develop community-based therapeutic play and counseling for OVCs, and with MOLISA and the Committee for Population, Family and Children to ensure routine monitoring and protection for children placed in foster care.

In partnership with UNICEF, MOLISA, MOH, UNAIDS and the Save the Children Alliance, the INGO will support advocacy for development and implementation of national OVC protection and care giving guidelines. The INGO will also take the lead in developing a training curriculum for HIV providers in pediatric adherence and produce pediatric adherence support materials and care booklets.

The activities will continue support for local NGOs that are receiving FHI sub-grants in FY05 to implement OVC activities in expansion of psychosocial support, education, and nutritional and health care support to OVCs in Hanoi and Haiphong.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	500	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	10	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Volunteers
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers

Key Legislative Issues

Stigma and discrimination
Food
Education

Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5456
Planned Funds:
Activity Narrative: Technical assistance to and program oversight of MOH Orphans and Vulnerable Children (OVC) Program will be provided in program design, implementation and evaluation of OVC related technical activities. This includes coordinating with MOH and USG partners on all activities related to OVC. Funds requested will cover 50% time of one LES at CDC, including her salary, benefits, official travel and a percentage of ICASS costs.

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5458
Planned Funds:
Activity Narrative: Technical oversight will be provided in program design; implementation and evaluation of OVC related technical activities. Cost will cover a percentage of one staff (FSN) at USAID.

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Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
 Budget Code: HVCT
 Program Area Code: 09



Total Planned Funding for Program Area:

Program Area Context:

The HIV epidemic in Vietnam is driven primarily by injection drug users, commercial sex workers, and other most at-risk populations (MARPs). HIV counseling and testing is an important component of HIV prevention and care in the GVN National Strategy for HIV/AIDS Prevention. Counseling and testing is currently available in all provinces, but is only concentrated at the provincial level and there remain limitations in providing effective, quality services. Although there are counseling and testing guidelines from different agencies, there are no official national guidelines for VCT. The Emergency Plan team concurs with international experience demonstrating that MARPs' access to client-centered counseling and testing services is an effective tool for preventing the spread of HIV/AIDS. Effective VCT services provide not only knowledge of HIV status and referrals to appropriate support services, but also provide clients with strong motivation and direction for behavioral change. In this context, the Emergency Plan team takes a leading role in VCT advocacy, services and social marketing provided by a host of national and international organizations such as the Vietnam Ministry of Health, AusAID, UNAIDS, Global Fund, the Canadian International Development Agency, Family Health International, Medicines du Monde, Pathfinder and Population Services International.

Emergency Plan FY05 funding currently supports several counseling and testing initiatives throughout Vietnam. With CDC support, the Ministry of Health/ LIFE-GAP currently sustains 48 high quality VCT sites through government medical facilities and stand-alone sites in the 39 highest prevalence provinces. CDC also supports HCMC DOH to operate 5 high quality VCT sites in HCMC. To date, in excess of 800 counselors and lab technicians and 70 master trainers have received training, and over 52,000 clients have received their test results through MOH/LIFE-GAP and HCMC PAC services. Family Health International has established VCT centers in four-focus provinces. Two of these centers—in Hanoi and Ho Chi Minh City (HCMC)—have been recognized for excellence as learning and training centers for high quality VCT providers. Medicines du Monde operates the An Hoa Clinic in an HCMC district hit especially hard by the HIV epidemic. In addition to VCT services staff from the An Hoa Clinic provide meals for PLWHA and their families, prophylaxis for opportunistic infections, and in the past month, Anti-Retroviral therapy for those seriously ill with HIV disease.

Although Emergency Plan efforts have doubtlessly save lives, much remains to be done. Our plans for FY 2006 demonstrate a clear vision to support and improve current counseling and testing programs and to introduce new interventions targeting those most at-risk. LIFE-GAP and HCMC PAC VCT sites will receive continued support and the Ministry of Health will be given assistance to form national counselling and testing guidelines. Services in six focus provinces (partner TBD) will carry on standards of excellence in training and learning. Another partner (also TBD) will carry on VCT social marketing work—begun by Population Services International—that seeks to increase demand for and reduce stigma associated with counseling and testing. The US Department of Defense will work with Vietnamese counterparts to provide counseling and testing services to young military recruits. Additionally, pending approval from Washington, in FY06, the USG is proposing a pilot counseling and testing program in the rehabilitation centers for drug users as part of a multisectoral program for residents of these centers.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	65
Number of individuals who received counseling and testing for HIV and received their test results	97,145
Number of individuals trained in counseling and testing according to national or international standards	362

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Cooperative agreement
Prime Partner:	Vietnam Ministry of Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHA) account
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5325
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>Currently, the USG through a 5-year cooperative agreement with MOH fully supports 48 VCT clinics in 39 provinces. These clinics are located in a variety of venues, including stand alone centers, attached to health centers, located in preventive medicine centers, and integrated into STD clinics. USG funds will continue to expand VCT training according to approved protocols, and continue service delivery of anonymous voluntary counseling and testing at established sites. In addition, the USG team will improve VCT service quality by internal as well as external quality assurance and quality control measures.</p> <p>In FY05, USG-MOH VCT programs provided counseling and testing services to over 30,000 clients. Two hundred and fourteen counselors, lab technicians and VCT supervisors were trained in VCT protocol. Routine QA was also provided for all VCT sites. The first-ever national VCT experience-sharing meeting was held in Khanh Hoa Province with participation of over 240 health professionals from the Vietnam MOH, Thailand MOPH, and UN with other international NGOs.</p> <p>In collaboration with the USG/Vietnam program, UN, WHO, other major donors (Global Fund, AusAID), and international NGOs (FHI, PSI), the program will assist MOH in development of national guidelines for voluntary counseling and testing. The USG will assist establishment of strong and effective referral systems between HIV prevention and care services.</p> <p>USG funds will be used to build a national VCT interagency counselor support network, including all VCT advocates, to strengthen quality of VCT activities in Vietnam. An annual national VCT meeting will be organized to facilitate the sharing of best practices and to enhance coordination.</p> <p>USG funded VCT programs target MARPs, including injecting drug users, male and female sex workers, men having sex with men, sex partners of HIV infected persons and clients of injecting drug users, and sex workers. USG support, through the MOH, will provide VCT services to pre-release residents of two rehabilitation centers for injecting drug users in HCMC and one rehabilitation center for injecting drug users in Na Tay province.</p>

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	48	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	54,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	120	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Most at risk populations
- People living with HIV/AIDS
- Public health care workers
- Private health care workers

Key Legislative Issues

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

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Coverage Areas

Cao Bang

Son La

Lang Son

Quang Ninh

Hoa Binh

Ha Tay

Thai Binh

Thanh Hoa

Nghe An

Thua Thien-Hue

Quang Nam

Gia Lai

Binh Dinh

Dac Lak

Khanh Hoa

Lam Dong

Tay Ninh

Dong Nai

Binh Thuan

Long An

Ba Ria-Vung Tau

An Giang

Dong Thap

Tien Giang

Can Tho

Vinh Long

Ben Tre

Tra Vinh

Soc Trang

Bac Giang

Bac Ninh

Bin Duong

Da Nang

Hai Duong

Hai Phong

Ha Noi

Nam Dinh

Thai Nguyen

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5327
Planned Funds:

Activity Narrative: In FY05, USG supported the HCMC PAC to operate 5 VCT clinics (districts 1, 2, 4, 10, and STD hospital). These VCT clinics provide counseling and testing services to over 4,000 clients. In addition, 35 health staff have been trained in VCT protocol. HCMC VCT programs also contributed to the national VCT experience-sharing meeting.

In FY06, USG will continue to support the HCMC PAC in ongoing training, quality assurance, quality control, and service delivery in 5 VCT clinics, the STD hospital and 4 community counseling and support centers of district 1, 2, 4, and 10 in HCMC. The USG will assist in enhancing strong and effective referral services systems between HIV prevention and care services.

The USG supported VCT program targets MARPs, including injecting drug users, male and female sex workers, men having sex with men, sex partners of HIV infected persons and clients of injecting drug users, clients of sex workers. USG support, through HCMC PAC, will be expanded to provide VCT services to pre-release residents of two rehabilitation centers for injecting drug users in HCMC.

USG funds will be used to develop a national VCT interagency counselor support network, which involves all VCT advocates, to strengthen quality of VCT activities in Vietnam.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	5	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	7,575	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	30	<input type="checkbox"/>

Target Populations:

Adults

- Commercial sex workers (Parent: Most at risk populations)
- Community leaders
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Most at risk populations
- Discordant couples (Parent: Most at risk populations)
- Injecting drug users (Parent: Most at risk populations)
- Men who have sex with men (Parent: Most at risk populations)
- Street youth (Parent: Most at risk populations)
- International counterpart organizations
- Military personnel (Parent: Most at risk populations)
- Mobile populations (Parent: Most at risk populations)
- Refugees/internally displaced persons (Parent: Mobile populations)
- Truck drivers (Parent: Mobile populations)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Prisoners (Parent: Most at risk populations)
- Seafarers/port and dock workers (Parent: Most at risk populations)
- Migrants/migrant workers (Parent: Mobile populations)
- Out-of-school youth (Parent: Most at risk populations)
- Partners/clients of CSW (Parent: Most at risk populations)
- Transgender individuals (Parent: Most at risk populations)
- Public health care workers
- Private health care workers
- Implementing organizations (not listed above)

Key Legislative Issues

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

Coverage Areas

- Ho Chi Minh City

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Vietnam Ministry of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5329
Planned Funds:
Activity Narrative: This is an activity between the Center of Excellence in Disaster Management and Humanitarian Assistance (COE-DMHA) and prime partner Vietnam Ministry of Defense (MOD).

The military community is comprised mostly of young, single males likely to engage in high-risk behavior, such as frequent visits to commercial sex workers. FY 05 funds will be used to develop a pilot VCT center as part of a comprehensive HIV prevention program managed by MOD. This comprehensive program will include training of counselors in selected sites, and equipping and renovating physical facilities to ensure privacy and confidentiality of clients. Three VCT centers will be strategically located throughout the country: at Hanoi's Hospital 103, Hospital 175 in Ho Chi Minh City, and the Preventive Medicine Center of the southern Military Zone 9.

A total of about 100 Vietnam People's Army (VPA) health care providers will be given training in fundamentals of counseling and the benefits of VCT in the prevention of HIV/AIDS. These individual will help promote counseling and testing among military troops. Counselor selected to work in these VCT centers will also receive training in counseling and testing for HIV.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	4	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	20,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	60	<input type="checkbox"/>

Populated Printable COP

Country: Vietnam

Fiscal Year: 2006

Target Populations:

Adults

- Commercial sex workers (Parent: Most at risk populations)
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Most at risk populations
- Discordant couples (Parent: Most at risk populations)
- Injecting drug users (Parent: Most at risk populations)
- Men who have sex with men (Parent: Most at risk populations)
- Street youth (Parent: Most at risk populations)
- International counterpart organizations
- Military personnel (Parent: Most at risk populations)
- Mobile populations (Parent: Most at risk populations)
- Refugees/internally displaced persons (Parent: Mobile populations)
- Truck drivers (Parent: Mobile populations)
- Non-governmental organizations/private voluntary organizations
- Prisoners (Parent: Most at risk populations)
- Seafarers/port and dock workers (Parent: Most at risk populations)
- Migrants/migrant workers (Parent: Mobile populations)
- Out-of-school youth (Parent: Most at risk populations)
- Partners/clients of CSW (Parent: Most at risk populations)
- Transgender individuals (Parent: Most at risk populations)
- Public health care workers
- Private health care workers
- Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5331
Planned Funds:

Activity Narrative: PACT will fund Medecins du Monde (MdM) France to conduct this activity. MdM's integrated prevention, treatment, care, and support projects in Ho Chi Minh City (HCMC) and Hanoi were launched in FY04/05 and FY05, respectively, with USG support. Both projects center on full-service day care centers for vulnerable populations and PLHA, and include on-site VCT. The centers are supported by mobile teams. In FY06, USG will support MdM to continue providing and increase access to VCT services in both cities. In HCMC, MdM will identify and overcome constraints to VCT capacity and utilization in District 6 (e.g., new and/or refresher training of staff; shuttle services for beneficiaries; promotion of the VCT service). In Hanoi, MdM will provide VCT services for sex workers and drug users in Tay Ho, Ba Dinh, and Hoan Kiem Districts, through its day care center and by training and monitoring both mobile team and rehabilitation center staff. MdM will also be supported to strengthen linkages between VCT and prevention, care, and treatment activities in both sites.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	2	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	2,475	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	32	<input type="checkbox"/>

Target Populations:

- Adults
- Commercial sex workers (Parent: Most at risk populations)
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Most at risk populations
- Injecting drug users (Parent: Most at risk populations)
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Public health care workers

Coverage Areas

- Ha Noi
- Ho Chi Minh City

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Development Programme
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5332
Planned Funds:
Activity Narrative: UNDP will fund UNAIDS for the following activity.

Priority problems with regard to Voluntary Counseling and Testing (CT) programs include: a) poor understanding among policymakers about VCT rationales and safeguards—particularly the fact that large-scale compulsory testing is not an effective HIV prevention strategy; and b) a lack of effective coordination and promotion of national CT models and training materials at international standards.

With USG support, efforts to address these problems began in FY05. In FY06 USG will continue to support the UN to implement activities which include:

- *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 improve policymakers' understanding of CT rationale and confidentiality safeguards*
- *Promotion and coordination of nationally approved CT models and training materials through countrywide orientation meetings and information dissemination to all providers of CT that targets MARPs*
- *Support development of a national VCT network.*

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Program managers
Volunteers
Religious leaders
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

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

Coverage Areas:

National

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Table 3.3.09: Activities by Funding Mechanism

Mechanism: (INGO- former FHI/IMPACT)
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5333

Planned Funds:

Activity Narrative: This activity will be a follow-on to USG supported activities in FY05 implemented by FHI and will be carried out by a partner to be determined through public competition.

In FY05, USG supported the expansion of HIV counseling and testing services outside of the MOH agreement to six sites in four focus provinces (Hanoi, Hai Phong, Quang Ninh, and Ho Chi Minh City). The VCT sites are integrated with prevention interventions targeting MARPs, and community-based care and treatment services at the district level. These links ensure that MARPs have access to client-oriented VCT and immediate care and treatment support, if HIV positive.

Bach Mai VCT center in Hanoi and the Anonymous Testing Site in HCMC will continue to provide critical training services for new VCT professionals in the north and south of Vietnam.

In FY06, USG will continue to support the 6 centers as learning sites to provide high quality VCT training. All VCT sites will continue making formal referral agreements with prevention, care and treatment services (including PMTCT) supported by the USG and others. The selected organization will work closely with CDC to support the MOH in the development of national guidelines on VCT and a standard VCT training curriculum. The selected organization will also collaborate with all partners to socially market VCT services in mass media and other communication channels.

Transition Activities: This program is designed to enhance transition plans underway in Vietnam. It is expected that FY06 USG support will 1) reduce relapse rates, 2) reduce risk behaviors, 3) avert new infections and 4) ensure access to a support network and relapse prevention services.

Evidence suggests that user-friendly, client-focused counseling and testing services not only provide essential linkages to HIV care and treatment for those who test positive, but also provide an important source of motivation for behavioral change for all clients. VCT services currently exist in all US government Emergency Plan focus provinces, however they are currently unavailable in the majority of 06 centers. This activity will ensure that HIV counseling and testing are available for residents before they return to home communities.

Specifically, this activity will ensure availability of VCT services inside for residents of government drug rehabilitation centers returning to their home communities in HCMC Districts 8 and Binh Thanh. In each district, existing "one stop shops" currently provide care and treatment to those suffering from HIV disease. However, the pending release of over 15,000 IDU from rehabilitation centers threatens to overwhelm current capacity. Additional funds will build capacity and ensure care for returning IDUs. Activities will include:

- Ensuring appropriate facilities exist for VCT services
- Training of VCT counselors
- Provision of testing supplies and reagents
- Referral to appropriate health care for HIV positive individuals

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	6	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	13,095	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	135	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Most at risk populations
- Public health care workers
- Private health care workers

Key Legislative Issues

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

Coverage Areas

- Quang Ninh
- Hai Phong
- Ha Noi
- Ho Chi Minh City

Table 3.3.09: Activities by Funding Mechanism

Mechanism: (INGO- former AIDSMARK)
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAf account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5334
Planned Funds:

Activity Narrative: This program has two components. The TBD partner's primary objective is to increase the demand for and use of VCT services by most at risk populations through social marketing approaches that increase demand VCT services and reduce the stigma associated with their use. The partner will build on research implemented in 2005 and prior program activities and communication campaigns. Phase 2 of the campaign will emphasize benefits 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. In addition to these initiatives, PSI will use its experience in Behavior Change Communication to build the capacity of its local partners to communicate effectively to each target group.

In collaboration with CDC and LIFE-GAP, the partner will also explore utilizing social franchising techniques to maintain and improve the quality of VCT services supported by CDC/LIFE-GAP in 6 PEPFAR provinces, working with 5 - 8 key VCT sites reaching most at risk populations. Members of the partner-supported VCT network in Vietnam will receive technical assistance and will benefit from the unified training, logistics, supplies, technical support, and branded demand creation activities the project will provide. As new funding becomes available, new sites may be invited to join the VCT network once initial sites are operating at the highest quality standards. The partner will monitor all members' compliance with network standards and norms - including counseling, testing, and site management. Operating agreements defining roles and responsibilities for partners in the network, as well as the quality assurance systems and MIS systems, will be based on those used by LIFE-GAP CDC and modified as appropriate as the program expands in Vietnam. The partner will also work with the sites to develop strong links with other institutions that provide follow up care and support services for those who are HIV+.

In addition to these initiatives, the partner will use its experience in Behavior Change Communication to build capacity of its local partners to communicate effectively to each target group, including replicating an extremely successful series of evidence-based, client-focused social marketing programs for key partners from northern provinces in 2005. The workshop is designed to provide a better understanding of the nature and effectiveness of social marketing approaches, and increased capacity to produce non-stigmatizing and compelling behavior change campaigns. The social marketing workshops will be offered to PHD involved in the MOH/LIFE-GAP project, as well as mass organizations and NGOs involved in HIV/AIDS prevention and VCT.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	12	<input type="checkbox"/>

Indirect Targets

It is estimated the partner's communications campaigns and improved QA/QC will indirectly boost the number of individuals receiving both C&T by 5,855. A baseline of current access to VCT facilities was determined based on data including 6-month averages of client access, the last month reliable data is available. Through efforts listed in the program above and below, clients demand for and measured through access to VCT services at current facilities, which include LIFE-GAP, Marie Stopes Intl, and FHI follow-on org at target sites in Hanoi and Hai Phong, will increase by 25%. This additional demand is attributed to impact of PSI programming. For those new sites to be launched during the project period (3 new LIFE-GAP centers in March 05 in Hanoi, 2 in March in Hai Phong, and one in Hanoi by MSI in Nov 2004) The partner will attribute 100% of client load as indirect targets. The partner will train relevant program staff and community outreach workers who implement BCC messaging and distribute IEC materials, as well as LIFE-GAP staff responsible for designing and implementing communications campaigns and outreach work. Community outreach workers and staff trained to increase informed demand for VCT services are counted as indirect. To calculate indirect beneficiaries, the partner will estimate the number of contacts by hiring, funding, and trained outreach workers who will increase demand for VCT.

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Most at risk populations
- Injecting drug users (Parent: Most at risk populations)
- Men who have sex with men (Parent: Most at risk populations)
- Partners/clients of CSW (Parent: Most at risk populations)
- Other health care workers (Parent: Public health care workers)

Coverage Areas

- Quang Ninh
- Hai Phong
- Ha Noi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5337
Planned Funds:
Activity Narrative: Technical assistance to and program oversight of MOH Voluntary Counseling & Testing (VCT) Program will be provided by the VCT Team at CDC. Technical assistance includes program design, implementation and evaluation of voluntary counseling and testing related activities, as well as developing training curricula and conducting training of counselors and supervisors. Funds requested will support 2 full-time LES staff at CDC, including their salaries, benefits, official travel, and a percentage of ICASS costs.

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5338
Planned Funds:
Activity Narrative: Technical oversight will be provided by the Care and Treatment team at USAID in program design, implementation and evaluation of counseling and testing related activities. Cost will cover a percentage of two staff (one USPSC and one FSN) at USAID.

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5339
Planned Funds:
Activity Narrative: Technical oversight will be provided by the HIV Prevention and Treatment Team from the DoD (AFRIMS, COE, UH) in program design, implementation and evaluation of counseling and testing related activities. Cost will cover one staff (FSN) at the Defense Attaché Office, Hanoi, Vietnam.

Table 3.3.10: Program Planning Overview

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

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement:

91

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

USG funds will be used to procure ARV drugs for 20+ USG-supported government sites and clinics in six focus provinces, with the potential of scaling up to additional sites subject to ARV availability and MOH guidance. In close coordination with the USG in-country team, Management Sciences for Health (MSH) will continue to coordinate ARV logistics for procurement, distribution and management to all USG-supported ARV sites. In 2005, USG began importation of drugs for the Emergency Plan. A number of barriers have hindered the arrival of drugs to their respective sites including a delay in manufacturer delivery of branded drugs, and delays in the MOH approval of the distribution plan. The USG in-country team is continuing to address all of these barriers to improve availability, accessibility and improved cost efficiency of providing USG procured ARV's in Vietnam. Additionally the USG team is working closely with the Government of Vietnam, the GFATM, World Bank and other donors to leverage resources to increase availability and quality of ARV provision.

In August 2005, USG procured ARVs were delivered to the first 5 patients at NICRTM, and additional patients were initiated at Binh Thanh and District 6. As of September 2005 over 100 patients are receiving ARVs supplied by the USG. Despite the significant delays in starting ARVs, the sites were well prepared and the target of 1250 patients receiving ARVs by March 2006 is expected to be met. Due to the worldwide shortage and a delay in shipment of certain drugs (up to 6 months), incomplete delivery of specific branded ARVs (particularly D4T and EFV), the availability of first line regimens in USG supported clinics will be somewhat limited. To address the shortage, a rationing system has been implemented and all involved partners are coordinating to ensure equity in distribution and transparency with GVN. In addition, systems and processes are being enhanced to minimize the chance of stock outs. USG is continuing to discuss the importation of FDA approved generics with GVN which will both decrease the cost and provide faster delivery of ARVs, especially those that are currently experiencing manufacturing delays. The MOH is now also requesting assistance in gaining fast track FDA equivalence of locally produced generics. USG in Vietnam will continue to cooperate with GFATM and MOH to aim for optimal numbers to treat and maximize current funding levels to reach stated targets.

In FY06, import, storage and distribution will fall under the responsibility of the Central Pharmaceutical Company No. 1, a Hanoi-based parastatal joint stock company with a distribution network throughout Vietnam. A manual pharmacy MIS has been developed and is being implemented to track purchasing, stock distribution, and dispensing on a monthly basis. Careful coordination with MSH will be ongoing to assure appropriate distribution and allocation of products.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Rational Pharmaceutical Management Plus
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5566
Planned Funds:

Activity Narrative: This activity also related to activities in Prevention of Mother to Child Transmission (MTCT), Palliative care (HBHC), and ARV Services (HTXS).

This USG supported activity will meet three technical objectives:

- (1) Enhance the capacity of governmental, international or local partners in Vietnam to systematically identify, prioritize and address pharmaceutical management issues to improve access to and use of quality pharmaceutical products and other commodities for care, prevention and treatment of HIV/AIDS,
- (2) Strengthen the pharmaceutical management capacity of referral, provincial, district, and other facilities to ensure an uninterrupted supply of quality HIV/AIDS pharmaceutical and other commodities at ART service-delivery sites, and
- (3) Procure ARVs on behalf of selected ART implementation sites, in accordance with Vietnamese National Standard Treatment Guidelines and USAID procurement regulations, manage the distribution process.

To meet these objectives RPM Plus will continue a number of component activities, including:

- Providing TA to enhance decision-making at the MOH, other CAS, and donors for HIV/AIDS-related pharmaceutical and commodity management and play a coordinating role with partners organization on pharmaceutical issues
- Providing TA to partners and sites to clarify the implications of changes in treatment guidelines, number of ART implementation sites, various funding scenarios, and changes in the market.
- Procurement of quality ARVs, consistent with USAID procurement guidelines, based on available funding, and development of a distribution plan for implementation sites
- Strengthening drug management information systems to provide timely accurate information regarding procurement, distribution, and use of ARVs
- Development and implementation of standard operating procedures (SOPs) at appropriate levels and the supervision needed for their effective implementation
- Training to effectively implement SOPs
- Training of pharmacy personnel on pharmaceutical management in HIV/AIDS, and related commodities
- Development and implementation of a monitoring and evaluation (M&E) plan
- Disseminate information about ARV drug management to partner organizations and implementation sites, and share lessons learned with the broader community

To facilitate these activities, RPM Plus will support a country office in Hanoi and an expatriate Senior Technical Advisor. Local professional staff will be actively engaged in all activities. In-country staff will be supported by RPM Plus staff in Arlington. MSH/RPM Plus will also collaborate with local professional or academic organizations to achieve program goals, and to build their capacity in pharmaceutical management of HIV/AIDS.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Coverage Areas:

National

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: HTXS
 Program Area Code: 11

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

With support from the USG and international partners, the Vietnam National guidelines on OI Treatment and ARV therapy, providing international standard guidance, were developed and distributed nationwide in June 2005. USG has worked closely with GVN to provide training and TA based on these guidelines. In support of the "3 ones" USG is working closely with GVN and other international partners to develop a national implementation protocol to ensure that treatment is consistent and integrated. USG partners have worked closely with partners to agree on basic principles and standards (clinical criteria, first line therapy, adherence principles, equity of services, monitoring) to be maintained in all supported sites. With support of USG partners, over 150 physicians, nurses, counselors and pharmacists in 4 focus provinces have been trained to begin ARV treatment for adults and pediatrics. Training will occur in An Giang and Can Tho over the next 2 months to support clinics scheduled to start ART in late 2005.

Thirty-six sites in six provinces with high HIV prevalence were selected for initiation and scale up of adult, pediatric and PMTCT plus ARV services. Due to the delay in ARV delivery to sites, as described in 3.3.10, treatment with USG supplied ARVs was delayed 6 months. ARV treatment began at USG supported sites for approximately 400 patients through GVN provision and private purchase of ARVs prescribed by doctors working at USG supported sites. As of September 2005, 10 OPCs and 10 PMTCT plus sites in 4 provinces have completed training, have an approved ARV implementation protocol, have laboratory support, and are beginning ARV treatment with USG supported ARVs. Due to the well recognized need for adherence and psychosocial support in Vietnam's predominantly drug using population, USG supported clinics have implemented multiple levels of support including pre-treatment readiness education and counseling, treatment supporters, peer education and support groups, treatment monitoring including patient interview and pill counts, case management and home based support. Improving methods to assure adherence will be a critical element included in FY2006 plans in order to ensure good ART outcomes. This will be carried out through several different models at different service levels which will be increasingly linked together in the Continuum of Care.

To decompress some of the current sites, ARV services for adults and children will be expanded in the six focus provinces at additional district level sites through FHI, MDM and CDC-LIFE GAP. DoD will initiate treatment for approximately 300 patients in military hospitals 103 in Hanoi and 175 in Ho Chi Minh City. Funding will also support improvement of referral networks between these sites and provincial and national levels as well as the community level through home based care and community support. Pilot drug replacement ART sites will be expanded as feasible. Due to the high cost of the branded drugs and delays in delivery, USG will coordinate with GVN and the GFATM to support ARV services in existing USG supported OPCs in both focus and other high prevalence provinces where generic ARVs will be provided by these partners. This will allow direct support and coordinated care of a larger number of patients. Due to the accessibility of ARVs in pharmacies throughout Vietnam, the number of patients who may require second line therapy is significant. USG proposes to expand resistance surveillance and education. Clinical mentoring and on-going supervision will be provided to improve capacity in management of difficult cases. Education in addiction treatment and its interactions with ART, nursing, pharmaceutical, and social support will continue to be supported in order to improve the overall quality of services.

The estimated number of children 0-14 years that will be provided ARV treatment is 200 by September 2007.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	48
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,534
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,483
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,215
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	1,858

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Cooperative agreement
Prime Partner:	Vietnam Ministry of Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5828
Planned Funds:	<input type="text"/>
Activity Narrative:	With USG support and tremendous efforts from the MOH and provincial counterparts, HCWs in 3 sites in Hai Phong, Quang Ninh and Ha Noi have been trained in the management of ART, undergone training in adherence counseling, have an approved protocol for ARV treatment and monitoring, have a selection committee to assure equity of patient selection and have begun ART. Preparations for two new sites in An Giang and Can Tho are underway. With the delay of ARVs and current rationing situation, MOH and CDC are working with the sites to maintain transparency and find alternative solutions, such as the use of ARVs from other sources (GFATM, MOH, ESTHER). Coordination at Hai Phong includes the combined resources of 4 partners to support one clinic, with one protocol and one set of SOPs (Hai Phong). The CD4 machine and testing is provided by ESTHER. ARVs will be supplied by all 4 organizations, in one clinic with one protocol. Physicians at these sites are trained as tertiary care providers in order to manage patients who experience immune-reconstitution syndrome, serious side effects or other complications. Increasing linkages between the ART programs, national TB programs, inpatient care, OVC programs and partners such as FHI, MDM, Esther are being built in order to assure a referral system providing comprehensive care for PLWHA at all service levels. Clinicians at ART sites are key members of ART Selection Committee that consist of PLWHA, health center staff, pharmacist, etc. MOH will continue to 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 with onsite mentoring and providing opportunities to practice training.

In FY06 USG will continue to support MOH activities in current ART sites. An additional focus will be paid to improving adherence and other support for patients. MOH will continue to provide intensive pre-readiness education, counseling support, encourage a treatment supporter, and frequent follow up to the OPC with adherence monitoring at the clinic. In addition, MOH will work with sites to partner with local community organizations, peer support groups and home based care teams that are already in existence in the community which will help to provide closer linkages and follow up. MOH will also provide support to local clinics and key institutions in management training, records keeping, leadership, and other mechanisms to improve organizational capacity.

With the current shortage of ARVs, the MOH is also requesting funding to provide readiness assessments, lab support, adherence counseling and infrastructure to support provision of ARVs by MOH to existing CDC-LG OPCs in other provinces. The MOH plans to use it's own budget to supply ARVs to approximately 5000 patients in all 64 provinces and USG will work closely with MOH to provide direct support in clinics where the MOH will supply ARVs.

UNCLASSIFIED

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	18	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	380	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,350	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,225	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	200	<input type="checkbox"/>

Target Populations:

- Country coordinating mechanisms
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- Most at risk populations
- Injecting drug users (Parent: Most at risk populations)
- HIV/AIDS-affected families
- International counterpart organizations
- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Twinning

Stigma and discrimination

Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Cooperative agreement
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5829
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>HCMC is one of the provinces with highest HIV prevalence and increasing number of AIDS patients eligible for ARV therapy. In 2005, the HCMC Health Department plans to supply support ARV services for adults and children in 7 hospitals and clinics in both city and district levels and strengthen ongoing ARV care and treatment services. As of September 05, 3 sites are open and providing ARV services. Below are a list of activities for comprehensive HIV/AIDS care and treatment that USG will support in FY06:</p> <p>With USG support in 2006, HCMC PAC proposes several activities to increase the quality of services provided ART to both adults and children and increase the quantity of patients on treatment as allowed by supply. HCMC PAC will support 5 sites to conduct baseline laboratory testing for patient screening (2000 clients), select ARV eligible patients and provide clinic-based, regular check-ups, counseling, adherence support and laboratory tests for ARV monitoring. Pediatric AIDS will be supported at 2 city level pediatric clinics whose health care workers have been trained in ART. To improve the quality of tertiary care services, linkages and referral networks between the HIV programs and national TB and STI programs will be enhanced. Training will be coordinated with VCHAP for ongoing ARV technical support of health care professionals. Adherence counseling will continue to be supported by FHI who has developed ART adherence training for counselors at the ARV clinics.</p> <p>With USG support, HCMC proposes to establish a web-based HMIS for ART management - targeting three essential components for M&E in care and treatment programs: 1) assure overall security and management of ARV treatment programs to guard against fraud and ensure patient identity and confidentiality; 2) Facilitate appropriate, standard case management of patients on ARV treatment at various sites. 3) Generate program data for HCMC PAC to monitor progress and guide the overall program.</p> <p>Finally, with support from USG through both CDC and VCHAP, HCMC-PAC proposes to establish an ARV Treatment Network. The network will consist of an outreach team, based at the Tropical Diseases Hospital, which supports and supervises the district ARV clinics, provides clinical monitoring and management support consistent with established national protocols/guidelines to improve the quality of ARV treatment. The main activities will include: 1) Development of systems and communication models to ensure that the four sites coordinate activities; 2) Technical support for a small 5-6 person outreach team based at the Tropical Diseases Hospital; 3) Training for outreach team using proven methodologies for supportive supervision, including site checklist, report card, and feedback for improving quality assurance. 4) Support to local clinics and key institutions in management training, MIS, leadership, and other mechanisms to improve organizational capacity.</p>

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Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (Includes PMTCT+ sites)	14	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	370	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (Includes PMTCT+ sites)	900	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (Includes PMTCT+ sites)	825	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	300	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- Most at risk populations
- Injecting drug users (Parent: Most at risk populations)
- HIV/AIDS-affected families
- National AIDS control program staff (Parent: Host country government workers)
- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Host country government workers
- Public health care workers
- Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Vietnam Ministry of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5830
Planned Funds:

Activity Narrative: The Vietnam Ministry of Defense (MOD) will establish ARV care and treatment services activities during FY06 with support of USG. By the end of FY06, 300 patients are expected to receive ARV drugs in two military hospitals, 103 in Hanoi, and 175 in Ho Chi Minh City supported under other funding mechanisms by AFRIMS, PACOM, and the University of Hawaii. These ARV services include the establishment of laboratory capacity to support clinical services including diagnostics, biochemical monitoring and evaluation of ARV-related care and training of the corresponding personnel to support these activities.

USG funds will be directly provided to the MoD to renovate physical structures in Hospitals 103, 175, and CPM to permit the delivery of ARV drugs and other care to HIV patients at these hospitals under conditions of confidentiality, privacy, and comfort.

This activity will be linked to other activities within the DOD program, including laboratory infrastructure, VCT, blood safety, ARV drugs, and palliative care.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	300	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	300	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	270	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	12	<input type="checkbox"/>

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Target Populations:

- Doctors (Parent: Public health care workers)
- Military personnel (Parent: Most at risk populations)
- People living with HIV/AIDS
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Caregivers (of OVC and PLWHAs)
- Laboratory workers (Parent: Public health care workers)

Coverage Areas

Can Tho

Ha Noi

Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	VCHAP
Prime Partner:	Harvard Medical School - Division of AIDS
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5831
Planned Funds:	
Activity Narrative:	<p>In FY2005 VCHAP adapted its curriculum significantly to focus more on small provincial trainings for health care workers supporting both USG and GFATM supported sites. Health care workers were required to complete 2 modules. Pre and post tests are included and passing the test at the end is required in order to receive a certificate of completion at the end of the course. VCHAP HIV specialists have continued to provide in-country on the ground technical support at USG supported sites, as well as provide support to other programs such as curriculum development and lecture support for GFATM trainings and support for local physicians to become trainers.</p> <p>With USG support, VCHAP will provide several types of training in ARV treatment designed to build the capacity of local institutions for ARV treatment and continue to improve the overall quality of USG supported clinics. In close collaboration with all partners and GVN, VCHAP will continue to provide intensive local training in ARV treatment (VCHAP Module 2) for provinces and institutions where ARV therapy will be initiated and scaled up. Refresher training (Module 3) for previously trained focus provinces and institutions will assure provision of updated knowledge, improve problem solving on difficult clinical cases and enable experience sharing between sites and improvement of the referral network.</p> <p>In 2006, VCHAP will support training in medical education skills to build local capacity for ARV training in future years. To support the scale up of ARVs by MOH and GFATM throughout Vietnam, VCHAP will continue to work closely with GVN and the National Institute for Clinical Research in Tropical Medicine which has been designated to take a lead role in training. Regional training will be provided in collaboration with NICRTM for provinces where ARVs from other sources (GFATM, GVN) will be available. These activities will be closely coordinated with all partners working at the respective sites to assure consistency and relevance of training activities. VCHAP's train-the-trainers program in HIV nursing will continue to include training in nursing aspects of ARV treatment. A second National pediatric HIV training focused on ARV treatment is planned. In all trainings, VCHAP staff physicians will support Vietnamese HIV specialists to take an increasingly dominant role in all trainings. VCHAP will also support monthly technical meetings and regular scientific conferences at NICRTM in Hanoi and the Tropical Disease Hospital in HCMC aimed at building the academic capacity and sustainability of quality teaching at the two largest teaching institutions in the country.</p> <p>At the request of GVN, USG will support VCHAP to work with MOH, WHO and other partners to develop a national curriculum and training manual in HIV/AIDS treatment for physicians designed to lead eventually to a National Training Center and to national certification in HIV Care and Treatment.</p> <p>VCHAP's four Medical Officers, based in USG focus provinces, will provide technical assistance for all USG supported ARV treatment programs from provincial through district levels that will build capacity of local organizations for ARV treatment. The VCHAP Medical Officers will provide intensive, daily clinical mentoring and quality assurance in ARV therapy. They will also continue to provide "warm-line" assistance with ART clinical decision making to Vietnamese colleagues anywhere in the country via mobile phone and email. In HCMC, local capacity for ARV therapy will be built as VCHAP's Medical Officers based at the Tropical Disease Hospital help to develop an HIV/ARV treatment network for the city that includes training, referral and QA linkages between hospitals, TB centers, OPCs, district and communal health centers, and DS/06 centers.</p>

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Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	300	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- USG in-country staff
- Host country government workers
- Public health care workers
- Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Rational Pharmaceutical Management Plus
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5832
Planned Funds:
Activity Narrative: This activity is also related to activities in Prevention of Mother to Child Transmission (MTCT), Palliative care (HBHC), and ARV Drugs (HTXD).

USG will support three technical objectives:

- Enhance the capacity of governmental, international or local partners in Vietnam to systematically identify, prioritize and address pharmaceutical management issues to improve access to and use of quality pharmaceutical products and other commodities for care, prevention and treatment of HIV/AIDS,
- Strengthen the pharmaceutical management capacity of referral, provincial, district, and other facilities to ensure an uninterrupted supply of quality HIV/AIDS pharmaceutical and other commodities at ART service delivery sites, and
- Procure ARVs on behalf of selected ART implementation sites, in accordance with Vietnamese National Standard Treatment Guidelines and USAID procurement regulations, manage the distribution process.

To meet these objectives under this activity, RPM Plus will continue a number of component activities, including:

- Training to effectively implement SOPs
- Training of pharmacy personnel on pharmaceutical management in HIV/AIDS, and related commodities
- Development and implementation of a monitoring and evaluation (M&E) plan

In addition, MSH will support a new activity providing technical assistance to the Ministry of Health to plan and run an assessment of the feasibility of obtaining FDA approval for locally produced pharmaceuticals.

MSH/RPM Plus will collaborate with local professional or academic organizations to achieve program goals, and to build their capacity in pharmaceutical management of HIV/AIDS.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	100	<input type="checkbox"/>

Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Hawaii
USG Agency: Department of Defense
Funding Source: GAC (GHA) account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5833
Planned Funds: [Redacted]

Activity Narrative: This is an ongoing activity between the Center of Excellence in Disaster Management and Humanitarian Assistance (COE-DMHA) and its prime partner, the University of Hawaii (UH), to work with Vietnam Ministry of Defense (MOD). One hundred to 200 persons will be trained in ARV administration/treatment and because of expected limited supply of ARV drugs into Vietnam, 300 persons will be under ARV treatment by September 2006. Activity in FY06 will continue with trainings of Vietnam People's Army's (VPA) health care providers and pharmacy personnel to administer ARV drugs.

Hospital 103 will continue to be supported for ARV related activities and Hospital 175 is designated by the MOD to develop HIV/AIDS clinical capacity. The previously mentioned "visiting professor" model will be utilized both at Hosp 103 and Hospital 175. HIV care and treatment the HIV medicine "clerkships" will be provided by UH and would result in substantial gains in experience in the administration of ARV.

Funds will be used to support the diagnostic and clinical monitoring capability for the HIV/AIDS patients at the previously mentioned hospitals. In support of the clinical services other laboratories supported.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	0	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	0	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	0	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	0	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	0	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5834
Planned Funds:

Activity Narrative: USG will support Pact's provision of management and technical support, as well as financial oversight, to three NGOs (two international, one national) engaged in the delivery of anti-retroviral therapy at five treatment sites. ARV services activities supported under the Community Reach mechanism will include provision of ART to both adults and children in the context of district-based day care centers for IDUs and sex workers in Hanoi and HCMC (see *Medecins du Monde*, below); through orphanage facilities in HCMC and Ha Tay province (see *Worldwide Orphans*, below); and in a residence for adults and children living with HIV in HCMC (see *Mai Hoa Center*, below). Pact will:

- i) work with each organization on detailed project design;
- ii) provide efficient grants management and administration;
- iii) provide technical/management assistance, as needed, during project implementation;
- iv) facilitate the development of rigorous monitoring and evaluation frameworks, with the objective of ensuring complete and accurate reporting against Emergency Plan targets; and
- v) facilitate coordination with all USG partners.

Pact will also provide direct capacity building support to one local NGO (Mai Hoa Center). Partner access to USG procured ARVs, as well as to state-of-the-art guidelines, protocols, and trainings, will be facilitated. Coordination across the continuum of care and with other USG, Government of Vietnam, INGO, and donor partners will be emphasized.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (Includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- USG in-country staff

Coverage Areas

- Ha Tay
- Ha Noi
- Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5835
Planned Funds: [Redacted]

Activity Narrative: Pact will provide a sub-grant to Medecins du Monde France for this activity. In the context of integrated prevention, treatment, care, and support programs in Ho Chi Minh City and Hanoi, USG will continue to support Medecins du Monde's provision of ART to eligible PLHA. An estimated 216 individuals will initiate treatment during FY06, and an additional 147 will continue treatment initiated in FY05, for a total of 363. Services will be provided within full-service Day Care Centers (DCC) targeting IDUs, sex workers, and other vulnerable populations. These centers were initiated and/or became fully operational in FY05 with USG support. DCC and Medecins du Monde staff knowledge of HIV/AIDS diagnosis, treatment, and follow up will continue to be enhanced through new and refresher training, as needed. An estimated 32 health workers will receive training. Both projects will also continue providing eligible children with pediatric treatment on site.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (Includes PMTCT+ sites)	2	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (Includes PMTCT+ sites)	216	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (Includes PMTCT+ sites)	363	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (Includes PMTCT+ sites)	363	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (Includes PMTCT+)	32	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
 Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 Injecting drug users (Parent: Most at risk populations)
 People living with HIV/AIDS
 HIV positive pregnant women (Parent: People living with HIV/AIDS)
 HIV positive infants (0-5 years)
 HIV positive children (6 -14 years)
 Public health care workers
 Implementing organizations (not listed above)

Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5836

Planned Funds:
Activity Narrative:

Pact will provide a sub-grant to the Worldwide Orphans Foundation for this activity. In FY06, USG will continue to support WWO's provision of anti-retroviral therapy to HIV-infected children at Tam Binh 2 Orphanage in Ho Chi Minh City and the Social Labor Training Center #2 (SLTC2) in Ba Vi, under the supervision of a medical team from Columbia University and the project's director. WWO and the Columbia team will monitor each child's progress and response to treatment, but as the Vietnamese doctors and nurses responsible for the children's care at each site gain experience and training, they will assume greater authority and responsibility for treatment decisions, and the role of the Columbia team will be advisory rather than supervisory. In addition, following up on training conferences in HCMC and Hanoi in 2004 and 2005, USG will support targeted pediatric HIV/AIDS training in FY06 in conjunction with VCHAP. Training will be provided to approximately 50 physicians, nurses and pharmacists, and will include didactic presentations and group discussion, as well as clinical examinations of HIV-infected children. WWO's will utilize the clinical experience of experts from Columbia University's pediatric HIV clinic to contribute to the didactic and clinical portions of the training, tailoring the curriculum to the interests and needs of Vietnamese participants, based on experience and feedback from prior training sessions, and in conjunction with VCHAP to ensure consistency with other USG training efforts and full grounding in national guidelines. In addition, the Columbia/VCHAP team will provide training to orphanage caregivers in pediatric HIV/AIDS care.

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Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	8	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	30	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	30	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	5	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Orphans and vulnerable children
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Public health care workers
- Other health care workers (Parent: Public health care workers)

Coverage Areas

- Ha Tay
- Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5837
Planned Funds:
Activity Narrative: Pact will provide a sub-grant to Mai Hoa Center for this activity.

Mai Hoa Center is a small hospice and residence for homeless or especially poor people living with HIV in HCMC run by a small group of Catholic nuns who are also nurses by training. In FY05 Mai Hoa Center will receive support from USG to provide antiretroviral treatment for its residents, including 15 adults and six children. These and other residents will also receive USG-supported palliative care and OVC services.

In FY06, USG will continue to support Mai Hoa Center to provide antiretroviral treatment to adult and child residents who initiated USG-supported treatment in FY05 or are newly eligible in FY06, for a total expected number of 30 adults and 10 children. Pact will provide Mai Hoa Center with project management capacity building and technical assistance, as required. Mai Hoa Center will also receive clinical support from physicians at the HCMC Pasteur Institute, VCHAP, and the University of California/San Francisco.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	1	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	20	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	40	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	35	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	5	<input type="checkbox"/>

Target Populations:

- Faith-based organizations
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Private health care workers
- Doctors (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)

Coverage Areas

Ho Chi Minh City

Table 3.3.1.1: Activities by Funding Mechanism

Mechanism:	(INGO- former FHI/IMPACT)
Prime Partner:	To Be Determined
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAJ account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5838
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>USG will continue to support FY05 activities to maintain and expand district level ambulatory care centers integrated into district health centers to provide ART, clinical care, TB treatment and supportive services to PWA adults and children in Long Bien of Hanoi, Cam Pha and Van Don of Quang Ninh, Binh Thanh and District 8 of HCMC, Le Chan of Hai Phong, and Tan Chau of An Giang. These clinics will provide integrated services, but will focus on adherence counseling and support for <i>most-at-risk populations, particularly current or former injecting drug users</i>. Home based care teams will be incorporated into services and encouraged for all clients receiving ARVs. Staff of the centers will work closely with PLWHA individuals and groups to ensure ART literacy, preparedness, and adherence.</p> <p>Methadone has been made available to HIV Infected IDU in a pilot district center in Hai Phong with the possibility to expand to An Giang or Quang Ninh in partnership with WHO and DFID. Tertiary care for PLWHA on ART who experience immune-reconstitution syndrome, serious side effects or other complicated opportunistic infections will available at the provincial hospitals supported by USG. Lab analysis is not available at the district level, such as CD4, will be performed at the provincial hospital level with USG-procured equipment where applicable. ART eligibility is based on criteria outlined in the National guidelines; in the case of free ARV supply is lower than demand, the ART selection committees made up of PLWHA, health, NGO and party officials at district level will make collective decision on who among the clinically eligible cases to receive free drugs. Cases that are not selected will continue to receive palliative care service from the center and will be counseled with other available options to receive drugs, including buying with their <i>out-of-pocket money</i>.</p> <p>The two pilot sites of methadone, together with prevention, VCT, HIV palliative care, counseling, ARV and other supportive services in place, will all be provided at IDU community super centers where PLWHA IDU clients will be assisted through case managers. These comprehensive models will also serve as an advocacy tool for national policies on substitution therapy scale-up in the country.</p>

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	7	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	180	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	540	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or International standards (includes PMTCT+)	120	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Community leaders
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Most at risk populations
Discordant couples (Parent: Most at risk populations)
Injecting drug users (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
HIV/AIDS-affected families
National AIDS control program staff (Parent: Host country government workers)
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Teachers (Parent: Host country government workers)
Volunteers
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Partners/clients of CSW (Parent: Most at risk populations)
Religious leaders
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Quang Ninh
Hai Phong
Ha Noi
Ho Chi Minh City

UNCLASSIFIED

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Policy Dialogue and Implementation- TOI
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5839
Planned Funds:
Activity Narrative: USG support in this technical area will focus on PLWHA capacity building to promote ARV literacy and adherence.

This activity is built on the success of POLICY II Project in working with and empowering PLWHA. Following the scale-up of HIV care and support, the number of PLWHA groups and networks are expanding rapidly. PLWHA have proven themselves an effective channel to convey treatment knowledge and to play an active role in the decision making process with health care workers.

Peer treatment literacy interventions are best applied before the onset of opportunistic infections, when people can plan to cope with the disease most effectively. Early preparedness is also expected to improve commitment on ART adherence and considerably assist health care workers to prepare the patients to maintain >95% adherence. For those initiating or already on ART, treatment literacy, adherence trainings and monitoring through networks of self-help groups will also be further developed and linked with existing ART clinics to support therapy, and to identify and deal with social and psychological problems. This prevention of non-adherence through the peer support network will, therefore actively support the work of ARV treatment sites.

Building and supporting the capacity of PLWHA will help them 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 at all levels. This activity will enable 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Community leaders
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Most at risk populations
Injecting drug users (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
HIV/AIDS-affected families
National AIDS control program staff (Parent: Host country government workers)
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Partners/clients of CSW (Parent: Most at risk populations)
Religious leaders
Host country government workers
Public health care workers
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

UNCLASSIFIED

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5840
Planned Funds:
Activity Narrative: Technical assistance to and program oversight of MOH outpatient clinics (OPC) will be provided by the Care and Treatment Team at CDC in program design, implementation and evaluation of ARV services for HIV infected individuals. Funds requested will cover 50% time of one U.S. contractor (Medical Epidemiologist), 50% time of one Vietnam contractor (Medical Advisor - HMCM), and 50% time of one LES staff at CDC, including their salaries, benefits, official travel and a percentage of ICASS costs.

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5841
Planned Funds:
Activity Narrative: Technical oversight will be provided by the Care and Treatment team at USAID in program design, implementation and evaluation of activities in this technical area. Cost will cover a percentage of two staff (one USPSC and one FSN) at USAID.

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Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5842
Planned Funds:
Activity Narrative: Technical oversight will be provided by the HIV Prevention and Treatment team at DoD (AFRIMS, COE, and UH) in program design, implementation and evaluation of activities in this technical area. Cost will cover a percentage of one AFRIMS consultant for technical support.

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Armed Forces Research Institute of Medical Sciences
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5843
Planned Funds:
Activity Narrative: AFRIMS will work with the Vietnam Ministry of Defense (MOD) on the establishment of ARV services activities to support the treatment of 300 patients expected to receive ARV drugs during FY06 in two military hospitals, 103 in Hanoi, and 175 in Ho Chi Minh City. These ARV services include the establishment of laboratory capacity to support clinical services including diagnostics, biochemical monitoring and evaluation of ARV-related care. Medical and ancillary personnel will be trained at AFRIMS to support these activities. Also clinical care training will be conducted at the University of Hawaii under separate program, however, AFRIMS will supplement this training by providing Infectious Disease Specialists to train clinicians in the principles and techniques of ARV drug delivery and monitoring.

Specialized training on CD4 and Viral Load laboratory techniques will also be conducted by AFRIMS at MIHE and CPM to support the clinical monitoring of the patients seen at Hospitals 103 and 175. Basic laboratory techniques, quality control and assurance, and monitoring and evaluation components will be including in this training and implementation of ARV services in the Vietnam MoD.

This activity will be linked to other activities within the DOD program, including laboratory infrastructure, VCT, blood safety, ARV drugs, and palliative care.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	12	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Military personnel (Parent: Most at risk populations)
- People living with HIV/AIDS
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Caregivers (of OVC and PLWHAs)
- Laboratory workers (Parent: Public health care workers)

Coverage Areas

- Can Tho
- Ha Noi
- Ho Chi Minh City

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
 Budget Code: HLAB
 Program Area Code: 12

Total Planned Funding for Program Area:



Program Area Contact:

Currently there is limited capacity to perform necessary laboratory monitoring related to ARV therapy in Vietnam, mainly due to lack of or malfunctioning equipment and lack of trained personnel. An inventory of 494 laboratories and an assessment of their HIV testing capacity in 2000 found: one-fifth was able to perform ELISA tests, one-fourth could perform SERODIA tests, and four could perform CD4 counts.

A USG-supported laboratory assessment conducted in FY05 reported the capacity as follows:

- Appropriately educated, competent and committed staff is present within the MOH system;
- Laboratories show considerable differences in the quality of their outputs;
- Quality assurance and quality control (QA/QC) are not practiced systematically or consistently throughout the laboratories;
- MOH's policy to use WHO/UNAIDS HIV testing strategies II and III is implemented neither consistently nor appropriately, and confirmatory laboratories are not used effectively;
- Laboratory safety is not sufficient to assure the safety of workers;
- The pre-analytical and post-analytical components of the test process lack the orderliness required to support cost-effective and timely laboratory services; and
- Laboratory maintenance staff resources are limited.

In FY05, program targets for partners were delayed due to financial mechanisms, which affected country-wide trainings and laboratory capacity development in terms of physical infrastructure. In FY06, USG activities will continue to build capacity and sustainability of laboratory infrastructure, particularly the activities of the Emergency Plan.

DOD will continue activities that target MOD laboratory infrastructure. Accomplishments to date include developing and strengthening basic laboratory infrastructure to support referral clinical and epidemiological HIV/AIDS related activities at MIHE, and purchasing 6 CD4 machines for all USG supported laboratories. In FY06, DOD will continue to support: 1) HIV/AIDS basic diagnostics, blood safety, and clinical laboratory capacity; 2) maintenance of existing laboratory infrastructure; 3) training of corresponding personnel; 4) incorporation of QA/QC systems; 5) expansion of MOD's HIV/AIDS laboratory activities to southern regions; and 6) a reference laboratory in HCMC, to support clinical centers covering military and civilian populations in the region.

USG will continue to support MOH and NIHE in procuring necessary laboratory equipment and test kits for HIV-related care and treatment activities. The program will continue to improve and upgrade HIV laboratory capacity in provinces and in regional institutes, including providing necessary equipment, training for lab technicians and setting up QA/QC systems. Regarding equipment and chemicals for FY06, a portion of this budget will go towards backup of CD4 machines, PCR tests and reagents for care and treatment monitoring. USG will also support Medecins du Monde projects in Hanoi and HCMC to improve laboratory services for HIV/STI diagnostics and the monitoring of PLWHA receiving ART.

The World Bank and the Global Fund (GF) are involved in government-directed activities for HIV/AIDS. In 2004-05, the GF had a total first disbursement of [redacted] for HIV/AIDS activities in Vietnam; the GVN had counterpart funding in the sum of [redacted]. The GF 2004 Annual Report did address laboratory-like activities (i.e., VCT, care and treatment, equipment and "biological" procurement) but it was not confirmed by MOH how those funds contributed to the objectives listed for USG activities. The GF objectives for 2005 activities include capacity strengthening for the implementation of a comprehensive HIV/AIDS care and treatment program in 20 cities/provinces and 100 districts. Also of priority is coordination and collaboration with donors in training, laboratory equipment/infrastructure support, laboratory MIS development, and other laboratory HIV/AIDS related activities.

Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4
Number of individuals trained in the provision of lab-related activities	258
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Cooperative agreement
Prime Partner:	National Institute for Hygiene and Epidemiology
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHA) account
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	5709
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>FY06 USG funds will support the National Institute of Hygiene and Epidemiology (NIHE), serving as the national reference laboratory, to implement capacity building activities that would strengthen the national laboratory system. NIHE will improve and upgrade the national and regional reference laboratories through instituting improved standard operating procedures, providing training, and procuring equipment. USG will support NIHE to establish a national quality assurance and quality control (QA/QC) system, and train personnel to conduct QA/QC at provincial laboratories that are implementing sentinel surveillance in 40 provinces. Presently there is no mechanism for evaluating the validity of laboratory test results from these sites.</p> <p>NIHE will provide laboratory support for antiretroviral drug resistance, because individuals receiving ARV therapy through national treatment programs are not routinely monitored, leading to the possibility of ARV drug resistance in the population. Support will be for treatment of naïve people living with HIV/AIDS and for monitoring patients receiving ARV therapy at USG supported sites. NIHE also plan to develop antiretroviral testing capacity at regional reference laboratories for monitoring population-based ARV resistance in patients.</p> <p>NIHE will also conduct an assessment to evaluate the rapid HIV tests diagnostics for use in Vietnam, and test newborns receiving care at Emergency Plan supported clinics for HIV infections by RT-PCR.</p>

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	80	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Most at risk populations
 People living with HIV/AIDS
 HIV positive infants (0-5 years)
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5710
Planned Funds:
Activity Narrative: PACT will fund MDM France for this activity.

In the context of its integrated prevention, treatment, care, and support programs in Ho Chi Minh City (HCMC) and Hanoi, MdM will continue supporting on-site Day Care Center laboratory services for HIV/STI diagnostics and the monitoring of PLWHA receiving ART. In FY05, MdM HCMC was supported to renovate a Day Care Center, including improvements to a laboratory within the center; in Hanoi, MdM will be supported by USG to establish a Day Care Center in this city, including a laboratory. At both sites, laboratory infrastructure support is essential to ensure provision of the basic lab tests required for VCT, palliative care, and antiretroviral treatment services in which MdM is engaged (e.g., HIV rapid tests, hepatitis antigen and antibody tests, liver function tests, and tests for STIs). Other tests are outsourced. To support the continuing provision of basic laboratory services in FY06, USG will continue to support MdM's operation at these laboratories through, for example, new and refresher training for laboratory staff and replenishment of laboratory supplies, including reagents.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	7	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Private health care workers
- Laboratory workers (Parent: Private health care workers)
- Implementing organizations (not listed above)

Coverage Areas

- Ha Noi
- Ho Chi Minh City

Table 3.3.12: Activities by Funding Mechanism

Mechanism: (Lab Info Management System)
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5711
Planned Funds:
Activity Narrative:

Laboratory information management system:
 In order to support the expansion of diagnosis, care and treatment of people living with HIV/AIDS, it is critical for laboratories to manage their data and results in a timely and accurate manner. Currently, most laboratories do not have an effective record keeping system for specimens and tests. Data is recorded individually for each type of test, making it challenging to synthesize results for a particular individual or provide longitudinal clinical care for a patient on ART. A Laboratory Information System (LIS), therefore, becomes an essential component of a laboratory and may range from a complete electronic system with automated testing equipment, to a hybrid of manual and computer components, to a well-designed paper based system that allows the laboratory to perform essential functions. Solutions will vary based on the needs and existing infrastructure and resources in each laboratory and can extend from systematic labeling and bar-coding in order to uniquely identify and manage specimens to enabling diagnostic equipment to output results into a database eliminating manual data entry to generating reports for a patient's CD4 results over time. The development of a pilot or limited scope project will be encouraged initially, which can then be used to develop a scaled up national level version of a LIS solution utilizing the experience gathered from the pilot project. The laboratories included in this activity will ideally be linked to sites providing ARV therapy funded by the Emergency Plan.

Partners will be encouraged to use the Implementation of LIS Guidance Document together with additional guidelines developed by the Association of Public Health Laboratories (APHL) and Centers for Disease Control and Prevention (CDC) funded through the Office of the Global AIDS Coordinator. These documents outline clearly defined steps to implement LIS in laboratories of varying size, capacity and function in addition to a list of commercially and publicly available software providers and applications that meet the needs of laboratories supported by the Emergency Plan.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	10	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5712
Planned Funds:
Activity Narrative: Technical assistance to and program oversight of MOH laboratory infrastructure development will be provided by the Laboratory Team at CDC. Technical assistance to MOH includes developing guidelines and training curricula and conducting training for laboratory staff, providing recommendations for improving laboratory operations and quality assurance and control. Funds requested will cover 2 full-time U.S. contractors (Laboratory Scientist and Laboratory Information Specialist), including their salaries, benefits, official travel and a percentage of ICASS costs.

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Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Armed Forces Research Institute of Medical Sciences
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5713
Planned Funds:
Activity Narrative: Changes were made to the FY05 COP, USG support was reallocated to develop the blood safety infrastructure at Military Hospital 103. US Department of Defense (DOD) planned to support supplementary HIV/AIDS basic diagnostics, blood safety, and clinical laboratory capacity at Military Hospital 103 (Hanoi) and to train at least 85 MMD personnel, by the end of March 2006. An extensive QA and support program, similar to that undertaken in military-military Emergency Plan programs in Africa (Kenya, Tanzania, Cameroon, and Uganda), will be utilized. In FY06, USG will continue to support the ongoing activity by the Center of Excellence in Disaster Management and Humanitarian Assistance (COE-DMHA) and the Armed Forces Institute of Medical Sciences (AFRIMS) with the Military Medical Department (MMD) of Vietnam's Ministry of Defense (MOD).

With funds from FY06, DOD will continue to support the maintenance of previously established laboratory infrastructure (MIHE and Military Hospital 103), the trainings of corresponding personnel, and the incorporation of quality control and quality assurance components of the HIV/AIDS care and treatment system within the MOD. Furthermore, DOD plans to continue to support MOD with expansion in the southern region, to include centers that would cover the provinces and cities in the whole Mekong Delta region, for the military community as well as the civilian population being served by the military medical system. The proposed sites are the Preventive Medicine Center (PMC) for Military Zone 9 (Can Tho) and Military Hospital 175 (Ho Chi Minh City). The PMC for Military Zone 9 is anticipated to develop basic diagnostic capabilities, to support counseling and testing services and potential clinical services in the region. Hospital 175 will be a referral laboratory for clinical and epidemiological HIV/AIDS related activities.

This activity is also related to counseling and testing, blood safety, and ARV services.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	85	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

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Target Populations:

Adults

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

Pregnant women

Children and youth (non-OVC)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Can Tho

Ha Noi

Ho Chi Minh City

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
 Budget Code: HVS1
 Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

Strategic information is a priority area in the Vietnam National Strategy on HIV/AIDS, and 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.

MOH is in the process of implementing the national M&E action plan, upon which one national HIV/AIDS M&E coordinating authority is being established. USG is supporting MOH in achieving one national M&E system through a steering committee comprised of international donors and which provide technical assistance to the government in implementing the activities toward a national M&E system, such as harmonizing USG and international indicators and reporting systems with the national system.

MOH is building from many years of seroprevalence surveillance (SS), conducted by the National Institute of Hygiene and Epidemiology (NIHE) and which has rapidly expanded to 40 provinces today. There have been concerns over the quality of the results due to low capacity of local implementing bodies and weak monitoring and supervision. USG is supporting protocol standardization to improve SS data quality. Surveillance capacity has broadened vastly to include behavior surveillance survey (BSS) and STI surveillance. USG is supporting integration of BSS, STI and seroprevalence surveillance among most at risk populations (SW, IDU, and MSM) in order to minimize local implementation burden while gaining pertinent information among key populations driving the Vietnam HIV epidemic. USG is also supporting a national AIDS Indicator survey to complement the Demographic Health Survey (DHS) and obtain nationally representative data on behavioral, attitudes, and practices, as well as information about HIV/AIDS services.

The health management information system (HMIS) infrastructure is poorly resourced, frequently paper-based and not integrated or standardized. Facility-based HIV prevention information systems are slightly more advanced than care and treatment systems. Patient monitoring systems for ARV care are for the most part nonexistent. Because of the urgent need for these systems driven by the rapid growth of ARV treatment, paper-based or slightly less standardized simple electronic systems will be deployed to meet the short-term goals. At the same time consensus teams have been developed between MOH, UNAIDS, WHO, USG and other funding agencies to ensure that information systems developed around HIV prevention and care activities are coordinated, standardized and ultimately able to support the goal of integration into a national HMIS. Similar coordination of community-based program activities is planned for FY06.

USG will continue to address the current strategic information challenges in coordination with international donors, the central government and provincial implementing bodies. USG will support institutional and human capacity building for SI by supporting training of technical skills, supporting evidence-based analysis and advocate utilization of information. Specifically, USG will support MOH to operationalize the national M&E system; improve the quality of surveillance activities; validate estimations and projections; conduct size-estimation among most at-risk populations; collect HIV/AIDS related mortality data through Sample Vital Registration Through Verbal Autopsy; and strengthening HMIS. USG program effectiveness will be measured through targeted evaluations of USG in-country support and supporting systemization of program monitoring and data management systems.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150
Number of local organizations provided with technical assistance for strategic information activities	15

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5692
Planned Funds:
Activity Narrative: This activity focuses on the implementation of CareWare at 4 priority clinics (3 HCMC, 1 Hanoi). As a center of excellence for ARV patient monitoring systems for HCMC, HCMC PAC responsibilities will include such activities as localization of CareWare for Vietnamese clinics, development of additional system utilities, training of system operators/users of the data, deployment, and support of CareWare in selected clinics. HCMC MOH will network closely with other the MOH and agencies and organizations involved in this implementation, especially the Hanoi School of Public Health, the center of excellence for North Vietnam.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (Includes M&E, surveillance, and/or HMIS)	12	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	6	<input type="checkbox"/>

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Most at risk populations
- Injecting drug users (Parent: Most at risk populations)
- Men who have sex with men (Parent: Most at risk populations)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- USG in-country staff

Key Legislative Issues

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

Coverage Areas

- Quang Ninh
- An Giang
- Can Tho
- Da Nang
- Hai Phong
- Ha Noi
- Ho Chi Minh City

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Hanoi School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5693
Planned Funds:
Activity Narrative: Hanoi School of Public Health - Implementation and support of patient monitoring systems for ARV treatment facilities

This activity is a continuation of work from FY 2005 which focuses on the implementation of CareWare at 4 priority clinics (3 HCMC, 1 Hanoi). As a center of excellence for ARV patient monitoring systems for North Vietnam, HSPH responsibilities will include such activities as localization of CareWare for Vietnamese clinics, development of additional system utilities, training of system operators/users of the data, deployment and support of CareWare in selected clinics. HSPH will network closely with the MOH and other agencies and organizations involved in this implementation, especially the HCMC MOH, the center of excellence for HCMC.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	12	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	6	<input type="checkbox"/>

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Stigma and discrimination

Coverage Areas

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

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: National Institute for Hygiene and Epidemiology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5694

Planned Funds:

Activity Narrative: MOH has assigned NIHE the responsibility to develop and implement a national framework for surveillance and monitoring and evaluation (M&E) of all HIV/AIDS-related programs in Vietnam. The framework calls for one unified surveillance and M&E system, a new initiative necessitating the development of a comprehensive infrastructure to support the various surveillance and M&E activities through the country. Along with governmental and other donor support, of this funding will be used for any of the following M&E activities: harmonizing core indicators; establishing surveillance and M&E units located at the central, regional, and provincial level; operation costs of the units and reporting system; on-going M&E training and technical assistance to the provinces.

will be used for strengthening the HIV sentinel surveillance activities to achieve reliable data through the development of a clear and comprehensive protocol, training modules, field supervision and quality assurance system.

Emphasis Areas

	% Of Effort
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	5	<input type="checkbox"/>

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Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Community-based organizations

Country coordinating mechanisms

Most at risk populations

Injecting drug users (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

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Table 3.3.13: Activities by Funding Mechanism

Mechanism: HORIZON
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5695
Planned Funds:
Activity Narrative: Population Council/Horizons will continue implementing a targeted evaluation on Reducing HIV/AIDS-Related Stigma and Discrimination in the Healthcare Setting in Vietnam.

Stigma and discrimination remain barriers to effective HIV testing, treatment, and care services. Recognizing the need to develop strategies to reduce S&D in the health-care setting in Vietnam, Horizons, ICRW, and ISDS, with support from the USG Team in Vietnam, plan to conduct operations research to test the impact of interventions to reduce S & D against PLHA in the health care setting.

A two-arm intervention trial is proposed. One research arm will focus on fear reduction, improved awareness and knowledge, and the promotion of universal precautions. This will address the hypothesized cause of stigma, and is a common strategy to address stigma (i.e., through increasing knowledge). The other intervention arm will address the main hypothesized causes of stigma, combining fear reduction with social stigma reduction activities (i.e., the participation of PWA in group education sessions, and the use of participatory, interactive exercises from the stigma reduction toolkit). In particular, the research team plans to test the impact activities will have in reducing social stigma and in increasing awareness and reducing fear of contagion.

The study will take place in two TB hospitals in the north and two TB hospitals in the south consisting of a substantial PLW patient population in PEPFAR focus provinces. The hospitals will be randomly assigned to study arms to receive a single or combined intervention. Data collection will include both pre and post quantitative surveys and qualitative interviews; as well as structured observations by study staff. Quantitative data will be collected from approximately 300 health care workers and 300 PLHA in each hospital to triangulate perspectives. It is expected that the intervention will be of 9 - 12 months in duration, and the total study will be two years in duration. In FY 2005, the study focused on intervention development, baseline data collection and intervention implementation. Monitoring data will be collected throughout the study. A "mid-term" evaluation will take place in FY 2006 COP in addition to measurement of process indicators. In 2006, the study will also accumulate a summary of lessons learned and will disseminate findings.

This project will provide lessons for the health sector related to confronting and reducing HIV-related stigma. It will help meet PEPFAR goals of reduced stigma and discrimination, and increased testing, care and support, and treatment. The intervention packages, if proven effective, will provide a model for the health sector in Vietnam and globally.

Note: Population Council will continue to conduct a study on quality of care and treatment services, quality of life, and risk reduction behaviors among cohorts of PLWHA. The budgeted in FY 2004 and 2005 for the CDC/FHI prevention evaluation will be reallocated to support this study in FY 2006.

Emphasis Areas	% Of Effort
Facility survey	51 - 100
Targeted evaluation	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of Individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	2	<input type="checkbox"/>

Target Populations:

Business community/private sector

Community leaders

Community-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Program managers

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Religious leaders

Public health care workers

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	MEASURE/Evaluation
Prime Partner:	University of North Carolina Carolina Population Center
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	5696
Planned Funds:	[REDACTED]
Activity Narrative:	<p>a) SAVVY [REDACTED]</p> <p>MEASURE was funded in FY05 to assess AIDS-related mortality and examine the feasibility of establishing Sample Vital Registration with Verbal Autopsy (SAVVY) in Vietnam. SAVVY builds on decades of experience from both sentinel demographic surveillance and sample vital registration systems. SAVVY will use a validated verbal autopsy tool to ascertain major causes of death, including from HIV/AIDS. Having met with both international and national organizations and concluding a need and capacity to implement SAVVY in Vietnam, MEASURE proposes to develop the system to provide estimates for national, regional, and urban/rural areas. SAVVY in Vietnam will be designed to be a sustainable information system whereby it will be supported initially by donors but owned and funded for by the Government of Vietnam in the long run. The system will be built into existing networks or structures. SAVVY will complement other information systems such as the national census or surveys and health information systems and will coordinate with other efforts to improve mortality data.</p> <p>Under COP FY 2006 and in partnership with the US Census Bureau, Vietnam Committee for Population, Family, and Children (in collaboration with General Statistical Office and Hanoi School of Medicine), MEASURE will: i) Develop the activities plan with Vietnamese partners including management/organization structure – from central to sampled communes, staff, equipment needed for SAVVY system implementation; ii) Develop the plan of national implementation; iii) Design a national sample of Demographic Surveillance Sites (DSS), adapt data collecting forms/questionnaire, develop the system of data flows, develop system of data analysis and reporting forms; iv) Test and evaluate Vietnam SAVVY system, including a) Implementing baseline census and mortality surveillance activities (on sampled DSS of 7 focus provinces), b) adapting data processing programs to report results from baseline census and verbal autopsy, iii) evaluating the SAVVY pilot.</p> <p>This activity is expected to be included in the following fiscal years.</p> <p>b) Synthesis/triangulation of information for USG program planning [REDACTED]</p> <p>MEASURE proposes to conduct synthesis of the numerous HIV/AIDS related data available in Vietnam using triangulation. Many data collection activities have taken place in the past year and more data will be available in 2006, including surveys funded by USG such as the Integrated biology and behavior survey (FHI/NIHE), AIDS Indicator Survey (Macro/GSO/NIHE), and SAVVY (MEASURE/Census Bureau). There are also data collected by other sources and donors such as project needs assessments, Survey Assessment of Vietnamese Youth, and behavioral surveillance surveys funded by ADB and WB. These data sources provide key information related to the outcome and impact of National HIV/AIDS program as well as the Emergency Plan as well as inform policy makers and program managers about behavior, attitudes and practices of both the general population and most at risk populations.</p> <p>This data synthesis/triangulation effort will help access program level information across USG partners. The ultimate goal is to provide the USG country team with synthesized, quality data to better manage programs, improve program implementation by USG partners, strengthen linkages of services among USG partners, and establish a proactive process to facilitate the use of information for program improvement.</p> <p>The synthesis/triangulation activity will be aimed at i) Analyzing and providing the big picture of USG prevention, treatment and care and support efforts in 6 focus provinces; ii) Mapping of activities to explore availability of minimum of services for</p>

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MARPs, PLHA and OVC; iii) analyzing the relationship between process output of USG efforts and outcome/impact; and iv) organizing workshops with provincial AIDS committees in 6 focus provinces for result dissemination and informal capacity building for government counterparts on this exercise.

c) HMIS-

This activity will be a continuation from FY05 activities and focuses on collection and integration of routine program data into the USG database and reporting system. Specific activities would include: i) MEASURE Evaluation will work to strengthen community-level data collection which includes outreach activities, home-based care, OVC, and other program activities, ii) Complement the broader HMIS system that is being developed, and iii) Support a system that will produce indicators that feed into USG Emergency Plan reporting, and that are consistent with international reporting guidance.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	15	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	10	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Country coordinating mechanisms
- Doctors (Parent: Public health care workers)
- HIV/AIDS-affected families
- Infants
- International counterpart organizations
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Pregnant women
- Volunteers
- Children and youth (non-OVC)
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Widows/widowers
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Other health care workers (Parent: Public health care workers)
- Implementing organizations (not listed above)

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Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5697
Planned Funds:

Activity Narrative: Tulane University will conduct a programmatic qualitative formative evaluation of factors related to ARV resistance. This activity will complement the ARV drug resistance surveillance conducted by the National Institute of Hygiene and Epidemiology and which will provide drug resistance prevalence, but will not explain occurrence. Results from this targeted evaluation will be distributed to USG and its partners for program quality improvement to reduce ARV resistance.

Emphasis Areas

% Of Effort

Targeted evaluation

51 - 100

Targets

Target

Target Value

Not Applicable

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

Number of local organizations provided with technical assistance for strategic information activities

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

USG in-country staff

Private health care workers

Doctors (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Development Programme
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5698
Planned Funds:
Activity Narrative: UNDP will fund UNAIDS for this activity.

Advocacy and Consensus Building on National HIV Monitoring and Evaluation

UNAIDS is uniquely qualified to coordinate various international agencies in working with the Vietnamese government to develop and implement the National Monitoring and Evaluation framework. UNAIDS will coordinate on advocacy and consensus building to ensure data is used appropriately for program planning and policy making. UNAIDS will undertake the following activities: i) develop and distribute advocacy materials on M&E, ii) organize advocacy meetings and workshops with political, government and other leaders, at national and key provincial levels. iii) develop a harmonized and coordinated approach to M&E among major UN, bilateral, multilateral and other international partners; and national partners including the MOH and National Institute for Hygiene and Epidemiology (NIHE).

Emphasis Areas	% of Effort
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	1	<input type="checkbox"/>

Target Populations:

- Country coordinating mechanisms
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Program managers
- USG in-country staff
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: (Peer Education Evaluation)
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5699
Planned Funds:
Activity Narrative: Targeted Evaluation of VCT, peer outreach activities and referral

Over the past five years, USG has partnered with government bodies, community based organizations and international non-governmental organizations to operate large HIV/AIDS prevention, care and treatment programs across up to 40 provinces in Vietnam. There is now a need for a program evaluation of the strengths and weakness of prevention and care interventions in increasing access of effective prevention and referral to most at risk populations, particularly among IDU and sex workers in order to reduce new HIV infection in Vietnam.

This targeted evaluation will be undertaken by an independent organization to be determined. The evaluation will focus on the extent and quality of programmatic implementation of VCT, community outreach activities, referral and proximate output and outcomes among key most at risk populations, particularly IDUs and sex workers, in focus Emergency Plan provinces. The following will be examined: readiness to deliver services and quality of VCT services, peer/health educator performance, geographic program coverage and individual coverage and perceived quality of VCT and outreach activities. Effective referral from outreach activities to VCT services, STI treatment, detoxification program, clinical/palliative care and treatment will also be examined. Primary and secondary data (including desk review of program level data) will be used. The study should include both quantitative and qualitative data collection.

This evaluation will generate highly credible findings and expert analysis for USG and program managers to strengthen programs and to identify potential solutions to shortcomings, as well as identify additional opportunities.

Emphasis Areas	% Of Effort
Facility survey	51 - 100
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	1	<input type="checkbox"/>

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Community leaders
- Community-based organizations
- Country coordinating mechanisms
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Most at risk populations
- Injecting drug users (Parent: Most at risk populations)
- International counterpart organizations
- Program managers
- Public health care workers
- Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

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

Coverage Areas

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

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	(M&E Resident Advisor)
Prime Partner:	To Be Determined
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAJ account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	5700
Planned Funds:	<input type="text"/>

Activity Narrative: USG will open competition for an international organization to establish a resident technical advisor at the National Institute of Hygiene and Epidemiology (NIHE) to develop a national monitoring and evaluation system under the National Surveillance and Monitoring and Evaluation framework. Viet Nam has much experience with surveillance yet is lacking local expertise in M&E, and NIHE has requested USG technical support for M&E. The resident advisor will assist with the development of national core indicators, establishment of a feasible reporting system and prioritization of program monitoring and evaluation activities, and facilitating M&E training courses.

Emphasis Areas

Monitoring, evaluation, or reporting (or program level data collection)

% Of Effort

51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	2	<input type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)
 Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: (M&E Training)
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: S701
Planned Funds:
Activity Narrative: The USG will open competition for an international organization to organize and facilitate M&E training courses for M&E and program officers of USG supported programs. The contractor will develop and adapt an M&E training curricula for Viet Nam; conduct a M&E training-of-trainers (TOT) course; and organize regional/provincial training courses facilitated by TOT participants. Since this activity aims to help meet Viet Nam's overarching need to strengthen monitoring and evaluation capacity at the central and provincial levels, the contractor will identify and subcontract with a local implementing organization. The subcontracting local organization will help identify participants for the TOT and should be able to facilitate M&E training courses without oversight. The M&E training courses will increase capacity among USG partners to achieve Emergency Plan program accountability and establish sound program management.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	5	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- International counterpart organizations
- Non-governmental organizations/private voluntary organizations
- Public health care workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: (INGO- former FHI/IMPACT)
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5702
Planned Funds: [redacted]
Activity Narrative: Analysis and Advocacy (A2)- [redacted]
 An INGO will continue to implement the Analysis and Advocacy (A2) project funded by the Emergency Plan from FY 2005 to produce quality data analysis and synthesis and work in collaboration with PDI to advocate appropriate responses to the Vietnam HIV/AIDS epidemic.

In FY 2006, the INGO will 1) continue national and provincial-level data collection so that implications of surveillance, survey, targeted evaluation, and program assessment results and other data are fully utilized for modeling the HIV/AIDS epidemic, policy implications, and interventions; 2) conduct workshops in collaboration with the PDI on the use of data; 3) provide concrete programmatic implications to the USG team as well as USG partners; 4) collaborate with other International and local partners to continue supporting MOH in integrated and advocacy under the framework of A2—this project will utilize the strengths of both organizations for the appropriate use of data in policy-making and intervention development; and 5) apply the A2 framework to implement advocacy activities in other focus provinces including Hanoi, Quang Ninh, Can Tho and An Giang.

The ultimate goals of this activity are to 1) provide outcome indicators and coverage information for USG-supported prevention programming among MARPs in Vietnam; 2) strengthen the capacity of government staff on data utilization; 3) provide information to explain changes in HIV prevalence, including the impact of USG-funded prevention programming; 4) provide epidemiologic and behavioral data in specialized formats tailored for advocacy to policymakers; and 5) to develop a clear understanding of the HIV/AIDS epidemic in Vietnam so that that effective national policies and appropriately targeted programs can be developed.

Size Estimation of Most at Risk Populations: [redacted]
 In partnership with a local implementing agency, the INGO will conduct size estimation of most at risk populations, including commercial sex workers, injecting drug users, and men having sex with men, in six to seven focus provinces of the Emergency Plan.

Emphasis Areas	% Of Effort
Facility survey	51 - 100
Targeted evaluation	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	8	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Most at risk populations
Injecting drug users (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
National AIDS control program staff (Parent: Host country government workers)
Policy makers (Parent: Host country government workers)
USG in-country staff

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Wrap Aounds

Coverage Areas

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

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Policy Dialogue and Implementation- TO1
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5703
Planned Funds:
Activity Narrative: The A 2 project: Advocacy part

Policy Development and Implementation (PDI) will continue the Analysis and Advocacy (A2) project funded in FY 2005 to develop proactive advocacy for using available data to promote appropriate responses to the Vietnam HIV/AIDS epidemic. Using HCMC and Hai Phong as case studies, a model will be developed for the use of information to inform HIV/AIDS policy development and resource allocation.

With experience and lessons learned from FY 2005, PDI aims to 1) complete the development of the Goals Model and Asia Epidemic Model interface and complete resource allocation analysis for Vietnam; 2) in collaboration FHI, present major outcome results by the end of FY06; 3) conduct workshops in collaboration with FHI on the use of data from the integrated biologic and behavioral surveillance, which will provide updated findings on prevalence, behavior and coverage of the minimum package of services for IDU, sex workers and MSM in Emergency Plan focus provinces; 5) provide concrete programmatic implications to the USG team as well as USG partners; 6) collaborate with other international and local partners to continue supporting MOH in integrated and advocacy under the framework of A2—this project will utilize the strengths of both organizations for the appropriate use of data in policy-making and intervention development; and 7) apply the A2 framework to implement advocacy activities in other focus provinces including Hanoi, Quang Ninh, Can Tho and An Giang.

The ultimate goal of this activity is to inform policy makers in focus provinces and at the national level on the situation of the epidemic and resources needed to respond appropriately and effectively to HIV/AIDS in Vietnam.

Emphasis Areas	% Of Effort
Facility survey	51 - 100
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	10	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Most at risk populations

Injecting drug users (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

USG in-country staff

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Quang Ninh

An Giang

Can Tho

Da Nang

Hal Phong

Ha Noi

Ho Chi Minh City

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: U.S. Centers for Disease Control and Prevention
 USG Agency: HHS/Centers for Disease Control & Prevention
 Funding Source: GAC (GHAJ account)
 Program Area: Strategic Information
 Budget Code: HVSI
 Program Area Code: 13
 Activity ID: 5704
 Planned Funds:
 Activity Narrative: - L-STEP

Few facilities providing ARV treatment in Vietnam have electronic patient monitoring systems. Although there will be a lot of focus in FY06 funding on the development of such systems, it is essential to monitor patient outcomes starting with the introduction of ARVs. Outcomes such as adherence, client loss, change in health status, drug change and resistance can be monitored instead on a sample of the population receiving ARV treatment. This activity would be to begin the L-STEP project in Vietnam for the sampled longitudinal surveillance of HIV/AIDS treatment. Activities will include an Initial L-STEP project plan, selection of retrospective and prospective sample cohorts and to design the collection instruments. Full support of the data collection and analysis is currently listed in plus up activities and will receive priority for funding when as resources are identified.

for HHS/CDC - VCT IS Evaluation and Continuing Improvement

The information system developed to support voluntary counseling and testing will be evaluated using standardized methods and tools for appropriateness, utility, functionality and use. These findings will then be used to make improvements on the application and to develop and implement guidelines for training and use of the application. Preliminary analysis of the VCT data suggests disparity in local uptake and skill levels with the IS. This activity will work to achieve a minimum standard for these levels and to improve the SI. All systems development will be coordinated with the MOH so support the ultimate goal of an integrated national HMIS and M & E framework.

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	9	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
 Most at risk populations
 Injecting drug users (Parent: Most at risk populations)
 Men who have sex with men (Parent: Most at risk populations)
 National AIDS control program staff (Parent: Host country government workers)
 Policy makers (Parent: Host country government workers)
 USG in-country staff

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	U.S. Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	5705
Planned Funds:	<input type="text"/>
Activity Narrative:	<i>Technical assistance to and program oversight of MOH Strategic Information activities will be provided by the Strategic Information Team at CDC, in close coordination with the M&E Program Officer at USAID, in the design, implementation and evaluation of strategic information activities, including HMIS systems, M&E, Surveillance and targeted evaluations. The funds will cover for 50% time of one U.S. direct hire (Strategic Information Section Chief), one full-time U.S. contractor (M&E Specialist) and one full-time LES staff (SI Assistant), including their salaries, benefits, official travel and a percentage of ICASS costs.</i>

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5706
Planned Funds:
Activity Narrative: Technical oversight will be provided by the Monitoring and Evaluation Advisor (FSN) at USAID in the design, implementation and evaluation of strategic information activities. Cost will cover technical assistance that will be provided in this technical area.

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Bureau of the Census
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5707
Planned Funds:
Activity Narrative: Along with UNC/MEASURE Evaluation, the Census Bureau was funded in FY05 to assess AIDS-related mortality and examine the feasibility of establishing Sample Vital Registration with Verbal Autopsy (SAVVY) in Vietnam. SAVVY builds on decades of experience from both sentinel demographic surveillance and sample vital registration systems. SAVVY will use a validated verbal autopsy tool to ascertain major causes of death, including from HIV/AIDS. Having met with both international and national organizations and concluding a need and capacity to implement SAVVY in Vietnam, MEASURE proposes to develop the system to provide estimates for national, regional, and urban/rural areas. SAVVY in Vietnam will be designed to be a sustainable information system whereby it will be supported initially by donors but owned and funded for by the Government of Vietnam in the long run. The system will be built into existing networks or structures. SAVVY will complement other information systems such as the national census or surveys and health information systems and will coordinate with other efforts to improve mortality data.

Under COP FY 2006 and in partnership with UNC/MEASURE Evaluation, Vietnam Committee for Population, Family, and Children (in collaboration with General Statistical Office and Hanoi School of Medicine), the Census Bureau will: i) Develop the activities plan with Vietnamese partners including management/organization structure – from central to sampled communes, staff, equipment needed for SAVVY system implementation; ii) Develop the plan of national implementation; iii) Design a national sample of Demographic Surveillance Sites (DSS), adapt data collecting forms/questionnaire, develop the system of data flows, develop system of data analysis and reporting forms; iv) Test and evaluate Vietnam SAVVY system, including a) Implementing baseline census and mortality surveillance activities (on sampled DSS of 7 focus provinces), b) adapting data processing programs to report results from baseline census and verbal autopsy, iii) evaluating the SAVVY pilot.

This activity is expected to be included in the following fiscal years.

Emphasis Areas

HIV Surveillance Systems

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

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

15

Number of local organizations provided with technical assistance for strategic information activities

10

Target Populations:

- Adults
- Community leaders
- Country coordinating mechanisms
- Doctors (Parent: Public health care workers)
- HIV/AIDS-affected families
- Infants
- International counterpart organizations
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Pregnant women
- Volunteers
- Children and youth (non-OVC)
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Men (Including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Widows/widowers
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Other health care workers (Parent: Public health care workers)
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	ITECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	5708
Planned Funds:	<input type="text"/>
Activity Narrative:	ITECH - Implementation and support of patient monitoring systems for ARV treatment facilities

This activity is continuing work from FY 2005 which focuses on the coordination of the implementation of CareWare at 4 initial clinics (3 HCMC, 1 Hanoi) and the planning for scale-up of patient monitoring systems in facilities providing ARV treatment in Vietnam. Initial activities will include the facilitation of HRSA and related contractors in the improvement of CareWare as a patient monitoring system for multinational implementation and the provision of technical assistance in-country to Vietnamese agencies implementing CareWare. Coordination of ARV treatment, lab, pharmacy and routine patient care systems will be a priority. ITECH will work closely with the MOH and the USG SI team to ensure that all data outputs of these systems meet defined standards and integrate into the national HMIS. This activity will be coordinated closely with MOH to ensure it complements and supports a foundation on which patient monitoring solutions can be provided in other settings including similar and less resourced clinics.

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Emphasis Areas

Health Management Information Systems (HMIS)

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

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

12

Number of local organizations provided with technical assistance for strategic information activities

6

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Most at risk populations

Injecting drug users (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Quang Ninh

An Giang

Can Tho

Da Nang

Hai Phong

Ha Noi

Ho Chi Minh City

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Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
 Budget Code: OHPS
 Program Area Code: 14

Total Planned Funding for Program Area:



Program Area Context:

Vietnam has made great strides in the past year to redefine its HIV systems management at all levels to introduce protective laws and policies that are rights-based for PWAs. The National Strategy with 9 specific action plans provides concrete recommendations on program implementation in the same areas of focus under the USG. The GVN is making a stronger effort to administer and coordinate HIV/AIDS programs under a single office, the Vietnam Administration for AIDS Control (VAAC). Although public support for the PWA movement has increased, including the development of the HIV/AIDS Law and increased funding for HIV/AIDS programs, PWA advocacy and civil society involvement in HIV/AIDS leadership is still nascent and continued support for GIPA is crucial to program success. In 2006, the USG will assist the GVN in the development of its HIV/AIDS management offices and local leadership for coordinated responses to enhance reporting to and from policy-makers and program officers. Activities will address stigma and discrimination through supporting GIPA programs, greater involvement of civil society, and implementation of the HIV/AIDS Law. The USG will link program efforts through support to coordination committees in the areas of care and treatment, PMTCT, VCT and MSM. In addition, the USG now has an official seat on the CCM.

Emergency Plan programs have made considerable achievements in supporting national policies, improving capacity to manage and report on the epidemic at the national and local levels, and developing coordinated responses. In 2005, the USG supported the development of a care and treatment coordination unit within the Ministry of Health to incorporate drug procurement and distribution for USG, Global Fund and national procurement of ARV and OI drugs. Funds also supported national coordination through the UN on PMTCT, VCT and programs focusing on MSM. Funds also supported total quality management training for the Hanoi School of Public Health, and the development and review of the National HIV/AIDS Law to be initiated by 2006. Over 20 PWA peer groups were trained in advocacy and self-support, and PWA counseling for HIV+ patients was initiated at selected USG sites. USG support also led to two successful study tours on substitution therapy, building an enabling environment for previously taboo drug treatment programs to be piloted in selected provinces.

This year, the USG team will continue policy and systems strengthening interventions. Public sector support will include joint collaboration on the development of a single monitoring and evaluation plan and a single care/treatment/drug procurement and distribution coordination unit within the Ministry of Health, managed jointly by WHO/MoH and linked closely to the Global Fund. The MoH has requested assistance on the development of VAAC, including infrastructure, management and technical training, and related support to central and provincial offices. The USG team plans to support this coordination office through the existing cooperative agreement with MoH and technical assistance from partner agencies, to link major donor programs. USG funds will also be used to implement regional HIV/AIDS workshops for policy makers linked to the dissemination of the new HIV/AIDS Law and to select provinces on implementing the HIV/AIDS Law through training for civil liberties lawyers and Provincial AIDS Committees. Public-private partnerships will be enhanced by expansion of the public-private care/treatment model developed for An Giang province. Policy and systems strengthening for the Armed Forces will include direct support for key military leadership from the MoD and selected military medical personnel from the Military Medical Department to attend regional and international trainings and conferences. Indirect coordination with UNAIDS will support training of key military personnel in the areas of advocacy and policy development.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	217
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	304
Number of individuals trained in HIV-related policy development	1,900
Number of individuals trained in HIV-related institutional capacity building	1,801
Number of individuals trained in HIV-related stigma and discrimination reduction	432
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	540

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Vietnam Ministry of Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OMPS
Program Area Code: 14
Activity ID: 5730
Planned Funds:

Activity Narrative: The Ministry of Health Program (MOH) is an active partner in implementing HIV/AIDS programs in 40 provinces. To continue to support their infrastructure to implement effective programs at the national and provincial level, with USG support, the Ministry of Health will be strengthening their financial and program monitoring systems to effectively collect and use data for program planning and decision-making from the 40 provinces where they currently operate. Activities will focus on enhancing the current financial data system to track resources, program management, policy development and strengthening their ability to collect and use quality data.

At the national level, USG will support the MOH to continue the exchange of experiences and lessons learned through regional and international professional exchanges. These professional exchanges have been effective in introducing and implementing concepts such as the development of methadone maintenance programs. It is anticipated that over the next year at least 2-3 professional exchanges will be planned for high level officials that will focus on substance abuse, prevention and care and treatment. Vietnamese health officials will also receive regional and international health officials to learn from the Vietnamese experience as well.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	15	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	40	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	50	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	100	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: Hanoi School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5732
Planned Funds:
Activity Narrative:

USG has supported the Hanoi School of Public Health in developing a cadre of regional trainers on program management. Three regional management training centers have been established in Ha Noi, Da Nang and Hó Chi Minh. HSPH will continue to focus on building the capacity of provincial program managers to effectively plan, design, implement and evaluate HIV/AIDS prevention and care programs. With FY06 USG support the Hanoi School of Public Health will focus on the following activities:

- Continue to provide technical assistance and support to regional trainers to conduct the 2nd round of Total Quality Management (TQM) program using classroom-based training and practical field-work. There will be 3 TQM training courses that will be offered by the regional management training centers (north, central, and south). Approximately 24 provincial and district-level HIV/AIDS will attend each TQM training course with a total of 72 people trained in TQM.

- To further support the development of management training and skills, an additional 2-3 courses will be developed based on the needs of the provincial staff to build their capacity in program management. The regional management training centers will prioritize other training programs to strengthen skills which may include organizational management, strategic thinking, time management, personnel management, budgeting, evidence-based decision-making, advocacy, and monitoring and evaluation. The training programs will follow a similar model to the TQM management training and will be carried out in all three regions.

- Host an annual forum of program managers who have been trained in TQM and/or other program management areas to discuss and exchange ideas on overall issues and concerns in managing HIV/AIDS program and to highlight the changes in their programs after applying TQM methodology to their respective program. This annual workshop will be a forum where recently trained and formerly trained participants discuss critical issues related to program management and will involve key government officials and key stakeholders.

Furthermore, HSPH will be involved in developing a Field Epidemiology Training Program to support the development of a cadre of epidemiologists at the national and provincial level who will be trained to perform outbreak investigation, epidemiological research, and surveillance over the next year. Key provincial and national health staff trained will serve as HIV/AIDS epidemiologists to strengthen the capacity of provincial and national partners to further tailor HIV/AIDS interventions to respond to national, regional and provincial epidemics.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	51 - 100
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	150	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Cooperative agreement
Prime Partner: National Institute for Hygiene and Epidemiology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5738
Planned Funds:
Activity Narrative:

A key component of USG's 5-year strategy in Vietnam is to achieve sustainability and human capacity development. The USG team in Vietnam has focused their efforts on increasing the capacity among key health professionals in Vietnam to be able to organize effective HIV/AIDS response at the local, provincial and national level. In particular, key health professionals are being trained on data collection, methods, epidemiology, analysis and using data for decision-making and with policy-makers.

A USG partner, the National Institute of Hygiene and Epidemiology (NIHE), has been actively involved in developing the capacity of their staff to carry out surveillance and specialized surveys, and serves as the key reference laboratory for Vietnam. To further build the capacity within NIHE to enhance the surveillance system in Vietnam, key staff from NIHE will attend a field epidemiology training program in Bangkok to increase their skills and knowledge to:

- conduct epidemiologic investigations and field surveys to strengthen HIV/AIDS surveillance,
- present their work at scientific and medical conferences,
- evaluate HIV/AIDS disease control and prevention measures,
- apply training and acquired skills to improve HIV/AIDS program implementation in Vietnam.

Key staff will also be selected to participate in professional exchanges to learn and be exposed to innovative surveillance, research and laboratory concepts to be introduced and applied in Vietnam. These exchanges will contribute to increasing the health capacity of the Vietnamese health system by providing updated skills, knowledge and experience among key health staff responsible for implementing and managing HIV/AIDS programs.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	10	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Vietnam Ministry of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5740

Planned Funds:

Activity Narrative: The Vietnamese Ministry of Defense (MoD) will begin to address HIV-related issues by developing pertinent policies as antiretrovirals (ARVs) are introduced as part of the basic care available to military personnel and civilians served at medical facilities. These policies will address issues including HIV sero-status in military personnel and the medical access to those infected with HIV. The need to keep highly skilled and trained staff on HIV issues is paramount to maintaining a strong military. The introduction of ART in the military medical system will require the need for the disclosure of the HIV sero-status of those infected with HIV to medical personnel and their command in order to provide care to these individuals. Once an individual is on ARV therapy, their deployment and assignment capability will be limited as they will need to be close to medical facilities to provide and monitor their care. Policies and regulations to protect against discrimination of military personnel and civilians living with HIV/AIDS are yet to be formulated.

Military personnel will need to be informed and protected by an official policy that addresses the confidentiality of their sero-status and articulates that their standing in the military will not be affected by this status or their need to access care. Under this submission, the US Department of Defense (DoD) will support MoD activities which will include the review of current medical access policy, development of a new policy specific to HIV status and access to care in the military, ratify this policy through the MoD, provide printed versions of the final guidelines to all military personnel and educate all personnel as policy implementation is put into place. These activities will assist in addressing stigma and breaking down barriers in accessing care among military personnel, supporting USG goals of increasing the number of individuals on ART and supportive care.

To address existing issues of stigma and discrimination against People Living with HIV/AIDS (PLWHA) and leadership development within the Vietnamese military community, funds will be used to support key military leadership training and professional exchange visits with regional and international military representatives and civilian institutions dealing with PLWHA. During these visits, Vietnamese MoD officers will be able to share and observe policies and practices from their neighboring militaries in the region and worldwide. Visits will be planned to military counterparts in the Asia-Pacific region, as well as attendance to DoD military medical department officials and also be able to exchange ideas with civilian health authorities at the International AIDS conference in Toronto, Canada in July 2006.

Technical oversight will be provided by the HIV Prevention and Treatment team, DoD (AFRIMS, University of Hawaii's CoE) in program design, implementation and evaluation. Cost will also cover a percentage of the expenses of a technical consultant.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development	8	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	8	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	8	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)
Military personnel (Parent: Most at risk populations)
Policy makers (Parent: Host country government workers)
Teachers (Parent: Host country government workers)

Key Legislative Issues

Addressing male norms and behaviors
Reducing violence and coercion
Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: SMARTwork
Prime Partner: Academy for Educational Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5778
Planned Funds:

Activity Narrative: SMARTWork Vietnam will draw upon best practices and policies gleaned from work already conducted at the enterprise level to develop HIV/AIDS workplace prevention and awareness strategies at the provincial level. These strategies will target policy makers, provincial government officials, trade union representatives and employers in order to develop key industry and industrial zone strategies. Respective industrial zones and export processing zones (without exception, these zones have very large numbers of at-risk migrant workers and a highly transient workforce with low levels of HIV/AIDS prevention knowledge) will work with the project to develop and implement HIV/AIDS prevention and awareness strategies and policies for both current and future investors. The project will also conduct eight training workshops with government, union and employer representatives to build their technical capacity to provide a range of services in training of trainers, consultant services, referrals to VCT, care, treatment, legal support, universal precautionary measures and prophylaxis. Industry-wide policies in the textiles, garment, footwear, petroleum, financial services, tourism and construction industries will be developed and promoted.

In May 2006, it is anticipated that the new National Law on HIV/AIDS will be promulgated in Vietnam. SMARTWork will undertake a series of interventions (workshops at provincial and national levels; national media campaign) to raise awareness among employers, workers and trade unions of the provisions of this law and their relationship to the maintenance of non-discriminatory employment practices for HIV positive employees; prevention and awareness education responsibilities of employers (including enterprise medical personnel); the capacity needs of provincial authorities, unions and employers in HIV/AIDS workplace prevention education. A total of six workshops will be conducted during the period and one print media campaign implemented.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Workplace Programs	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	45	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	45	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	1,500	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	1,500	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	3,000	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	400	<input type="checkbox"/>

Indirect Targets

The indirect targets of this component of the program will be workers, spouses and families of workers living near/in industrial zones.

Target Populations:

- Adults
- Business community/private sector
- Community leaders
- Community-based organizations
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)
- Program managers
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Public health care workers
- Other health care workers (Parent: Public health care workers)
- Private health care workers
- Doctors (Parent: Private health care workers)

Key Legislative Issues

- Stigma and discrimination
- Democracy & Government
- Other

Coverage Areas

Quang Ninh

Quang Nam

Khanh Hoa

Dong Nai

Ba Ria-Vung Tau

Bin Duong

Hai Phong

Ha Noi

Ho Chi Minh City

Vinh Phuc aka Vinh Yen

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAJ account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5780
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>The USG will support Pact's provision of management and technical assistance, as well as financial oversight, to four NGOs (three international, one local) engaged directly in policy and systems strengthening. Related activities supported under the Community Reach mechanism will include completing and evaluating commune-level stigma reduction initiatives launched in FY05 (see ISDS and ICRW, below); strengthening private sector providers' potential to engage in HIV prevention, care, and treatment (see Pathfinder International, below); and training senior policymakers to design and implement effective multi-sectoral and evidence-based HIV/AIDS policy and programs, including an evaluation of the impact of this training (see Harvard, below).</p> <p>Pact will:</p> <ul style="list-style-type: none"> (i) work with each organization on detailed project design; (ii) provide efficient grants management and administration; (iii) provide technical/management assistance, as needed, during project implementation; (iv) facilitate the development of rigorous monitoring and evaluation frameworks, with the objective of ensuring complete and accurate reporting against Emergency Plan targets; and (v) facilitate coordination with all USG partners. <p>Pact will also provide direct capacity building support to four local NGOs: ISDS (policy/systems strengthening); COHED (palliative care); Mai Hoa Center (palliative care, ARV treatment, and OVC); and SHAPC (other prevention). This assistance may be technical or managerial, and will be tailored to the needs of each organization. The objective is to strengthen the systems of local NGO partners in the interest of ensuring a sustained, community-level HIV/AIDS response.</p>

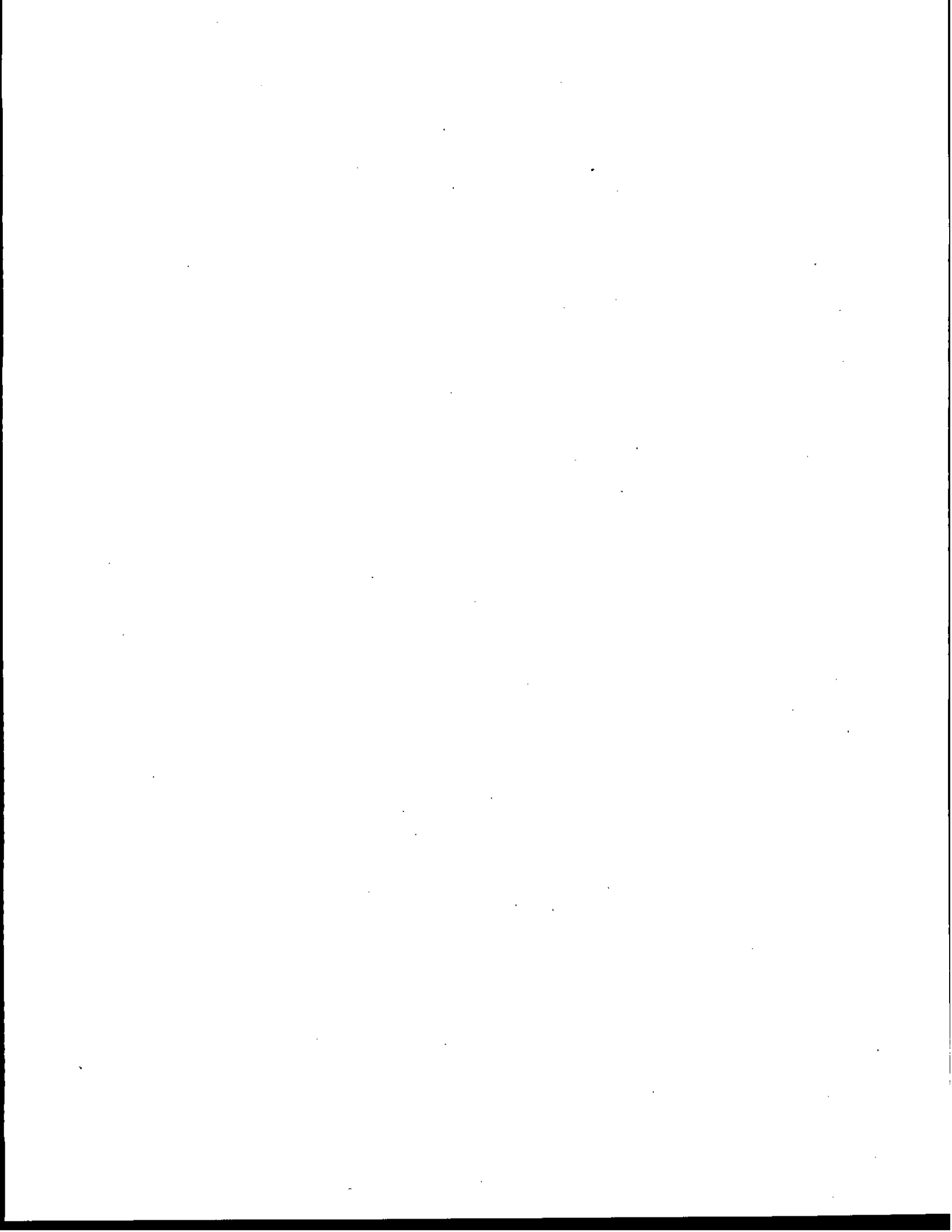


Table 3.3.14: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5781
Planned Funds:
Activity Narrative:

Pact will fund Harvard University Kennedy School to conduct this activity. Building on work initiated in FY05, USG will support Harvard to continue its collaboration with the Ho Chi Minh National Political Academy (HCMNPA) and the new PDI awardee to deliver AIDS public policy training to national and provincial level policy makers. The overall objective of the project is to improve the attitudes and strengthen the capacity of leaders and managers at different levels to organize, direct and coordinate HIV/AIDS prevention and control activities in Vietnam. Overall objectives include 1) adapting an AIDS public policy training curriculum to the Vietnamese context and building capacity among all project partners to conduct the course; 2) developing greater recognition of HIV/AIDS as a development issue requiring the highest level of government leadership; 3) strengthening the capacity of policy makers in health and non-health sector agencies in policy-making, organizing, and coordinating support for rights based and multi-sectoral approaches to HIV/AIDS; 4) strengthening the teaching and research capacity of leaders and researchers within the HCMNPA and institutionalizing the training curriculum at the HCMNPA; and 5) linking the course to HIV/AIDS policy development and practice at the national and provincial levels.

Specifically, FY06 funding will support one national training of 30-50 participants and one provincial-level training of 30-50 participants, totaling approximately 100 trained. In partnership with the HCMNPA, the PDI awardee, and the Hanoi School of Public Health, Harvard will also conduct follow-up evaluation research to assess the medium-term impact of the Vietnam AIDS Public Policy Training Program on those having undergone training and their subsequent efforts to develop and implement effective HIV/AIDS policies and programs, at both the national level and in provinces in which the baseline study was conducted in FY05. In addition to assessing the impact of the training, Harvard aims to strengthen the capacity of the Hanoi School of Public Health to conduct evaluation research, thereby enabling the school to expand its role in public health research and to strengthen scientific rigor in ongoing public health and HIV/AIDS policy work.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	100	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Community leaders

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Program managers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5783
Planned Funds:
Activity Narrative: Pact will fund ICRW to conduct this activity.

ICRW will continue providing technical assistance to model, anti-stigma interventions to be implemented by commune-level organizations in collaboration with ISDS (see below) in a total of four communes in Quang Ninh and Can Tho provinces. The interventions, which will be launched with Emergency Plan funding in FY05, will use a stigma reduction tool kit developed by ICRW and adapted for the Vietnamese context in collaboration with ISDS. The tool kit provides evidence-based guidance for launching stigma-reduction activities with key groups, including religious and political leaders, health workers, people living with HIV, and community members. Participatory exercises address the knowledge and value issues that underlie stigma and create the necessary awareness of stigma to motivate action. The intent is to motivate people in positions of power and household and community members to use these methods to address the stigma around them. In FY06, ICRW will continue working with ISDS and its community-level partners to complete the interventions and a targeted evaluation of their effects, as well as to synthesize and disseminate lessons learned.

The FY06 phase will enable ICRW to deepen and expand the technical assistance provided to ISDS in earlier stages of the project, with the objective of ensuring that ISDS has the ability to respond nimbly and effectively to the full range of social science research needs that are emerging in Vietnam as efforts to redress the HIV epidemic are stepped up. Like other USG efforts to address stigma and discrimination, the overall ISDS/ICRW effort will support new and ongoing efforts to improve HIV prevention, care, and treatment by removing the barriers to access and utilization that stigma creates.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of Individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	6	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	6	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Quang Ninh

Can Tho

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5785
Planned Funds:
Activity Narrative: Pact will fund Pathfinder International to conduct this activity.

Pathfinder International will focus on building the private sector's capacity to intervene effectively in the epidemic, while enhancing the public sector's capacity to effectively supervise, support, and regulate the private sector. Key public sector partners in this Initiative will include the provincial health services and relevant provincial health institutions, such as preventive medicine centers, provincial hospitals, and district health centers. Experience gained will also be shared with national-level partners, and particularly the MOH. Private sector partners will include licensed physicians, nurses, midwives and physician's assistants who have private practices and who are most active and open to supporting work with populations at risk of HIV. Wherever possible, the project will also seek to engage professional associations of private sector providers.

USG supported activities will: promote regular dialogue between the public and private sectors about issues of interest, including supervision, technical support, accreditation, and legal protection (this effort will also involve professional associations and promote their role in the accreditation of services); increase the capacity of provincial health departments to support the private sector through technical training and the use of improved supervisory methodologies and tools; disseminate lessons learned from the project to stakeholders at the national level; and develop concrete plans to replicate successful elements of the model to other provinces. In addition to the three provinces in which pilot interventions will take place, Pathfinder will initiate selected policy-related activities in two other Emergency Plan priority provinces.

Emphasis Areas

% Of Effort

Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	67	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	35	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	126	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Coverage Areas

An Giang

Can Tho

Ho Chi Minh City

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5787
Planned Funds:
Activity Narrative: Pact will fund ISDS to conduct this activity.

Funds for ISDS in FY06 will support the completion and full evaluation of model, commune-level anti-stigma interventions launched in FY05 in a total of four communes in Quang Ninh and Can Tho provinces. These activities represent the second phase of an FY05 collaborative project with ICRW (see above) and the Viet Nam National Assembly Commission for Ideology and Culture (CIC), which focused in FY05 on national advocacy for stigma reduction and the initiation and preliminary assessment (baseline survey and mid-term evaluation) of commune-level stigma reduction interventions. Commune-level activities will be developed in FY05 using a stigma reduction tool kit developed by ICRW and adapted for the Vietnamese context in collaboration with ISDS (see above), as follows:

- 1) Workshops will be held to sensitize community leaders and staff of key social organizations on issues of HIV-related stigma and discrimination and to facilitate commune-led initiatives to tackle these issues;
- 2) A subset of participants from each sensitization workshop will reconvene for an action planning workshop at which concrete proposals and detailed implementation plans will be developed. Proposals may include, for example, community performances on stigma and discrimination themes, distribution and discussion of fact sheets on stigma and discrimination, or use of particular models of the stigma reduction tool kit with particular audiences (e.g., youth).
- 3) ISDS will provide small grants to commune-level bodies (e.g., Youth Union, Women's Union) for project implementation and provide oversight with assistance from ICRW and Pact.

Community interventions initiated in FY05 will be completed in FY06. In addition, ISDS will complete a targeted evaluation of these interventions will be completed, with technical assistance from ICRW. Related survey research will be carried out in collaboration with the Center for Public Opinion Survey, Central Commission for Ideology and Culture. This final evaluation, which will follow baseline and mid-term assessments to be conducted in FY05, will assess the effects of the interventions on the following indicators, among others: % of target population who report that they would avoid contact with PLHA; % of target population reporting the belief that HIV/AIDS is a "social evil"; % of target population who report that they would feel comfortable allowing their child to play with a child whose parent(s) are HIV positive.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	30	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	160	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Adults

Community leaders

Community-based organizations

Policy makers (Parent: Host country government workers)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Host country government workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Quang Ninh

Can Tho

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Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Development Programme
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5789

Planned Funds:

Activity Narrative: The UN system in Viet Nam has a key role in working with national and international counterparts in developing a policy and "enabling" environment to support targeted prevention interventions among MARPs and treatment and 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 trusted reputation the UN system has in Viet Nam to promote a human-rights based approach to HIV/AIDS prevention, treatment and care and support in Viet Nam. Specific cross cutting themes for FY 05/06 include:

- Promotion of 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
- Promotion of 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 the government; the 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 '06 are:

- Continuation of 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
- Continuation of 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).
- Further strengthening the collection and analysis of data and information on the national HIV/AIDS effort through Mapping of HIV/AIDS programs 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.

Emphasis Areas

% Of Effort

Policy and Guidelines

51 - 100

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations

Faith-based organizations

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Program managers

Volunteers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Development Programme
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5792
Planned Funds:
Activity Narrative: UNDP will subcontract UNAIDS to implement the following activities.

MSM Coordination:

There is increasing evidence that HIV prevalence is considerably high among men who have sex with men in Viet Nam. A small number of HIV/AIDS activities targeting this group have been implemented by international organizations with their local partners. However, these activities need to be better coordinated to be more effective. Stronger advocacy is needed to get more attention from government, society and community to create an enabling environment for HIV/AIDS activities targeting men who have sex with men.

In FY05 UNAIDS started to strengthen coordination and advocacy for HIV/AIDS activities targeting the men who have sex with men group. The number of HIV studies/interventions for men who have sex with men and the number of organizations involved with the activities have increased considerably. An informal working group of organizations/institutions who are interested in HIV work with this population has been established. This group holds bimonthly meetings to share information, develop strategies and plans of action, and joint activities.

In FY06 UNAIDS will continue to take responsibility for coordination and advocacy in this sensitive area of work. Specifically, UNAIDS will develop and implement an advocacy strategy aimed at National and local authorities, the wider community and society (including men who have sex with men), as well as donors, to scale up HIV/AIDS activities targeting men who have sex with men and integrate these activities into existing HIV/AIDS programs. This strategy would include developing advocacy material, conducting briefing sessions for groups or individuals, organizing advocacy workshops/trainings and working with mass media. Additionally, UNAIDS would like to continue bi-monthly meetings and expand the informal working group to include other organizations/institutions. Also, UNAIDS hopes to establish better channels of information exchange (including web-access, a mailing list and electronic or printed bulletin), as well as the promotion of greater participation of men who have sex with men community in HIV/AIDS activities.

UNDP will fund UNAIDS for this activity.

Civil Society Involvement Coordination:

The UN system in Viet Nam has a key role in working with national and international counterparts in developing a policy and "enabling" environment to support targeted prevention interventions among MARPs and treatment and 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 trusted reputation the UN system has in Viet Nam to promote a human-rights based approach to HIV/AIDS prevention, treatment and care and support in Viet Nam. Specific cross cutting themes for FY 05/06 include:

- Promotion of 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
- Promotion of 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

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partners, including the government; the 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 '06 are:

- Continuation of 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
- Continuation of 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).

Further strengthening the collection and analysis of data and information on the national HIV/AIDS effort through Mapping of HIV/AIDS programs 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.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	10	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	100	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	50	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	100	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	50	<input type="checkbox"/>

Target Populations:

Community-based organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	United Nations Development Programme
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5797
Planned Funds:	<input type="text"/>
Activity Narrative:	UNDP will subcontract WHO to implement the following program.

Based on funding in '05, this project will continue to support the implementation of the National Strategy on HIV/AIDS Prevention and Control until 2010 with a vision to 2020, specifically focusing on National Action Plan #5 on HIV/AIDS Treatment and the National Opportunistic Infection and ARV Guidelines. This will continue requiring the development of advanced services and activities provided at the national and provincial levels, and also 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.

Specifically, the USG will support the following activities:

- WHO will continue to support the operation of the established "HIV/AIDS care and treatment" coordinating unit within the Department of Therapy, MOH
- Continue to disseminate the service delivery model and policies/guidelines throughout the health system
- Coordination on providing further training, including: technical/clinical and HIV/AIDS management at all levels of the health care system

In addition, WHO will continue to participate in the development and support the operation of the national HIV/AIDS care and treatment monitoring system, a national patient monitoring system and a national program monitoring and evaluation (M&E) system.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	10	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- International counterpart organizations
- National AIDS control program staff (Parent: Host country government workers)
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Caregivers (of OVC and PLWHAs)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Other health care workers (Parent: Public health care workers)
- Implementing organizations (not listed above)

Key Legislative Issues

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

Coverage Areas:

- National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Joint United Nations Program on HIV/AIDS
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5799
Planned Funds:

Activity Narrative: The Center of Excellence in Disaster Management and Humanitarian Assistance (COE) will continue to support prime partner UNAIDS, to work with the Ministry of Defense (MOD) on prevention for new recruits. With support from the Emergency Plan, UNAIDS will continue to work with the MOD on advocacy and continuing policy development. Activities will include orientation and advocacy workshops; study tours; development of project activities; development of peer education and training materials; and training of staff.

This activity is a component of the UNAIDS and the MOD peer education project that is discussed in Other Prevention.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	2	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development	40	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	40	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	40	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

- Military personnel (Parent: Most at risk populations)
- Policy makers (Parent: Host country government workers)
- Program managers
- Men (including men of reproductive age) (Parent: Adults)
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: (INGO- former FHI/IMPACT)
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5803
Planned Funds:

Activity Narrative: In this activity, the USG will support two major components that contribute to overall system strengthening for the GVN response, policy analysis, and policy development. One component is to provide assistance on the implementation of the national Palliative Care Guidelines. This year, a joint USG technical team working with Harvard, CDC, FHI, POLICY Project, and USAID assessed the situation of palliative care in Vietnam and concluded that there remain perceptions among top leadership in the health sector that people living with HIV/AIDS are not in pain. The team also concluded that strong advocacy would be necessary to incorporate morphine in the palliative care guidance for PWA care. USG will support public advocacy for the revision and dissemination of the Palliative Care Guidelines. In addition, funding for this activity will include support for public advocacy for substitution therapy and alternative drug rehabilitation programs piloted in Hai Phong and Ho Chi Minh City, and potentially in An Giang, to enhance public acceptance of these alternatives. Target audiences will include provincial health departments, Ministry of Health leadership, members of the Party Commission and the Ministries of Labor and Public Security, as well as the National Assembly.

The second component is to provide technical assistance in HIV/AIDS program management (specifically program management training) to central and provincial level AIDS Control offices and Provincial AIDS Committees. In an effort to address management training needs in high-prevalence provinces as the GVN decentralizes program management to the provincial level, funds will be used to outsource to a local management training firm to assist in developing the capacity of newly formed HIV/AIDS Administration offices and Provincial AIDS Committees. Management training will be conducted in conjunction with technical assistance in HIV/AIDS program development, monitoring and implementation provided jointly by USG agencies and their partners working in the 6 focus provinces. Currently, the Ministry of Health has estimated the minimum number of individuals staffed for each office to be 12.

Emphasis Areas

% Of Effort

Policy and Guidelines

51 - 100

Training

10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	6	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	200	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	50	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)
Policy makers (Parent: Host country government workers)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Policy Dialogue and Implementation- TO1
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5804
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>This activity includes two main components:</p> <p>1. AIDS Service Organization Pilot - US Government support contributes to clinical and community based programs in the 6 focus provinces in addition to other provinces. USG support plays a key role coordinating HIV implementing agencies that promote the involvement of PWA in policy making and development of ARV guidelines. In addition, the USG has provided technical assistance for more than 18 PLWHA groups in 6 USG focus provinces on issues of care and support, ARV literacy and adherence, prevention, and the involvement of PWA in making policy. PWA now advocate for social acceptance, access to care and support services, communication among people living with or affected by HIV/AIDS, and voluntary involvement of others living with or affected by HIV/AIDS. Nonetheless, there remain gaps in coordination among service providers, and a lack of voices from PLWHA may hinder effective provincial and national programming.</p> <p>To remedy this situation the USG seeks to support a pilot ASO model for multi-sector collaboration and as a framework for observation activities that will inform the HIV/AIDS community on the progress of PWA advocacy implementation. The primary aim of the ASO is to provide a province-level focal point for USG funded activities. In this way, those who raise their voices at the local level will be heard by national health officials and policy makers. In this capacity the ASO will operate as a forum for planning and dialogue as well as for partner resource and information sharing. The ASO will also provide information on planned and current USG activities to the provincial authorities. PDI will promote coordination among care, support, and treatment services via peer education networks, multi-media information sharing, and public forum to facilitate coordination among USG partners, GVN agencies, INGO/LNGO and donors. This activity will enable USG partners to provide care, support and treatment for larger numbers of PLWHA.</p> <p>Specific activities may include:</p> <ul style="list-style-type: none"> • Establish partner agreements between USG funded agencies on coordinated activities • Coordinate regular planning meetings with USG partners and other partners • Develop and maintain an information resource library which is available to provincial partners • Maintain local data base of provincial activities (to monitor and track targets) • Provide reports to partners and USG on provincial activities • Network with counterpart ASOs to ensure systems compatibility and information and resource sharing • Provide forum through which problem issues can be resolved (e.g. conflict resolution or issues related to discrimination etc.) <p>2. HIV/AIDS Civil Society Support: While the Vietnamese epidemic continues to grow, a number of local NGOs have turned their focus to build institutional capacity for HIV/AIDS prevention, care, treatment and advocacy organizations. Recently, fourteen local HIV/AIDS advocacy organizations have joined together to establish the Vietnam HIV/AIDS Action Group. This movement works to raise voice of the civil society in the decision making process, ensuring that those infected with or affected by HIV contribute to policies that directly affect their lives. However, due to the lack of timely information, political and social connections, technical capacity and up-to-date reports on international advocacy efforts, the weight and political influence of these local NGOs remains limited.</p> <p>Elsewhere in the region, other countries have united to establish the Asia Pacific Council of AIDS Service Organizations (APCASO) and have made marked progress in</p>

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reducing new infections, caring for those who are ill and reducing morbidity associated with HIV disease. Their outstanding efforts have helped alleviate the devastation to lives and families caused by HIV/AIDS. Because of the excellent record of this organization, the Vietnam HIV/AIDS Action Group wishes to coordinate activities with APCASO, draw upon their established international advocacy experience, and improve the capability of Vietnamese HIV advocates. The PDI project will facilitate this coordination through training and technical assistance, assist the Vietnam HIV/AIDS Action Group to connect with the APCASO regional network, and boost efforts to reduce stigma and discrimination towards PLWHA.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	14	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	14	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	140	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	140	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	140	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	140	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Host country government workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5805
Planned Funds:
Activity Narrative: TECHNICAL assistance in the area policy and system strengthening will be provided to MOH to strengthen their capacity for implementing and evaluating HIV program activities. Funds requested will cover 50% time of one U.S. direct hire (Strategic Information Section Chief) at CDC, including his salary, benefits, official travel and a percentage of ICASS costs.

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAf account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5807
Planned Funds:
Activity Narrative: Technical oversight will be provided in program design, implementation and evaluation. Cost will cover a percentage of one staff (FSN) at USAID.

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5808
Planned Funds:
Activity Narrative: Technical oversight will be provided by the HIV Prevention and Treatment team, DoD (AFRIMS, COE, and UH) in program design, implementation and evaluation. Cost will cover a percentage of a technical consultant.

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Substance Abuse and Mental Health Services Administration
USG Agency: HHS/ Substance Abuse and Mental Health Services Administration
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5809
Planned Funds:
Activity Narrative: Technical assistance in the area of policy and system strengthening will be provided by the Substance Abuse Treatment Advisor to strengthen substance abuse treatment activities, with liaising with donors, partners and Ministries of Health (MOH) and Labor, Invalids and Social Affairs (MOLISA) officials, and identifying and resolving issues affecting overall program performance. The advisor will collaborate and coordinate with U.S. government team colleagues; interaction with the Office of the Global AIDS Coordinator (O/GAC); collaboration with colleagues from the local donor community, government officials, and NGOs.

Funds requested will support 50% of 1 full-time HHS/SAMHSA staff, including start-up cost, salary, benefits, official travel, and a percentage of ICASS costs.

Table 3.3.15: Program Planning Overview.

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area:

Program Area Context:

The U.S. 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 Country Team, while the HHS Health Attaché and the Emergency Plan Interagency Liaison Officer play the interagency coordinating roles. The Ambassador convenes monthly meetings with the senior management group of the Emergency Plan USG Team. The DCM assembles bi-weekly team meetings and provides overall supervision and leadership for the USG Emergency Plan program management while the Liaison Officer organizes weekly management meetings among technical offices to coordinate and follow up on current issues. The USG Emergency Plan Vietnam Country Team is also responsible for technical inputs related to achieving the Emergency Plan goals. The Liaison Officer manages the coordination of reporting and updating on policy issues, and coordinates communications between the Vietnam Country Team and OGAC.

In Vietnam, the Emergency Plan encompasses the following USG agencies: the U.S. Agency for International Development (USAID), the Department of Defense (DOD), the Department of Labor (DOL) - no longer funding activities in FY06, the Department of Health and Human Services Office of Global Health Affairs (HHS), and the US Centers for Disease Control and Prevention (CDC). CDC programs have primarily supported direct 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 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 U.S. 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 Emergency Plan activities are fully coordinated and in line with the activities of other donors and stakeholders in the country.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5563
Planned Funds:
Activity Narrative: Overall program oversight of the CDC Vietnam Country Program will be provided by the Management Team at CDC, including program operations, management of staff, negotiation with MOH and other USG partners, and representational activities. Funds requested will cover 2.5 FTE of US direct hires, one Association of Schools of Public Health (ASPH) fellow, 50% time of one Vietnam Contractor (Medical Advisor - HCMC), 10 full-time LES staff, including their salaries, benefits, official travel and a percentage of ICASS costs.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: U.S. Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5564
Planned Funds:
Activity Narrative: Funds will be utilized to provide overall program management and oversight at USAID, including operations, management, procurement, and coordination. Additionally this budget includes three interagency positions that are hired through AID procurement mechanisms (the Emergency Plan Interagency Liaison Officer, the Emergency Plan Interagency Secretary and the ESTH Officer). There are no new additional staff to be added to the USAID Vietnam team that were not included in the FY05 COP, and these related costs include:

US personnel:
 Country Program Manager (33%)
 HIV/AIDS Program Manager (50%)
 Health Officer (RDMA) Travel Costs
 TCN
 Emergency Plan Liaison Officer – Interagency
 RDMA Contract Officer Support (33%)
 ESTH Officer (60%) - Interagency
 FSN
 Program Management Specialist (50%)
 Program Development Officer – MOH Liaison (50%)
 Secretary (Emergency Plan – Inter-agency)
 Secretary
 Driver

Note: USAID/Vietnam is a country program and not a full mission, thus USAID can not contribute operating expenses towards the management of the office and all of the funds to administer the office are included in this budget.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5565
Planned Funds:
Activity Narrative: Funds will be utilized to hire and support a full-time program manager to plan, coordinate and supervise the daily DoD-related activities of Emergency Plan conducted in Vietnam in collaboration with the Ministry of Defense Medical Department of Vietnam.

Table 5: Planned Data Collection

- | | | |
|--|------------------------------|--|
| Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <i>If yes, Will HIV testing be included?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>When will preliminary data be available?</i> | | |
| Is an Demographic and Health Survey(DHS) planned for fiscal year 2006? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <i>If yes, Will HIV testing be included?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>When will preliminary data be available?</i> | | |
| Is a Health Facility Survey planned for fiscal year 2006? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <i>When will preliminary data be available?</i> | | |
| Is an Anc Surveillance Study planned for fiscal year 2006? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <i>if yes, approximately how many service delivery sites will it cover?</i> | | |
| <i>When will preliminary data be available?</i> | | |
| 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 2006? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Other significant data collection activities

Name:

Sample Vital Registration with Verbal Autopsy (SAVVY)

Brief description of the data collection activity:

SAVVY will ascertain major causes of death, including from HIV/AIDS. A system will be developed to provide estimates for national, regional, and urban/rural areas. The US Census Bureau and MEASURE, in partnership with a national organization, will: i) Develop the activities plan with Vietnamese partners including management/organization structure -- from central to sampled communes, staff, equipment needed for SAVVY system implementation; ii) Develop the plan of national implementation; iii) Design a national sample of Demographic Surveillance Sites (DSS), adapt data collecting forms/questionnaire, develop the system of data flows, develop system of data analysis and reporting forms; iv) Test and evaluate Vietnam SAVVY system, including a) Implementing baseline census and mortality surveillance activities (on sampled DSS of 7 focus provinces), b) adapting data processing programs to report results from baseline census and verbal autopsy, iii) evaluating the SAVVY pilot.

Preliminary data available:

September 30, 2006