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Excluding To Be Determined Partners

2007

Vietnam

Country Contacts

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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:

The following additions have been made that result in changes to the Vietnam 5-Year Strategy:

Prevention – Other Behavior Change and Other Prevention:

Expansion of PEPFAR Vietnam's prevention efforts will include targeted primary prevention of drug use to enhance HIV prevention strategies. Injection drug use is a primary contributor to the HIV epidemic in Vietnam and activities to minimize the spread of HIV through injecting drug use will target at risk populations to promote healthy decision making. Activities will seek to intervene with high risk youth prior to drug use initiation.

Prevention Goal and Vision:

PEPFAR Vietnam will support development of national injection safety guidelines and work with MOH on a plan to implement these guidelines.

Injection Safety:

PEPFAR Vietnam will support national injection safety capacity building, including national injection safety guidelines development and dissemination, and purchase of sharp disposal equipment for selected provinces.

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
End of Plan Goal: 660,000				
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		844	150	994
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		189,400	0	189,400
Care				
End of Plan Goal: 110,000				
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		30,000	7,000	37,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		3,000	500	3,500
Number of OVC served by OVC programs		2,797	460	3,257
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		102,539	56,000	158,539
Treatment				
End of Plan Goal: 22,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		7,500	1,500	9,000

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal: 660,000				
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		1,285	370	1,655
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		277,000	0	277,000
Care				
End of Plan Goal: 110,000				
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		50,000	12,000	62,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		7,500	1,000	8,500
Number of OVC served by OVC programs		5,594	919	6,513
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		154,412	69,000	223,412
Treatment				
End of Plan Goal: 22,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		14,000	3,000	17,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Health Systems 2020 Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6216
Planned Funding(\$): \$ 250,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Abt Associates
New Partner: No

Mechanism Name: AFRIMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5177
Planned Funding(\$): \$ 738,500.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Armed Forces Research Institute of Medical Sciences
New Partner: No

Mechanism Name: APHL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5205
Planned Funding(\$): \$ 104,190.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: Family Health International

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5164
Planned Funding(\$): \$ 6,539,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: National Institute for Hygiene and Epidemiology
Planned Funding: \$ 104,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: STDs/HIV/AIDS Prevention Center
Planned Funding: \$ 62,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Ho Chi Minh City Provincial AIDS Committee

Planned Funding: \$ 525,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Haiphong Provincial Health Service

Planned Funding: \$ 212,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Campha District Health Center

Planned Funding: \$ 84,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Hanoi Women's Union

Planned Funding: \$ 49,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: An Giang Preventive Medicine Center

Planned Funding: \$ 77,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Bach Mai Hospital

Planned Funding: \$ 41,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Can Tho Provincial Health Service

Planned Funding: \$ 190,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Van Don District Health Center

Planned Funding: \$ 84,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Mechanism Name: HSPH Cooperative agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5100
Planned Funding(\$): \$ 771,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Hanoi School of Public Health
New Partner: No

Mechanism Name: VCHAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5178
Planned Funding(\$): \$ 1,300,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Harvard University, Medical School - Division of AIDS
New Partner: No

Mechanism Name: HCMC PAC Cooperative agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5101
Planned Funding(\$): \$ 4,514,830.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 1,000,000.00
Early Funding Request Narrative: As a prime GVN partner, HCMC will be asked to rapidly scale up activities in a variety of technical areas (Care, ARV services, TB/HIV, other prevention) Approval for new and expanded activities requires signature by the prime minister and takes several months. This process cannot begin until funds are awarded and available to the MOH. The VN team is requesting \$1,000,000 in early funding to assure that this expansion can begin as early as possible in the new funding year.

Mechanism Name: US Lab Consortium

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5255
Planned Funding(\$): \$ 60,078.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: International Laboratory Branch Consortium Partners
New Partner: Yes

Mechanism Name: The Capacity Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5412
Planned Funding(\$): \$ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: IntraHealth International, Inc
New Partner: Yes

Mechanism Name: UNAIDS/DOD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5201
Planned Funding(\$): \$ 435,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Joint United Nations Programme on HIV/AIDS
New Partner: No

Mechanism Name: UNAIDS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6132
Planned Funding(\$): \$ 130,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Joint United Nations Programme on HIV/AIDS
New Partner: No

Mechanism Name: ORC/MACRO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5171
Planned Funding(\$): \$ 125,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Macro International
New Partner: No

Mechanism Name: Ministry of Defense

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5179
Planned Funding(\$): \$ 695,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Ministry of Defense, Vietnam
New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5170

Planned Funding(\$): \$ 9,715,928.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: Ministry of Health, Vietnam

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 2,000,000.00

Early Funding Request Narrative: VAAC funding will be in the form of a new cooperative agreement in FY 07. Funds to VAAC are proposed to more than double and they will be asked to rapidly scale activities in a variety of technical areas (Care, ARV services, TB/HIV, OVC, CT, other prevention) Approval for new and expanded activities requires signature by the prime minister and takes several months. This process cannot begin until funds are awarded and available to the MOH. The VN team is requesting \$2,000,000 in early funding to assure that this expansion can begin as early as possible in the new funding year.

Mechanism Name: NIHE Cooperative agreement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5102

Planned Funding(\$): \$ 1,279,474.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: National Institute for Hygiene and Epidemiology

New Partner: No

Mechanism Name: Community REACH

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5237

Planned Funding(\$): \$ 1,100,000.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: Pact, Inc.

New Partner: Yes

Mechanism Name: Community REACH Vietnam

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5180

Planned Funding(\$): \$ 8,808,000.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: Pact, Inc.

New Partner: No

Sub-Partner: CARE International

Planned Funding: \$ 490,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Harvard University Kennedy School of Government
Planned Funding: \$ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

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

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Pathfinder International
Planned Funding: \$ 390,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Save the Children US
Planned Funding: \$ 800,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Worldwide Orphans Foundation
Planned Funding: \$ 239,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC
HTXS - ARV Services

Sub-Partner: Mai Hoa
Planned Funding: \$ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Center for Community Health and Development
Planned Funding: \$ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: STDs/HIV/AIDS Prevention Center
Planned Funding: \$ 223,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Bright Futures Group
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Pastoral Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Action for Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner:

Associated Program Areas: HVOP - Condoms and Other Prevention
HVTB - Palliative Care: TB/HIV

Sub-Partner: World Vision International
Planned Funding: \$ 374,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Xuan Vinh Group, Ho Chi Minh City
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5175

Planned Funding(\$): \$ 12,838,228.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: Partnership for Supply Chain Management

New Partner: Yes

Early Funding Request: Yes

Early Funding Request Amount: \$ 3,000,000.00

Early Funding Request Narrative: This will be the first year for use of the SCMS and PEPFAR is the primary supplier of ART in Vietnam. To assure that there is a consistent supply of ART, the PEPFAR Vietnam team is requesting early funding for 25% of ART drug cost.

Early Funding Associated Activities:

Program Area:HTXD - ARV Drugs

Planned Funds: \$11,134,000.00

Activity Narrative: This activity is linked to HTXS SCMS (9412). SCMS will support the PEPFAR Vietnam 5-Year strategy t

Mechanism Name: PATH TB Country Support (IQC)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5217
Planned Funding(\$): \$ 75,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: PATH
New Partner: Yes

Mechanism Name: (TBD - PSI Follow-on)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5206
Planned Funding(\$): \$ 1,775,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

Mechanism Name: HHS/Substance Abuse Mental Health Services Administration

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5448
Planned Funding(\$): \$ 0.00
Agency: HHS/ Substance Abuse and Mental Health Services Administration
Funding Source: GHAI
Prime Partner: Substance Abuse and Mental Health Services Administration
New Partner: No

Mechanism Name: Health Policy Initiative (HPI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5163
Planned Funding(\$): \$ 1,350,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: The Futures Group International
New Partner: No

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5103
Planned Funding(\$): \$ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tulane University
New Partner: No

Mechanism Name: UNICEF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5449
Planned Funding(\$): \$ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: United Nations Children's Fund
New Partner: No

Mechanism Name: UNDP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5165
Planned Funding(\$): \$ 965,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: United Nations Development Programme
New Partner: No

Sub-Partner: United Nations Volunteer
Planned Funding: \$ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: University of Hawaii

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5181
Planned Funding(\$): \$ 510,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: University of Hawaii
New Partner: No

Mechanism Name: University of Hawaii

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6097
Planned Funding(\$): \$ 0.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: University of Hawaii
New Partner:

Mechanism Name: MEASURE/Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5104
Planned Funding(\$): \$ 290,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina, Carolina Population Center
New Partner: No

Sub-Partner: Vietnam Committee for Population, Family and Children
Planned Funding: \$ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: USAID GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5105
Planned Funding(\$): \$ 3,238,587.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: HHS/CDC Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5107
Planned Funding(\$): \$ 2,855,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: HHS/CDC GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5106
Planned Funding(\$): \$ 1,553,685.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 350,000.00
Early Funding Request Narrative: Because GHAI funds came so late and FY cutoffs for HQ funded activities were so early in FY 06, HHS/CDC was unable to process several of the proposed activities both at post and at CDC Atlanta. This early funding request for \$350,000 is to avoid this from occurring in FY07 and to establish funding so that new activities can be processed within acceptable Agency time frames.

Mechanism Name: PACOM/Center of Excellence

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5202

Planned Funding(\$): \$ 1,172,000.00

Agency: Department of Defense

Funding Source: GHAI

Prime Partner: US Department of Defence/Pacific Command

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 381,000.00

Early Funding Request Narrative: Because GHAI funds come very late for DOD, early funding is requested to ensure timely staffing for program success.

Early Funding Associated Activities:

Program Area:HVMS - Management and Staffing

Planned Funds: \$275,000.00

Activity Narrative: Funds requested will support overall PEPFAR DOD program management and oversight, including operatio

Program Area:HVMS - Management and Staffing

Planned Funds: \$65,000.00

Activity Narrative: The DOD program in Vietnam subscribes to ICASS services to cover administrative and personnel costs

Program Area:HVMS - Management and Staffing

Planned Funds: \$41,000.00

Activity Narrative: Funds will be used to contribute to the State Department's OBO Capital Security Cost Sharing (CSCS)

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: \$ 2,320,000.00

Program Area Context:

Program Area Setting

HIV prevalence among pregnant women at antenatal care (ANC) sites remains under 1% at 0.37% (UNAIDS 2005) but is steadily increasing, and 2005 sentinel surveillance revealed ANC rates higher than 1% in several provinces such as Hanoi and Quang Ninh. With an estimated 1.6-1.8 million deliveries per year, this translates to about 5,600-7,000 HIV-positive pregnant women giving birth to 1,700-2,100 HIV-positive newborns per year (in the absence of PMTCT).

Current support for PMTCT is provided through 5 main sources. PEPFAR has supported PMTCT in 4 high-prevalence provinces: Hanoi, Ho Chi Minh City, Quang Ninh and Haiphong. A fifth province, An Giang, is being added in FY06. Services are available at 6 national and provincial hospitals, 20 districts and 270 commune health centers. All sites are linked to designated hospitals and district health centers in each province where prophylactic ARV is delivered to HIV+ mothers and their children. Additional coverage for 12 districts and 7 hospitals throughout the country is provided by UNICEF, World Bank and Global Fund (GF). The Government of Vietnam has provided test kits to some sites at a 50% reduced price and Boehringer-Ingelheim Pharmaceutical Company continues to donate Nevirapine pills and suspension for single-dose use at selected hospitals throughout the country.

Key accomplishments

At present, PEPFAR supports services in 5 PEPFAR focus provinces. In FY06, PEPFAR also expanded services to the military (MOD) through a pilot PMTCT program at Hospital 103 (Hanoi) and Hospital 175 (Ho Chi Minh City, HCMC). Activities have provided services and built capacity at the national, regional, provincial and community levels, and have increased linkages between levels of the health care system and to other program areas such as counseling and testing, palliative care and ARV services for adults and children.

"Opt-out" testing is used at all PEPFAR-supported PMTCT sites and integrated into routine ANC. Uptake for testing at the first visit is 50-80% and increases to 90-100% after the third ANC visit. Rapid testing is approved for use after 34 weeks. Clinical staging, OI prophylaxis and ARV treatment are provided at the outpatient clinic affiliated with each site. Triple therapy ARV with AZT/3TC/NFV is offered to women for prophylaxis starting no later than 36 weeks. Infants are given single dose Nevirapine and 1 week of AZT. PMTCT is integrated into routine ANC, however, sites may also receive referrals from community health workers, peer outreach workers and local VCT sites. Infant follow-up includes cotrimoxazole at 6 weeks and counseling on safe feeding practices with provision of formula if AFASS (acceptable, feasible, affordable, safe, sustainable) criteria are met. Antibody testing is performed at 18 months as directed by National Guidelines. DNA PCR testing is available through the National Institute for Hygiene and Epidemiology (NIHE) and Pasteur Institute in HCMC. Broader use for early diagnosis is awaiting MOH/VAAC approval.

In FY06, PEPFAR is strengthening counseling effectiveness through training specifically geared at improving these skills. The PEPFAR team is currently working with UNICEF, MOH and other partners to review current available training curricula and develop these into a national training manual.

Challenges/Opportunities

Current national geographic coverage of PMTCT remains low and is estimated at 7% (45 of 665 districts in the country). Since the majority of pregnant women are located in the higher-prevalence provinces, numeric coverage from PMTCT is higher. In 2005, 145,116 (57%) pregnant women received counseling and HIV testing and 664 HIV+ pregnant women (59% of estimated HIV infected pregnant women) were identified. Of those, 432 (33%) women and 367 babies received ARV for PMTCT prophylaxis. Information from military sites is limited, but data thus far indicates lower ANC rates than in the VAAC sites. Numbers from the GF and national program interventions currently are not available. With 1,307 HIV+ women

receiving services, the coverage in these 4 provinces remains relatively low.

PEPFAR is working closely with partners including the Government of Vietnam (GVN), UNICEF and GF to coordinate these services through province- and site-specific collaborative use of resources. However, current lack of a national protocol and scale-up plan has limited the extent of coordination in coverage expansion.

Key Strategy Elements

PEPFAR will support the Vietnam National HIV/AIDS Strategy by expanding PMTCT services in provinces with high ANC prevalence in the next 2 years with the goal of keeping the mother-to-child transmission rate lower than 10% and the prevalence of HIV among pregnant women lower than 0.5% nationwide.

VAAC has established a national PMTCT coordination and planning committee supported by partners including PEPFAR, UNICEF, WHO and Clinton Foundation. Priorities on this committee include development of a national PMTCT protocol, scale-up plan and guidelines to ensure that all PMTCT programs meet agreed-upon national standards with regards to model, protocol, monitoring, evaluation, management, and supervision. PEPFAR will provide technical assistance to VAAC for the design and implementation of the protocol and scale-up plan (this will include support for training). Technical support will also be provided for development of DNA PCR testing through dried blood spots (DBS) for early diagnosis of infants born to infected mothers.

FY07 funds will increase coverage in the focus provinces in district-level sites, at 2 additional military sites as well as in 3 additional provinces with high ANC prevalence. Geographic coverage will be coordinated with VAAC's planned expansion to 25 districts in 19 provinces if GF Round 6 funding is secured. Training will be conducted at military sites to encourage universal compliance with maternal-child transmission guidelines in all military hospitals and will be supplemented with several smaller on-site workshops and visiting professorships during the implementation process as necessary.

Strengthening of referral linkages in the continuum of care for mother, child, and other family members will be a top priority. PEPFAR will continue to facilitate communication between PMTCT sites and pediatrics and adult care and treatment programs via reports, referral forms, telephone calls, and regular meetings to ensure follow-up and treatment for mothers and babies during and after pregnancy. PEPFAR has trained a Community Health Care network to educate and support HIV-positive pregnant women, new mothers, and infants born to HIV-positive mothers and their spouses/partners. Efforts will be made to strengthen peri- and postnatal counseling to mothers and their families, including couples counseling and to improve access to follow up care, OI prophylaxis, formula, early testing of infants and treatment services as needed. These health care workers will facilitate access to community and home-based services for adults and children including care and support, self-care, symptom management, psychosocial support, nutrition, counseling on child care, formula substitutes and referral for palliative care and ARV treatment as described in palliative care and OVC program areas. Work with community-based organizations (CBOs) and media interventions, through UNICEF, will increase awareness of services among the general population and reproductive age groups to promote and normalize HIV testing among all pregnant women and their partners.

In accordance with the PEPFAR SI plan, collection of information for implementing, monitoring, and evaluating activities will meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the National HIV/AIDS M&E System.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	29
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,210
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	241,000
Number of health workers trained in the provision of PMTCT services according to national and international standards	355

Table 3.3.01: Activities by Funding Mechanism

Mechanism: HHS/CDC GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9382
Planned Funds: \$ 87,272.00
Activity Narrative: This activity is linked to MTCT HCMC-PAC (9383) and MTCT MOH/VAAC (9384).

This activity is supported with both Base and GHAI funds and relates to MTCT CDCBASE (9853).

Funds requested between GHAI and Base (GAP) account will support a LES (Pediatric AIDS Specialist) and 50% of 2 USPSCs (Program Officer, Program Management Specialist), including salary, benefits/allowances and official travel costs.

As members of the PEPFAR Care and treatment Team, these staff will provide and HCMC-PAC technical assistance (TA) and program oversight of the MOH/VAAC and HCMC-PAC PMTCT Program in program design, implementation and evaluation in design, implementation and evaluation of PMTCT programs. Technical assistance includes developing training curricula and conducting training to clinicians on PMTCT related issues and conducting quality assurance control on the implementation of protocols.

Continued Associated Activity Information

Activity ID: 5562
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 119,608.00

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement 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 and international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

Doctors
Nurses
National AIDS control program staff
Other Health Care Worker

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	HCMC PAC Cooperative agreement
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9383
Planned Funds:	\$ 132,000.00
Activity Narrative:	This activity is linked to HBHC HCMC-PAC (9533), HTXS HCMC-PAC (9409), and HKID HCMC-PAC (9535).

FY07 funds will continue to support the 5-year strategy and expand PMTCT services in Ho Chi Minh City (HCMC) to counsel and test 115,000 pregnant women at ANC sites and provide ART prophylaxis to 552 HIV-positive pregnant women with a target of 90% coverage. HCMC has the largest population and highest number of PLWHA in Vietnam, including pregnant women. In FY06, PEPFAR supported the Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC), a provincial HIV/AIDS coordination body, to coordinate resources from partners including UNICEF, GF, and Action Aid in order to expand PMTCT services throughout the city. Funding was used to improve PMTCT services in the existing sites, 10 districts and 208 commune-level service delivery sites providing the minimum package of PMTCT services with referrals to 6 district level PMTCT outlets and 2 OB/GYN city hospitals, providing a complete package of PMTCT services to women in HCMC and neighboring provinces.

Currently HCMC has PMTCT services in all districts, with 20 out of 24 districts receiving support from international organizations such as PEPFAR, World Bank and UNICEF. In FY07, PEPFAR will expand services to 2 districts that lost funding in 2006 to maintain current coverage levels in the city. PMTCT services will be provided using an opt-out approach, and women testing positive will be systematically referred to care and treatment services in coordination with affiliated outpatient clinics. All pregnant women who seek ANC and delivery at the two OB hospitals and all districts and communes health centers will be provided counseling and offered HIV testing.

In FY 07, PEPFAR will focus on improving the quality of services provided at sites through raising public awareness and decreasing stigma surrounding PMTCT and other HIV services (key legislative issue: stigma). Activities will also focus on strengthening linkages and referral systems between OB/GYN hospitals, the community and pediatric hospitals to reduce loss to follow-up of mother-child pairs. This will be accomplished through referral forms, frequent communication among service providers, case management follow-up at both adult and pediatric OPCs and linkages to community and home-based care.

Community health care workers will continue to serve as educators and adherence supporters during the antenatal period. These staff will play an integral role in linking women, children and their families to other services available in HCMC, as described in the ARV and palliative care program areas, including counseling and testing, care and treatment, community and home-based care and additional OVC services to be supported in 2007 including a new drop-in center that will provide psychosocial support through a trained case manager and support groups (key legislative issue: gender).

Additional support in FY 07 will improve the capacity of community case workers to provide education, referrals, counseling and adherence support as well as the long-term follow-up of mothers and children.

Continued Associated Activity Information

Activity ID:	5543
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
Mechanism:	Cooperative agreement

Funding Source: GHAI
Planned Funds: \$ 102,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	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 and international standards	10	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	115,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	552	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	20	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 HIV/AIDS-affected families
 Infants
 Orphans and vulnerable children
 Pregnant women
 Women (including women of reproductive age)
 HIV positive pregnant women
 Laboratory workers
 Other Health Care Worker
 HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Ho Chi Minh City

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner: Ministry of Health, Vietnam
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9384
Planned Funds: \$ 1,353,000.00

Activity Narrative: This activity is linked to HBHC MOH/VAAC (9529), HBHC FHI (9558), HTXS VAAC (9398), HTXS FHI (9415), HKID VAAC (9531), and HLAB NIHE (9506).

This activity focuses on 3 main objectives in support of the program area strategy: increasing coverage in the 7 focus provinces and 3 additional high-prevalence provinces in support of the national PMTCT scale-up strategy; strengthening of referrals and linkages between outpatient clinics (OPC) and community-based programs providing counseling, care and treatment and support services to mothers, children and other family members; and capacity building at the MOH/VAAC.

In FY06, MOH strengthened existing PMTCT services in 3 focus provinces: Hanoi, Haiphong and Quang Ninh and expanded PMTCT service to An Giang, another high-prevalence province. PEPFAR has provided technical assistance to the National OB/GYN Hospital to act as the national implementer, educator and Quality Assurance provider (QA), to provide training at the provincial level, produce Information Education and Communication (IEC) materials, provide QA and monitoring of the provinces and to lead the implementation of the national PMTCT network.

FY07 activities will support the national strategy by increasing both geographic and numeric coverage in order to increase the number of HIV-positive pregnant women tested early and receiving appropriate ARV prophylaxis and/or treatment. PEPFAR will support VAAC to expand PMTCT services in the 6 current focus provinces and in 3 additional high-prevalence provinces that will be guided by the National PMTCT scale-up plan currently in development. Expansion of PEPFAR-supported services will be coordinated with other planned VAAC expansion if GF Round Six funding is obtained. PMTCT services will be provided using an opt-out approach and women testing positive will be systematically referred to care and treatment services in coordination with an affiliated outpatient clinic.

Community health care workers in each commune will continue to serve as educators and adherence supporters during the antenatal period. These staff will play an integral role in linking women, children and their families to other services available in each district or province, as described in the ARV and palliative care program areas, including counseling and testing, care & treatment services, community and home based care and additional OVC services to be supported in 2007 including drop-in centers in 3 provinces (refer to OVC program area). These sites will be closely linked to IEC/BCC (Behavior Change Communication) activities described in the UNICEF activity narrative which strives to increase counseling and testing uptake among women presenting for ANC as well as among their children and partners (Key Legislative issue: gender). Increased awareness in the community will decrease stigma and help to normalize HIV testing in ANC (Key Legislative issue: stigma). Through formal communication mechanisms and regular meetings between service delivery areas in each district, forms will be standardized across donors through development of an implementation protocol, and standardized quality assurance and reporting tools.

PEPFAR will support capacity building at VAAC through several activities: TA for development of national guidelines, implementation protocol, and scale-up plan, training and TA for new VAAC staff in PMTCT programming and evaluation, and support to develop a national protocol and implementation for DNA PCR utilizing dried blood spots (refer to Laboratory Infrastructure section).

In accordance with the PEPFAR SI plan, collection of information for implementing, monitoring, and evaluating activities will meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the National HIV/AIDS M&E System.

Additional funds will support: 1) Further expansion of counseling and testing at district and city level ANC sites to increase the uptake of women being tested earlier in pregnancy and link to established sites providing the full package of PMTCT services including ART; 2) Support for 5 sites at the provincial level in urban areas in provinces with prevalence of 0.5% or higher that will provide the minimum package of PMTCT services and link to adult and pediatric care and treatment services. 3) Subsidization of testing at ANC sites to improve PMTCT uptake 4) Increased training at new sites and support for training

curriculum development to implement new National PMTCT procedures now in development.

Continued Associated Activity Information

Activity ID: 5542
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Vietnam
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	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 and international standards	24	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	157,300	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	748	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	375	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- HIV/AIDS-affected families
- Infants
- National AIDS control program staff
- Orphans and vulnerable children
- Pregnant women
- Women (including women of reproductive age)
- HIV positive pregnant women
- Laboratory workers
- Other Health Care Worker
- HIV positive infants (0-4 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: UNDP
Prime Partner: United Nations Development Programme
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9385
Planned Funds: \$ 120,000.00

Activity Narrative: This activity is linked to MTCT MOH/VAAC (9384) and MTCT HCMC-PAC (9383).

PEPFAR will support UNICEF to raise awareness of HIV testing in pregnant women in the community, in support of the PEPFAR Vietnam 5-Year Strategy. This activity will address the issue of low antenatal care rate and low HIV testing uptake nationwide, including in provinces that receive PEPFAR support. The goal of this activity is to raise awareness among women, their partners and the general population about HIV and PMTCT.

Two main approaches will support this objective. First, at national and provincial levels, UNDP will support MOH/VAAC to provide information about HIV, PMTCT, the availability of services in the country and, upon completion, dissemination of information on the national implementation protocol and scale-up strategy to the general population, using national and provincial mass media events. This activity will be led by VAAC, Vietnam Women’s Union (VWU), and provincial authorities. UNICEF will provide training and technical assistance for 10 national and provincial VWUs and other key stakeholders on messages to be disseminated. This activity will also strengthen the capacity and involvement of policy makers at the national and provincial level to include PMTCT programming in national and provincial action plan priorities.

Second, at the district and community levels, UNICEF will support local community and/or faith based organizations to be identified in each district/commune (including PLWHA groups if any) to disseminate information on PMTCT and other HIV services existing in the area. The goal of this activity is to provide information about HIV/AIDS and PMTCT and raise awareness about PMTCT for women of reproductive age and their family, thus making HIV testing more acceptable to women and their partners. Through this activity, women and their families will be informed about all services available to individuals testing positive, including ARV prophylaxis, alternative forms of breastfeeding, OVC and other social support services. Funds will be used to adapt BCC/IEC (Behavior Change Communication/Information Education Communication) materials, to work with and train 40 provincial and district Women’s Union staff, village communicators and other local organizations to choose and train on a model of BCC to be used in that setting, and to provide “seed money” to support these locally chosen organizations to implement IEC/BCC activities.

A proposed mechanism to fund UNICEF through CDC is not available. \$70,000 will be reprogrammed to USAID for funding UNICEF through UNDP. Additional \$120,000 will support additional training workshops on BCC interventions for PMTCT targeting community-based communicators (additional 300 community collaborators in 5 districts reached); support a WHO/UNICEF/UNFPA joint initiative to develop and pilot innovative activities to increase men's involvement in PMTCT; support the production, reproduction and printing of extra IEC materials for use by trained community collaborators; technical assistance for both central and decentralized PMTCT activities such as policy and guideline development.

Added February 2008:

A proposed mechanism to fund UNICEF through CDC is not available. \$70,000 will be reprogrammed to USAID for funding UNICEF through UNDP. This additional \$50,000 will support additional training workshops on BCC interventions for PMTCT targeting community-based communicators (additional 300 community collaborators in 5 districts reached); support a WHO/UNICEF/UNFPA joint initiative to develop and pilot innovative activities to increase men's involvement in PMTCT; support the production, reproduction and printing of extra IEC materials for use by trained community collaborators; technical assistance for both central and decentralized PMTCT activities such as policy and guideline development.

Emphasis Areas

% Of Effort

Information, Education and Communication	10 - 50
Local Organization Capacity Development	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 and international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

Adults
 Community leaders
 Community-based organizations
 Family planning clients
 International counterpart organizations
 National AIDS control program staff
 Pregnant women
 Men (including men of reproductive age)
 Women (including women of reproductive age)

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	PACOM/Center of Excellence
Prime Partner:	US Department of Defence/Pacific Command
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9726
Planned Funds:	\$ 15,000.00
Activity Narrative:	This activity is linked to MTCT MOD (9728) and MTCT UH (9727).

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

Continued Associated Activity Information

Activity ID: 5558
USG Agency: Department of Defense
Prime Partner: University of Hawaii
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas

Quality Assurance, Quality Improvement and Supportive Supervision

% Of Effort

10 - 50

Targets

Target

Target Value

Not Applicable

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

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

Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting

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

Target Populations:

USG in-country staff

USG headquarters staff

Table 3.3.01: Activities by Funding Mechanism

Mechanism: University of Hawaii
Prime Partner: University of Hawaii
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9727
Planned Funds: \$ 60,000.00
Activity Narrative: This activity is linked to MTCT MOD (9728), HBHC UH (9555), HBHC COE (9595), and HTXS UH (9397).

This activity is a continuation of a limited training program in FY06. In FY07, this activity will ensure that quality training is provided by the Vietnam Ministry of Defense's (MOD) Military Medical Department and that requisite medical expertise builds the capacity of the military health care system. The funds in this activity will support the training of 200 health care professionals and the counseling and testing of 4000 pregnant women at 3 MOD service sites.

PEPFAR will support the training of master trainers and will provide technical assistance (TA) for MOD's training workshops (described in MOD's PMTCT activity narrative) for Ob/Gyn physicians, pediatricians, nurses, and mid wives as well as for the smaller onsite intensive workshops. A visiting professor will serve as a mentor to physicians at Military Hospitals 103 (Hanoi), 175 (Ho Chi Minh City), and 121 (Can Tho City) to assist with the logistics of HIV screening, establish pharmacy and HIV support systems, set up ARV treatment mechanisms within obstetric outpatient services and support information retrieval/ data management for program evaluation purposes. Additionally, PEPFAR will provide TA to conduct 1 workshop involving 160 health care professionals on PMTCT-related ARV management and in the care of HIV-infected pregnant women. PEPFAR will conduct 2 mini-workshops for 20 participants to further their PMTCT skills through case studies and small-group discussions. Counseling, testing and referral will also be addressed and will be linked to the MOD and Vietnam Ministry of Health's network of health care, to ensure women of reproductive age have access to care and treatment.

This activity will promote PEPFAR's goal of providing treatment for a greater number of HIV-positive individuals, and strengthen PMTCT as part of Vietnam's National HIV/AIDS Strategy.

Continued Associated Activity Information

Activity ID: 5558
USG Agency: Department of Defense
Prime Partner: University of Hawaii
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement 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 and international standards	1	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	40	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Military personnel
Pregnant women
Other Health Care Worker

Key Legislative Issues

Increasing women's access to income and productive resources

Coverage Areas

An Giang
Can Tho
Ha Noi
Ho Chi Minh City

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Ministry of Defense
Prime Partner: Ministry of Defense, Vietnam
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9728
Planned Funds: \$ 50,000.00
Activity Narrative: This activity is linked to MTCT UH (9727), HBHC UH (9555), HBHC COE (9595), and HTXS UH (9397).

This is a new activity in FY07 with prime partner the Vietnam Ministry of Defense (MOD). It will address MOD's goal of building human capacity and the PMTCT program within its health care delivery service system. Funds will be used to improve and increase the expertise and skills of military health care professionals to provide ante- and post-natal care to at-risk pregnant women and HIV-positive pregnant women to stop mother-to-child transmission. This will be accomplished through the training of 200 military health care providers from 3 main service outlets (Military Hospitals 103 in Hanoi, 175 in Ho Chi Minh City, and 121 in Can Tho City).

In collaboration with the Center of Excellence (COE), the MOD will organize and conduct 1 workshop, and 2 smaller, in-depth workshops for groups, targeting Ob/Gyn physicians, pediatricians, obstetric nurse practitioners, and midwives. These workshops will be held at key military medical facilities. This activity builds on the activity described in the PMTCT activity with prime partner University of Hawaii (UH), which will train the master trainers responsible for the present activity.

Components of this activity will build human capacity within the MOD health care delivery system as well as complement UH's PMTCT activities. The long-term goals are to increase and improve the human medical resources for the Vietnamese Military community and the civilian population and to reduce mother-to-child transmission. Strengthening PMTCT will also addresses an aspect of the Vietnam's National HIV/AIDS Strategy.

Continued Associated Activity Information

Activity ID: 5558
USG Agency: Department of Defense
Prime Partner: University of Hawaii
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	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 and international standards	1	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	160	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
Military personnel
Pregnant women
Other Health Care Worker

Key Legislative Issues

Increasing women's access to income and productive resources

Coverage Areas

An Giang
Can Tho
Ha Noi
Ho Chi Minh City

Table 3.3.01: Activities by Funding Mechanism

Mechanism: HHS/CDC Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9853
Planned Funds: \$ 32,728.00
Activity Narrative: This activity links to activities MTCT HCMC-PAC (9383) and MTCT MOH/VAAC (9384). This activity is supported with both Base and GHAI funds and relates to MTCT GHAI (9382).

Funds requested between GHAI and Base (GAP) account will support a LES (Pediatric AIDS Specialist) and 50% of two USPSCs (Program Officer, Program Management Specialist), including salary, benefits/allowances and official travel costs.

As members of the PEPFAR Care and treatment Team, these staff will provide and HCMC-PAC technical assistance (TA) and program oversight of the MOH/VAAC and HCMC-PAC PMTCT Program in program design, implementation and evaluation in design, implementation and evaluation of PMTCT programs. Technical assistance includes developing training curricula and conducting training to clinicians on PMTCT related issues and conducting quality assurance control on the implementation of protocols.

Continued Associated Activity Information

Activity ID: 5562
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 119,608.00

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement 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 and international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff
 Doctors
 Nurses
 Other Health Care Workers

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	12250
Planned Funds:	\$ 470,000.00
Activity Narrative:	This plus up activity is linked to other PMTCT activities.

In FY 07, PEPFAR will support PSI to develop and launch a new communications initiative to support PMTCT service provision by USG partners in priority provinces. PEPFAR currently supports PMTCT in five high-prevalence provinces: Hanoi, Ho Chi Minh City, Quang Ninh, Hai Phong and An Giang and further expansion as planned. The main objective of the PSI communication program will be to increase proportion of women seeking PMTCT services as part of routine ANC visits in PEPFAR supported provinces. This will be achieved through increased knowledge of PMTCT services and awareness of the availability of the services in select sites. The campaign will also aim to promote benefits of knowing one's HIV status early during pregnancy. PSI will use social marketing approaches, in close collaboration with PEPFAR supported partners providing PMTCT services as well as local government partners, to achieve these objectives.

The proposed PMTCT communication initiative will tie in with the PEPFAR supported VCT communication campaign implemented by PSI. In FY 07, PEPFAR will support PSI to continue its communication campaign to promote VCT service in priority provinces. The campaign will aim to increase uptake of CT among target populations, reduce stigma associated with these services and knowing one's HIV status and increase local capacity. As the next phase of the VCT campaign will focus on promoting tangible benefits of knowing one's HIV status, the PMTCT campaign will link directly with the benefits for specific population groups such as pregnant women and couples planning to have a baby. As the current coverage of PMTCT is low and no communication activities have been done to support PMTCT services, PSI will conduct an assessment to better understand the situation on the ground. This will include formative research to estimate current levels of awareness of PMTCT, understand barriers to HIV testing, especially among pregnant women in the general population, and identify potential motivating factors for women to participate in the PMTCT program. The assessment will influence the design and development of the communication campaign.

In FY 07, PSI's proposal is to focus on the 2 high prevalence provinces of Hai Phong and Quang Ninh during the first phase of the campaign. During this phase, PSI will train 50 existing care and support personnel to promote PMTCT services among the target population. The program will aim to increase PMTCT uptake among pregnant women in target sites by 15% within the first year.

Emphasis Areas

Linkages with Other Sectors and Initiatives

% Of Effort

51 - 100

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

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: \$ 2,886,871.00

Program Area Context:

Program Area Setting

Vietnam is a patriarchal society influenced by Confucianism. Premarital sex is strongly discouraged, though use of commercial sex work by married and unmarried men is not uncommon. Behavioral evidence suggests that HIV infection risk is relatively low in the general population (0.53% prevalence, UNAIDS 2006). The average age of sexual debut is 20 years for men and 19 for women. While data show that HIV remains concentrated among the young (79% of infected are aged 20-39), less than 1% of all 14-17 year-olds report that they have ever had sex (Survey and Assessment of Vietnamese Youth - SAVY 2005). The principle driving force behind HIV transmission among youth is a significant injection drug use epidemic, which accounts for more than 60% of new infections (MOH).

While SAVY indicates young Vietnamese men report later sexual initiation than global peers, late sexual initiation does not preclude buying sex. A 1998 study of 804 males who had sought STI treatment found 58% reported first sex with a sex worker, while the SAVY found that 33% of sexually active urban males reported having had sex with a sex worker. A 2002 study of male university students in Hanoi found that 71% of males who first had sex before the age of 20 had at least 1 sexual encounter with a sex worker, and that one-third of sexually active young males had purchased sex in the previous 6 months. A recent FHI study of men in entertainment establishments found that 60-70% of married men reported having visited sex workers, usually in the company of peers. Having multiple sex partners was more commonly reported by married men than by single men. A 2004 DKT study found that 90% of mobile men (men who lived away from their homes for employment purposes) had had commercial sex.

The Government of Vietnam's (GVN) current strategy to target audiences with health messages relies heavily on IEC campaigns using print/billboard media. Propaganda messages mix positive social modeling, fear, and shame to steer youth away from drugs and prostitution and toward social responsibility to family/community. While health education in schools focuses primarily on life skills, the GVN has made some efforts recently to incorporate biological studies for secondary students (via support from UNICEF and Save the Children).

Key Accomplishments

To address emerging risk for sexual transmission, as identified in the PEPFAR Vietnam 5-Year Strategy, the PEPFAR promotes abstinence, fidelity and partner reduction targeting men and high-risk youth through risk-avoidance messages. Community outreach interventions are directed at men in entertainment establishments where commercial sex is arranged (180,000 targeted in 2006), and are linked to a national media campaign designed to bolster male social responsibility. To address risk among in-school youth and to promote sustainable messaging, PEPFAR partners with the Ministry of Education and Training (MOET) to implement a pre-tested, school-based curriculum that promotes healthy living choices and positive behavior norms. This curriculum is currently being implemented in 3 focus provinces in conjunction with community interventions targeting parents of youth, extending reach to out-of-school at-risk youth. PEPFAR also supports a range of low-cost, sustainable prevention approaches for university students.

Challenges/Opportunities

Increased access to and demand for commercial sex work, a significant heroin epidemic, and high unemployment pose challenges to reinforcing positive behavior norms and healthy living choices. In Vietnam males are given priority to education and employment. In the 1990s, rapid economic growth and easing up on the two-child policy led to population growth; low-educated individuals are leaving rural areas to compete for employment in urban centers. These migrants are at increased risk for drug and alcohol abuse, highly correlated with unemployment.

Given these challenges, the Communist Party of Vietnam maintains a strong network of quasi-governmental mass organizations that serve as service organizations in the absence of civil society.

Access to television in rural and urban Vietnam has increased dramatically, and television is the most common information source on health information (SAVY). Younger youth are more likely to rely on teachers for information, while older youth report reliance on peers (SAVY). Data suggest that peer-driven outreach activities accompanied with media messaging may be most effective for addressing men and out-of-school youth, while school-based programs including parents and teachers may be most effective for younger, in-school youth.

Key Strategy Elements

Building on the 2006 PEPFAR Prevention Technical Assistance (TA) visit, Vietnam’s population profile and social norms, AB interventions will be expanded to 7 focus provinces providing a range of approaches to reinforce consistent AB messages that are based on formative research related to male adult and youth sexual practices and decision-making. Interventions will be grounded in promotion of healthy lifestyles and reinforcement of healthy sexual norms. Prioritization will be given to the norms that underlie men’s sexual decision-making. Interventions for in-school and out-of-school youth will be scaled up, providing life skills training that takes into account the vulnerabilities of young women, while enforcing male social responsibility and addressing stigma associated with HIV/AIDS.

Prevention programs will be coordinated via placement of outreach coordinators in AIDS committees in each focus province. PEPFAR will support Pact and FHI to lead interventions targeting potential clients of sex workers via expansion of the “Live like a Real Man” campaign to all focus provinces, combining media and community-based outreach to prevent/reduce visits to sex workers and promote fidelity and social responsibility, reaching over 180,000 men directly. Save the Children, in partnership with Community Based Organizations (CBO), will lead interventions targeting youth (30,000 in- and out-of-school and street youth) via peer educators, building life-skills in schools, industrial parks and entertainment establishments. Skills will include AB-specific HIV prevention, practicing dialogue instead of violence/coercion for conflict resolution, healthy living, and gender awareness. SHAPC will target university students, conveying age-appropriate HIV/AIDS prevention, sexual delay, partner reduction, and mutual faithfulness strategies. Peer trainers will also provide students with relevant life skills training to enhance students’ ability to adopt healthy behaviors. UNAIDS, in partnership with the Ministry of Defense, will target uniformed services with appropriate peer outreach. SMARTWork will lead workplace interventions for migrant workers and former drug users returning from 06 centers, government centers for rehabilitating drug users.

The PEPFAR supported outreach coordinator will ensure appropriate linkages between AB and other prevention initiatives to enhance effectiveness, coordination, and coverage, and linkage with appropriate services including Counseling and Testing (CT), care and treatment, STI management, and addictions treatment. Sustainability will be addressed through local partnerships and capacity building aimed at enabling CBOs and mass organizations to function independently.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	14,000
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	320,000
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Ministry of Defense
Prime Partner: Ministry of Defense, Vietnam
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9479
Planned Funds: \$ 100,000.00
Activity Narrative: This activity is linked to HVOP MOD (9478), HVOP UNAIDS (9477), OHPS MOD (9426), OHPS UNAIDS (9542), and HVAB UNAIDS (9489).

In collaboration with the US Pacific Command (PACOM), Center of Excellence (COE), the Vietnam Ministry of Defense (MOD) will continue with HIV prevention activities for members of the uniformed services. The MOD will train 300 peer educators to reach 15,000 recruits and 80,000 upstream service members. An additional 200,000 upstream military dependents will receive AB messages through PEPFAR supported peer education. As with many militaries worldwide, Vietnamese military personnel are considered an at-risk population because of factors such as young age, high mobility, separation from families, and potential exposure to commercial sex workers. Aggressive measures will address male norms and behaviors of this young, sexually-active group that may bridge HIV transmission to the general population. Promotion of abstinence or mutual faithfulness will be taught as a critical and effective means to reduce risk of HIV transmission.

The COE will support FY 07 MOD efforts in complement to MOD and UNAIDS peer-based prevention initiatives for military members. Based on proven and successful military models, the intervention incorporates several steps to reach recruits, existing military members and their families. In the first step, unit medics are trained as master trainers and peer educators. The master trainer medics train other peer-educators using life skills modules. Peer-educators then reach new recruits during regularly scheduled periods to foster discussion of HIV/AIDS. This dialogue extends beyond improved knowledge or awareness of HIV to provide individuals with motivation and skills to adopt safer behaviors. In line with the MOD prevention strategy, delayed sexual debut or mutual faithfulness are presented as the only certain means to prevent sexual transmission of HIV and recruits are advised of the risks involved with visiting sex workers. The program will be incorporated into basic training for recruits and at major unit installations. Educational materials will be distributed to educators and recruits, reinforcing the interpersonal communication.

PEPFAR funded interventions prioritize peer education at recruit training camps to target particularly young (18-22 years of age) and vulnerable recruits where efforts may affect a population level reduction in new infections. Other key military installations include special detachments and border camps where military personnel are stationed away from home for extended 6 to 24 month periods of time. All outreach will be linked to MOD counseling and testing centers and HIV care and treatment for military members and their dependents.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target

Target Value

Not Applicable

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

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

15,000

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

300

Target Populations:

Most at risk populations

Military personnel

University students

Men (including men of reproductive age)

Partners/clients of CSW

Public health care workers

Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Family Health International
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9480
Planned Funds: \$ 255,000.00

Activity Narrative: This activity is linked to HVOP FHI (10207) and consists of five main components.

PEPFAR will support FHI to train health educators and peer educators to deliver effective AB messages to appropriate most-at-risk populations (MARPs) in the 6 current and 1 planned focus provinces, reaching 48,000 people. Outreach teams will incorporate AB messaging in daily contacts with drug users, Men who have Sex with Men (MSM) and, where possible, with peers and family members of MARPs, stressing abstinence as the only 100% certain way of avoiding sexual transmission and mutual faithfulness as a critical means to reduce risk of exposure. Outreach workers will be trained in peer counseling skills to help clients develop strategies to reduce risk of HIV transmission. Behavior Change Communication (BCC) materials stressing abstinence and faithfulness will be distributed to key populations through outreach activities and at drop-in centers where clients can receive additional counseling, HIV counseling and testing, and other services.

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

FHI will cooperate with Health Policy Initiative to promote greater involvement of People Living With HIV/AIDS (PLWHA) in abstinence and faithfulness approaches, building PLWHA skills to counsel clients on the importance of fidelity to 1 partner as part of a comprehensive prevention strategy (refer to HVOP FHI 10207). PEPFAR will support training for 50 service providers and 100 PLWHA peers who will counsel clients at out-patient clinics, PLWHA support group meetings and home-based care visits. Twenty-five hundred positive PLWHA will be reached through peer counseling sessions that stress fidelity as a primary means to prevent infection or cross-infection.

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

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

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

from drug use. Developing a nationwide core of counselors and case managers will help "legitimize" the profession of addiction counseling and ensure sustainability without continued reliance on expensive foreign technical assistance.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	122,900	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	795	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Most at risk populations
- Discordant couples
- Injecting drug users
- Men who have sex with men
- People living with HIV/AIDS
- HIV positive pregnant women
- Widows/widowers
- Partners/clients of CSW
- Transgender individuals

Key Legislative Issues

- Gender
- Addressing male norms and behaviors

Coverage Areas

Lang Son

Quang Ninh

Khanh Hoa

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Health Policy Initiative (HPI)
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9481
Planned Funds: \$ 20,000.00
Activity Narrative: This activity is linked to HVOP HPI (9626).

Health Policy Initiative (HPI) works with MOH/VAAC to lead prevention with positives programming in Vietnam. PEPFAR will partner with HPI to train 60 individuals to promote HIV/AIDS prevention through abstinence and/or being faithful. This training will be conducted through workshops and community outreach. This AB component is 1 key element of the comprehensive ABC prevention program targeting PLWHA to reduce stigma and to prevent HIV transmission to family members, spouses and/or sex partners. These activities also contribute to the PEPFAR Vietnam 5-Year Strategy averting new HIV infections through interventions with People Living With HIV/AIDS (PLWHA).

A design team will develop an original prevention with positives training module, based on needs assessment among PLWHA groups, incorporating HHS/CDC and OGAC prevention with positives materials and specific AB components to address challenges faced by PLWHA. AB messaging will be tailored to address gender, male norms and behaviors and women’s needs in maintaining mutual fidelity. A core team of 10 master trainers will be developed to teach AB as a primary means of preventing HIV infection or re-infection.

Fifty prevention trainers, recruited from PLWHA groups in the 6 current and 1 planned focus provinces, will attend intensive training, learning to conduct prevention workshops and promote AB messages to local peers. This intensive training will also support local capacity development and encourage a network of linkages and referral systems among service providers. Trainers will establish relationships with other provincial service providers, including Counseling and Testing (CT) and outpatient clinic (OPC) sites, to enable mutual referrals.

The 50 prevention trainers will conduct workshops in the focus provinces. Three workshops in each province (total 21) will teach 2,000 participants abstinence and mutual fidelity to prevent HIV infection or re-infection. Participants will be recruited through established PLWHA groups and networks such as Bright Futures, and referred from service providers including CT and OPC sites.

To inform local and national HIV prevention policy on experience with AB messaging, ongoing process evaluation and a final evaluation in each province will measure impact on prevention skills and behavior change communication among PLWHA groups. Evaluation results, including lessons learned throughout the process will be reported to PLWHA, policy makers and other prevention stakeholders in a final dissemination workshop. Results will also be reported in Vietnamese and international HIV/AIDS publications.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100

Targets

Target

Target Value

Not Applicable

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

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

2,060

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

60

Target Populations:

Community-based organizations

Most at risk populations

Discordant couples

HIV/AIDS-affected families

People living with HIV/AIDS

Public health care workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Thai Nguyen

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9482
Planned Funds: \$ 325,000.00

Activity Narrative: This activity is linked to HVOP AED (9606), HVOP CARE (9610), HVOP Pathfinder (9621), and HVOP Pact (9623).

PEPFAR will support umbrella organization Pact to provide management and technical support, as well as financial oversight to multiple partners engaged in community-based HIV prevention programs. Pact will support 3 international non-governmental organizations (NGOs) (AED, CARE and Pathfinder), and local partner TBD Local Partner Initiative (LPI), to expand prevention initiatives to include AB components. Overall, 4,235 outreach workers will be trained to provide tailored, AB prevention education to 103,020 individuals, including injection drug users (IDU), men who have sex with men (MSM), mobile workers, migrants, male clients of sex workers and youth. In all activities, efforts will be made to address the social norms that underlie risk behaviors, particularly among young men. Age-appropriate and gender sensitive Behavior Change Communication (BCC) programming will be fostered, along with efforts to reduce stigma and discrimination. Sustainability will be addressed through active partnerships and capacity building provided directly by participating NGOs to agencies of the government of Vietnam, mass organizations, and community-based organizations (CBO).

This activity will be conducted under the guidance of PEPFAR-supported outreach coordinators. Pact will support the coordinators' efforts to ensure linkages among these and other prevention initiatives to enhance effectiveness, coordination and overall coverage. Activities will support the 2006 PEPFAR Prevention technical assistance (TA) visit call for expanded efforts to reach at-risk and lower-risk populations beyond non-traditional settings, and will include efforts to link beneficiaries with the appropriate network model, including CT, HIV/AIDS care and treatment, STI management, and addictions counseling and treatment. Each participating NGO program is summarized here; for further detail, refer to HVOP narratives for each partner.

SMARTWork will work with MOH and the Ministry of Labor, Invalids and Social Affairs (MOLISA) to lead workplace prevention programs, stigma reduction and job placement for People Living With HIV/AIDS (PLWHA), including former residents of 06 centers, government centers for rehabilitating drug users, in the community and in industrial zones. The program will incorporate AB messages as part of a package of behavior change activities for laborers, including PLWHA, migrant workers and individuals released from 06 centers in Ho Chi Minh City (HCMC), Binh Duong, Khanh Hoa, Haiphong, Hanoi, Thai Nguyen, Hai Duong, and Hung Yen. With PEPFAR support, AED will train 4,000 individuals who will reach 85,000 workers. Core components include prevention outreach conducted in and around the workplace via workshops and both written and audio-visual IEC campaigns. AED will also work with participating enterprises to develop in-house communication strategies and activities for prevention and awareness tailored to their particular needs.

CARE will incorporate AB messages in prevention outreach activities conducted via 11 CBOs in Hanoi, HCMC and Quang Ninh. Messages will be specifically tailored to schools and youth in the community, developed in a participatory manner, and disseminated by CBO members and trained peer educators with close community links. Fifteen individuals will be trained, and 500 will be reached with AB messages. CARE will also provide capacity building support to each partner CBO, thereby contributing to the sustainability of AB prevention programming.

Pathfinder will train 170 private providers and pharmacists to provide prevention education, counseling and referrals to 14,520 clients, including Injection Drug Users (IDU), MSM, and the general population who access health care from these sources in HCMC, Can Tho and one TBD province. AB messages will be incorporated into education and counseling as appropriate. Pathfinder will also provide IEC materials to its private sector partners; AB messaging will be integrated into these materials.

LPI prevention activities will train 50 outreach workers to target more than 3,000 women in sexual partnerships with men returning from 06 centers, where HIV prevalence is in excess of 50%. The women, their partners and family members will be encouraged to learn their HIV status and to practice abstinence or faithfulness to a single partner as a primary, effective means of preventing infection. These activities provide vulnerable women with services empowering them to prevent HIV infection, and take into account

the needs of HIV-positive individuals, their partners, and their families. Pact will work with MOH/VAAC to select the appropriate partner.

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	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 (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	86,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	5,000	<input type="checkbox"/>

Target Populations:

Adults
 Community-based organizations
 Doctors
 Nurses
 Pharmacists
 Most at risk populations
 Men who have sex with men
 People living with HIV/AIDS
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Out-of-school youth
 Partners/clients of CSW
 Public health care workers
 Private health care workers
 Doctors
 Nurses
 Pharmacists

Key Legislative Issues

Gender
 Addressing male norms and behaviors
 Stigma and discrimination

Coverage Areas

Quang Ninh

Thanh Hoa

An Giang

Can Tho

Bin Duong

Hai Duong

Hai Phong

Ha Noi

Ho Chi Minh City

Hung Yen

Thai Nguyen

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9483
Planned Funds: \$ 570,000.00

Activity Narrative: This activity is linked to HVOP Save US (9604), HVOP Pact (9623), OHPS Pact (9431), and HVAB TBD (9494).

PEPFAR will fund Save US to take the lead working with the Ministry of Education and Training (MOET) on prevention activities targeting in-school and vulnerable youth. These programs will deliver abstinence and be faithful messages and primary drug use prevention activities. PEPFAR will support Save US to train 500 male peer educators to provide HIV/AIDS prevention education, information on healthy lifestyles and related life skills training to 30,000 young men in Quang Ninh, Hanoi and Ho Chi Minh City. This activity will be undertaken under the guidance of the PEPFAR-supported outreach coordinators. It responds to one of the priorities identified by the 2006 PEPFAR Prevention technical assistance (TA) visit by reaching out to young men—a key bridge population.

The activity has 3 behavior change communication (BCC) components which are based on evidence-based best practices for HIV/AIDS BCC targeting youth. The first is to train a cadre of male role models as peer educators to serve as examples for young men and youth to adopt healthy, gender equitable lifestyles. A total of 500 young men will be trained to promote HIV/AIDS prevention through both abstinence and being faithful. Peer educators will be trained to help young men both in and out of school to improve their communication and interpersonal skills and adopt healthy lifestyles that promote HIV/AIDS prevention.

The second component includes outreach and communication skills development. A total of 30,000 young men aged 15-24, including students, street youth, and out-of-school youth, will be targeted. Ten thousand of these men will be reached with specific abstinence messages. Outreach will be conducted via an array of both traditional and non-traditional venues, including schools and vocational training institutions, construction sites, industrial zones, and entertainment establishments such as internet cafes. Young men will be reached by peer educators who will promote behavior change and transfer relevant life skills, broadening the reach of the "Live Like a Real Man Campaign" (see HVAB Pact 9494). A variety of skills will be developed among targeted young men and youth, such as practicing negotiation and dialogue instead of violence and coercion to resolve conflict, practicing a healthy lifestyle, gender awareness and respect for girls, sexual delay, mutual faithfulness and partner reduction. Examples of positive interpersonal communication, abstinence and being faithful will be shared among young men so that they can learn from each other. This activity will also entail outreach to key gatekeepers, such as parents, teachers, business owners and law enforcement officials. Peer educators will also link young men with local service providers (e.g., Counseling and Testing, STI clinics and addictions counseling and treatment services) to ensure young men are able to access needed services.

The third component of this activity is the development and dissemination of Information Education and Communication (IEC) materials to reinforce HIV/AIDS prevention. Existing IEC materials that have proven effective in similar activities will be reproduced. New materials will be designed in collaboration with the target population to ensure they are easy to understand and that they support optimal HIV prevention through both abstinence and being faithful. The materials will be distributed to young men at a range of sites, such as youth clubs, internet cafes, and night clubs. Gatekeepers (e.g., teachers, parents, etc.) will also play a vital role in distributing the materials.

In all components, efforts will be made to ensure complementarity with and reinforcement of the media and peer outreach intervention targeting young male clients and potential clients of sex workers (refer to HVAB Pact 9494). While males targeted by the media and peer intervention are older (ages 18-35) than those targeted by Save US (age 15-24), both projects will conduct outreach in entertainment establishments. In anticipation of potential overlap of target populations and venues, Save US and the selected partner will coordinate IEC and BCC outreach messaging to ensure consistency, maximize resources, and minimize duplication.

Save US will partner with and build the capacity of local organizations to implement this activity, ensuring that local organizations will be able to replicate and/or expand project activities in the future, thereby contributing to the sustainability of the effort. It will also seek to link with other PEPFAR partners and donor initiatives (e.g., Asia Development

Bank's youth prevention program) to ensure efforts are coordinated and additive. Pact will monitor performance and quality of programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

Continued Associated Activity Information

Activity ID: 5510
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	<input type="checkbox"/>

Target Populations:

- Business community/private sector
- Community leaders
- Street youth
- Teachers
- Children and youth (non-OVC)
- Boys
- Secondary school students
- Out-of-school youth

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9484
Planned Funds:	\$ 120,000.00
Activity Narrative:	This activity is linked to HVOP SHAPC (9622), HVAB Pact (9485), HVOP Pact (9623), and OHPS Pact (9431). In line with the PEPFAR Vietnam 5-Year Strategy, the activity is part of a comprehensive ABC approach to HIV/AIDS prevention.

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

A range of prevention approaches will be used to reinforce consistent AB messages, based on formative research related to youth sexual practices and decision-making. This approach is grounded in evidence-based best practices related to HIV/AIDS communications with youth and the PEPFAR Vietnam 5-Year Strategy to promote healthy lifestyles and reinforce existing norms around sexual delay. It will also emphasize mutual faithfulness and partner reduction. The activity will be conducted under the guidance of the PEPFAR-supported Hanoi outreach coordinator, when appointed.

This activity has 3 components. The first involves the revision and distribution of a comprehensive HIV prevention booklet—covering abstinence and being faithful messages—developed with PEPFAR FY05 support. The 15,000 students who will receive the booklet will be encouraged to share it with others in order to increase reach. In addition, HIV/health material desks will be maintained in all 7 targeted universities to provide students with access to in-depth materials on sexual delay, mutual faithfulness, and partner reduction, among other topics.

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

The third component of this activity involves using music/knowledge contests and writing competitions to provide and enhance HIV/AIDS knowledge and generate dialogue among the general student body in all 7 universities, an approach that has proven popular and effective in SHAPC's FY05 program and is rooted in best practices in HIV/AIDS communications with youth. The information provided will reinforce messages on sexual delay, mutual fidelity, and partner reduction delivered via both the information booklets and HIV/AIDS education and life skills components described above. Pact will monitor performance and quality of programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

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

Emphasis Areas

Information, Education and Communication
Training

% Of Effort

51 - 100
10 - 50

Targets**Target****Target Value****Not Applicable**

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

5,000

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

15,000

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

160

Target Populations:

Children and youth (non-OVC)
University students

Key Legislative Issues

Education

Coverage Areas

Ha Noi

Table 3.3.02: Activities by Funding Mechanism

Mechanism: UNAIDS/DOD
Prime Partner: Joint United Nations Programme on HIV/AIDS
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9489
Planned Funds: \$ 250,000.00
Activity Narrative: This activity is linked to HVOP UNAIDS (9477), HVOP MOD (9478), HVAB MOD (9479), OHPS UNAIDS (9542), and OHPS MOD (9426).

In collaboration with UNAIDS and the US Pacific Command (PACOM), Center of Excellence (COE), the Vietnam Ministry of Defense (MOD) will continue with HIV prevention activities for new military recruits. UNAIDS and the MOD will train 665 peer educators to promote AB prevention messaging to 8,400 uniformed services personnel. This activity is directed at new recruits within the Vietnamese military, at-risk because of high mobility, exposure to commercial sex workers, and separation from their families. From 1996-2005 HIV prevalence among young men appearing for military duty was 0.21%.

Since 2004, MOD HIV peer education programs for new recruits have covered military zones in Ho Chi Minh City, Tay Ninh, An Giang, Can Tho, Lang Son, Quang Ninh and Hanoi. The activities have strengthened MOD commitment to HIV prevention and to peer education as an appropriate, effective model for reaching new recruits. In FY07, PEPFAR will continue to support peer education activities these military zones. UNAIDS/DOD will also support expansion to military zone 2 (Tay Bac, Vinh Phuc, Phu Tho, Yen Bai, Lao Cai), as well as to troops from the Air Force, Navy, Coast Guard, and Border Guard. The program will build upon previous peer education programs supported by the U.S. Pacific Command, Center of Excellence, Disaster Management and Humanitarian Assistance (COE), the MOD and UNAIDS.

For FY07 funds will provide for development of peer education training materials; training programs; training of trainers; training of peer educators; and peer education activities to promote abstinence and faithfulness as effective means of preventing HIV/AIDS transmission. Past and planned peer education activities emphasize abstinence and faithfulness, by addressing male norms and behaviors common in military institutions.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,400	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	665	<input type="checkbox"/>

Target Populations:

Most at risk populations
 Military personnel
 University students
 Men (including men of reproductive age)
 Partners/clients of CSW
 Public health care workers
 Other Health Care Worker

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: PACOM/Center of Excellence
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9492
Planned Funds: \$ 10,000.00
Activity Narrative: This activity links to HVAB MOD (9479) and HVAB UNAIDS (9489).

Funds requested will be used to provide technical assistance and oversight for DOD-managed AB programs. This includes coordinating with MOD and other USG partners, on all activities related to program design, implementation and evaluation of AB interventions targeting military recruits.

Targets

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

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID GHAI
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9493
Planned Funds: \$ 141,871.00
Activity Narrative: This activity is linked to HVAB FHI (9480), HVAB Pact (9482), HVAB Save US (9483), and HVAB Pact (9494).

Funding will be provided to cover 10% of three LES (Prevention Specialists) and two USPSCs (Senior Prevention Advisor and Drug/Rehabilitation Advisor) focusing on MARPS and youth, including salary, benefits and official travel costs.

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

Continued Associated Activity Information

Activity ID: 5512
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 60,000.00

Targets

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

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9494
Planned Funds: \$ 1,045,000.00

Activity Narrative: This activity is linked to HVAB Save US (9483), HVAB Pact (9485), and OHPS Pact (9431).

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

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

The activity has 2 components. The first is continued development and adaptation of a television, radio, and print media campaign launched by FHI in FY05 and continued, with adaptations in messages and media, by a new partner in FY06. Continuing adaptations of the campaign will be based on ongoing monitoring and evaluation of reach, acceptability, and effectiveness in participating provinces and among targeted male subgroups (e.g., university students, mobile workers) and in new provinces.

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

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

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

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Information, Education and Communication	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 (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	180,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	180	<input type="checkbox"/>

Indirect Targets

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

Target Populations:

Adults
 Most at risk populations
 International counterpart organizations
 Partners/clients of CSW

Key Legislative Issues

Gender
 Addressing male norms and behaviors

Coverage Areas:

National

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: \$ 425,000.00

Program Area Context:

Program Area Setting

Military operations (national or local emergencies, disaster relief operations, or military deployments) are often associated with a need for blood products. The safety of these blood products is essential to prevent the transmission of blood borne pathogens, including HIV. Currently the Vietnam Ministry of Defense (MOD) blood supply operations are not well managed and are of poor quality. Poor blood banking operations in the military may also affect the general population of Vietnam, as more than 50% of the patients at the military hospitals are civilian.

The US Department of Defense (DOD) and MOD collaboration under PEPFAR has been based on mutual evaluation of programmatic needs, whether in the area of health care infrastructure, human capacity, technical capacity, policy or advocacy. For this reason, the blood safety program was first supported by USG in FY05, to address a need expressed by MOD, which has a health care system independent of the Ministry of Health (MOH). This need was critical as the existing collaborative blood safety effort between MOH, Lux-Development (the Luxembourg Agency for Development Cooperation), the World Bank (WB) and the World Health Organization (WHO) only addressed needs within the civilian (MOH) health care sector. A 2001 WB report indicated that in many district hospitals blood transfused in emergencies was not tested. Assessments suggest that there is a shortage of blood for transfusions; current paid and voluntary blood donation programs supply only 10% of what is needed. In addition, 80 - 85% of donated blood comes from paid blood donors (World Bank). Along with these issues, data collection and interpretation were problematic. HIV prevalence among blood donors, for example, was difficult to determine, and remains unreliable.

Support for blood safety from the Lux-Development included equipment, maintenance, training, and technical assistance (TA) for regional transfusion centers. Other aspects covered by the WB and WHO included: advocacy and policy at a central level, institutional framework, equipment, TA for training and maintenance, and the establishment of a voluntary non-remunerated blood donor system. However, the funds and TA for blood safety provided to MOH did not satisfy the need for safe blood products within the MOD network. The lack of support from traditional funding sources for blood safety within the MOD provided the U.S. DOD with an opportunity to address a critical need -- the development and maintenance of an HIV blood safety program within the MOD health care system. Blood Safety is a key objective of the Government of Vietnam's (GVN) National HIV/AIDS Strategy and the MOD "Action Plan to Implement the National HIV/AIDS Strategy for the Vietnamese Military."

Key Accomplishments

With FY05 COP funding, the blood transfusion center at Military Hospital 103 in Hanoi is being renovated to improve the center's capacity to store and screen blood for HIV-1. Simultaneously a new counseling and testing (CT) center is being established near the Blood Bank to link counseling and referral with HIV testing services. Staff are being trained in counseling, and a referral system will also be established. It is expected that HIV infected donors will be referred for care and at either Military Hospital 103 or a site for their convenience. Essential HIV diagnostic equipment has been ordered and delivery is expected in September 2006, upon completion of renovations. At the same time, the DOD has strongly encouraged, and the MOD has agreed to support, the development of voluntary blood donor programs. They are also committed to screening all blood units and will maintain a sufficient supply of HIV test kits at these sites. An evaluation at Military Hospital 175 in Ho Chi Minh City (HCMC) was conducted in May 2006. With FY06 funds, expected to arrive during fall of 2006, the blood transfusion center at Military Hospital 175 will similarly be upgraded to improve the capacity to store and screen blood. In addition, staff training in counseling and testing will be provided and a referral system to link those tested HIV positive to ARV treatment will be established.

Challenges/Opportunities

The size and independence of the MOD health care delivery system presents challenges and opportunities.

The Military Medical Department of MOD provides comprehensive, integrated medical service throughout the country. While limited interactions and exchanges between the MOD and MOH facilities do occur, MOD facilities work primarily within the MOD system. Response to blood shortages at Military Hospital 17 in Danang province is handled via deliveries from Military Hospital 175 in HCMC. Like the DOD health care system, MOD provides primary health care to military members and dependents. Unlike the DOD system, however, MOD also provides routine care to civilians.

In the spring of 2005, the DOD evaluated the blood transfusion center at Military Hospital 103. The hospital was using a paid donor system and outdated equipment. No formal HIV counseling and testing were offered, and it was not clear whether HIV positive donors were informed of their status. At that time, HIV/AIDS treatment was not available. The Blood Bank at Military Hospital 103 has no Quality Assurance/Quality Control (QA/QC) program. In FY07, within the area of HIV services, the DOD is planning to provide focused QA/QC training (see Laboratory Infrastructure) through the College of American Pathologists certified laboratory at Armed Forces Research Institute for Medical Sciences (AFRIMS) in Bangkok, Thailand. In addition, the US Army Blood Program has expressed interest in assisting the MOD with the development of a systematic blood safety program that would incorporate national guidelines set by the MOH. These guidelines include screening all blood units before transfusion, rational use of blood and alternatives to transfusion. Support from these organizations will also help strengthen the capacity of the MOD to manage and develop a monitoring system. To initiate these activities, a workshop on blood safety, in conjunction with the opening of the new blood safety lab at Military Hospital 103, is planned for FY06.

Key Strategy Elements

The goal of this activity is to establish sustainable capability in HIV blood safety, with appropriate counseling, testing and voluntary for donors, within MOD. In FY07, PEPFAR will continue to support improved HIV blood safety within the military medical system to prevent medical transmission of HIV by improving storage and screening capacity, expanding the counseling and referral system, establishing a QA/QC program, and establishing and setting up of a 100% volunteer donor system. To address MOD's HIV/AIDS prevention strategy and request, the MOD/DOD HIV blood safety activities will continue to support existing sites and improve the capacity of 2 additional sites in Danang and Can Tho that will cover Vietnam's central and southern provinces. MOD has reported that these proposed sites have a HIV prevalence rate of 0.3% and that some of the blood supplied to these centers is collected from volunteer donors during bi-annual blood drives.

Program Area Target:

Number of service outlets carrying out blood safety activities	4
Number of individuals trained in blood safety	60

Table 3.3.03: Activities by Funding Mechanism

Mechanism: PACOM/Center of Excellence
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 9496
Planned Funds: \$ 425,000.00
Activity Narrative: This activity is linked to HVCT MOD (9510), HBHC UH (9583), HBHC COE (9595), HTXS UH (9393), HTXS AFRIMS (9395), and HLAB AFRIMS (9502).

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

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

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

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

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

Continued Associated Activity Information

Activity ID: 5539
USG Agency: Department of Defense
Prime Partner: Armed Forces Research Institute of Medical Sciences
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 400,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	4	<input type="checkbox"/>
Number of individuals trained in blood safety	40	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
Military personnel
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

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: \$ 75,000.00

Program Area Context:

Program Area Setting

Nurses in Vietnam are a key component of the health care system, providing direct patient care including medical injections. There are no official statistics regarding the average number of medical injections per person per year in Vietnam, but a Ministry of Health (MOH) Nursing Division survey conducted in 2005 among 776 nurses in 8 provinces showed that the average number of medical injections per hospital inpatient per day was 2.2. Results from the survey also indicated that 35.4% of nurses failed to wash their hands prior to preparing injecting equipment and of those, 9.5% recapped the used needles. This survey also showed that 26.3% of 556 health workers surveyed had sharps injuries in the first 6 months of 2005 (MOH, 2005).

Data on the nationwide percentage of facilities that use disposable and sterile needles are not available. Although auto-disposable needles are used in some large hospitals, this is not a consistent practice, primarily because of the high price of syringes. There are no data on infection safety practices in private clinics. The MOH estimates that the average number of HIV-related sharps injuries is 300 per year. Currently, there is no data on sero-conversion rate among HIV-exposed health workers.

Challenges/Opportunities

While some individual hospitals and clinics in both the private and government health sectors have established their own guidelines regarding injection safety, there are no national program guidelines. With exception of sharps containers provided through PEPFAR to a limited number of provincial and district hospitals (26 in 6 current focus provinces), hospitals must use their own budgets to buy disposable needles and sharps containers, which does not occur uniformly throughout the country.

In addition, few workshops and training programs on injection safety and universal precaution specifically geared to the nursing profession have taken place in Vietnam. In February 2005, 79 health care workers from the MOH, 4 epidemiology institutes and 20 provinces in Vietnam participated in a workshop on medical waste processing related to HIV/AIDS supported by PEPFAR and implemented by the National Institute for Hygiene and Epidemiology (NIHE). The workshop focused on the responsibility of the institutes to manage medical waste processes, and monitoring and evaluation outcomes. Financial issues and the development of national guidelines for medical waste management were also addressed. Responsibility for waste management no longer resides with NIHE and the institute which conducted the conference has discontinued involvement with these program issues.

Key Strategy Elements

In FY07, in response to needs identified by the MOH, PEPFAR will support the implementation of 3 main injection safety activities in 6 current and 1 new PEPFAR focus provinces:

- Development of national guidelines on injection safety
- Increased capacity of nurses to practice injection safety
- Procurement of equipment and supplies for health services safety

The success and reach of the activities will be assessed after 1 year and will be expanded to other provinces where appropriate.

Injection safety is a new program activity for PEPFAR in Vietnam. PEPFAR is committed to supporting the Government of Vietnam (GVN) and working closely with the MOH/Vietnam Administration for HIV/AIDS Control (VAAC) and partners to promote injection safety in accordance with the national program. Through this program PEPFAR will provide VAAC with ongoing technical assistance to reinforce safe injection practices in national and provincial hospitals as well as district clinics.

Program Area Target:

Number of individuals trained in medical injection safety

120

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	UNDP
Prime Partner:	United Nations Development Programme
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	9497
Planned Funds:	\$ 75,000.00
Activity Narrative:	This activity is linked to OHPS MOD (9426) and OHPS MOH/VAAC (9414).

PEPFAR will support development and dissemination of national injection safety guidelines, and procurement of sharps disposal equipment for the 6 current and 1 new PEPFAR focus provinces.

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

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

Nursing skills among 120 nurses will be strengthened: PEPFAR funds will be used to establish a TWG within the VAAC Nursing Division that will review existing material and information to develop a training document designed to address safe injection practices among nurses in Vietnam. Funding will also be used to coordinate and implement a series of 4 training programs that specifically address the issues of injection safety among the nursing profession. Four training-of-trainers (ToT) programs will be held for 120 nurses in the 7 PEPFAR focus provinces, who will subsequently coordinate and carry out training programs for their nursing colleagues within these provinces. It is expected that the ToTs will be completed in FY07, while the subsequent training activities will take place in FY08.

Sharps containers will be provided for 26 provincial and district hospitals in the 7 focus provinces: With the exception of a limited number of outpatient clinics that are currently supported with PEPFAR funding, hospitals in Vietnam use their own budgets to buy sharps containers for proper disposal of needles. Budget constraints preclude many hospitals, particularly those at the district level, from purchasing these containers, and they are therefore unable to adhere to universal precautions with regard to proper disposal of needles. Under this activity, PEPFAR funds will be used to expand current coverage to 26 provincial and district hospitals in the 7 focus provinces. Specifically, funding will be used to procure an estimated 3,300 sharps containers, and to support VAAC for distribution of the containers. The provision of other injection safety commodities will be considered in FY08.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	120	<input type="checkbox"/>

Target Populations:

Nurses
National AIDS control program staff
Host country government workers
Public health care workers

Coverage Areas

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

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 8,456,700.00

Program Area Context:

Program Area Setting

Vietnam's concentrated HIV/AIDS epidemic distinguishes it from focus countries with generalized epidemics. While behavioral data suggest infection risk is relatively low in the general population, where prevalence is 0.53% (UNAIDS, 2006), drug injection and commercial sex continue to drive the epidemic. HIV prevalence among injecting drugs users (IDU) is estimated at 32% and exceeds 70% in some provinces (MOH). Among commercial sex workers (CSW), prevalence is estimated at 6.5%, however sex workers who report drug use has increased (86% in some provinces). The 2005 Biological/Behavioral Survey estimates 8% of men having sex with men (MSM) are positive. HIV remains concentrated among those aged 20-39 (79% of all cases) with less than 1% of 14-17 year-olds report they had ever had sex (MOH, 2005).

Vietnam employs tough measures against sex work and drug use. CSW and IDU are periodically arrested and placed in government rehabilitation centers (05 centers for CSW and 06 centers for IDU) run by the Ministry of Labor, Invalids and Social Affairs (MOLISA). Of the total estimated CSW and IDU nationwide (30,000 and 170,000 respectively), 5,000 CSW and 60,000 IDU currently reside in centers. Many HIV-positive CSW and IDU face strong social stigma on return to the community.

Vietnam's HIV/AIDS Strategy prioritizes targeted behavior change communication (BCC) for at-risk populations. Donors including the Department for International Development (DfID), World Bank, Global Fund (GF), and Asian Development Bank (ADB) directly fund the Ministry of Health (MOH) peer outreach and counseling and testing (CT) referral, but with limited technical support. A new 5-year, \$20 million ADB project will introduce media and community-based interventions for mainstream and higher risk youth in 20 provinces.

Key Accomplishments

Under the PEPFAR Vietnam 5-year strategy, PEPFAR supports large-scale, targeted BCC outreach and CT referral for CSW and IDU in 38 provinces and more focused interventions for MSM and sex worker clients (condom social marketing at traditional and non-traditional outlets). Drug demand and sexual risk interventions for youth include age-appropriate programs for high-risk and mainstream youth, and addiction counseling/treatment for drug users in key provinces. To address the complex relationship linking drugs, HIV and 06 centers, PEPFAR has established a pilot program to assist HCMC 06 center residents access to comprehensive network services and remain drug free before and after release. PEPFAR support has provided training for 38 case managers/addiction counselors, 52 CT counselors and 40 clinical staff who will help former drug users rebuild their lives to remain healthy and drug free.

Challenges/Opportunities

Vietnam's concentrated epidemic poses several challenges in HIV prevention. Legal/social sanctions against prostitution and drug use marginalize at-risk populations, forcing sex work and drug use underground. As a result, IDU, CSW and clients are difficult to reach via interpersonal BCC. The diversity and marginalization of target populations requires a variety of specialized partners to maximize program efficacy. While available at pharmacies, condoms are often unavailable at critical non-traditional outlets (guest houses and karaoke bars) where commercial sex is arranged.

Despite multiple donor support, gaps in outreach quality and coverage are common as support is restricted to a limited number of districts, making outreach/referral coordination difficult. To complicate matters, CSW and IDU rehabilitation efforts show limited success; drug use relapse exceeds 90% within 18 months of release (MOLISA). The few alternatives to current rehabilitation models lack sufficient resources to provide needed coverage. However, opportunities to address drug addiction and HIV transmission have recently emerged with the new HIV/AIDS Law that outlines a legal basis for risk reduction, drug treatment, and stigma and discrimination. In addition, implementing agencies share interest in creating effective,

innovative interventions and maximizing coverage through provincial coordination.

Key Strategy Elements

Building on the 2006 PEPFAR Prevention Technical Assistance visit, country epidemiological profile and the Vietnam National HIV/AIDS Strategy, prevention interventions will focus principally on at-risk populations (IDU, CSW and clients, and MSM), to provide improved quality, expanded coverage and referral (including drug and alcohol treatment). PEPFAR will also concentrate on higher-risk youth to track risk behavior patterns among youth and the general population. Programs will target BCC to peers and family members of vulnerable groups.

MOH/Vietnam Administration for HIV/AIDS Control (VAAC) and Provincial AIDS Committees (PACs) lead IDU and CSW peer outreach, supported by health worker outreach and condom social marketing to cover focus province districts with unmet needs. To increase access, coverage and quality of targeted BCC for at-risk populations, PEPFAR will phase out outreach from 10 lower prevalence provinces in 2007, while increasing coverage in 7 PEPFAR focus provinces comprising over half of Vietnam's infections (refer to uploaded Geographic Coverage document). Scale-up will include outreach, drug and alcohol abuse counseling and peer support for selected 06 centers. Smaller, targeted interventions from 5 new CBOs will provide rigorous outreach for IDU, CSW (who may also inject) and MSM. All programs will strengthen referral and provide individuals with relevant skills needed to adopt safer behaviors. Target populations will be referred to a basic care/support package including CT, drop-in centers such as men/women's health clubs, care and treatment (including STI) services, PMTCT, and substance abuse treatment; medication assisted therapy (MAT) will be piloted in 3 focus provinces. Referral networks will offer vocational training and job placement (SMARTWork) for former drug users and women who desire to leave prostitution. PEPFAR will increase condom access by expanding social marketing (12 million condoms) to non-traditional outlets in focus provinces. An assessment of the relationship between sex work and drug use and an effective BCC evaluation will inform targeted interventions. Prevention-related policy interventions will address stigmatization of condom use and drug treatment options to remove policy barriers to effective HIV and drug use prevention. Pending VAAC approval, PEPFAR will also support development of national MAT guidelines.

Programs will target sex worker clients, including military personnel and at-risk youth to reduce visits to sex workers and prevent initiation of drug use. PEPFAR will support UNAIDS to lead uniformed services interventions in partnership with the Ministry of Defense and will support Save the Children, TBD-PSI follow-on, UNICEF and the Ministry of Education to target youth in 3 focus provinces with primary drug use prevention interventions, complementing the ADB youth-focused media/outreach initiative. Pathfinder will link private-sector pharmacists and clinicians to public-sector supervision to ensure appropriate STI treatment and CT referral for at-risk populations. SMARTWork will scale up workplace HIV prevention in 50 industries employing low-skilled laborers at risk for substance abuse and sex work. The program will advocate for job placement for recovering drug users to reduce relapse, targeting industries employing former 06 center residents. To improve coordination, quality and coverage of multiple donor and partner interventions in focus provinces, PEPFAR will establish provincial outreach coordinators. In accordance with the PEPFAR Strategic Information (SI) plan, information collection for prevention activities will meet national standards ensuring integrated service delivery, cross-program linkages and routine monitoring and evaluation.

Program Area Target:

Number of targeted condom service outlets	1,300
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	360,000
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,872

Table 3.3.05: Activities by Funding Mechanism

Mechanism: UNAIDS/DOD
Prime Partner: Joint United Nations Programme on HIV/AIDS
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9477
Planned Funds: \$ 100,000.00
Activity Narrative: This activity is linked to HVAB MOD (9479), HVAB UNAIDS (9489), HVOP MOD (9478), OHPS MOD (9426), and OHPS UNAIDS (9427).

This activity is a continuing collaboration between UNAIDS and the Vietnam Ministry of Defense (MOD) to support prevention interventions across all areas of abstinence and be-faithful and other prevention for members the uniformed services. PEPFAR will support UNAIDS and the MOD to train 665 peer educators to promote comprehensive ABC prevention messaging to 8,400 uniformed services personnel. This activity is directed at new recruits within the Vietnamese military who are at-risk due to their high mobility, youth, exposure to commercial sex workers (CSW), and separation from their families. From 1996-2005, HIV prevalence among young men appearing for military duty was 0.21%.

Since 2004, MOD HIV peer education programs for new recruits have covered military zones in Ho Chi Minh City, Tay Ninh, An Giang, Can Tho, Lang Son, Quang Ninh, and Hanoi). The activities have strengthened MOD commitment to HIV prevention and to peer education as an appropriate, effective model for reaching new recruits. In FY07, PEPFAR will continue to support peer education activities these military zones, and will also support expansion to military zone 2 (Tay Bac, Vinh Phuc, Phu Tho, Yen Bai, Lao Cai), reaching troops from the Air Force, Navy, Coast Guards, and Border Guards. The program will build upon previous peer education programs supported by the Center of Excellence (COE), the MOD and UNAIDS.

FY07 peer education funds will provide for development of peer education training materials; training programs; training of trainers; training of peer educators; and peer education activities. These activities promote a comprehensive ABC approach to HIV prevention by addressing male norms and behaviors common to the military institution. Where appropriate, recruits will be instructed in correct and consistent condom use. Information, education and communication (IEC) materials will reinforce comprehensive ABC messaging in military zones and will refer beneficiaries to a network of counseling and testing, care and treatment services sponsored by PEPFAR and the MOD.

Continued Associated Activity Information

Activity ID: 5821
USG Agency: Department of Defense
Prime Partner: Joint United Nations Programme on HIV/AIDS
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,400	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	655	<input type="checkbox"/>

Target Populations:

Military personnel
 University students
 Men (including men of reproductive age)
 Partners/clients of CSW
 Other Health Care Worker

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Ministry of Defense
Prime Partner: Ministry of Defense, Vietnam
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9478
Planned Funds: \$ 60,000.00
Activity Narrative: This activity is linked to HVAB MOD (9479), HVAB UNAIDS (9489), HVOP UNAIDS (9477), OHPS MOD (9426), and OHPS UNAIDS (9427).

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

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

Continued Associated Activity Information

Activity ID: 5826
USG Agency: Department of Defense
Prime Partner: US Department of Defence/Pacific Command
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 55,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	<input type="checkbox"/>

Target Populations:

Military personnel
Men (including men of reproductive age)
Partners/clients of CSW
Other Health Care Worker

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID GHAI
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9589
Planned Funds: \$ 450,000.00
Activity Narrative: This activity is linked to HVOP TBD-PSI Follow-on (9598), HVOP FHI (10207), HVOP MOH (9627), and HVOP HCMC-PAC (9625).

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

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

Continued Associated Activity Information

Activity ID: 6480
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

Commodity Procurement	% Of Effort 51 - 100
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Targets

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

Target Populations:

Brothel owners
 Commercial sex workers
 Community-based organizations
 Pharmacists
 Most at risk populations
 Discordant couples
 Injecting drug users
 Men who have sex with men
 Military personnel
 People living with HIV/AIDS
 Partners/clients of CSW
 Transgender individuals

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	HHS/CDC Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9596
Planned Funds:	\$ 166,700.00
Activity Narrative:	This activity is linked to HVOP USAID (9597) and HVAB CDC (9491).

Funds requested will support three LES (Medical Research Scientist, Research Technician, Program Officer), including salary, benefits and official travel costs.

As part of the PEPFAR Vulnerable Populations Team, these staff will provide technical assistance to GVN agencies, including the Ministry of Health (MOH) and the Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC) in close collaboration with other PEPFAR partners and under the leadership of the PEPFAR Vietnam Prevention Technical Working Group. This includes coordinating with MOH, HCMC-PAC, and other PEPFAR partners, on all activities related to program design, implementation and evaluation of prevention interventions targeting most at-risk populations (MARPs) including injecting drug users (IDU) and commercial sex workers (CSW).

Continued Associated Activity Information

Activity ID:	5824
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GAP
Planned Funds:	\$ 166,628.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

Targets

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

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	USAID GHAI
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9597
Planned Funds:	\$ 310,000.00
Activity Narrative:	This activity is linked to HVOP CDC (9596) and HVAB USAID (9493).

Requested funding will be provided for 70% of an existing LES (Prevention Advisor), 75% of a new LES (Prevention Specialist), 60 % of an existing USPSC (Drug Rehabilitation and Prevention Advisor) and 65% of a new USPSC (Prevention Specialist), including salary, benefits and official travel costs.

These staff will provide technical assistance to 10 international and local non-governmental organizations (NGOs) in close collaboration with other USG agencies and Government Agencies including MOH/VAAC, the Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC) and other partners and under the leadership of the USG BCC coordinator. This includes coordinating with USG partners, VAAC, HCMC-PAC on all activities related to program design, implementation and evaluation of prevention interventions targeting most at-risk populations (MARPs) including injecting drug users (IDU) and commercial sex workers (CSW).

Continued Associated Activity Information

Activity ID: 5825
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 176,000.00

Activity ID: 6403
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

Targets

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

Target Populations:

USG in-country staff

Key Legislative Issues

Wrap Arounds

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: (TBD - PSI Follow-on)
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9598
Planned Funds: \$ 875,000.00

Activity Narrative: This activity is linked to HCT TBD-PSI Follow-on (9513) and HVOP Save US (9604), HVOP (9598).

In FY07, PEPFAR will support PSI to reach more than 32,000 at-risk populations including injecting drug users (IDU), men having sex with men (MSM), commercial sex workers (CSW) and their partners to ensure equitable access to gender-appropriate prevention interventions. Activities include behavior change communications (BCC) to provide motivation and skills to adopt safer behaviors and age-appropriate access to condoms and lubricants. All products and services will be supported by an evidence-based behavior change program that entails interpersonal communication via peer educators and outreach workers, and product promotion teams, as well as small events and mid-media communications. Target provinces for this program include Hanoi, Quang Ninh, Hai Phong, HCMC, Can Tho, An Giang, and Thai Nguyen.

PSI will launch Number One male condoms in summer 2007, and potentially lubricants in late 2007 with additional funding. Lubricants will be marketed as Number One Plus, packaged with Number One condoms procured through the contraceptive commodity fund. Social Marketing approach will include free distribution of lubricants, but the program will also increase accessibility of lubricants by selling the product at nontraditional outlets (NTOs) at an affordable price. Revenues generated through sales will be used to pay for a portion of program costs. MSM clubs will be leveraged to conduct behavior change sessions, and sales promoters will introduce Number One products to NTOs located near "hotspots" that cater to at-risk populations. All condom social marketing activities will be directed through the provincial BCC coordinator and synchronized with other social marketing projects.

Communication campaigns will be developed to increase informed demand for condoms and lubricants and to encourage consistent and correct use of these commodities, particularly among at-risk individuals. Communication materials (e.g., posters and brochures) and tools (e.g., flip charts and games) will be developed. Interpersonal communication activities that adapt condom messages appropriately to different sub-populations and ensure targeted individuals have adequate support to consistently use condoms will be designed and implemented. Interpersonal communication activities, which will be linked to Save the Children/US's primary drug use prevention program, such as outreach messages and an IEC material will be developed. Messages will focus on supporting current IDUs and CSWs to refrain from helping individuals initiate drug use and to refrain from using drugs in front of non-users. Messaging will be based on FY06 research, will build on current interventions reaching core transmitter groups, and will be linked to an increasing array of addiction treatment options.

PSI will also explore the potential to introduce a branded female condom (FC) into PSI/Vietnam's programs targeting sex workers. Through a pilot program, FCs will be promoted to female and male sex workers as well as to MSM. PSI already received 40,000 FCs from USAID and will launch them in late 2007, supported by a developed brand, informational and promotional materials, and a comprehensive outreach program.

PSI will strengthen partnerships with Provincial Health Departments (PHD) and local NGOs to improve their ability to develop evidence-based, client-focused social marketing programs. This is designed to improve understanding of the nature and effectiveness of social marketing approaches, and increase development of non-stigmatizing and compelling behavior change campaigns. Social marketing workshops will be offered to Provincial Health Departments (PHD) involved in MOH/VAAC HIV/AIDS activities, as well as other organizations involved in HIV prevention.

Through these activities, 900 (original number: 800) non-traditional outlets (NTOs) will be targeted; 3,500,000 male condoms distributed; 7,500 female condoms distributed; 250,000 lubricant sachets distributed; over 1,500 CSW and MSM trained in the use of female condoms (FC) and lubricants, and 36,800 (original number: 32,800) individuals reached through community outreach that promote HIV/AIDS prevention. Two hundred fifty-five (255) (original number: 225) individuals will be trained to promote HIV/AIDS prevention as a component of this program.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	900	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	36,800	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	255	<input type="checkbox"/>

Target Populations:

Brothel owners
 Commercial sex workers
 Most at risk populations
 Men who have sex with men
 Street youth
 Non-governmental organizations/private voluntary organizations
 Partners/clients of CSW
 Pharmacists

Key Legislative Issues

Stigma and discrimination

Coverage Areas

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

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9601
Planned Funds: \$ 200,000.00

Activity Narrative: This activity is linked to HVAB TBD Provincial Outreach Coordinators (9486) and HVOP TBD Provincial Outreach Coordinators (9600).

(This TBD is being allocated to PACT. BCC innovation will be indirect, assisting partners to improve outreach capacity. Accordingly, targets will also be indirect. Direct targets are not applicable.)

Pact/Vietnam, in consultation with MOH/VAAC, will lead behavior change communications (BCC) innovation efforts to adjust to a changing epidemic and access hard-to-reach commercial sex workers (CSW), injecting drug users (IDU) and other at-risk populations. Pact/Vietnam will initially support Pact partners, but eventually work with all PEPFAR partners to apply the results of the 2006 Boston University outreach assessment (to be completed) and the 2006 PEPFAR Prevention Technical Assistance visit to improve the effectiveness of BCC outreach to hard-to-reach, most-at-risk populations. Pact/Vietnam will work with partners targeting establishment-based female CSW, IDU and vulnerable youth in places where the epidemic is most severe and where timely intervention will contribute to population-level declines in HIV infection rates.

Ensuring that women and youth have equitable access to a culturally appropriate network of prevention, care and treatment services will contribute to the achievement of PEPFAR goals for Vietnam, including averting new HIV infections and providing ART to 22,000 PLWHA. The PEPFAR community outreach strategy in Vietnam currently employs two complementary approaches: a peer education approach and a health educator approach. In the peer education approach, current or former heroin injectors are employed to reach other IDU with HIV prevention messages and to promote CT. Under the second model, young people are employed and trained to work as health educators. Often based at drop-in centers, these health educators contact community IDU, teaching injectors how HIV can be avoided, supplying condoms, and referring clients to CT and other HIV services. No assessment has been performed to identify the most cost-effective outreach model(s) for Vietnam. Recent evidence, however, suggests that law enforcement efforts have driven most at-risk populations (MARPs) beyond the reach of traditional outreach models. For example, there is a shift among sex workers from the street and into entertainment establishments. Drug users are also more difficult to contact in the wake of large-scale assignment to 06 centers, government centers for rehabilitating drug users.

Using the findings and recommendations of the 2006 Boston University outreach assessment, Pact/Vietnam will work with partners to improve the quality and effectiveness of currently employed BCC outreach strategies. Technical assistance will likely include training workshops and one-on-one coaching and mentoring. Support will be undertaken in coordination with the PEPFAR provincial outreach coordinator. Improved interpersonal approaches will demonstrate how programs can reach entertainment establishment-based sex workers, hidden drug users in the community and vulnerable youth. In conjunction with the SI team, provincial outreach coordinators will monitor success in terms of contacts and referrals to CT and other HIV services including substance abuse treatment. As the innovative programs demonstrate success, PEPFAR will utilize joint training sessions with other donors, the MOH/VAAC, and Provincial AIDS Committees (PAC) to leverage resources, maximize coverage with improved strategies and build sustained national capacity to address local HIV prevention needs.

This program will address the following emphasis areas: Information, Education, and Communication; development of network/linkage/referral systems; and training. Specific target populations are most at risk populations including CSW, IDU and MSM.

In this technical assistance role, Pact/Vietnam will assist PEPFAR partners working in all six priority provinces to achieve greater outreach targets. Pact's own targets will be indirect.

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Training	10 - 50

Targets

Target

Number of targeted condom service outlets

Target Value

Not Applicable

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

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

Target Populations:

Commercial sex workers

Most at risk populations

Injecting drug users

Men who have sex with men

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Wrap Arounds

Coverage Areas

Hai Phong

Ho Chi Minh City

Quang Ninh

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9602
Planned Funds:	\$ 350,000.00
Activity Narrative:	This activity is linked to HVAB TBD Provincial Outreach Coordinators (9486), HVOP MOH (9627) and HCMC PAC (9625).

The funds for this activity will support a targeted program for commercial sex workers (CSW) who are injecting drug users (IDU), including a needs assessment, program design, and implementation. The goal of the activity is to provide equitable access to HIV prevention programs and meet the needs of vulnerable women and their families. Interactive outreach programs will reach 1,000 women at double jeopardy of HIV infection through sex work and injecting drug use.

Recent anecdotal and observational evidence suggests that CSW/IDU (CSW who also inject) is an increasing concern. Greater numbers of sex workers are also IDU, and IDU may serve as a catalyst for initiation of sex work. In some cases women use drugs because they have IDU boyfriends or partners. Others enter sex work to pay for drug habits and some start drug use after entering into sex work. Based on recommendations from a 2006 PEPFAR Prevention Technical Assistance visit, TBD partner will conduct a needs assessment, develop an innovative outreach model and implement the model, training 40 outreach workers to target HCMC and Haiphong CSW/IDU.

First, TBD partner will conduct a needs assessment, reviewing existing evidence and gathering field data in two key focus provinces where the epidemic is most severe. The assessment will employ confidential individual and group interviews. Detailed information will be collected on the numbers of CSW/IDU; their access to CT and the network model; access to drug and alcohol abuse treatment; resources available for those who want to leave sex work; and special services needed by CSW/IDU. This will be closely coordinated with a planned 2006 MOH/VAAC assessment of nationwide risk reduction HIV prevention activities.

Second, TBD partner will develop a model targeting CSW/IDU. The model may include special forms of outreach for CSW/IDU; alternately all CSW outreach teams may participate in specialized drug and alcohol counseling and education training. TBD partner will provide concrete advice on: how PEPFAR outreach programs can best access CSW/IDU; other donors or partners with whom PEPFAR might cooperate; key elements and strategies for CSW/IDU interventions; and suggestions for improving referral. The PEPFAR provincial outreach coordinators will work with TBD partner to ensure recommendations are included in new and innovative program activities.

Third, the model will be implemented in at least two provinces—including Haiphong and Ho Chi Minh City—where the case managers and addictions counselors have been trained with PEPFAR support in the past two years. At least 1,000 women will be given condoms, referrals to substance abuse treatment, resources for women who want to leave sex work, treatment for sexually transmitted infections (STI), access to CT and other care and treatment options. As necessary, interactive outreach will link women to PMTCT, family planning, and counseling for discordant couples.

This TBD is being allocated to PSI through Pact. Primary focus of this intervention during year 1 will be needs assessment and model development. Accordingly, we request the targets be reduced until full implementation is possible in year 2.

Emphasis Areas

Information, Education and Communication
Needs Assessment
Training

% Of Effort

10 - 50
10 - 50
10 - 50

Targets**Target****Target Value****Not Applicable**

Number of targeted condom service outlets

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

250

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

15

Target Populations:

Commercial sex workers
Most at risk populations
Injecting drug users

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs

Coverage Areas

Hai Phong
Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9604
Planned Funds: \$ 300,000.00

Activity Narrative: This activity is linked to HVAB Save US (9483) and Pact Media Outreach Program (9494), and HVOP TBD-PSI follow-on (9598).

In partnership with the Ministry of Education and Training (MOET) and TBD-PSI follow-on, Save US leads PEPFAR prevention activities targeting vulnerable youth with drug use prevention services. Save US will train 500 peer educators to provide HIV/AIDS prevention education and information on healthy lifestyles and related life skills training to 30,000 vulnerable youth in Quang Ninh, Hanoi and Ho Chi Minh City. This activity will be undertaken under the guidance of the outreach coordinators in targeted provinces. This activity strategically addresses one of the priorities identified in the PEPFAR Vietnam 5-year Strategy by reaching young men – a key bridge population.

This activity is a comprehensive and integrated HIV prevention initiative focused on drug demand reduction. It has three BCC components rooted in evidence-based best practices for BCC targeting youth. In close collaboration with TBD-PSI follow-on, the activity seeks to minimize the spread of HIV through injecting drug use by reaching at-risk populations to promote healthy decision making. Save US' activity will target vulnerable youth who have not yet initiated drug use, while TBD-PSI follow-on will target current injecting drug users (IDU) and commercial sex workers (CSW). Save the Children/UK's research on vulnerable children, conducted in five provinces as part of the PEPFAR-supported OVC assessment, as well as formative research conducted by TBD-PSI follow-on and Save US with PEPFAR support, will be used to help frame the work and identify target groups "hidden in plain view." Ultimately, this work will also serve to inform activities that respond to a key recommendation of the PEPFAR Prevention Technical Assistance visit: integrating drug demand reduction into all prevention activities targeting vulnerable youth.

The first component is to train a cadre of peer educators who can serve as examples for youth to support them to adopt a healthy, drug-free lifestyle. A total of 500 peer educators (350 vulnerable youth also targeted in Save US' prevention/AB program and 150 youth at particular risk of injecting drugs) will be trained to promote HIV/AIDS prevention through behavior change beyond AB. Peer educators will be trained to help young men both in and out of school to improve their communication and interpersonal skills and adopt healthy lifestyles in a manner that promotes HIV/AIDS prevention.

The second component of this activity is outreach and communication skills development. A total of 30,000 individuals ages 15-24, including students, street youth, and out-of-school youth, will be targeted. To increase coverage, outreach will be conducted via an array of both traditional and non-traditional venues, including schools and vocational training institutions, construction sites, industrial parks, and such entertainment establishments as Internet cafes. Young men at these sites will be reached by peer educators who promote behavior change and transfer relevant life skills. A variety of skills will be developed among targeted young men and youth, such as practicing negotiation and dialogue instead of violence and coercion to resolve conflict, practicing a healthy lifestyle, gender awareness, respect for girls, practicing safe sex, and saying no to drugs. This activity will also entail outreach to key gatekeepers, such as parents, teachers, business owners and law enforcement officials. Peer educators will also link young men with local service providers (e.g., CT, STI clinics and addictions counseling and treatment services) to ensure young men are able to access needed services.

The third component of this activity is the development and dissemination of information education communication (IEC) materials on HIV/AIDS prevention. Existing IEC materials that have proven effective in similar activities will be reproduced. New materials will be designed in collaboration with the target population to ensure they are easy to understand and that they support optimal HIV prevention through the full range of behavior change strategies. The materials will be distributed to young men at a range of sites, such as youth clubs, Internet cafes, and night clubs. Gatekeepers (e.g., teachers, parents, etc.) will also play a vital role in distributing the materials.

In all components, efforts will complement and reinforce the Pact media outreach program targeting young male clients and potential clients of sex workers. While males targeted by the media and peer intervention are older (ages 18-35) than those targeted by Save US, both projects will conduct outreach in entertainment establishments. In anticipation of potential overlap of target populations and venues, Save US and the selected partner will

coordinate IEC and BCC outreach messaging to ensure consistency, maximize resources, and minimize duplication.

Save US will partner with and build the capacity of local organizations to implement this activity, ensuring also that local organizations will be able to replicate and/or expand project activities in the future, thereby contributing to the sustainability of the effort. It will also seek to link with other PEPFAR partners and donor initiatives (e.g. Asian Development Bank's youth prevention program) to ensure efforts are coordinated and additive. Pact will monitor performance and quality of programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

Continued Associated Activity Information

Activity ID: 5819
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	<input type="checkbox"/>

Target Populations:

- Most at risk populations
- Street youth
- Children and youth (non-OVC)
- Boys
- Secondary school students
- Out-of-school youth

Key Legislative Issues

- Gender
- Addressing male norms and behaviors
- Reducing violence and coercion

Coverage Areas

Quang Ninh

Ha Noi

Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9606
Planned Funds: \$ 160,000.00

Activity Narrative: This activity is linked to OHPS SMARTWork (9432) and HVAB Pact Partners (9482).

PEPFAR funds SMARTWork to lead support for MOH and the Ministry of Labor, Invalids and Social Affairs (MOLISA) in workplace prevention programs, with stigma reduction and job placement for PLWHA. This includes former residents of government centers for rehabilitating drug users (06 centers), in the community and in industrial parks. PEPFAR will support SMARTWork to train 4,000 people to promote comprehensive ABC prevention including negotiation skills for safer sex and risk reduction, gender and HIV/AIDS, employment rights, stigma and discrimination, referral to CT services, and support for PLWHA employees. An estimated 215,000 people will be reached with prevention services and linked to CT, care and treatment, and drug addictions treatment services. The comprehensive approach adopted by this initiative is grounded in the PEPFAR Vietnam 5-Year Strategy. This activity will be conducted under the guidance of the PEPFAR-supported outreach coordinators appointed in the 7 PEPFAR focus provinces, and supervised centrally for Hai Duong, Hung Yen, Thai Nguyen, Binh Duong, and Khanh Hoa. Throughout the project, stigma and discrimination will be addressed by training local government and employers to respect PLWHA and their rights in the workplace. Pact will facilitate coordination between SMARTWork's prevention programs, and care and support programs by other PEPFAR partners and relevant government and non-governmental programs.

The SMARTWork program has several components built on FY05/06 activities. First, in partnership with MOLISA, SMARTWork will build the capacity of employer and employee representatives to address HIV/AIDS in the workplace through 16 two-day workshops on ABC prevention methods, gender and HIV/AIDS, employment rights, and stigma and discrimination. A total of 4,000 individuals will be trained.

Second, trainers will teach prevention messages to an estimated 85,000 workers in 52 enterprises where industrial or factory workers may be at risk for drug (including alcohol) abuse and visiting sex workers. These industries are located both in the community and in Ho Chi Minh City (HCMC) Nhi Xuan industrial zone where many former drug users are employed. Participating enterprises will select core employees to participate in HIV/AIDS prevention training according to the proven SMARTWork training model. Trainees subsequently implement workplace outreach for all employees with monitoring and technical support provided by provincial health departments and program staff. A total of 70 courses will be conducted. Printed and audio-visual materials will supplement behavior change messages and referral to CT. At a minimum, these materials will be distributed in the 52 target enterprises in the community and the Nhi Xuan industrial zone, but experience suggests 130,000 upstream targets are expected to read or view the materials.

Third, SMARTWork will provide technical assistance to local partner organizations and enterprises. This will include promoting worker access to CT, development of in-house prevention strategies tailored to the needs of individual enterprises, and provision of employment support for PLWHA. SMARTWork will actively develop relationships with partner industries to advocate employment of PLWHA, including former drug users and 06 center residents. SMARTWork will provide maintenance, counseling and legal services for PLWHA already employed; referral to care and treatment services sponsored by PEPFAR and others; condom vending machines in 52 core enterprises; and information regarding advances in HIV prevention. PEPFAR's FY07 strategy to expand coverage and access for at-risk and vulnerable populations will be met by scaled-up outreach in Baria-Vung Tau, Quang Ninh and Thai Binh.

In FY07 AED SMARTWork will cooperate closely with the Ministry of Labor, Invalids and Social Affairs, HCMC authorities and other partners to develop employment opportunities for former residents of drug rehabilitation centers in HCMC and other locations as possible. This collaboration will replace previously planned efforts to establish workplace prevention programs in the Nhi Xuan Industrial Zone.

Continued Associated Activity Information

Activity ID: 5814
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Academy for Educational Development

Mechanism: SMARTwork
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	52	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	85,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	<input type="checkbox"/>

Indirect Targets

It is anticipated that in addition to the 85,000 workers targeted within the core workplace prevention program, a further 130,000 people will be reached with communication messages delivered via materials for behavior change developed by the program

Target Populations:

Adults
 Most at risk populations
 Injecting drug users
 People living with HIV/AIDS
 Men (including men of reproductive age)
 Women (including women of reproductive age)

Key Legislative Issues

Gender
 Stigma and discrimination
 Wrap Arouns

Coverage Areas

Khanh Hoa

Bin Duong

Hai Duong

Hai Phong

Ha Noi

Ho Chi Minh City

Hung Yen

Thai Nguyen

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9610
Planned Funds:	\$ 180,000.00
Activity Narrative:	This activity is linked to HVCT FHI (9508) and HVAB Pact Partners (9482).

CARE International works with MOH and HCMC-PAC to lead capacity building for local community-based and faith-based organizations (CBOs and FBOs) to prevent HIV transmission. Building on USG support in FY05 and FY06, CARE will train 115 core members of CBOs to conduct community-based HIV/AIDS prevention outreach; these members will subsequently reach 8,000 individuals, principally most-at-risk populations (MARPs) with community outreach HIV/AIDS prevention. CARE's program will continue to work in the FY '06 programming locations (Hanoi, HCMC, Quang Ninh and Can Tho) and will expand to An Giang. This activity is rooted in the comprehensive ABC approach at the heart of the PEPFAR Vietnam 5-year Strategy and responds to the PEPFAR prevention technical assistance visit call for intensified focus on MARPs. In addition, CBOs – many of which are peer- or faith-based—are best placed to identify MARPs who are hardest to reach and most in need. All CBO HIV/AIDS prevention activities will be conducted under the guidance of the outreach coordinator appointed for the province.

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

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

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

Continued Associated Activity Information

Activity ID:	5816
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Community REACH
Funding Source:	GHAI
Planned Funds:	\$ 126,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	115	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Injecting drug users
Men who have sex with men
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders

Key Legislative Issues

Gender
Addressing male norms and behaviors
Stigma and discrimination

Coverage Areas

Quang Ninh

An Giang

Can Tho

Ha Noi

Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9618
Planned Funds: \$ 255,000.00
Activity Narrative: This activity is linked to HVAB Pact Partners (9482).

Through the Local Partners Initiative (LPI) Pact/Vietnam will provide small grants to new and/or local partners to design and implement initiatives to extend proven community-based prevention approaches to at-risk populations (e.g., CSWs, IDUs, MSM, vulnerable youth) in PEPFAR's seven priority provinces. These initiatives will address the diversity of individual needs among at-risk populations through a core minimum prevention package, including outreach, behavior change communications, commodities, service referral, and community mobilization. Specific activities will be proposed by potential partners through a competitive process.

Through a separate competitive process Pact/Vietnam will provide a grant to a new and/or current partner to help prevent the spread of HIV/AIDS to female sexual partners of 06 center returnees. This activity is linked to HVAB Pact Partners (9482). In HCMC, the selected partner would target more than 1,500 women, preventing infection by sexual partners recently returned from government centers for rehabilitating drug users (06 centers), in HCMC (linked to 06 center pilot). These activities provide vulnerable women with prevention services that empower them to prevent HIV infection and take into account the needs of HIV-positive individuals, their partners, and their families.

Teams of outreach workers (50 individuals) would be trained to provide relevant motivation and skills needed to adopt safer behaviors. Three months before residents are released from 06 centers, workers would meet with the spouse/regular partner and other family members. Outreach workers would address male and female behavioral norms which dictate men have a right to demand sex from their regular partners while women have no right to refuse sexual relations or to insist on condom use. Outreach workers would stress that spouses/sexual partners of former residents have the right to refuse sexual relationships and that should they decide to engage in sexual activity, correct and consistent condom use is vital. Once residents have returned home from 06 centers, outreach workers would help partners negotiate the adoption of safer sexual practices. Former drug users and family members would be provided with referrals (including booklets) to the full range of HIV/AIDS services in HCMC including CT, substance abuse treatment, outpatient clinics, home-based care, PMTCT and care for OVC to ensure potential clients have ready access to the network model.

Pact will work with all selected partners on program design, monitoring, implementation planning, and evaluation. Pact will provide technical support to ensure high-quality effective approaches are well-implemented and will provide capacity building support to local partners. Technical support strategies include site visits, report reviews, and technical review of assessment tools and protocols. Pact will facilitate coordination between Pact partners' prevention and care and support programs and other PEPFAR partners, as well as with relevant government and non-governmental programs.

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Most at risk populations
Discordant couples
Injecting drug users
Women (including women of reproductive age)

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Wrap Arounds

Coverage Areas

Lao Cai
Son La
Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9619
Planned Funds:	\$ 155,000.00
Activity Narrative:	This activity is linked to HCT MdM France (9512), HBHC MdM France (9577), and HTXS MdM France (9396).

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

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

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

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

Continued Associated Activity Information

Activity ID: 5817
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 65,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	6	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,100	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	32	<input type="checkbox"/>

Target Populations:

- Brothel owners
- Commercial sex workers
- Most at risk populations
- Injecting drug users
- Street youth
- HIV/AIDS-affected families
- Mobile populations
- Orphans and vulnerable children
- People living with HIV/AIDS
- Caregivers (of OVC and PLWHAs)
- Migrants/migrant workers
- HIV positive children (5 - 14 years)

Key Legislative Issues

- Gender
- Increasing gender equity in HIV/AIDS programs
- Wrap Arounds

Coverage Areas

- Ha Noi
- Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9621
Planned Funds:	\$ 235,000.00
Activity Narrative:	This activity is linked to HVAB Pact Partners (9482), and OHPS Pathfinder (9530).

Pathfinder's work with private-sector HIV service providers drives MOH and PEPFAR efforts to build strong public-private partnerships. In FY07, Pathfinder will train 170 private health care providers and pharmacists to provide comprehensive HIV/AIDS prevention counseling, STI treatment and CT referrals for 21,870 clients in Can Tho, Ho Chi Minh City (HCMC) and one TBD province. Beneficiaries will have access to prevention and condom use education, along with PEPFAR-supplied condoms, at 179 condom outlets. Activities will be undertaken with the guidance of appointed outreach coordinators in targeted provinces and will be coordinated with broad-based HIV/AIDS counseling and testing, care, and treatment services in the public sector, including those supported by PEPFAR.

Pathfinder will continue promoting effective linkages between public-sector and private-sector providers to improve the quality and reach of services for those at risk of HIV infection. One of the key challenges identified by the PEPFAR Prevention Technical Assistance visit is the gap in quality and coverage of essential services for at-risk and vulnerable populations. Pathfinder will continue to work with the private sector, where many at-risk and vulnerable populations access health care, to increase private-sector engagement in the HIV/AIDS response and increase capacity to deliver high-quality prevention programs and services, including management of sexually transmitted infections (STI). Major outcomes of this work will include more effective collaboration between the public and private sectors to develop a cohesive and standardized response to the epidemic. Capacity building and training for private health care providers will also contribute to sustainability of the HIV/AIDS prevention response.

The first component of this activity will address prevention of HIV transmission and stigma reduction for private health care providers. Building on Pathfinder's FY06 efforts to build private-sector capacity, local trainers will continue to train private providers who may offer STI services and HIV/AIDS education, counseling and referral to their clients, often at-risk populations. This activity will build private provider capacity, increasing quality of prevention services and expanding the reach to key populations. The project will also employ innovative social marketing strategies to promote those providers offering high-quality STI service. It is estimated the services of 70 private providers and pharmacists will be promoted in this fashion.

A second component includes training sessions to improve pharmacists' and clinicians' knowledge and practical skills for STI diagnosis, case management, education and counseling. Through this component 170 private providers and pharmacists will be trained.

Finally, in conjunction with the provincial outreach coordinators and BCC partners, Pathfinder will replicate informative and targeted educational IEC materials focusing on STI and HIV prevention that will be distributed through private providers and pharmacists to their clients who come in for STI-related services. Fifty thousand copies of IEC materials will be produced and distributed. Pact will monitor Pathfinder performance and quality of programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

Pact (Pathfinder) requests additional funding to 1) add second clinical training specialist and second senior program officer 2) Hire international consultant to review strategy and programming 3) Print and distribute standard precautions technical guidance and 4) translate, design and print a summary on two years' program experience and 5) provide full staffing for remaining months of FY06.

Continued Associated Activity Information

Activity ID: 5818
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 68,700.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	179	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	21,870	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	170	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 Public health care workers
 Private health care workers
 Doctors
 Pharmacists

Key Legislative Issues

Gender
 Stigma and discrimination

Coverage Areas

An Giang
 Can Tho
 Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9622
Planned Funds:	\$ 100,000.00
Activity Narrative:	This activity is linked to HVAB SHAPC (9484).

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

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

The activity has four components. The first involves the revision and distribution of a comprehensive HIV prevention booklet – covering both safer sex and drug use prevention—developed with PEPFAR support in FY05 based on student input and best practices in youth HIV/AIDS communications. The 15,000 students who receive the booklet will be encouraged to share it with other students, in order to increase reach. In addition, 7 HIV/reproductive health material desks will be established and maintained in all seven targeted universities to provide students with access to more in-depth information on key HIV/AIDS and STI information, including referral information related to STI management, CT, and drug addictions counseling and treatment.

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

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

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

Continued Associated Activity Information

Activity ID: 5820
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 70,000.00

Emphasis Areas

Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	21	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	160	<input type="checkbox"/>

Target Populations:

Children and youth (non-OVC)
 University students

Key Legislative Issues

Education

Coverage Areas

Ha Noi

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	HCMC PAC Cooperative agreement
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9625
Planned Funds:	\$ 170,000.00
Activity Narrative:	This activity is linked to HVCT HCMC-PAC (9509), HVOP TBD Provincial Outreach Coordinators (9600), HVOP TBD CSW/IDU (9602) and HBHC HCMC-PAC (9533).

The Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC) takes the lead on peer driven outreach in HCMC, coordinating all HIV services and assisting former residents of government centers for rehabilitating drug users (06 centers), reintegrate into home communities. PEPFAR will partner with HCMC-PAC to train 90 peer educators in behavior change communication (BCC) for HIV prevention targeting intravenous drug users (IDU), commercial sex workers (CSW) and their partners. HCMC-PAC peer educators will reach 4,000 IDU, 3,500 CSW, and 2,500 former 06 center residents. These activities support drug use and sex work reduction goals outlined in the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam 5-Year Strategy. PEPFAR will work closely with the HCMC-PAC to provide financial and technical assistance for implementation, monitoring, and evaluation.

With PEPFAR support, 64 trained peer educators will teach at-risk populations skills to adopt safer behaviors and how to access network services such as counseling and testing, care and treatment, an array of drug and alcohol abuse treatment options, and STI services. High-risk individuals will receive condoms as part of a comprehensive ABC approach to reduce risk from drug injection and commercial sex. Outreach workers will refer clients to peer support groups, drop-in centers, vocational skills training, and job placement. PEPFAR will fund continued outreach in HCMC Districts 1, 2, 4, and 10; however, the 2006 outreach assessment will inform innovative interpersonal strategies to improve equitable access to HIV/AIDS services for drug-using CSW, establishment-based CSW, and cell phone-based or scooter-based CSW. Though many donors sponsor outreach in HCMC, peer interventions will be planned in cooperation with the HCMC provincial outreach coordinator to avoid redundancy in districts where other partners (FHI, TBD-PSI follow-on, Save US, Mdm France, and non-USG funded) work.

FY07 funds will also support a HCMC-PAC HIV/AIDS Prevention and Education Center. This center will offer space for group meetings, refresher training, and for clients to learn risk reduction skills. The HCMC provincial outreach coordinator will host coordination meetings and training sessions in the Prevention and Education Center, facilitating networking among different outreach groups and other service providers.

PEPFAR will build on the foundation of an FY06 pilot for comprehensive release planning and aftercare for residents of the Nhi Xuan 06 center. To strengthen traditional outreach in target districts an additional 26 non-drug using peer educators will target former Nhi Xuan 06 center residents as they return to home communities and to the Nhi Xuan industrial zone. Both center-based and community-based non-using peers will counsel former residents to prevent relapse and refer them to counseling and testing, HIV care and treatment, case managers, and employment services.

Continued Associated Activity Information

Activity ID:	5811
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
Mechanism:	Cooperative agreement
Funding Source:	GHAI
Planned Funds:	\$ 78,000.00

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, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	90	<input type="checkbox"/>

Target Populations:

Commercial sex workers
 Most at risk populations
 Injecting drug users
 People living with HIV/AIDS
 HIV positive pregnant women

Key Legislative Issues

Gender
 Stigma and discrimination
 Wrap Arounds

Coverage Areas

Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Health Policy Initiative (HPI)
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9626
Planned Funds:	\$ 210,000.00
Activity Narrative:	This activity is linked to HVAB HPI (9481) and OHPS HPI (9428).

Health Policy Initiative (HPI) leads PEPFAR partners' support for MOH prevention with positives programming in Vietnam. PEPFAR will support HPI to develop a prevention with positives training module based on guidance from HHS/CDC HIV/AIDS Prevention Branch and OGAC, to establish a core of 50 PLWHA trainers on prevention with positives messaging. Two thousand people will be trained to promote HIV prevention messages.

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

In collaboration with PLWHA groups, an HPI-trained team of 10 will develop and test a prevention with positives training module. The module will promote behavior change communication (BCC) through skills-building to adopt safer behaviors employing a range of prevention methods. The module will teach life skills, counseling (including referral for addiction treatment), and will address difficulties faced by women, and male norms and behaviors. Specific interventions will address HIV re-infection and provide support for PLWHA by providing clear referrals to the network model in the 7 focus provinces.

The module will be used to develop a core group of 50 PLWHA prevention trainers. Drawn from existing PLWHA groups, including Bright Futures, trainers will conduct workshops to build capacity among members of one or more PLWHA groups from each of the 7 focus provinces. Networking will facilitate skill and experience transfer among the prevention trainer group. This will also boost local organization capacity as well as development of networks, linkages and referral systems. Trainers will establish relationships with other service providers, including CT and outpatient clinic (OPC) sites, to enable mutual referral among trainers and service providers. The 50 PLWHA prevention trainers will hold workshops for PLWHA groups and other service providers in the 7 focus provinces. Three workshops in each province (total 21) will train 2000 participants to teach PLWHA abstinence or faithfulness or correct and consistent condom use as appropriate, establish condom outlets, and mobilize communities to promote safer behaviors. Condoms will be provided to groups and individuals as a component of the training on a regular basis. A component of this activity will link with other Emergency Plan prevention activities to ensure that PLHA groups are provided with regular and adequate supplies of condoms.

Continued Associated Activity Information

Activity ID:	5823
USG Agency:	U.S. Agency for International Development
Prime Partner:	The Futures Group International
Mechanism:	Policy Dialogue and Implementation- TO1
Funding Source:	GHAI
Planned Funds:	\$ 150,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	35	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	120	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Most at risk populations
Discordant couples
HIV/AIDS-affected families
People living with HIV/AIDS

Key Legislative Issues

Gender
Addressing male norms and behaviors

Coverage Areas

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

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner:	Ministry of Health, Vietnam
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9627
Planned Funds:	\$ 900,000.00
Activity Narrative:	This activity is linked to HCT MOH (9511), HVOP TBD Provincial Outreach Coordinators (9600), HVOP TBD CSW/IDU (9602), and HVOP FHI (10207).

The MOH takes the lead in peer-driven outreach for intravenous drug users (IDU) and commercial sex workers (CSW) in focus- as well as non-focus provinces. PEPFAR will partner with MOH to train 480 outreach workers in behavior change communication (BCC) for HIV prevention targeting 22,000 IDU, 8,000 CSW, and 1,500 former residents of government centers for rehabilitating drug users (06 centers). These activities support drug use and sex work reduction goals outlined in the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam 5-Year Strategy.

With PEPFAR support, and with overall coordination of BCC interventions led by outreach coordinators, 460 peer educators will give IDU (27 provinces) and CSW (9 provinces) relevant motivation and skills to adopt safer behaviors. At-risk individuals will receive condoms and will be referred to network services including counseling and testing, care and treatment, drug and alcohol abuse treatment options, and STI services. Outreach workers will refer clients to peer support groups, drop-in centers, vocational skills training, and job placement. Tailored interpersonal strategies will ensure equitable access to HIV/AIDS services for drug-using CSW (based on CSW/IDU needs assessment results), establishment-based CSW (with participation of establishment owners), and cell phone-based or scooter-based CSW. While MOH outreach provides extensive coverage in multiple provinces, peer interventions will be planned in cooperation with outreach coordinators to avoid redundancy in districts where other outreach partners (FHI, TBD-PSI follow-on, Save US, Mediciens du Monde (MdM) France, and non-USG funded) work.

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

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

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

Continued Associated Activity Information

Activity ID:	5810
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Vietnam
Mechanism:	Cooperative agreement
Funding Source:	GHAI

Planned Funds: \$ 675,000.00

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	31,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	480	<input type="checkbox"/>

Target Populations:

Commercial sex workers
Most at risk populations
Injecting drug users
HIV positive pregnant women
Public health care workers

Key Legislative Issues

Gender
Stigma and discrimination
Wrap Arounds

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: PACOM/Center of Excellence
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10043
Planned Funds: \$ 50,000.00
Activity Narrative: This activity is linked to HVOP MOD (9478) and UNAIDS (9477).

The Center of Excellence-DMHA, the executing agent for US DOD's Pacific Command, will provide program oversight and coordination of activities with DOD partners and the Vietnam Ministry of Defense. Requested funds will be used to cover costs incurred by the DOD HIV Prevention and Treatment team, in provision of technical oversight, program design, implementation and evaluation of program activities, including official travel and logistical support. Funds will also cover 1 full time LES Program Officer, including salaries benefits, official travel and percentages of ICASS.

Emphasis Areas

	% Of Effort
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

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

Target Populations:

USG in-country staff
 USG headquarters staff

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Family Health International
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10207
Planned Funds: \$ 1,850,000.00

Activity Narrative: This activity is linked to HVCT FHI (9508), palliative care: basic health care support (#9558), ARV (#9415), HVAB FHI (9480), and HVOP HPI (9626).

PEPFAR supports Family Health International (FHI) to take the lead NGO role working with MOH to promote health education outreach for high risk clients. FHI plays a strong role in prevention for commercial sex worker (CSW) clients (with new Pact TBD partner 9494) and PLWHA (through cooperation with HPI). This activity will reach the following most at-risk populations with effective ABC behavior change communication; 14,000 IDU, 22,000 FSW, 70,000 current or potential clients of sex workers, 14,400 MSM; and will train 100 peers in discordant couple counseling skills. Interventions will incorporate OGAC technical guidance on ABC and IDU prevention programming, and the PEPFAR Vietnam 5-year Strategy to avert HIV infections. FHI will implement high quality HIV prevention services targeting key populations and geographic areas where Vietnam's epidemic is most severe.

All BCC outreach activities are coordinated with the PEPFAR-supported provincial outreach coordinators to ensure coverage is efficient. FHI will support HIV prevention in the 7 focus provinces, addressing unique needs of male and female injectors, in conjunction with MOH outreach (complementing districts with unmet needs). Health educators and peers will contact intravenous drug users (IDU), stressing the importance of learning HIV status to protect one's health and the health of their family. This interpersonal approach will encourage drug users to access the network model, including drop-in centers, where IDU have access to CT, care and treatment, and an array of drug and alcohol abuse treatment options. A methadone treatment program will be piloted in 3 focus provinces. For IDU who are unable to stop using, clients will be encouraged to avoid sharing injecting equipment and reduce other risky behaviors.

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

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

FHI will target clients and potential clients of sex workers to change male norms, reducing transactional sex and multiple partners in the 7 focus provinces, in conjunction with the Pact/TBD "Live Like a Real Man" program, and coordinated by the outreach coordinator to maximize coverage. FY07 efforts will expand interpersonal outreach as teams of trained educators explain the risks to health, family, and employment associated with visiting sex workers. For men who are unable to remain faithful to one partner, outreach workers will promote partner reduction and correct, consistent condom use.

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

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

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

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

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

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

Continued Associated Activity Information

Activity ID: 5822
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: (INGO- former FHI/IMPACT)
Funding Source: GHAI
Planned Funds: \$ 750,000.00

Activity ID: 6655
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: FHI 3 Month Extension
Funding Source: GHAI
Planned Funds: \$ 400,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	290	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	127,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,050	<input type="checkbox"/>

Target Populations:

Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Doctors
Nurses
Pharmacists
Most at risk populations
Discordant couples
Injecting drug users
Men who have sex with men
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women
Widows/widowers
Partners/clients of CSW
Transgender individuals
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas

Lang Son
Quang Ninh
Khanh Hoa
An Giang
Can Tho
Hai Phong
Ha Noi
Ho Chi Minh City

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Family Health International
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12260
Planned Funds: \$ 100,000.00
Activity Narrative: This activity also relates to activities in Counseling & Testing (#9508), palliative care: basic health care support (#9558), and anti-retroviral services (#9415).

Family Health International will train 50 individuals who are trained in addictions counseling and case management to provide approximately 1,000 recovering drug users with services and strategies that promote drug use relapse prevention, drug treatment, including methadone, and HIV prevention. Case managers will also help HIV+ drug users with ARV drug adherence. They will be stationed in existing outreach centers for drug users or outpatient care (OPC) clinics in the existing PEPFAR focus provinces of Ho Chi Minh City, An Giang, Can Tho, Hanoi, Hai Phong, and Quang Ninh. Metropolitan areas of other provinces will be added where an expressed need is identified in collaboration with PEPFAR partners.

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

Release of these funds will be contingent upon a PEPFAR prevention technical working group assessment of current addiction counselor and case manager functions.

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
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community-based organizations
Injecting drug users
Men who have sex with men
HIV/AIDS-affected families
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Worker
Other Health Care Workers

Key Legislative Issues

Wrap Arounds
Other

Coverage Areas

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

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UNAIDS
Prime Partner:	Joint United Nations Programme on HIV/AIDS
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12261
Planned Funds:	\$ 130,000.00
Activity Narrative:	<p>This activity is linked to the OHPS UNAIDS (9536) and HVOP FHI (9624). These activities are closely linked to the coordination and advocacy activities UNAIDS is undertaking on MSM in FY07 under the Policy Program Area. UNAIDS will continue the MSM National Work Group Coordination. This includes convening bi-monthly meetings and working with the focal point representatives to convene regular provincial MSM provincial working group meetings. Furthermore, UNAIDS will conduct advocacy activities concerning MSM issues with national and local authorities, the wider community and society (including men who have sex with men), as well as donors and the media. This includes conducting briefing sessions for groups or individuals, organizing advocacy workshops, training, capacity building activities, and liaising with donor agencies to facilitate financial and technical support for MSM.</p> <ol style="list-style-type: none">1. Develop two MSM-specific training packages to strengthen program development and implementation<ol style="list-style-type: none">a. Develop a training module for targeted MSM counseling in VCT service provision.<p>In partnership with experienced organizations, UNAIDS will develop a training module for targeted MSM counseling in VCT service provision. The module will be used for training health care providers in targeted VCT clinics (see activity 2). This activity will sensitize service providers to the health needs of MSM and train them on the special needs of MSM for sexual health. VCT is usually the first point of contact of key populations at higher risk in the continuum of prevention and care. However, few counselors are trained to identify and tailor counseling for MSM. The trained counselors would be linked through existing referral networks (e.g., FHI's outreach programs and the provincial MSM working groups) ensuring MSM are better informed about available MSM-friendly VCT services.</p>b. Develop an Anti-Stigma and Discrimination Toolkit Module for MSM.<p>Building on International Centre for Research on Women (ICRW)'s pioneering work in Viet Nam and Africa, UNAIDS will work in partnership with ICRW and a local NGO to develop a module on MSM. This will complement the recently completed PEPFAR-funded Vietnam-tailored Stigma and Discrimination Toolkit. The proposed target groups are MSM, policymakers, healthcare providers, and media professionals. UNAIDS will roll-out the toolkit through the established provincial MSM working groups and interested organizations.</p><p>This activity includes development of the MSM module for the Vietnamese context, testing and adapting the module in various settings, printing and graphic design, pilot-testing of and launching the module. Finally, a TOT curriculum for MSM and other beneficiaries will be developed to facilitate future use by key stakeholders.</p>2. Training and Capacity Building to strengthen program development, implementation and service delivery.<ol style="list-style-type: none">a. Training for healthcare providers in targeted VCT clinics on counseling for MSM, Toolkit stigma and discrimination module on MSM, other priority trainings as specified by MSM community;b. Travel and experience sharing with regional networks; including USAID-CDC-FHI-supported Purple Sky Network;c. Support for provincial group activities and MSM CBOs through sub-grants covering five provinces.

Targets

Target

Number of targeted condom service outlets

Target Value

Not Applicable

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

400

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

100

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12263
Planned Funds:	\$ 500,000.00
Activity Narrative:	This activity is linked to HVOP (9604)

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

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

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

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

Emphasis Areas**% Of Effort**

Needs Assessment	10 - 50
Policy and Guidelines	10 - 50

Target Populations:

Children and youth (non-OVC)
 Primary school students
 Secondary school students
 University students

Key Legislative Issues

Wrap Arounds
 Education

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12291
Planned Funds:	\$ 300,000.00
Activity Narrative:	This activity is related to HBHC (#9558) and HVOP (#9627).

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

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

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

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

Emphasis Areas

Human Resources
Training

% Of Effort

10 - 50
10 - 50

Target Populations:

Doctors
Other Health Care Worker

Key Legislative Issues

Wrap Arounds
Education
Other

Coverage Areas

Hai Phong

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UNDP
Prime Partner:	United Nations Development Programme
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12292
Planned Funds:	\$ 300,000.00
Activity Narrative:	This activity also relates to activities in Counseling & Testing (#9511), Basic Health Care and Support (#9529) and ARV Services (#9398).

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

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

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

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

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,100	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	<input type="checkbox"/>

Target Populations:

Adults
 Community leaders
 Injecting drug users
 Volunteers

Key Legislative Issues

Wrap Arouns
 Other

Coverage Areas

Lao Cai
 Son La

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: \$ 9,954,040.00

Program Area Context:

Program Area Setting

Care and support services for people living with HIV/AIDS (PLWHA) in Vietnam are relatively new, compared to countries with older epidemics. An estimated 308,000 HIV-positive persons require care and support, including 8,500 children. Because the HIV/AIDS epidemic remains concentrated among high-risk groups, the majority of those in need of care and support are intravenous drug users (IDU), commercial sex workers (CSW), and their clients. Over 60% of HIV+ individuals are IDU (MOH, 2005). Major donors providing support in HIV/AIDS care include the Global Fund (GF) and PEPFAR, which have developed strong collaborative ties in Vietnam. The PEPFAR and GF teams meet regularly to strategize on technical and commodities resource collaboration. The GF currently supports care and treatment services in urban centers in 20 provinces. PEPFAR and GF collaborate in most of these provinces (please refer to uploaded Geographic Coverage document). Care and support services are primarily limited to Government of Vietnam (GVN) sites supported by GF and PEPFAR, and nascent home and community-based care provided via GF, Family Health International (FHI) and a small number of community-based organizations (CBOs). Vietnam's National Strategy for HIV/AIDS Prevention and Control includes providing care and treatment to 90% of PLWHA, and 100% of children by 2010.

Key accomplishments

In the current 6 PEPFAR focus provinces, PEPFAR partners work with the GVN and a network of C/FBOs to provide care through HIV/AIDS outpatient clinics and community based care and support. PEPFAR has played a leading role in strengthening referral linkages, to help build a strong integrated network of HIV-related services. In FY05 and FY06, PEPFAR supported the GVN in developing several key policy initiatives including: the National HIV/AIDS Law, which provides a legal base for medication-assisted therapy (MAT) for drug users; national Palliative Care Guidelines; and a national protocol for HIV treatment. Eighteen thousand persons are currently receiving care supported by PEPFAR, provided in both clinical facilities and home-based settings.

Challenges/Opportunities

Due to the concentration of Vietnam's HIV epidemic among IDU and CSW, providing quality care and monitoring is challenging. The majority of HIV-infected are addicted to heroin, complicating drug adherence. The current system for addressing IDU and CSW is through a mix of voluntary and mandatory assignment to rehabilitation centers which train on social responsibility and low-income vocations. Many residents in these centers have HIV and have limited access to services. MAT programs, while approved in the new HIV/AIDS Law (effective January 2007), cannot be started until the development of implementation guidelines. Marginalized IDU and CSW face double stigma with HIV infection and have difficulties in accessing employment, education and social support services (ISDS 2005).

Rapid scale-up of palliative care services for PLWHA in a health system that has only begun caring comprehensively for AIDS patients in the last 3 years presents human resource and capacity challenges. Vietnam's emerging civil society makes diversification and grassroots engagement more difficult than in non-socialist settings. Vietnam does not have a legal framework for official registration of CBOs, making it difficult for PEPFAR to support CBOs to provide care services on a broad scale. However, the new HIV/AIDS Law supports community mobilization in the HIV/AIDS response, providing potential opportunities for C/FBOs to receive and provide support.

Key Strategy Elements

In FY07, PEPFAR will extend support for clinical and community-based care to 7 focus provinces and reach 60,000 PLWHA through a combination of downstream (48,000) and upstream (12,000) support. In line with the PEPFAR Vietnam 5-Year Strategy to increase the capacity of the GVN and C/FBOs to provide sustainable palliative care services in focus provinces, PEPFAR will increase the number of GVN-operated clinical sites to 71, and support 15 C/FBOs to extend palliative care services to communities and homes.

Based on National Guidelines and in accordance with OGAC guidance, PEPFAR will support a core package of clinic and home-based care services (C/HBC) including prevention and treatment of OIs, positive living and prevention counseling with positives, nutrition counseling and support, treatment adherence, CD4 testing, and clinical staging and monitoring for both adults and children. FHI will lead in developing the capacity of local C/FBOs and GF cadres to provide home- and community-based palliative care to ensure access to daily care and support, linkage to clinic based care and treatment. PEPFAR will train C/HBC volunteers to provide a basic care package, including symptom management for adults/children, appropriate referrals to health facilities, and support for treatment adherence for ART and TB-HIV using a family-centered approach. This package of clinic- and community based services is central to support long-term adherence for IDU returning from government centers for rehabilitating drug users (06 centers). Partners will ensure that children in HIV-affected households are referred to appropriate OVC services in the community. PEPFAR will support pediatric care for exposed and HIV-positive children including: health checkups; cotrimoxazole prophylaxis; formula through 6 months for children born to HIV infected mothers; and PCR early diagnosis with links to PMTCT. Trained case managers will provide assessment, follow-up and adherence counseling at pediatric hospitals, with referral to resource centers for children and caregivers.

To ensure PLWHA have access to non-medical social support services, providers in clinics and H/CBC will be trained in comprehensive needs assessment and service referral, including psychosocial and drug addiction services. Programs will assist PLWHA with hospitalization fees, transportation and nutrition services in accordance with OGAC guidance. PEPFAR will support economic strengthening activities for PLWHA and their families, through linkages to vocational training and job placement via the SMARTWork program. Via the Health Policy Initiative, PEPFAR will expand access to legal literacy programs, through legal centers and a hotline to protect PLWHA and their families' rights in focus provinces. The network will be strengthened via support to Provincial AIDS Committees to coordinate services at all levels, and the development of AIDS Service Organizations in 3 focus provinces, which will link PLWHA and those affected to services in their community.

Based on the new HIV/AIDS Law, reducing stigma and discrimination is a GVN priority. Training and supervision for caregivers will include sensitization and on-going monitoring to prevent discrimination. PLWHA will play an active role in service delivery as paid and volunteer staff, and all sites will establish a management mechanism for collecting and integrating feedback from PLWHA and caregivers.

National system strengthening will provide upstream support and build sustainability through: further development of a standard package of care, adherence, counseling and quality assurance practices for care and support delivery; development of the national training curriculum for home based- and palliative care; support for development of MAT guidelines; human capacity development of national and provincial master trainers, onsite mentorship, telephone support, and piloting of a pre-service delivery mentorship program in two medical schools.

In line with the PEPFAR SI plan, information collection for implementing, monitoring, and evaluating activities will meet national standards ensuring integrated service delivery, linkages across programs, routine monitoring, and support for the national HIV/AIDS M&E system.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	138
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	48,000
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,540

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner: Ministry of Health, Vietnam
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9529
Planned Funds: \$ 2,450,000.00

Activity Narrative: This activity is linked to HTXS VAAC (9398), HKID VAAC (9531), MTCT VAAC (9384), and HBHC VCHAP (9551).

MOH/VAAC is the principle PEPFAR partner in providing clinical care and support for PLWHA at the provincial level and in selected districts in focus provinces and additional provinces in conjunction with Global Fund support. In FY07, PEPFAR will support VAAC to provide HIV-related palliative care to 29,240 individuals in 30 services outlets via training 330 individuals to provide care.

In line with the PEPFAR Vietnam 5-Year Strategy to increase care and support services to 110,000 PLWHA through FY08, PEPFAR will continue its partnership with VAAC to boost local capacity to care for HIV-infected individuals in clinical settings, with strong linkages to community- and home-based care. In FY07, PEPFAR will support the GVN to provide palliative care services in 30 provinces. PEPFAR is phasing out support from 10 provinces previously supported in FY06 to maximize coverage and quality in higher-prevalence provinces (from 40 to 30 – see uploaded Geographic Coverage document). As of July 2006, 10,000 adult outpatients and 250 pediatric outpatients have received palliative care services; and 150 healthcare providers have attended refresher training on HIV/AIDS care and outpatient clinic operational protocol.

Based on the National Palliative Care Guidelines and O/GAC guidance, PEPFAR will support comprehensive clinical palliative services in 6 focus provinces (the 7th focus province is through a separate cooperative agreement – see Ho Chi Minh City Provincial AIDS Committee), and in an additional 23 provinces. Services will include: prevention counseling and commodities, regular clinical evaluation and monitoring, symptom management and pain relief, OI prophylaxis and treatment, STI treatment, screening for TB, related laboratory services, and treatment adherence.

To maximize coverage, and address high-prevalence provinces beyond the focus provinces, PEPFAR has partnered with the GF to ensure that resources are distributed geographically. PEPFAR will complement support to VAAC and the GF to provide additional palliative clinical services in 11 provinces where PEPFAR and GF currently work together. In addition, PEPFAR will support 12 other provinces with basic clinical palliative care support in provincial outpatient clinics.

If Vietnam's GF Round 6 application is approved, PEPFAR will transfer management and oversight of outpatient clinics (OPCs) to the GF, in 11 provinces where GF and PEPFAR would overlap. PEPFAR will redirect this funding to support other activities including diagnosis and treatment of sexually transmitted infections (STI) and technical assistance (TA) for care provision to additional providers. PEPFAR will help build VAAC capacity to ensure systematic supply and distribution of OI drugs, lab supplies and other commodities to OPCs in a timely fashion. PEPFAR will support procurement of OI drugs for all PEPFAR supported clinics. Due to the high prevalence and need for palliative care services for PLWHA residents in government drug rehabilitation centers or 06 centers (where many injecting drug users reside), PEPFAR will work closely with VAAC, the Ministry of Labor, Invalids and Social Affairs, and the Ministry of Public Security to ensure quality care as patients move between the centers and the community. PEPFAR will also ensure that patients in VAAC OPCs are provided quality counseling via case managers and referrals to PMTCT, TB/HIV care, drug addiction treatment, and psychosocial and social support services in their communities (to PLWHA support groups, the SMARTWork employment program, and AIDS Service Organizations where applicable).

FHI and a number of C/FBOs supported by PEPFAR will support home- and- community based care and support for PLWHA receiving care at VAAC sites. In collaboration with PEPFAR partners including VCHAP, FHI and HHS/CDC, and Partner TBD-Stigma and Discrimination Reduction (OHPS TBD 9532), VAAC will standardize the national training curriculum to provide initial and refresher training on stigma reduction in the health care setting, clinic operational procedures, counseling and lab for healthcare providers; training on ART readiness and adherence for patients and caregivers; and training on methadone therapy for healthcare providers once National guidelines are available in early 2007. With support from the PEPFAR Strategic Information and Care and Treatment teams, VAAC will improve patient care monitoring, referral networks, program monitoring and quality assurance tools with regard to patient care and program implementation, in support for

the national M&E system.

VACC will support implementation of one methadone clinic linked to HIV service delivery in Hanoi. Methadone will be procured in collaboration with other international partners and MOH. VAAC will collaborate with FHI to implement enhanced STI diagnostics and treatment into selected outpatient clinics.

Continued Associated Activity Information

Activity ID: 5517
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Vietnam
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 1,215,000.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	29,240	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	330	<input type="checkbox"/>

Target Populations:

- People living with HIV/AIDS
- HIV positive pregnant women
- Private health care workers
- Doctors
- Nurses
- Pharmacists
- Other Health Care Workers
- HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	HCMC PAC Cooperative agreement
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9533
Planned Funds:	\$ 2,108,000.00
Activity Narrative:	This activity is linked to HTXS HCMC-PAC (9409), HKID HCMC PAC (9535), HKID VCHAP (9551), and HBHC Pact (9566).

Ho Chi Minh City/Provincial AIDS Committee (HCMC-PAC) is the principle PEPFAR partner providing clinical care and support for PLWHA in Ho Chi Minh City (HCMC), where the largest number of PLWHA reside. In FY06, PEPFAR will support HCMC-PAC to provide HIV-related palliative care to 19,000 individuals in 11 services outlets via training 100 individuals to provide care (in conjunction with the Vietnam CDC-Harvard Medical School HIV/AIDS Partnership).

Ho Chi Minh City (HCMC) is one of the ten highest-prevalence provinces in Vietnam, and has largest number of PLWHA. It is estimated that the number of HIV cases in HCMC will increase from 72,400 in 2006 to 89,900 in 2010, including 1,750 HIV-infected children in 2006 and 3850 in 2010 (HPI/FHI Analysis and Advocacy Project Report, June 2006). In line with the PEPFAR Vietnam 5-Year Strategy to increase care and support services to 110,000 PLWHA through FY08, PEPFAR will continue its partnership with HCMC-PAC to boost local capacity to care for HIV-infected individuals in clinical settings, with strong linkages to community- and home-based care. In FY07, PEPFAR will support HCMC-PAC to provide palliative care services in 11 urban sites. Based on the National Palliative Care Guidelines and O/GAC guidance, services will include: prevention counseling and commodities; regular clinical evaluation and monitoring; symptom management and pain relief; OI prophylaxis and treatment; STI treatment; screening for TB; related laboratory services; and treatment adherence.

In collaboration with the central drug procurement agency, HCMC-PAC will procure and distribute OI drugs, methadone, lab supplies and other commodities to outpatient clinics (OPCs) in a timely fashion. Family Health International (FHI) and a number of C/FBOs supported by PEPFAR will support home- and- community based care and support for PLWHA receiving care at HCMC-PAC sites. PEPFAR will support HCMC-PAC to provide initial and refresher training on stigma reduction in the health care setting, clinic operational procedures, counseling and lab for healthcare providers; training on ART readiness and adherence for patients and caregivers; and training on methadone therapy for healthcare providers once national guidelines are available in early 2007. PEPFAR will also ensure that patients in HCMC-PAC OPCs are provided quality counseling via case managers and referrals to PMTCT, TB/HIV care, drug addiction treatment, and psychosocial and social support services in their communities (to PLWHA support groups, the SMARTWork employment program, and AIDS Service Organizations where applicable).

With support from the PEPFAR Strategic Information and Care and Treatment teams, HCMC-PAC will improve patient care monitoring, referral networks, program monitoring and quality assurance tools with regard to patient care and program implementation, in support for the national M&E system.

HCMC PAC will support implementation of methadone clinics linked to HIV service delivery in existing outpatient clinics. Methadone will be procured in collaboration with other international partners and MOH.

Continued Associated Activity Information

Activity ID:	5518
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee

Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 380,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	11	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	19,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	<input type="checkbox"/>

Target Populations:

- People living with HIV/AIDS
- HIV positive pregnant women
- Private health care workers
- Doctors
- Nurses
- Pharmacists
- Other Health Care Workers
- HIV positive children (5 - 14 years)

Coverage Areas

Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Ministry of Defense
Prime Partner: Ministry of Defense, Vietnam
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9546
Planned Funds: \$ 60,000.00
Activity Narrative: This activity is linked to HBHC COE (9595), HBHC UH (9555), HTXS UH (9397), MTCT UH (9727), and MTCT MOD (9728).

This is a continued collaboration between the Center of Excellence (COE), executing agent for US Pacific Command (PACOM), and the Vietnam Ministry of Defense (MOD) to develop human capacity to address aspects of care and treatment at military medical facilities. The overall objective of this activity is to improve the quality of health care provided to HIV patients in clinics and to enhance the skill level, as well as the number of health care providers at military clinics and hospitals. In FY07, the MOD will conduct a workshop in anticipation of the scale-up of care and treatment services at MOD sites. With DOD partners, including University of Hawaii (UH) and other experts, this activity will transfer knowledge and competencies in HIV support services, infection control and universal precaution techniques to military hospital clinics providing or launching ARV and PMTCT services at 4 MOD sites. DOD will provide technical assistance (TA) to MOD for the development of the workshop, as well as for the development of a curriculum and training manual to be used to conduct other MOD-supported trainings. Two hundred health care providers will attend this workshop.

The MOD will also coordinate 2 mini workshops for 20 participants each focusing on HIV support services. These will be held in coordination with visiting professors from the UH and experts invited by COE. Topics to be covered include: training of patients and families prior to the initiation of ARV therapy; what to expect as patients are placed on ARV; what side effects to look out for; how to support the patient; why adherence is important; and techniques for ensuring good adherence. This activity will also complement other DOD partners' activities in training and support for both the military and civilian population receiving care and treatment at MOD sites.

This activity will continue the overall efforts to build the human resource capacity of the MOD health care system.

Continued Associated Activity Information

Activity ID: 5555
USG Agency: Department of Defense
Prime Partner: US Department of Defence/Pacific Command
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 35,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Military personnel
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: VCHAP
Prime Partner: Harvard University, Medical School - Division of AIDS
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9551
Planned Funds: \$ 500,000.00

Activity Narrative: This activity is linked to HTXS VCHAP (9394), HBHC MOH/VAAC (9529), HBHC HCMC-PAC (9533), and HBHC Pact (9577).

In FY07, Harvard Medical School, through the Vietnam-CDC Harvard Medical School AIDS Partnership (VCHAP), will continue to provide central technical assistance (TA) to 66 GVN and PEPFAR-supported care and treatment sites and will train 350 physicians and nurses in HIV/AIDS palliative care. Technical assistance will indirectly serve over 50,000 individuals with palliative care via PEPFAR and additional GVN and donor support.

Specific activities in FY07 will include: didactic training in basic palliative care and methadone; mentoring and ongoing supportive supervision; support for development of a National Opioid Policy; and technical assistance on national curriculum development.

Didactic training in Basic Palliative Care and Methadone: VCHAP will continue to provide local didactic clinical trainings for doctors, nurses and counselors working at outpatient clinics (OPCs). Additional training will focus on management of methadone in HIV-positive patients who are former injecting drug users. This activity will be carried out in collaboration with implementing partners who provide training to PEPFAR-supported sites on program implementation and with Family Health International (FHI) who will be the central trainer on home-based care (HBC). Refresher training for previously-trained providers in provinces and institutions will reinforce critical concepts, update information and provide a forum for feedback and technical support for both adult and pediatric HIV specialists.

Mentoring and ongoing supportive supervision: Training will be followed by various methods of supportive supervision depending on the needs of each site. Methods include onsite mentoring, fellowships for new health care workers, telephone support manned by experienced clinicians, and online internet support through development of a website. VCHAP will support ongoing training activities at the nation's two leading HIV centers: National Institute for Infectious and Tropical Diseases (NIITD) in Hanoi and the Tropical Disease Hospital in Ho Chi Minh City (HCMC). Activities will include monthly technical meetings for hospital physicians to discuss cases and selected topics in HIV care and regular scientific conferences where local physicians can share their experiences in HIV care.

Support for development of National Opioid Policy: In FY06, FHI and VCHAP supported MOH to develop the National Palliative Care Guidelines for HIV/AIDS and Cancer Patients which provide not only standards for pain and symptom management in the clinics but also at home. In addition to pain management, these will serve as a principle tool to standardize general HBC practices between PEPFAR, Global Fund (GF), and the national program. In FY06 and FY07, VCHAP and FHI will train health care workers, HBC teams, PLWHA and caregivers on these guidelines. However, due to lack of a national policy, provision of opioids for pain management remains limited. VCHAP has supported two key MOH policy makers to join a training and fellowship on pain policy. In FY07, VCHAP will continue to work with FHI, in collaboration with key departments within the MOH and related Ministries, to support review and revision of the national opioid policy followed by 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.

Technical assistance on national curriculum development: At the request of GVN and in collaboration with WHO and other PEPFAR partners, VCHAP will continue TA to GVN for the development of the National Training Program through further curriculum development and revision, participation in trainings and mentorship of the national training team. This curriculum will be designed to lead to National Certification in HIV/AIDS Care. In each of the focus provinces, experienced clinicians will be identified and mentored to be master trainers responsible for training new staff. To enhance pre-service delivery training, a partnership will be developed with two medical schools to implement an HIV/AIDS curriculum for students in their clinical training years consisting of didactic sessions and mentored internships at care and treatment facilities. Finally, in ongoing partnership with the Vietnam Nursing Association, 50 of the nurses receiving training in palliative care and ongoing mentoring will be trained to become master trainers to continue to provide smaller trainings and supervision to sites starting and scaling up HIV care and treatment

programs.

Continued Associated Activity Information

Activity ID: 5519
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Harvard University, Medical School - Division of AIDS
Mechanism: VCHAP
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas

Training

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

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

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

350

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

Target Populations:

Non-governmental organizations/private voluntary organizations

Private health care workers

Doctors

Laboratory workers

Nurses

Pharmacists

Other Health Care Workers

Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	University of Hawaii
Prime Partner:	University of Hawaii
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9555
Planned Funds:	\$ 150,000.00
Activity Narrative:	This activity is linked to HBHC COE (9595), HBHC MOD (9546), HTXS UH (9397), HTXS AFRIMS (9393), MTCT UH (9727), and MTCT MOD (9728).

This is an ongoing activity of the Center of Excellence (COE) and its prime partner, the University of Hawaii (UH), to work with the Vietnam Ministry of Defense (MOD) to continue intensive training for military physicians and to provide support services to complement the scaling up of ARV and PMTCT services to be established at military hospitals and is described in other DOD partners' activities. Also indicated in other DOD palliative basic care activity, 240 will be trained directly by this partner or in collaboration with other DOD partners.

One component of this program is an intensive 4-week ARV curriculum targeting military physicians held in Hawaii and Bangkok that has been supported in previous years. At the request of the MOD, COE will continue support this training on a limited scale in the coming year. Additionally, intensive training will also include nurses and other support staff to support the scaling up of ART services planned for FY07. Aspects of the training of military physicians will be linked to reinforce key ART treatment concepts and enhance skill levels of physicians.

Training of nursing and other ancillary personnel is vital to the success of ARV and PMTCT services at MOD hospitals. Another component of this activity is to develop basic knowledge in HIV/AIDS care for support staff who can assist in providing patient education including training of patients and family prior to the initiation of ARV therapy on what to expect as patients are placed on ARV, what side-effects to look out for, how to support patients, why adherence is important and techniques to ensure adherence. This training will also address, in clinic and hospital settings, the need for education on how to provide appropriate infection control and universal precautions as it relates to HIV and opportunistic infections such as TB.

This activity will also involve the UH affiliated services of the Bangkok-based South East Asia Research Collaboration with Hawaii (SEARCH). They will provide evaluation of the ART program by monitoring each component, identifying areas needing improvement, providing re-training of staff on deficient areas, reporting progress of the program, including outcome, particularly survival, of patients treated, improvement in CD4 and HIV RNA, toxicity, opportunistic infections, and immune reconstitution syndrome. UH will provide technical assistance (TA) to provide nursing and other ancillary medical staff with training in basic HIV knowledge, HIV support services, infection control and universal precaution techniques at each hospital clinic providing/anticipated to provide ART/PMTCT services (Military Hospitals 103 in Hanoi, 175 in Ho Chi Minh City, 121 in Can Tho City, and Hospital 17 in Danang). This will be in the form of nursing "Visiting Professors" and 2 mini-workshops at each hospital (20-40 participants/hospital clinic) focusing on HIV support services. TA will also be provided for the MOD workshop dedicated to nursing/clinic support services for 150 participants. UH will work towards the creation of "in-country" experts to provide TA in real-time to help with HIV support service issues. As needed, SEARCH will arrange for intensive one week training/direct observation of HIV support operations within Bangkok hospital/clinics for a limited (2-4 participants) number of nursing/ancillary medical personnel. This training will also link different aspects of support to complement the overall MOD care and treatment program.

Continued Associated Activity Information

Activity ID: 5520
USG Agency: Department of Defense
Prime Partner: University of Hawaii
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Military personnel
 Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Family Health International
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9558
Planned Funds: \$ 1,551,000.00

Activity Narrative: This activity is linked to HTXS FHI (9415), HKID FHI (9537), HBHC VCHAP (9551), HBHC Pact (9563) and (9566).

Family Health International (FHI) takes the lead in supporting MOH/VAAC and HCMC-PAC in providing technical assistance for the provision of palliative care and support services at the district and commune levels, complementing districts that are not covered comprehensively by VAAC and GF. FHI also takes the lead in developing and training PEPFAR partners including VAAC on home- and community-based care and support. In collaboration with VAAC, GF, HCMC-PAC, Catholic Relief Services (CRS) focus province Provincial AIDS Committees, and additional F/CBOs, FHI will support 7,900 PLWHAs in 21 sites in 7 focus provinces.

The PEPFAR-supported care network consists of provincial level tertiary care with the full range of clinical services, district level secondary care with outpatient and in-patient care (with the exception of treatment of complex OIs and HIV-related complications), TB/HIV referral, ART, and commune level home-based and community based care (H/CBC) with support to orphans and vulnerable children (OVC). In FY07 FHI will scale up district and commune-level services to include: (1) urban care sites in HCMC and Hanoi, (2) rural care sites in An Giang, Can Tho, and Quang Ninh, and 3) integrated prevention and medication-assisted therapy in select focus provinces for injecting drug users (IDU).

FY07 district care sites will be managed by current and newly trained provincial management and district care provider staff composed of PLWHA, Communist Party officials, health care workers, religious leaders, and CBO personnel. These staff will improve referral systems by coordinating with PEPFAR partners to utilize uniform referral forms and standard operating procedures at care sites. FHI will also work with PEPFAR partners to develop HIV care and prevention service guides for PLWHA and providers, which will be provided to all PEPFAR and GF-supported sites.

Coverage will be increased to additional sites via care provider training, and onsite mentoring and supportive supervision. District outpatient services will be integrated into existing district health centers (DHCs). Outpatient clinics (OPCs) will be linked with inpatient care at DHCs, and, in addition to Home and Community Based Care (H/CBC), will continue to provide prevention counseling and commodities, assessment of psychosocial situation and OVC needs, regular clinical evaluation and monitoring, OI prophylaxis and treatment of common OIs, screening for TB, related laboratory services; treatment literacy and intensive treatment preparedness; referral of complex OIs and TB, management of symptoms, pain, and HIV/AIDS-related complications, nutrition and emotional support. To facilitate rapid care scale-up, Binh Thanh, Thu Duc and Cam Pha districts (from Ho Chi Minh City and Quang Ninh provinces – one southern and one northern) will be used as HIV care and support learning centers.

All outpatient clinic services are linked with home-based care (HBC) teams to ensure seamless follow-up between home care and hospital care. HBC teams play a critical role in providing palliative care to PLWHA and families providing pain relief, symptom management, adherence counseling support, nutrition and livelihood assistance, emotional counseling, links to spiritual care, end-of-life care and planning and care for OVC. Home care and PLWHA groups will work with health center staff to promote ART and methadone adherence (for those sites providing methadone to drug users). Referrals to tertiary care for PLWHA clients will be managed by the district health center staff and home care teams. H/CBC services will be linked with services implemented by other PEPFAR partners.

IDU access to a full range of prevention, treatment, and care interventions will be increased through case management in all districts, but with emphasis on those released from government rehabilitation centers and involved in the methadone pilot. Case managers and former-IDU peers for drug users and former drug users (supported by HCMC-PAC) will ensure that all residents released from government rehabilitation centers have access to relapse prevention counseling, family supportive counseling, and other risk-reduction. In Haiphong and Quang Ninh, IDU who are HIV positive will be able to enroll in medication-assisted therapy (MAT) co-administered with ART where clinically eligible, provided the Government of Vietnam (GVN) approves the pilot protocol. Clinicians, adherence counselors, case managers, and HBC teams will receive comprehensive training in addiction, ART, methadone co-therapy, and ART adherence support for IDU. Providers

in Ho Chi Minh City (HCMC) and Haiphong will be trained as mentors for future IDU care training sessions.

At the national level, technical support and capacity building will be provided to PEPFAR H/CBC partners, GF and VAAC to develop guidelines, standard operating procedures, and training packages. FHI will also assist in the review and revision of national opioid policies (see FHI Policy System Strengthening 9430).

FHI will support implementation of three methadone clinics linked to HIV service delivery in existing outpatient clinics. Methadone will be procured in collaboration with other international partners and MOH.

Additional funding will support five activities: 1) Assessment and development of existing Vietnam nutrition guidelines, incorporation of international recommendations and development of procedures for implementation in all PEPFAR funded palliative care sites; 2) Additional provincial level advocacy will be provided in the 7 focus provinces to increase awareness of the national palliative care guidelines and boost support for the national palliative care fellowship program. 3) Funding for the Department of Therapy to produce and disseminate National Home based care guidelines; 4) Implementation of enhanced STI diagnostics and treatment into selected outpatient clinics; 5) Expansion of training for staff in PEPFAR and other funded OPCS in providing psychosocial assessment, support and appropriate referrals. Funding will improve quality of current services and plans, but will not add to targets.

Continued Associated Activity Information

Activity ID: 5529
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: (INGO- former FHI/IMPACT)
Funding Source: GHAI
Planned Funds: \$ 614,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	21	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,990	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	500	<input type="checkbox"/>

Target Populations:

Community-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Teachers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Host country government workers
Public health care workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Lang Son
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 Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9563
Planned Funds: \$ 305,000.00

Activity Narrative: This activity is linked to HBHC FHI (9558), HKID Pact (9554), HTXS MOH/VAAC (9529) and HTXS HCMC-PAC (9533).

In FY07, Pact will fund five Vietnamese NGOs to provide palliative care for 1,050 individuals. Pact will build and strengthen NGO capacity to provide basic palliative care to PLWHA and their family members. Pact will ensure palliative care services are in line with the National Palliative Care Guidelines and expanded in line with the PEPFAR Vietnam 5-Year Strategy to extend supportive services through strengthening of civil society. Pastoral Care is a Catholic organization that provides care, support and treatment services to PLWHA in HCMC. PEPFAR will support Pastoral Care's clinics and home care teams with a small grant and technical assistance via Pact, and will provide training and OI drugs. Pathfinder International will be supported to expand a pilot of public private partnership in home and community based care in An Giang province. Pact and Tufts University will collaborate in a qualitative assessment of barriers and facilitators to ART adherence among PLHIV on ART in Ha Noi, with a view to developing concrete recommendations for programming. This assessment will be linked to Pact's ongoing work with its care and treatment partners, which includes a focus on strengthening the adherence support components of their programs.

SHAPC: In FY07, SHAPC will provide home-based care for clients of the Bach Mai outpatient clinic (OPC) living in Hai Ba Trung district in Hanoi and surrounding areas in Hanoi. PEPFAR, Pact, and SHAPC will work together to support home-based care (HBC) teams that implement as a part of the network model in Hanoi, reinforce referral of clients to and from clinical and community settings and ensure effective delivery of services in the home, community and facilities. Both Pact and Family Health International (FHI) will guide SHAPC to build capacity for HBC service provision.

Mai Hoa: Mai Hoa Center is a small hospice and residence for very poor and homeless PLWHA in Ho Chi Minh City (HCMC), run by a small group of Catholic nuns who are nurses by training. Many PLWHA come to Mai Hoa Center to receive end-of-life care. Though this site remains a hospice and receives patients with terminal disease, the site has also become a longer term residence for patients who have recovered significantly with ART, yet remain homeless or orphaned. In FY05 and FY06, Mai Hoa Center received PEPFAR funding to enhance the quality, comprehensiveness and reach of HIV/ AIDS care, support and treatment for both adults and children. In FY07, PEPFAR will support Mai Hoa to continue providing these services. Along with additional non-USG support, USG will continue to support the Vietnam Harvard Medical School HIV/AIDS Partnership (VCHAP) and a physician from HCMC's Pasteur Institute to provide onsite clinical support.

COHED: The Center for Community Health and Development (COHED) is a Vietnamese CBO engaged in a range of HIV/AIDS response initiatives, including a PEPFAR-supported project to provide care and support services to women living with HIV/AIDS. In FY05 and FY06, PEPFAR supported COHED to open the "Cactus Flower Club", a club for women infected and affected by HIV/AIDS in Quang Ninh Province, which was developed in partnership with the Halong City Health Authority. The club served 250 women through a range of services both on site and through community outreach and home-based care. In FY07 COHED will strengthen and expand palliative care through the Cactus Flower Club, including strengthening relationships and referral links with the provincial level HIV/AIDS outpatient clinic in Quang Ninh to recruit new beneficiaries for palliative care services.

COHED will ensure that services are provided in line with the PEPFAR Vietnam Palliative Care Working group guidance on the basic home-based care package. In addition, COHED will focus on strengthening the capacity of women to care for themselves and their families through economic strengthening activities, including employment referral and employment in collaboration with SMARTWork. COHED will also continue to expand its well-developed program of advocacy and community mobilization to increase awareness of HIV/AIDS including the negative effects of stigma and discrimination.

New Local Partner to Be Identified: In FY07, PEPFAR will select a new local partner to provide H/CBC in 2 districts which have PEPFAR-supported OPCs but do not have HBC services in Quang Ninh Province. This new activity will extend the reach of community-based services in the province, helping to ensure that PLWHA receive essential care and support services in their communities and that they are appropriately linked to

care and treatment services.

Significant funds have become available through cost savings in SCMS through decrease in the cost of ARV. The targets have also been decreased despite expected additional reach through additional funding because Mai Hoa Center will focus on clinical care based at Mai Hoa Center but not community-based care as originally planned (individuals expected to be reached has decreased from 500 to 50).

Continued Associated Activity Information

Activity ID: 5521
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 171,000.00

Activity ID: 5525
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 17,000.00

Activity ID: 5526
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 70,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,050	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	20	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
 People living with HIV/AIDS
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Quang Ninh

Ha Noi

Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9564
Planned Funds:	\$ 270,000.00
Activity Narrative:	This activity is linked HBHC FHI (9558), HBHC MOH/VAAC (9529), HBHC HCMC-PAC (9533), and HBHC HPI (9599).

PEPFAR will fund SMARTWork to facilitate job opportunities for PLWHA in 7 focus provinces and place 1,200 PLWHA in employment, helping ensure livelihood security.

This activity builds on previous support in FY05 and FY06. In FY07, SMARTWork will take the lead in assisting PLWHA and residents returning from government rehabilitation centers in obtaining gainful employment (see also Pact/SMARTWork Other Prevention and AB sections). SMARTWork has developed an effective HIV/AIDS workplace prevention and workplace policy development program in collaboration with the Vietnam business sector and the Ministry of Labor Invalids and Social Affairs (MOLISA), the Vietnam Chamber of Commerce and Industry (VCCI), the Vietnam General Confederation of Labor (VGCL), and local PLWHA support groups. In FY07, SMARTWork will work directly with local enterprises in 7 focus provinces to develop PLWHA employment policies and facilitate the hiring and PLWHA for gainful employment. SMARTWork will train select PLWHA to increase awareness among other PLWHA on their employment rights, and will assist them to advocate for employment at industries where SMARTWork has assisted in the development of workplace policies that are PLWHA-friendly. SMARTWork will also implement stigma and fear-reducing training sessions in these same industries to ensure that employees are accepting of PLWHA in the workplace.

In addition, SMARTWork will establish Employment Services Centers in key locations to assist with employment of PLWHA. SMARTWork will work with targeted industries to post information on HIV/AIDS-related services at the workplace and in their community, with references to HIV/AIDS care at MOH/VAAC and other PEPFAR-supported sites, CT services, OVC and PLWHA support in the community. At the same time, SMARTWork will work closely with VAAC and the HCMC-PAC to ensure that PLWHA receiving care are aware of emerging employment opportunities via consultations and posting at clinical care sites and at support organizations including CBOs.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Quang Ninh
Hai Phong
Ha Noi
Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9566
Planned Funds:	\$ 310,000.00
Activity Narrative:	This activity is linked to HBHC FHI (9558), HBHC MOH/VAAC (9529), HBHC HCMC-PAC (9533), and HKID Pact (9540).

Pact will support CARE to strengthen and expand local community and faith based organization (C/FBO) capacity to provide basic health care and support services to 2,500 individuals, training 85 individuals to provide services in 9 service outlets in 5 of the focus provinces.

In FY07 PEPFAR support will expanded to 9 local C/FBOs to provide community and home-based care according to the needs of PLWHA. In line with the PEPFAR Vietnam 5-Year Strategy, Pact partners will expand civil society engagement to meet care targets in communities. Service coverage will be extended to 5 focus provinces. CBOs supported by CARE will include: Bright Futures (Hanoi and Quang Ninh), Dong Cam (Quang Ninh), Tue Tinh Duong (Hanoi), A-for-D (Action for Development) (Hanoi), Network and Pastoral Care - Ho Chi Minh City (HCMC), Xuan Vinh (HCMC), the AIDS Program (HCMC), Green Hope Club (HCMC), Binh Thuy (Can Tho) and a new group to be identified in An Giang Province.

With support and technical guidance from Pact and FHI, CARE will continue to strengthen the capacity of these 9 C/FBO partners to provide basic palliative care to PLWHA in the home and the community. Care provision will be in line with the National Palliative Care Guidelines and O/GAC guidance. Based on FY06 support and feedback from CBOs, training will be modified to include clinic-based training to practice new skills. FHI will partner with CARE to support CBOs to standardize provision of H/CBC, in accordance with the basic care package as defined by PEPFAR Vietnam.

CARE's strong community and home based ARV adherence and literacy activities will work in coordination with PEPFAR-supported clinics to prepare and support PLWHA for treatment provided in out-patient clinics. Psychosocial and spiritual support will be provided to not only PLWHA, but also for their family members, peer educators and caregivers. CARE will also expand activities to strengthen the capacity of local commune health workers to ensure the quality of HIV services and the functioning of the referral system.

In FY07 CARE will support CBOs to provide social support for PLWHA and families members as described in the basic care package. In addition, the project will collaborate with SMARTwork to support FBO/CBOs to strengthen income generation and job assistance activities, working with local businesses, organizations, communities and PLWHA. CARE will continue to support 2 CBOs (Bright Futures and Dong Cam) to implement advocacy activities to reduce stigma and discrimination against PLHWA.

Pact will ensure appropriate referral between all C/FBO programs and clinical services supported by PEPFAR in focus provinces including MOH/VAAC, GF, and HCMC-PAC via provision of a directory of services, referral follow-up, and via liaising with clinical providers supported by PEPFAR.

Continued Associated Activity Information

Activity ID:	5522
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Community REACH

Funding Source: GHAI
Planned Funds: \$ 184,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	9	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	85	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- People living with HIV/AIDS
- HIV positive pregnant women
- Caregivers (of OVC and PLWHAs)

Coverage Areas

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

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9577
Planned Funds: \$ 300,500.00

Activity Narrative: This activity is linked to HBHC VCHAP (9551), FHI (9558), HTXS Pact (9396), and HKID Pact (9541). Funding is being reprogrammed from previously planned funding for ARV drugs in the setting of reduced drug costs. Using PEPFAR funds, Pact will support Medecins du Monde (MDM) to provide 1,650 individuals with palliative care via two outpatient clinics (Hanoi and Ho Chi Minh City) and 2 home-based care teams for a total of 4 sites. MDM will train 40 individuals to provide palliative care services.

MdM is the lead organization for PEPFAR providing health care for extremely vulnerable populations in two focus provinces, which are often underserved by government sites. PEPFAR will support MdM via Pact to provide palliative services in two district-level outpatient clinics (OPCs) with outreach and home-based care to surrounding districts hardest hit by the HIV/AIDS epidemic. These clinics provide comprehensive HIV/AIDS prevention, care and treatment services, with a focus on serving intravenous drug users (IDU), commercial sex workers (CSW) and very poor and homeless populations. MdM reaches its clientele through services offered at the clinics as well as through mobile outreach services and home-based care teams which operate both daily and nightly.

In FY07, MdM will continue to support clinical palliative care services at these two sites in HCMC and Hanoi. A total of 1,650 PLWHAs will be reached with basic health care and support services, which include: prevention counseling and commodities, regular clinical evaluation and monitoring, opportunistic infection (OI) prophylaxis and treatment of common OIs, screening for TB, related laboratory services; treatment adherence support; referral of complex OIs and TB, symptom management and pain relief, management of HIV/AIDS-related complications. A team composed of doctors, nurses, counselors (including peer counselors), case managers, and a pharmacist will provide treatment literacy well in advance of ART initiation, and provide more intensive treatment preparedness for all their clients, family members, and caregivers when a patient reaches the ARV treatment stage at these clinics. Home-based care (HBC) teams will provide the H/CBC basic care package as defined by PEPFAR and described in the program area context.

In addition, MdM will develop a PLWHA support group to restore social relationships, self confidence and self-esteem, targeting marginalized returnees from government rehabilitation centers. Monthly meetings will be organized for all beneficiaries, including commercial sex workers (CSW), injecting drug users (IDU), PLWHA, ARV patients, and family members/caregivers. The project will also support economic strengthening activities for PLWHA, including vocational training and employment referral in collaboration with the SMARTWork program.

PEPFAR will supply OI drugs, CD4 test and HBC kits directly to these sites. Although MdM will provide direct technical support and oversight, other PEPFAR partners will continue to support the clinics with advanced clinical training courses and on-site coaching. FHI will also support HBC teams to standardize their provision of H/CBC in accordance with the minimum package described in the program area context. PEPFAR will support these clinics to strengthen their linkages with other services in the network.

Additional funding is being granted to MDM through reprogramming from SCMS. This funding will serve to adjust the fiscal year by 3 months to end in September.

Funding will support Soc Son District Preventive Centre, which is 7 km away from two rehabilitation centres, to be the base for a mobile medical mentoring team to provide palliative care & treatment to people entering and leaving these centers.

Continued Associated Activity Information

Activity ID:	5523
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Community REACH
Funding Source:	GHAI
Planned Funds:	\$ 275,500.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,150	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ha Noi
Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9580
Planned Funds: \$ 270,000.00
Activity Narrative: This activity is linked to HBHC FHI (9558), HBHC HCMC-PAC (9533), HKID Pact (9547), and HTXS MOH/VAAC (9398).

Via the Pact umbrella, PEPFAR will support World Vision to expand the provision of basic health care and support services to 950 PLWHA, train 120 individuals and manage 36 outlets providing HIV-related palliative care in 2 focus provinces.

In FY06, PEPFAR supported World Vision to implement home-based care (HBC) in 3 districts in Ho Chi Minh City (HCMC) and Haiphong provinces. In line with the PEPFAR Vietnam 5-Year Strategy to extend service provision via civil society engagement, and based on lessons learned from FY05 and FY06, PEPFAR will expand HBC service provision to 5 districts (3 in HCMC and 2 in Haiphong). HBC activities will be standardized across all PEPFAR partners and the basic package provided will be based on the needs of individual PLWHA and their families at the community/home level. World Vision will reach new beneficiaries by working in partnership with District Health Centers and Commune Health Centers in each province. PEPFAR, Pact, Family Health International (FHI), and World Vision will work together to support HBC teams engaged in the provision of HBC services as a part of the network model. Specifically, FHI will train HBC teams in the provision of services and will assist with on-going mentoring and supervision until teams demonstrate capacity to operated independently (see FHI Palliative Care).

Pact will ensure appropriate referral between World Vision HBC and clinical services supported by PEPFAR in these focus provinces including MOH/VAAC, GF, and the HCMC-PAC via provision of a directory of services, referral follow-up, and via liaising with clinical providers supported by PEPFAR. Family members will be trained in basic care and support for PLWHA at home, and World Vision will support economic strengthening activities for PLWHA, including vocational training and employment referral in collaboration with the SMARTWork program.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	36	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	950	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	120	<input type="checkbox"/>

Target Populations:

Community-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination
Wrap Arouns
Food
Microfinance/Microcredit

Coverage Areas

Hai Phong
Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism: UNAIDS/DOD
Prime Partner: Joint United Nations Programme on HIV/AIDS
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9583
Planned Funds: \$ 50,000.00
Activity Narrative: This activity is linked to HVCT MOD (9510), HTXS UH (9397), and OHPS UNAIDS (9542).

This is a new activity for the Center of Excellence (COE), executing agent of US PACOM, in conjunction with prime partner UNAIDS Vietnam, to engage with the Ministry of Defense (MOD) Women’s Union (WU) to strengthen referral systems at 3 MOD ARV service sites.

Funds from FY06 are supporting Military Hospital 108 (Hanoi) and Military Hospital 175 (Ho Chi Minh City--HCMC) to provide ARV treatment. In FY07 2 additional sites will open in Can Tho City (Military Hospital 121) and Danang province (Military Hospital 17). With expansion in ARV sites and services, establishment of a support and referral network between the existing community-based care and support models, including Empathy Clubs, will help increase adherence to ARVs, counseling and psychological support, and supportive family services. It will also ensure wider network referrals for ARV treatment.

The MOD Women’s Union is linked to the civilian Vietnam Women’s Union (VWU), a mass organization with over 13 million members throughout the country, and exists at every village in Vietnam. Following the VWU model, this activity with MOD’s WU will support key national and local organizations to speak out on stigma and discrimination against PLWHA and their families. The MOD’s WU will work with VWU to engage in HIV care and support through the Empathy Club network of over 400 local groups, in 16 provinces. This activity is proposed to use and strengthen this network to provide support and referral to ARV treatment at 3 military hospitals in Hanoi, HCMC and Can Tho City. This proposal has been thoroughly discussed with the VWU, who are committed to this intervention. As ARV treatment is made available in other military hospitals, the VWU Empathy Club support and referral can also be expanded.

The activities to be undertaken to strengthen the support and referral network of the Empathy Clubs are: an advocacy and capacity building workshop which will also address ARV treatment and project management; production of educational materials for distribution; establishment and implementation of support and referral networks for 3 empathy clubs in Hanoi and 5 empathy clubs in HCMC; and strengthening monitoring, supervision and reporting of referral and treatment activities. The MOD WU will provide an in-kind contribution to the workspace, support facilities, and overall management and supervision of the project.

Emphasis Areas

% Of Effort

Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

Adults
 Military personnel
 People living with HIV/AIDS
 University students

Key Legislative Issues

Stigma and discrimination
 Increasing gender equity in HIV/AIDS programs

Coverage Areas

Ha Noi
 Ho Chi Minh City
 Can Tho

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	HHS/CDC GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9592
Planned Funds:	\$ 95,024.00
Activity Narrative:	This activity is linked to HBHC CDCBASE (9854) and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support an LES (Medical Research Scientist), 50% of one USPSC (Medical Officer), and 65% of one USDH including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance (TA) and program oversight to MOH/VAAC and HCMC-PAC outpatient clinics on all activities related to design, implementation and evaluation of care and the development of training curricula and delivery of training for clinicians and community members working in HIV palliative care activities. TA will be coordinated with all USG partners to maximize impact and efficiency the PEPFAR treatment program across agencies.

Continued Associated Activity Information

Activity ID: 5532
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,000,000.00

Targets

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

Table 3.3.06: Activities by Funding Mechanism

Mechanism: USAID GHAI
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9594
Planned Funds: \$ 205,040.00
Activity Narrative: Funds requested will support 65% of an LES (Care and Treatment Specialist) and 55% of a USPSC (Care and Treatment Advisor) including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance (TA) and program oversight to GVN, FHI, Global Fund (GF) and USG partners providing palliative care in program design, implementation and evaluation of care activities related to care and the development of training curricula and delivery of training for community members working in HIV Care activities.

Continued Associated Activity Information

Activity ID: 5554
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 310,000.00

Targets

Target

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

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

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

Target Value

Not Applicable

Table 3.3.06: Activities by Funding Mechanism

Mechanism: PACOM/Center of Excellence
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9595
Planned Funds: \$ 165,000.00
Activity Narrative: This activity is linked to HBHC MOD (9546), HBHC UH (9555), HTXS UH (9397), MTCT UH (9727), and MTCT MOD (9728).

This is a new activity in the continued collaboration between the Center of Excellence (COE), executing agent for US Pacific Command (PACOM), and the Vietnam Ministry of Defense (MOD) to develop the human capacity to address the scaling up of care and treatment services at the military medical facilities. This activity will improve the quality of health care provided and the number of health care providers to support a minimum of 1000 HIV patients at 4 military treatment sites. Additionally 200 nurses will be trained. The specific objectives are: to provide ward and clinic supervisors/nurses with the knowledge base to provide optimal care of HIV patients in hospital ward inpatient settings and outpatient clinic settings and to promote awareness of infection control, universal precautions, post-exposure guidelines and confidentiality needs.

To achieve these objectives, the following activities are proposed: intensive training in the basics of HIV nursing care to ward and clinic supervisors/nurses; support a "visiting Professor" nursing expert to make "rounds" at clinics and hospitals providing care to HIV infected patients; and facilitate and assist in the development of practical steps to implement universal precautions and post-exposure guidelines. COE will also coordinate with the University of Hawaii, John A Burns Medical School (UH), and various experts from the US military to provide technical assistance when needed. Training will also include the basics of HIV care and management, specific symptomatic treatment/prevention protocols, confidentiality protocols and infection control procedures. An overview of HIV nursing care issues relevant to a broader nursing population and other allied health professions will also be offered. The training will be offered at key military hospitals and clinics and military ARV sites: Military Hospital 103 (Hanoi), Military Hospital 175 (Ho Chi Minh City), Military Hospital 121 (Can Tho City), Military Hospital 17 (Danang province).

Training of nurses and other allied health professionals will increase the human resources and build the capacity of the Vietnamese military medical professionals to provide quality HIV/AIDS treatment, care and support.

Funds requested for this activity will include official travel costs and technical oversight for DOD HIV treatment & prevention in program design, implementation and evaluation.

Continued Associated Activity Information

Activity ID: 5555
USG Agency: Department of Defense
Prime Partner: US Department of Defence/Pacific Command
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 35,000.00

Emphasis Areas

	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	<input type="checkbox"/>

Target Populations:

Nurses
 Military personnel
 Program managers
 USG in-country staff
 USG headquarters staff
 Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Health Policy Initiative (HPI)
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9599
Planned Funds:	\$ 400,000.00
Activity Narrative:	This activity is linked HBHC MOH/VAAC (9529), HBHC HCMC-PAC (9533), HBHC FHI (9558), HBHC Pact (9563), and OHPS HPI (9428).

HPI is the lead PEPFAR organization in assisting Vietnam's implementation of the HIV/AIDS Law at the provincial level, and ensuring that PLWHA have access to supportive services to support their rights to education, health care, employment, and other rights outlined in Vietnam's legal system. PEPFAR will support HPI to train 140 civil liberties lawyers who indirectly will provide legal and consultative services to 5,000 PLWHA in 7 focus provinces. HPI will also establish 2 hotlines to provide telephone guidance to PLWHA on their rights based on the Vietnam legal system, and to monitor the implementation of the National HIV/AIDS Law.

With the recent passing of the National HIV/AIDS Law, PLWHA and their families are poised to develop stronger advocacy for their rights to employment, education, social services, health care and a stigma-free life. However, the existence of the Law, which comes into effect in January 2007, is not sufficient to ensure that PLWHA can exercise their rights without exclusion. A 2005 ISDS study on stigma and discrimination demonstrated that the majority of PLWHA still face great discrimination. PLWHA have lost their jobs, HIV-infected and affected children are barred from schools or are prevented from going by their families, and entrepreneurs have lost revenue due to customer recidivism. HPI will work with PLWHA groups and associations (see HPI Policy System Strengthening) to raise their awareness on the rights of PLWHA as outlined by the National HIV/AIDS Law and the Vietnam legal system via training sessions in each of the 7 focus provinces.

HPI will train 140 lawyers (20 per province) on the new HIV/AIDS Law and other laws related to civil liberties, who in turn will liaise with PLWHA support groups in focus provinces to ensure that PLWHA leaders have access to legal support and can effectively refer PLWHA. Select PLWHA groups in each province will be supported by HPI to conduct training sessions for PLWHA on their basic rights, and HPI will develop easy-to-understand materials outlining these rights and how to ensure they are upheld. HPI estimates that over 5,000 PLWHA will access legal support services and the awareness-raising training workshops described above.

In addition, HPI will support the development of legal centers in each focus province, which will be based in existing PLWHA group centers or in the offices of leading lawyers receiving support from HPI. HPI will also support two hotlines, 1 in Ho Chi Minh City, and 1 in Hanoi, with media promotion and promotion via PLWHA networks, to ensure that PLWHA can access information inexpensively and anonymously, and to enable them to report on shortcomings in the implementation and enforcement of the Law. HPI will pilot the development of a monitoring mechanism linked to the 7 legal centers and 2 hotlines, as well as the PLWHA network (see HPI Policy/Systems Strengthening), to track implementation and enforcement of the Law. This monitoring mechanism will also link to policy makers and new Community Party cadres who will receive training via the Harvard and HPI training program (see Pact/Harvard Policy/System Strengthening) to assist in tracking implementation of the Law and to help inform policy makers of PLWHA concerns in a timely manner.

Emphasis Areas

	% Of Effort
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	9	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	210	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Host country government workers
Public health care workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
Democracy & Government

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: HHS/CDC Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9854
Planned Funds: \$ 212,976.00
Activity Narrative: This activity is linked to HBHC CDCGHAI (9592) and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support an LES (Medical Research Scientist), 50% of one USPSC (Medical Officer), and 65% of one USDH including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance (TA) and program oversight to MOH and HCMC PAC outpatient clinics on all activities related to design, implementation and evaluation of care and the development of training curricula and delivery of training for clinicians and community members working in HIV palliative care activities. TA will be coordinated with all USG partners to maximize impact and efficiency the PEPFAR treatment program across agencies.

Continued Associated Activity Information

Activity ID: 5533
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 82,314.00

Targets

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

Table 3.3.06: Activities by Funding Mechanism

Mechanism: HHS/Substance Abuse Mental Health Services Administration
Prime Partner: Substance Abuse and Mental Health Services Administration
USG Agency: HHS/ Substance Abuse and Mental Health Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10310
Planned Funds: \$ 0.00
Activity Narrative: This activity is carried over from FY06 with no new funding.

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.

Continued Associated Activity Information

Activity ID: 5556
USG Agency: HHS/ Substance Abuse and Mental Health Services Administration
Prime Partner: Substance Abuse and Mental Health Services Administration
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 285,000.00

Targets

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

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12290
Planned Funds: \$ 250,000.00
Activity Narrative: (Need complete activity narrative).

Through a competitive process, Pact will provide financial and technical support to a local partner or local-international NGO partnership TBD to assess the extent, nature, and consequences of gender-based violence (GBV) among women living with HIV, with Sentinel surveillance data indicate that prevalence among pregnant women increased from 0.02% in 1994 to 0.37% in 2005, and had reached 1% in high prevalence provinces by 2005.

As in other countries, Vietnamese women living with HIV are more likely to e

Although PEPFAR has supported small-scale initiatives that respond to the particular needs of women living with HIV in Vietnam, these have limited reach and scalability. A more systematic response is needed, based on a careful assessment of women's exper

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	51 - 100

Target Populations:

Adults
 People living with HIV/AIDS
 Women (including women of reproductive age)

Key Legislative Issues

Gender
 Reducing violence and coercion

Coverage Areas

Ha Noi
 Ho Chi Minh City

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	19242
Planned Funds:	\$ 195,000.00
Activity Narrative:	In FY07, PEPFAR will select new partners to provide community-based care in strategic districts in the 7 focus provinces including in 2 districts in Quang Ninh Province and 2 districts in Nghe An Province. Other provinces will be targeted as needed. Selection will be via the Pact's Local Partner's Initiative (LPI) in an attempt to identify and strengthen new local CBO in targeted provinces. This activity will extend the reach of community-based services in provincial and district levels to ensure that PLWHA receive essential care and support services in their community and they are appropriately linked to care and treatment services.

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: \$ 2,378,000.00

Program Area Context:

Program Area Setting

Vietnam ranks 13th among the 22 high-burden TB countries with an estimated incidence of 178 cases per 100,000 persons. In 1985, the National TB Program of Vietnam (NTP) introduced Directly-Observed Therapy (DOTS). By 1997, Vietnam reached 100% coverage and was one of 2 high-burden TB countries to achieve WHO-recommended program targets: diagnosing 70% of all new cases and successfully treating 85% of diagnosed cases. Nevertheless, the TB case notification rate has not declined. A 2005 data review concluded that TB rates have not declined due to rapid spread of HIV infection. National HIV prevalence in TB patients is estimated at 4.2%, up from 1.5% in 2000; TB prevalence in high HIV-prevalence areas is 10-20%. Based on 2 limited national surveys, the prevalence of INH-resistant and multi-drug resistance (MDR) strains of TB is 20% and 2%, respectively. There is no national data about TB drug resistance among HIV-infected TB patients. For HIV-infected persons in Vietnam, TB is the primary cause of severe illness and death. Twenty percent of HIV-infected persons have radiographic evidence of TB disease when first screened for TB. Even after TB is apparently ruled out, an estimated 20% of HIV-infected persons develop bacteriological-confirmed TB days to weeks after initiating ART, probably due to either inadequate screening for TB disease or immune reconstitution syndrome. During TB treatment, death rates in HIV-infected TB patients average 20-30% and reach as high as 50% in Ho Chi Minh City, with most deaths occurring in the first 2-3 months after TB diagnosis. Program experience suggests that there are many contributors, including delayed diagnosis of HIV infection and TB and inadequate HIV treatment and care during TB treatment.

Key Accomplishments

In the past two years, PEPFAR and MOH have made major progress in responding to the TB/HIV epidemic. PEPFAR has implemented routine HIV counseling and testing (RCT) for TB patients and referral to HIV services for HIV-infected TB patients in 34 districts, 4 provincial-level hospitals and 1 national-level hospital, covering 7,000 TB patients annually (50% coverage). An evaluation of the public health response to HIV-associated TB in one focus province documented the high burden of TB in HIV-infected persons, the survival benefit of co-trimoxazole for HIV-infected TB patients and best practices for implementing TB screening in HIV-infected persons. Other activities include developing national, provincial, and district-level coordinating committees for TB and HIV programs; implementing TB screening of patients known to be HIV-infected in 4 of 6 current focus provinces; assessing the prevalence of drug-resistant TB in HIV-infected patients living in Hanoi, Haiphong, and Quang Ninh; and implementing ART and opportunistic infection (OI) prophylaxis in one provincial clinic. Modified TB registers have been implemented in the 7 PEPFAR focus provinces to monitor and evaluate HIV services provided to HIV-infected TB patients during TB treatment. PEPFAR has identified one locally employed staff member (LES) to serve as the TB/HIV coordinator to promote and monitor PEPFAR TB/HIV activities. Recently, a national TB/HIV Technical Advisory Group has been formed. These efforts will effectively constitute a TB/HIV policy-making entity at the respective levels.

Challenges/Opportunities

The Vietnam NTP has incorporated HIV-specific services for adults and children into its national strategy, development plan, training materials and the national AIDS program (the MOH/Vietnam Administration for HIV/AIDS Control, or VAAC) has done the same for TB. However, the TB and HIV programs are generally vertical and poor referral between the two programs has led to delayed diagnosis of TB and delayed entry of TB/HIV patients into the HIV care system. The establishment of a national TB/HIV coordinating committee has been slow due to challenges with technical and administrative management but VAAC recently agreed to the establishment of a national TB/HIV Technical Advisory Group (TAG). There are also difficulties treating smear-negative HIV patients and INH prophylaxis is not approved in Vietnam.

Key Strategy Elements

The success of initial PEPFAR TB/HIV collaborative activities provides opportunity for expansion of existing

initiatives and enhancement of services. Consistent with the Vietnam National HIV/AIDS Strategy, and the PEPFAR Vietnam 5-Year Strategy, the highest priorities include implementing RCT across all districts in the 7 focus provinces, developing a successful, evidence-based model for screening HIV patients for TB co-infection, strengthening human resources at the district level, and providing co-trimoxazole, ART, and other services to HIV-infected TB patients. To achieve these goals, PEPFAR has charted specific objectives (described in following paragraphs); each rests on activities that have been planned in coordination with other donors and TA providers included in the MOH NTP five-year development plan, Global Fund (GF) grants for TB and HIV, and VAAC HIV/AIDS planning.

Formal collaboration mechanisms between TB and HIV programs will be established at the national, provincial, and district level in focus provinces. Through PEPFAR support for NTP, focus provinces will convene joint monitoring and evaluation of TB/HIV activities, joint training activities and regular meetings for district-level participants. Technical guidance will come from the NTP, VAAC, PEPFAR and other international partners. All TB patients in focus provinces will receive CT for HIV and referrals to HIV services will be tracked. National policies support HIV testing of any patient in a medical facility at risk of HIV infection. PEPFAR will support VAAC to expand RCT to 14,000 persons in 100% of districts in the 6 current PEPFAR focus provinces, and will discuss with VAAC expanding to a 7th focus province. PEPFAR will support intensive M&E and training by national TB and HIV program staff, as well as PEPFAR staff, to promote patient and provider acceptance of RCT. All HIV-infected TB patients will receive cotrimoxazole preventive therapy, HIV staging, ART (if indicated) and other HIV-related services. PEPFAR will support ART in selected TB settings. Pilot initiatives will document the feasibility and impact of treating latent M. tuberculosis infection and providing TB preventive therapy to 100 PLWHA. Residents of government centers for rehabilitating injection drug user (06 centers) where PEPFAR is providing support will receive equal TB services. Although there is no "fast track" to ART for TB-infected persons, PEPFAR will increase support for ART and OI prophylaxis to 4 provincial TB clinics.

All patients known to be HIV-infected will undergo TB screening at least annually, as well as when showing suspected TB symptoms and before starting ART. Persons diagnosed with TB are registered for TB treatment and PEPFAR will support TB treatment for 7,000 PLWHA at 75 service outlets. At least one facility in each focus province will have sufficient skill and resources for rapid diagnosis and treatment of smear-negative and extra-pulmonary TB in HIV-infected persons. Human resources will be developed to ensure a sustainable TB/HIV care system for the future, including direct technical assistance and training for 450 individuals to provide clinical prophylaxis and/or treatment. PEPFAR-funded HIV care and treatment settings will implement infection control practices to limit TB transmission. PEPFAR has added one country-specific indicator: number of TB patients undergoing HIV counseling and testing (and receiving their results). In accordance with the PEPFAR Strategic Information (SI) plan, information collection for TB/HIV activities will meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine M&E and support for the National HIV/AIDS M&E System.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	75
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	7,500
Number of HIV-infected clients given TB preventive therapy	100
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	450

Table 3.3.07: Activities by Funding Mechanism

Mechanism: HHS/CDC Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9561
Planned Funds: \$ 152,500.00
Activity Narrative: This activity is linked to HBHC MOH/VAAC (9529), HBHC HCMC-PAC (9533), HTXS MOH/VAAC (9398), and HTXS HMHC-PAC (9409).

Funds requested will support one LES (Research Scientist) and 50% of an Association of Schools of Public Health (ASPH) fellow, including salary, benefits and official travel costs. As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance and program oversight to MOH/VAAC and HCMC-PAC Palliative Care–TB/HIV programs.

Requested funds will also provide travel costs for TB Technical Advisor from the HHS/CDC Asia Regional Office in Bangkok, and at least three trips of extended duration for HHS/CDC Atlanta-based technical assistance.

Funding will permit HHS/CDC to conduct an assessment in collaboration with VAAC to document both the quantity and quality of TB screening in HIV care and treatment settings, and will support technical assistance to PEPFAR Vietnam and VAAC.

Continued Associated Activity Information

Activity ID: 5516
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 122,265.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<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 individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		<input checked="" type="checkbox"/>

Target Populations:

USG in-country staff
 USG headquarters staff

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	HHS/CDC GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9562
Planned Funds:	\$ 125,000.00
Activity Narrative:	This activity is linked to HBHC VAAC (9529), HBHC HCMC-PAC (9533), HLAB VAAC (9505), and HTXS VAAC (9398).

Funding will be provided to partner TBD for an assessment and implementation of infection control practices for TB and other airborne diseases in HIV care and treatment settings.

Hospitals have been documented to serve as powerful amplifiers of TB transmission, particularly in developing countries. As HIV care increasingly shifts from inpatient to outpatient settings, clinics may also serve as amplifiers of transmission, increasing the burden of disease in patients already at high risk of opportunistic infections. PEPFAR will fund an assessment of TB infection control practices, and of baseline TB infection (using tuberculin skin testing [TST]) among healthcare workers in PEPFAR-funded CT and outpatient clinics. This assessment will be performed using a combination of questionnaire, interview, and chart review techniques, and will lead directly to policy recommendations for improving infection control in PEPFAR-funded clinics in Vietnam. Recommendations will address the use of routine screening for cough among all HIV clinic clients, the use of N95 respirators for selected personnel or patients, the use of annual tuberculin skin testing for health care workers, and, if appropriate, TB infection treatment for health care workers. This assessment will be funded and completed in FY07, and will include a representative selection of sites from the 7 focus provinces.

Either HHS/National Institute for Occupational Safety and Health (NIOSH) or a suitable University partner will be selected to perform this assessment. This partner selection is pending an evaluation of the ability to use existing expertise at NIOSH or HHS/CDC Headquarters to accomplish this assessment.

In COP07, PEPFAR/Vietnam will expand capacity for TB culture and drug-susceptibility testing in 6 focus provinces. Because TB diagnostic services are highly specialized and distinct from HIV diagnostic services, a microbiologist with TB laboratory experience is required for monitoring, evaluating, and implementing this activity.

Emphasis Areas

	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

Adults

Doctors

Public health care workers

Laboratory workers

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: Family Health International
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9565
Planned Funds: \$ 74,000.00
Activity Narrative: This activity is linked to HBHC FHI (9558), HBHC VAAC (9529), HLAB VAAC (9505) and HTXS FHI (9415).

Funding will provide TB screening and appropriate referral for 7,900 HIV-infected persons in 21 outpatient clinics in the 7 focus provinces, referral to TB treatment for 790 PLWHA, train 250 individuals to provide clinical prophylaxis and/or treatment for TB to PLWHA and will support TB/HIV coordination activities at the district level.

Family Health International (FHI) will support HIV outpatient clinics in 21 districts in the 7 focus provinces where clients receive care, support, counseling and ART services. Funding will support training sessions for HIV and TB physicians and staff time. As with all PEPFAR-supported clinics, clients will receive TB screening once per year and additional screening as needed for symptoms and prior to commencement of ART. All patients with suspected or confirmed TB will be referred to the adjoining district TB clinic for further management. A PEPFAR strategic goal is increasing the collaboration and linkages between the TB and HIV programs at the district, provincial and national levels. Funding will be provided to strengthen the district TB and HIV coordination activities implemented through VAAC through several targeted activities, including annual technical meetings between TB and HIV clinicians, development of Standard Operating Procedures (SOP), quarterly network model coordination meetings, regular monthly case conferences between TB and HIV clinicians at clinical sites and quarterly supportive supervision visits.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	790	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	<input type="checkbox"/>

Target Populations:

Adults
 Doctors
 People living with HIV/AIDS
 Public health care workers
 Private health care workers
 Doctors

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:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9567
Planned Funds:	\$ 6,500.00
Activity Narrative:	This activity is linked to HBHC MdM (9577), HBHC HCMC-PAC (9533), HLAB MOH/VAAC (9505), and HTXS MOH/VAAC (9398).

In 2 Medecins du Monde, France (MdM) supported outpatient clinics (1 in Hanoi and 1 in Ho Chi Minh City), funding will be provided for TB screening for 1,650 HIV-infected persons and referral to TB treatment for 165 PLWHA.

In FY04/05, MdM provided TB screening for PLWHA with suspected symptoms attending 2 PEPFAR-supported outpatient clinics, one in Hanoi and one in HCMC, referring those in need of treatment to the National TB Hospital in Hanoi or the TB Department of the District 6 Hospital in HCMC. In FY06, both clinics will begin screening all PLWHA for TB annually and for suspected symptoms of TB. In FY07, Pact will provide funding and overall program management support to MdM Hanoi and MdM HCMC for HIV/TB-related clinical activities, including screening all HIV-infected persons for TB. The PEPFAR Vietnam 5-Year Strategy includes annual TB screening for all HIV-infected persons, screening as needed for symptoms, and screening before starting ART. In 1 MdM-supported outpatient clinic in HCMC and 1 in Hanoi, funds will be used to provide yearly TB screening of all HIV infected patients, screening for suspected cases and screening prior to starting and during ART as part of the core package of care and treatment services. The complete package of care provided is described in the section HBHC MdM-France (9577).

Emphasis Areas

	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

165

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

Adults

People living with HIV/AIDS

Private health care workers

Doctors

Laboratory workers

Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.07: Activities by Funding Mechanism

Mechanism: PATH TB Country Support (IQC)
Prime Partner: PATH
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9568
Planned Funds: \$ 75,000.00
Activity Narrative: This activity is linked to HBHC MOH/VAAC (9529), HBHC HCMC-PAC (9533), HTXS MOH/VAAC (9398), and HTXS HCMC-PAC (9409).

Funding will be provided to the NGO Program for Appropriate Technology in Health (PATH) for an assessment of private sector TB and HIV care.

In Hanoi and in Ho Chi Minh City (HCMC), private health care providers manage a large number of TB and HIV patients, but the magnitude and the quality of care is not known. Private sector care is largely unregulated and may be of poorer quality than public sector care. Patients managed poorly in the private sector may exacerbate the TB/HIV epidemic, because poor TB and HIV treatment can lead to both drug-resistant TB and drug-resistant HIV. PEPFAR will fund an assessment to determine the magnitude and quality of private TB/HIV care services in Hanoi and HCMC. This assessment will be developed in collaboration with GVN, and will involve interview, questionnaire, and chart review techniques. Funding is provided for technical assistance for all aspects of this assessment. Based on the findings from this assessment, a plan will be developed to improve management of TB and HIV in the private sector.

Emphasis Areas

	% Of Effort
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<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 individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- People living with HIV/AIDS
- Private health care workers
- Doctors

Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	HCMC PAC Cooperative agreement
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9569
Planned Funds:	\$ 245,000.00
Activity Narrative:	This activity is linked to HVCT HCMC-PAC (9509), HBHC HCMC-PAC (9533), and HTXS HCMC-PAC (9409).

At 1 provincial TB hospital, PEPFAR will support expansion of RCT in TB settings to 8,000 persons in all districts in HCMC, provide ART for 200 TB/HIV patients, care for 600 TB/HIV patients, support treatment for TB disease for 3,000 PLWHA and train 50 persons to provide clinical prophylaxis and/or TB treatment for PLWHA.

RCT for TB patients and TB screening for HIV patients in HCMC: In FY06, PEPFAR supported HCMC Provincial AIDS Committee (HCMC-PAC), a provincial coordination body, to begin RCT in 50% of all districts. For FY07, PEPFAR will support the HCMC-PAC to scale-up this model to include all districts with an additional focus on supporting drug rehabilitation centers, as requested by HCMC-PAC and approved by OGAC, to improve diagnosis and outcomes and to assure adequate screening to facilitate the transition of clients from the centers to the community. The program monitoring system will also be strengthened through refinement of paper-based data collection instruments, and routine data analysis and feedback to sites, to improve timeliness, completeness and quality of reporting about TB/HIV collaborative activities in HCMC.

HIV Care and ART at Provincial TB Hospitals: An outpatient clinic (OPC) for TB/HIV patients has been established at Pham Ngoc Thach TB Center in HCMC through a joint effort by the Global Fund (GF), HHS/CDC and the HCMC-PAC. As agreed upon with GF, PEPFAR will take over the management of this clinic in FY07. Funding through PEPFAR palliative basic and ARV services will be used to continue support for cotrimoxazole, routine laboratory testing, care and when appropriate ART in this clinic (no TB/HIV PEPFAR funds are requested for this activity). Diagnostic services will continue to be supported through infectious disease regional funds provided through USAID (non-PEPFAR funds) as part of a targeted evaluation to establish clinical algorithms to diagnose TB in HIV-infected patients.

Continued Associated Activity Information

Activity ID:	5514
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
Mechanism:	Cooperative agreement
Funding Source:	GHAI
Planned Funds:	\$ 85,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	24	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,300	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	<input type="checkbox"/>

Target Populations:

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

Coverage Areas

Ho Chi Minh City

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner: Ministry of Health, Vietnam
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9570
Planned Funds: \$ 970,000.00

Activity Narrative: This activity is linked to HVCT VAAC (9511), HBHC VAAC (9529), HLAB VAAC (9505), and HTXS VAAC (9398).

In 4 of the 7 PEPFAR focus provinces, PEPFAR will expand routine HIV counseling and testing (RCT) in TB settings to all districts, provide care and support services in district TB clinics, ensure enhanced TB diagnostic services for HIV-infected persons, treat 4,000 PLWHA for TB disease, expand HIV care (including ART) from 1 to 4 provincial TB hospitals, train 150 health care workers in HIV management of TB-infected persons and pilot INH preventive therapy for 100 persons in selected districts.

RCT for TB patients and TB screening for HIV patients in 5 PEPFAR focus provinces: PEPFAR is currently supporting 50% of all districts in 3 provinces (Hanoi, Haiphong, Quang Ninh) to implement this activity. By the end of 2006, a successful model will be firmly established. For FY07, PEPFAR will support VAAC to scale up this model to all districts within these 3 provinces and to begin implementation in two additional focus provinces (Can Tho, An Giang). As part of scale-up, PEPFAR will also strengthen the monitoring system to improve timeliness, completeness and quality of reporting about TB/HIV collaborative activities.

Care and support services will be provided in district TB clinics: District-level TB clinics may be the best place to initiate basic HIV care, such as co-trimoxazole preventive therapy and measurement of CD4 count for immunological staging. Providing these services within district-level TB clinics will help bridge patients between their initial TB diagnosis and first evaluation within an HIV clinic and accelerate their evaluation for ART once they first arrive in an HIV clinic. In FY07, all districts implementing RCT in Hanoi, Haiphong and Quang Ninh will be provided with co-trimoxazole and funding to support phlebotomy and CD4 testing (with testing performed at the provincial level). Funding for this activity is budgeted under palliative basic.

Provide enhanced TB diagnostic services to HIV-infected patients: More than 50% of HIV-infected TB patients cannot be diagnosed with smear-microscopy, which leads to increased mortality from undiagnosed TB. The technical capacity to perform liquid-based sputum culture, which is more sensitive than microscopy and more rapid than conventional culture, for diagnosing TB, exists in Hanoi, Haiphong and HCMC, but is underutilized because of limitations in cost, technical skill and clinical knowledge. Lab staff in Quang Ninh can perform conventional solid-based culture, but not liquid-based culture. For provinces that already have the capacity to perform liquid-based culture, human and laboratory resources will be supplied. For Quang Ninh, the laboratory infrastructure and skills will have to be developed and then human and additional laboratory resources supplied. PEPFAR staff will assess needs in these provinces and provide appropriate resources.

HIV Care and ART at Provincial TB Hospitals in 3 provinces: HIV-infected TB patients often receive care at provincial TB hospitals because they are seriously ill. Yet these hospitals are not authorized or do not have the capacity to provide HIV-related services, such as co-trimoxazole and ART. The high mortality rate in HIV-infected TB patients could be reduced with more intensive management of HIV at provincial TB hospitals. In this activity, 3 centers will be established for TB/HIV care in provincial TB hospitals in Quang Ninh, Haiphong and Hanoi (OPCs for TB/HIV inpatients). Funding for this activity is included under palliative basic and ARV services.

Building human resources and establishing mechanisms for TB/HIV collaboration: Few health care workers at the district-level and below understand the programmatic and clinical issues related to management of HIV-infected TB patients. Further, adequate mechanisms to promote collaboration between these programs have not been fully established. Funding will be used to further develop human resources and mechanisms to insure adequate care for HIV-infected TB patients. Planning will occur in collaboration with VAAC. Specifically, funding will support training in TB/HIV clinical care, public health management and monitoring, evaluation, and data analysis. Activities could include training courses, academic coursework for resource persons and workshops and study tours in focus provinces.

Piloting of INH preventive therapy (IPT) within TB and HIV clinics in selected districts: IPT

is recommended for HIV-infected persons who have TB infection but no evidence of TB disease. Public health programs in Vietnam do not currently implement this activity, despite its proven benefit, because of concerns about how to exclude TB disease in HIV-infected persons and limited resources within the TB program. In this activity, selected districts with a high burden of HIV would be selected and IPT programs would be developed jointly between VAAC TB and HIV programs to assess the feasibility and effectiveness of providing this treatment to HIV-infected persons. Success of these projects will determine scale-up in focus provinces.

PEPFAR/Vietnam will expand HIV counseling and testing of TB patients and TB screening to all districts in 6 focus provinces. Plus-Up funds will be used to support additional data entry personnel and computers for improving data collection related to this activity.

PEPFAR/Vietnam has established a highly-successful model for HIV testing of TB patients and has worked with the national TB and HIV programs to develop guidelines for HIV testing of TB patients. Plus-Up funds will be used to expand HIV counseling and testing to non-focus provinces to accelerate national implementation of the HIV testing of TB patients. Support will be directed to non-focus provinces with existing, quality HIV treatment facilities and high TB case notification rates.

In COP07, PEPFAR/Vietnam has supported an assessment of infection control in outpatient HIV and TB care and treatment settings. Plus-Up funds will be used to support implementation of the recommendations that come from this assessment and training.

Continued Associated Activity Information

Activity ID: 5513
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Vietnam
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 129,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	67	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	140	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,950	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	<input type="checkbox"/>

Target Populations:

Adults
Doctors
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers

Coverage Areas

Quang Ninh
An Giang
Can Tho
Hai Phong
Ha Noi

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: \$ 1,811,500.00

Program Area Context:

Program Area Setting

It is estimated that over 2 million of Vietnam's 30 million children have been orphaned, 22,000 because of HIV/AIDS (MOLISA, 2005). While there is no reliable estimate of the total number of children affected by HIV/AIDS, the Government of Vietnam (GVN) estimates there are 10,000 children <15 years living with HIV/AIDS (UNAIDS, 2005). HIV/AIDS-related stigma remains high and discrimination against these children and their parents is commonplace, creating barriers to healthcare, education and social services. Many OVC experience the dual stigma of having parents who are both HIV-positive and injecting drug users. They also experience economic hardship and family instability when primary caregivers lose employment due to illness or discrimination, or when caregivers die. OVC often live outside of parental care, increasing their risk for dropping out of school, early entry into employment, abandonment, and institutionalization. Approximately 15,000 children currently live in institutions, including an undetermined number of children infected with and affected by HIV/AIDS.

The quality, intensity and coverage of OVC services remain uneven. Access to quality pediatric HIV/AIDS care is limited, and many programs focus on meeting the health and material needs of children, neglecting psychosocial support. There are many missed opportunities for reaching OVC; often prevention, care and treatment programs for adult PHA lack mechanisms to identify and refer OVC for services. Little social and economic support is provided to family caregivers. Systems are not in place to support alternative care; there are few community-based care settings for children living outside of family care and there is no regulated system of foster care or a functioning child protection system.

Key accomplishments

In FY05 and FY06, PEPFAR supported OVC and their caregivers in the focus provinces through pediatric hospitals, HIV/AIDS outpatient clinics, and home and community-based services. In select institutional care settings, PEPFAR supported capacity-building to help ensure quality of care, including strengthening community linkages. PEPFAR programs have addressed stigma and discrimination through community education and mobilization, including targeted advocacy to reduce discrimination in schools. PEPFAR supported an OVC needs assessment, implemented in 5 focus provinces, which will provide information on the impact of HIV/AIDS on OVC, identify programmatic and policy gaps and help inform larger national studies. PEPFAR works through an informal coalition of partners (including the Save the Children Alliance, UNICEF, FHI, and WHO) to plan and coordinate OVC services and provide financial and technical support to the Vietnam Commission for Population, Families and Children (VNCPCF) to lead the development of a multi-sectoral National Action Plan on Children and HIV/AIDS.

Opportunities/Challenges

There are a number of barriers to establishing quality, family-centered care and support for OVC. Currently there is limited reliable data describing the number of children infected with and affected by HIV/AIDS, the distribution and quality of OVC services, or the impact of HIV/AIDS on children. Institutionalization of vulnerable and abandoned children is widely accepted, and advocacy is needed to gain support for alternative care models. There is no national framework or service delivery guidelines for OVC care, and limited human capacity exists for quality service delivery. There are also a number of emerging opportunities; GVN is developing a child protection system in partnership with UNICEF, in addition to initiating development of a National Action Plan on Children and HIV/AIDS.

Key Strategy Elements

In accordance with the PEPFAR Vietnam 5-Year Strategy, in FY07 PEPFAR will continue to partner with the GVN to develop a strategy and systems for an OVC response that is appropriate to the context of a low-prevalence, concentrated epidemic, while scaling up services to reach more children in need. In 7 focus provinces, PEPFAR will support the GVN and civil society to provide a package of basic OVC services, developed in accordance with OGAC OVC Technical Guidance, including assessment, psychosocial support

and service referral in 6 core areas; health, psychosocial support, food/nutrition, education, economic strengthening and protection. At all pediatric hospitals, these services will be provided by a case manager with specialized training.

More comprehensive programming for OVC and caregivers will be provided through a network of social service agencies and community-based organizations. Services offered in these settings will depend on the needs of children and caregivers, in order to meet needs in the 6 core areas. Priority will be given to strengthening the capacity of families and other community members to care for OVC, including registering for government benefits.

In 3 focus provinces, PEPFAR will collaborate with the Ministry of Labor, Invalids, and Social Affairs (MOLISA) and VNCPFC to support community reintegration programs for OVC living outside of family care, including those living in institutions. These programs will facilitate the transition of OVC from institutional care settings into community-based care, with a focus on returning children to family and kinship-based care. PEPFAR will collaborate with CPFC and local child welfare authorities to provide or leverage social/economic support to caregivers, as well as ensure strong child protection mechanisms. PEPFAR will establish mechanisms to prevent institutionalization in orphanages and child protection centers, including linkages to economic and social support to help families accept "abandoned" children back into the home. PEPFAR will continue to provide intensive capacity-building to select orphan care centers to strengthen the quality of care and facilitate community linkages, ensuring there is a full range of psychosocial support, educational and health services.

In FY07, PEPFAR will strengthen mechanisms to help foster sustainability and ensure program quality and consistency. Training, on-going technical assistance and program monitoring will be provided to enable implementation of the basic OVC service package. PEPFAR will support partners meetings' to identify/address gaps in services and referrals. Service delivery guidelines, tools and capacity building for OVC will be integrated into regional care and treatment training for GVN and Global Fund (GF) sites. Reducing stigma and discrimination will be prioritized. Training and supervision for caregivers will include sensitization and on-going monitoring to prevent discrimination. PLWHA will play an active role in service delivery as paid and volunteer staff, and all sites will establish a management mechanism for collecting and integrating feedback from PLWHA and caregivers. Community-based programs will focus on targeted advocacy to increase acceptance of OVC in public schools.

All OVC programs will ensure functioning referrals with other services, including PMTCT, pediatric treatment, and community-based social support. At-risk youth will be referred to life-skills education and other prevention services. PEPFAR will work closely with GVN ministries to develop national programs and policies, particularly with CPFC as they implement the Vietnam National HIV/AIDS Strategy, including the development of guidelines for the care and protection of OVC; clear delineation of the roles and responsibilities of GVN ministries; capacity-building plans/systems to ensure an adequate workforce for OVC service delivery and support for community-based alternatives to institutional care for children.

PEPFAR will ensure systems for routine program monitoring and evaluation, according to national standards and supporting the national HIV/AIDS M&E system.

Program Area Target:

Number of OVC served by OVC programs	3,594
Number of providers/caregivers trained in caring for OVC	874

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner:	Ministry of Health, Vietnam
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9531
Planned Funds:	\$ 50,000.00
Activity Narrative:	This activity is linked to MTCT MOH/VAAC (9384), HBHC MOH/VAAC (9529), HTXS MOH/VAAC (9398), and HKID TBD (9552). Note this activity has the same components as HKID HCMC-PAC (9535).

In FY07, PEPFAR will support MOH/VAAC Pediatric program to strengthen the provision of care and support services for OVC and their caregivers in five focus provinces. To date the pediatric program has focused mostly on clinical care and treatment. Through this activity, PEPFAR will support the provision of a wider range of services, designed to better meet the developmental needs of each child. These services will be provided at five national pediatric hospitals, as well as at nearby drop-in centers. Through this activity, 536 OVC will receive services, and 110 caregivers will be trained to provide services to OVC and their families. This group of caregivers consists of 5 case managers who divide their time between a pediatric hospital and drop-in center for OVC and their caregivers, as well as 5 full-time trained lay caregivers at each drop-in center (with strong preference for PLWHA women with children). In addition, 100 family caregivers will be formally trained to care for OVC at home.

The five pediatric HIV/AIDS outpatient clinics (OPCs) will provide a core set of OVC services, including needs assessment with OVC and caregivers; counseling and psychosocial support, food/nutrition support (in accordance with PEPFAR guidance), provision of formula for PMTCT, support for transportation, and referral to other services including PMTCT, clinical care for PLWHA caregivers, and social support services for OVC and caregivers.

PEPFAR will also support the provision of OVC services through drop-in centers. OVC and their caregivers will be referred to the centers from pediatric hospitals as well as through other health care and community-based support services. Where PEPFAR is supporting the establishment of AIDS Service Organization (ASO), these services will be provided through the ASO; in other provinces, a small drop-in center will be established. The drop-in centers will provide the same assessment, referral and psychosocial support services offered through the Pediatric OPC. In addition, the drop-in centers will offer more comprehensive services to OVC and caregivers, including caregiver support groups, educational activities and advocacy/support for enrollment of OVC in community schools, therapeutic play groups for OVC, training of family caregivers in basic care and support for children, age appropriate life-skills education for OVC including primary prevention of HIV/AIDS and primary prevention of drug use, and on-going support to families at risk of institutionalizing children.

PEPFAR will provide intensive and on-going capacity-building and technical assistance to ensure consistent and quality programming, including training courses, mentoring, coaching, and support for fora to bring OVC partners together to problem-solve, and share experiences and resources. (See HKID TBD 9552.)

Continued Associated Activity Information

Activity ID:	5456
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GAP
Planned Funds:	\$ 49,928.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	546	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	110	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Quang Ninh
An Giang
Can Tho
Ha Noi

Table 3.3.08: Activities by Funding Mechanism

Mechanism: HCMC PAC Cooperative agreement
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9535
Planned Funds: \$ 35,000.00
Activity Narrative: This activity is linked to MTCT HCMC-PAC (9383), HBHC HCMC-PAC (9533), HTXS HCMC-PAC (9409), and HKID TBD (9552). Note this activity has the same components as HKID MOH (9531).

In FY07 PEPFAR will support HCMC-PAC to strengthen the provision of care and support services for OVC and their caregivers. This activity will focus on HIV+ children served by Pediatric Outpatient Clinics (OPCs) at Pediatric Hospital #1 and Pediatric # 2 in HCMC, which serve children from a number of neighboring provinces. Although these OPCs have been operational since February 2006, they have focused on clinical care and treatment. Through this activity, PEPFAR will support the provision of a wider range of services, designed to better meet the developmental needs of each child. OVC services will be provided at both pediatric hospitals, as well as at nearby drop-in centers. Through this activity, 370 OVC will receive services, and 29 caregivers will be trained to provide services to OVC and their families. This group of caregivers consists of 2 case managers who divide their time between a pediatric hospital and drop-in center for OVC and their caregivers, as well as for 2 full-time trained lay caregivers at each drop-in center (with strong preference for PLWHA women with children). In addition, at least 25 family caregivers will be formally trained to care for OVC at home.

The pediatric HIV/AIDS OPCs will provide a core set of OVC services including needs assessment with OVC and caregivers; counseling and psychosocial support, food/nutrition support (in accordance with PEPFAR guidelines), provision of formula for PMTCT, support for transportation, and referral to other services including PMTCT, clinical care for PLWHA caregivers, and social support services for OVC and caregivers.

PEPFAR will also support the provision OVC services at a nearby drop-in center. OVC and their caregivers will be referred to the center from pediatric hospitals as well as through other health care and community-based support services. The drop-in center will provide the same assessment, referral and psychosocial support services offered through the Pediatric OPCs, including referral to AIDS Service Organizations. In addition, the drop-in center will offer more comprehensive services for OVC and their caregivers, including caregiver support groups, educational activities and advocacy/support for enrollment of OVC in community schools, therapeutic play groups for OVC, training of family caregivers in basic care and support for children, age appropriate life-skills education for OVC including primary prevention of HIV/AIDS and primary prevention of drug use, and on-going support to families at risk of institutionalizing children.

PEPFAR will provide intensive and ongoing capacity-building and technical assistance to ensure consistent and quality programming, including training courses, mentoring, coaching, and support to bring OVC partners together to problem-solve, and share experiences and resources. (See HKID TBD 9552).

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

Targets

Target

Number of OVC served by OVC programs

Target Value

370

Not Applicable

Number of providers/caregivers trained in caring for OVC

29

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Family Health International
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9537
Planned Funds:	\$ 390,000.00
Activity Narrative:	This activity is linked to HBHC FHI (9558), HTXS FHI (9415), and HKID TBD (9552).

FHI will provide family centered care for OVC and caregivers through outpatient clinics, home and community based and support care services in the PEPFAR focus provinces. This activity will help ensure that children's developmental needs are met through a range of services, as appropriate to meet the unique needs of each child. FHI will help ensure quality of care by building the capacity of OVC care providers and expand coverage OVC care services through partnerships with home-based care teams, local NGOs, the Women's Union, the Ministry of Labor, Invalids and Social Affairs (MOLISA) and the Vietnam Commission for Population, Families and Children (VNCPFC). Through this activity, 1,030 OVC will receive services, and 350 professional and family caregivers will be trained.

OVC services will be provided through case-management services at eight district outpatient HIV/AIDS clinics (OPCs) which provide comprehensive health care services, including pediatric ART. OVC services will also be provided through home-based care services that extend the reach of these clinics to the community.

OVC services will be provided in accordance with the PEPFAR core OVC services package, and will include: comprehensive needs assessment, counseling and psychosocial support, development of a service plan to assist OVC and their caregivers in meeting prioritized needs and service referral in the community. Direct services will also be provided including: health care services, adherence support, food/nutrition support for children (in accordance with OGAC guidelines), and referral to other social and health care services including referral to MOH pediatric hospitals and links to Integrated Management of Childhood Illnesses services (C-IMCI) offered through commune health stations. FHI will train families to provide care and support at home, including adherence support for pediatric ART and other medications. The project will support school enrollment and provide educational activities/therapeutic play groups with children. FHI will also support PLWHA and caregiver support groups, link parents and OVC caregivers to income generation services and employment referral services, and provide succession planning, including preparing wills and identifying stand-by caregivers.

Through this activity, OVC services will also be offered through partnerships with community based organizations in Haiphong (Nordic Assistance to Vietnam [NAV]) and Hanoi (Hien Quang Pagoda). OVC services will be delivered in a way that supports family-centered care, partnering with and building the capacity of caregivers' to address their children's needs.

In addition, FHI will collaborate with UNICEF, Save the Children, PEPFAR and other stakeholders to provide technical support and assistance for the development of OVC care and protection guidelines, including the development of the Vietnam National HIV/AIDS Strategy.

FHI staff will continuously strengthen their capacity for OVC service delivery, through training, mentoring, and program monitoring and feedback from PEPFAR and FHI management. FHI will contribute to meetings among implementing partners, to establish consensus on core service packages, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referrals. FHI will also provide capacity-building and technical assistance to other PEPFAR partners in implementing OVC (especially in the context of home- and community-based care).

Continued Associated Activity Information

Activity ID: 5454
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: (INGO- former FHI/IMPACT)
Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,030	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	350	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
International counterpart organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

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

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9540
Planned Funds: \$ 60,000.00
Activity Narrative: This activity is linked to HBHC Care (9566) and HKID TBD (9552.)

In FY07, PEPFAR will support CARE to partner with 4 CBOs to increase quality and coverage of OVC programs in three focus provinces. These CBOs include: Bright Futures in Hanoi and Quang Ninh, Dong Cam in Quang Ninh and Xuan Vinh in Ho Chi Min City (HCMC). As in FY06, Pastoral Care in HCMC will also be a partner in capacity building and information sharing. Through home- and community-based care and support services, these CBOs will serve 250 OVC and train 60 professional and family caregivers. These activities will build on work with OVC in FY05 and FY06 to include a wider range of services designed to meet the developmental needs each child served.

Services will be provided in accordance with the PEPFAR basic OVC services package and will include: assessment of needs of OVC and caregivers, counseling and psychosocial support, and service referral, including referral to MOH pediatric outpatient clinics. Direct OVC services will also be offered with a different mix of activities for each partner, developed according to community needs and partner capacity. These will include: food/nutrition support (in accordance with forthcoming PEPFAR guidance), PLWHA and caregivers support groups, and educational activities and play groups for children. The capacity of caregivers will also be strengthened by training in care and support for OVC, as well as through income generation and employment support programs, including collaboration with SMARTWork (See HBHC AED 9564).

In FY07 PEPFAR will continue to support 2 CBOs (Bright Futures and Dong Cam) to implement stigma reduction activities, as well as advocate for the protection and fulfillment of child rights. In this activity, these CBOs will implement advocacy campaigns to change policy for better access for OVC to education. CARE will assist additional CBOs to advocate for changes in policy and practices based on the needs of children in their communities.

PEPFAR will support CARE in strengthening the capacity of these CBOs to offer case-management and OVC services, through training courses and mentoring for staff, and program monitoring and feedback. CARE and CBO staff will also contribute to meetings among implementing partners, to establish consensus on OVC service packages, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referral. Pact will provide Care with project management support and other technical assistance, as required. Pact will facilitate coordination between prevention, care and support programs by other PEPFAR partners and relevant government and non-governmental programs, and CARE and its sub-partners will contribute to service planning and coordination to support the network model.

Continued Associated Activity Information

Activity ID: 5449
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 40,000.00

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	250	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	60	<input type="checkbox"/>

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Quang Ninh
Ha Noi
Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9541
Planned Funds:	\$ 83,000.00
Activity Narrative:	This activity is linked to HBHC Mdm (9577), HTXS Pact (9396), and HKID TBD (9552).

Pact will fund Medecins du Monde France (Mdm) to provide care and support services to 450 OVC, as well as train 50 professional and family caregivers in two focus provinces, Hanoi and Ho Chi Minh City (HCMC).

Mdm is an international humanitarian aid organization that provides health care for vulnerable populations. In Vietnam, Mdm supports 2 government-managed outpatient clinics in the Tay Ho District clinic in Hanoi and An Hoa clinic in District 6, HCMC. These clinics provide comprehensive HIV/AIDS prevention, care and treatment services, with a focus on serving intravenous drug users (IDU), commercial sex workers (CSW) and very poor and homeless populations, including PLWHA. Mdm reaches its clientele through services offered at the clinics as well as through mobile outreach services and home-based care teams.

In FY07, Mdm will continue to strengthen care and support for OVC and their caregivers through case management and services offered at the clinic as well as through home-based care. Services will be provided in accordance with the PEPFAR core OVC services package and will include: assessment of needs of OVC and caregivers, service referral and the provision of counseling and psychosocial support. Mdm Hanoi and HCMC will offer health care services to OVC, food/nutritional support to OVC (in accordance with OGAC guidelines), and PLWHA support groups. Mdm will also build the capacity of caregivers, training family members in basic care and support for OVC at home, and offer economic strengthening for poor families through employment referral, small scale income generation projects and short-term, emergency support.

Mdm in HCMC has a more established OVC care and support program than Mdm in Hanoi, and in FY07 will expand on this core service package to also offer a wider range of direct services to OVC including: health care services, food/nutrition support for children, psychosocial support for children ("talking groups"), play groups and social activities for children. Mdm HCMC will continue community mobilization and advocacy activities to reduce stigma and discrimination, including working closely with local schools to help ensure OVC access to education. As appropriate, Mdm in HCMC will support Mdm Hanoi to strengthen these components of their program.

PEPFAR will enable Mdm to develop its capacity for case-management and OVC service delivery, through training courses and mentoring for staff, and program monitoring and feedback. Mdm staff will also contribute to meetings among implementing partners to establish consensus on core service packages, facilitate exchange of experiences and materials, and identify/address gaps in services and referrals. Pact will provide Mdm with project management support and other technical assistance, as required. Mdm will contribute to service planning and coordination to support the network model, including continued participation in a project to map services and beneficiaries in District 6, HCMC. Staff from PEPFAR, Pact, will also support these clinics to strengthen their linkages with other services, including the new AIDS Service Organizations (ASOs) which will provide service assessment and referral as well as a range of prevention, care and support activities for PLWHA. (See HBHC AED 9564).

Continued Associated Activity Information

Activity ID: 5450
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 15,200.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	450	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	50	<input type="checkbox"/>

Target Populations:

Community leaders
 HIV/AIDS-affected families
 Orphans and vulnerable children
 Caregivers (of OVC and PLWHAs)
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ha Noi
 Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9547
Planned Funds: \$ 134,500.00

Activity Narrative: This activity is linked to HBHC WV (9580) and HKID TBD (9552).

Pact will support World Vision to expand the provision of care and support services to 522 OVC and train 50 professional and lay/family caregivers in two PEPFAR focus provinces.

In FY05 and FY06 PEPFAR supported World Vision to implement home- and community based care, including OVC services in Districts 7 and 8 in HCMC and in Do Son district in Haiphong Province. In FY07, based on lessons learned from previous work, World Vision will expand and strengthen this service package to 5 districts including: Districts 4, 7 and 8 in HCMC, and Do Son and Hai An districts in Haiphong Province. Through OVC services integrated into home-based care, World Vision will provide or ensure access to comprehensive care and support for OVC and training to caregivers, including referral to MOH pediatric outpatient clinics. In addition, World Vision will ensure access to support services for OVC in the community, offered in collaboration with local health authorities and community groups.

Services will be provided in accordance with the PEPFAR OVC services package and will include: assessment of needs of OVC and caregivers, counseling and psychosocial support, and service referral in the community. Direct services will include: provision of basic health care services and referral for health care; food/nutrition support for children (in accordance with OGAC guidelines); and support for education including school fees, uniforms and books; World Vision will offer life-skills education to vulnerable youth, including age-appropriate education to prevent HIV/AIDS and the initiation of drug use, and teach children about their rights including the right to education, health care and to be protected from abuse. Family members will be trained in basic care and support for OVC at home, and the project will include a strong economic strengthening component, including vocation training and small enterprise development using a revolving credit model, implemented in collaboration with the Women's Union.

World Vision will also implement community mobilization and education activities with teachers, students and parents to reduce stigma and discrimination and increase acceptance of OVC in schools. In addition, World Vision will Support a National Children's Forum for OVC, in collaboration with the Vietnam Commission for Population, Families and Children (VNCPFC) and other partners (including Plan International and Save the Children UK).

PEPFAR will enable World Vision to strengthen and expand OVC service delivery by supporting training courses and mentoring for staff in case management and OVC service provision, as well as through program monitoring and feedback. World Vision staff will contribute to meetings among implementing partners, to establish consensus on OVC service packages, facilitate exchange of experiences and materials, and identify and address gaps in services and referrals. Pact will provide World Vision with project management support and other technical assistance, as required. Pact will also monitor the performance and quality of World Vision's OVC activities through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols.

World Vision will reach new beneficiaries by working in close partnership with District Health Centers and Commune Health Stations of the above mentioned districts. World Vision will collaborate with PEPFAR, Pact and other implementing partners to ensure that home and community based services are integrated into a network model in each district of the two provinces in which they will be active, with functioning referral linkages to facility-based health care as well as other social services.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	522	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	50	<input type="checkbox"/>

Target Populations:

Community leaders
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
Microfinance/Microcredit
Education

Coverage Areas

Hai Phong
Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9550
Planned Funds: \$ 217,000.00

Activity Narrative: This activity is linked to HKID TBD (9553) and HKID TBD (9552).

Pact will support World Wide Orphans (WWO) to provide capacity building and direct support for comprehensive treatment, care, support and protection services to OVC living in 2 residential orphan care centers (Tam Binh 2 Orphanage in Ho Chi Minh City and at Ba Vi Social Training Center 2 in Hanoi). Through this activity, 156 children will receive comprehensive services in the centers, and another 50 OVC from other centers and the broader community will participate in educational activities. WWO will also train 45 professional and volunteer caregivers.

Building on work in the 2 centers in FY05 and FY06, WWO will provide technical and financial support to Tam Binh 2 and Ba Vi to ensure quality palliative care and clinical services for orphaned children living in the centers. These activities will include support for ART, regular clinical evaluation and monitoring, OI prophylaxis and treatment of common OIs, screening for TB, referral to related laboratory services; treatment adherence support; referral of complex OIs and TB, symptom management and pain relief, management of HIV/AIDS-related complications. Additional clinical TA and management of side effects and complicated cases will be provided by physicians from MOH Pediatric Hospital 2, also supported by PEPFAR.

From the end of FY05 through FY07, WWO will have hired experienced Vietnamese pediatricians at Pediatric Hospital #2 to provide on-site mentoring for the treatment team at Tam Binh 2. Clinical staff from the 2 centers will also receive advanced training courses and other mentoring and coaching through WWO as well as PEPFAR-supported training partners, including the Vietnam-CDC-Harvard AIDS Partnership (VCHAP). WWO staff will also participate in pediatric HIV/AIDS training and mentoring offered by the Clinton foundation

WWO will continue to provide comprehensive psychosocial services to the children at Ba Vi and Tam Binh, to lessen the developmental and psychological effects of HIV as well as the effects of institutional care, while reducing stigma and discrimination and encouraging the integration of these children into the community. A cornerstone of this work is the early intervention "Auntie" Program. In this program, volunteers from the community are matched with developmentally at-risk children to provide regular one-on-one care and attention.

WWO will ensure that children at Ba Vi and Tam Binh have access to a full range of psychosocial support, educational, medical/ health, and social activities and services to meet their developmental needs. These include full-time educational opportunities in an onsite "classroom setting" onsite, with a trained teacher and play opportunities in the community, while WWO continues to advocate for admission to local community schools. One-on-one and group play activities, tailored to the individual developmental needs of each child, will also be provided.

In addition WWO will work with Ba Vi and Tam Binh to strengthen intake assessment procedures to assess opportunities for returning abandoned children to family-and-kinship based care and collaborate with local authorities and Partner TBD/Reintegration pilot to help families access resources to help ensure long-term support for family-centered care. In addition, WWO will work with Ba Vi and Tam Binh to help ensure more frequent family visits, as appropriate.

PEPFAR will enable WWO to strengthen OVC service delivery by supporting training courses and mentoring for staff in case management and OVC service provision, as well as through program monitoring and feedback. WWO staff will contribute to meetings among implementing partners, to establish consensus on OVC service packages, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referrals. Pact will provide WWO with project management support and other technical assistance, as required. Pact will also monitor the performance and quality of WWO's OVC activities through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols. WWO will collaborate with PEPFAR, Pact and other implementing partners to ensure strong referral linkages to pediatric treatment and care as well as other social services.

Continued Associated Activity Information

Activity ID: 5451
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 60,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	206	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	45	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Volunteers
Stigma and discrimination

Coverage Areas

Ha Noi
Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9552
Planned Funds: \$ 70,000.00
Activity Narrative: As PEPFAR Vietnam expands the scope and coverage of OVC programming, there is a critical need to support a central OVC capacity building mechanism to strengthen the capacity of all partners to provide appropriate, high-quality care to OVC In FY07, Pact will assist PEPFAR to select a new partner or group of partners to provide responsive capacity-building and technical assistance services to PEPFAR partners who are implementing OVC activities, and as appropriate key partners in government and other agencies including Global Fund (GF). Through this activity, PEPFAR will train 100 professional OVC care providers.

These activities will include: training courses, mentoring, coaching, and convening and facilitating fora to bring partners together to establish consensus on the PEPFAR OVC core service package, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referral. Partner TBD will also create and/or distribute resources and tools to support effective service delivery including supervision and QA tools.

Core skills and knowledge for all OVC service providers will include: child development basics, basic counseling skills, case management skills for assessing and addressing the psychosocial, educational and health care needs of OVC, as well as risk assessment for neglect/abuse. Specialized training and TA will be provided to OVC Comprehensive Service sites as well as to residential and institutional care. Training will build on the core case-management training provided to all treatment, care and support sites through Palliative Care in FY07.

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	100	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Volunteers
Host country government workers
Public health care workers
Private health care workers

Key Legislative Issues

Stigma and discrimination
Food
Microfinance/Microcredit
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:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9553
Planned Funds:	\$ 475,000.00
Activity Narrative:	This activity is linked to HKID WWO (9550) and HKID TBD (9552).

The USG will support the development and implementation of a new community reintegration program for OVC who are living outside of family care, including those living in institutions. The program will serve 150 OVC at 3-4 program sites, and 50 caregivers will be trained to provide quality care and support.

In collaboration with Pact, USAID will use a competitive process to select an appropriate implementation partner. This partner will have strong experience in providing care, support and protection to vulnerable children and OVC, including in family-like residential and foster care settings.

One goal of this activity is to develop and implement community-based alternatives to institutional care, which can serve as models that can be brought to scale through government programs as well as by other partners. The program will be developed in consultation with the Ministry of Labor, Invalids and Social Affairs (MOLISA) and Vietnam Commission for Population, Families and Children (VNCPFC) and aligned with national plans for community-based alternative care for vulnerable children, as articulated in the forthcoming National Child Protection Strategy and National Action Plan on Children and HIV/AIDS. Throughout program development and implementation, lessons learned will be documented and shared with Government of Vietnam (GVN) and partners. The program will be developed with a clear exit strategy with transfer to local NGO and/or VNCPFC and MOLISA.

The program will include a strong de-institutionalization component, facilitating the transition of OVC from institutional care settings into community-based care. Where family or kinship care is not a viable option, the program will support the provision of care through family-like alternative care settings such as group homes, foster care, and "shared" family/kinship care (in which care is provided jointly by family members and non-family care providers). Partner TBD will also collaborate with orphanages and child protection centers to help prevent institutionalization, including strengthening intake assessment procedures to assess opportunities for returning abandoned children to family-and-kinship based care, providing short-term emergency financial and social support to families, and leveraging additional resources to help ensure long-term support for family-centered care. Partner TBD will build the capacity of staff and family caregivers to provide comprehensive care and support to OVC, including developing individualized service plans to meet the unique needs of each child. The program will also include strong child protection monitoring mechanisms in both alternative care as well as kinship care.

In the first phase of the project, partner TBD will conduct situation assessments in the PEPFAR focus provinces to determine the appropriate locations and mix of care models to support, based on need as well as support from local communities and orphanages, which will be critical partners in the project. Partner TBD will explore opportunities to locate at least 2 of centers in Hanoi and Ho Chi Minh City (HCMC), in order to serve children currently living in institutional care at Ba Vi 05 Social Rehabilitation Center and Tam Binh 2 Orphan Care Center. These 2 sites serve a large proportion of all the HIV positive children who have been institutionalized in Vietnam, and receive PEPFAR support through the World Wide Orphans Foundation (See HKID WWO 9550).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement 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/caregivers trained in caring for OVC	50	<input type="checkbox"/>

Target Populations:

Community leaders
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Host country government workers
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
Wrap Arouns
Food
Microfinance/Microcredit

Coverage Areas

Ha Noi
Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9554
Planned Funds: \$ 87,000.00

Activity Narrative: This activity is linked to HBHC Pact (9563) and HKID TBD (9552).

With support from PEPFAR, Pact will provide financial oversight and technical and management support to one Vietnamese NGO (COHED) and one local FBO (the Mai Hoa Center) to implement a package of OVC services, enabling them to serve 70 OVC with care and support services, and to train 30 professional caregivers and family care providers.

The Center for Community Health and Development (COHED) is a Vietnamese NGO engaged in a range of HIV/AIDS response initiatives, including a PEPFAR-supported project to provide care and support services to women living with HIV/AIDS. In FY05 and FY06, PEPFAR supported COHED's initiation of a club ("The Cactus Flower Club") for women living with HIV/AIDS in Quang Ninh Province, which was developed in partnership with the Halong City Health Authority. The club offers a range of services both on-site and through community outreach and home-based care. In FY07, COHED will assist the Cactus Flower club to expand its services by integrating OVC services into its home and community based activities. In FY07, COHED will strengthen relationships and referral links with Hon Gai HIV/AIDS outpatient clinic, including the recruitment of new beneficiaries for both palliative care and OVC services.

COHED will ensure that services are provided in accordance with the PEPFAR basic OVC services package, including: assessment of needs of OVC and caregivers, counseling and psychosocial support, and service referral in the community, including to MOH pediatric outpatient clinics. Direct services will include: basic health care services, food/nutrition support for children (in accordance with OGAC guidelines), educational activities and play groups for children, and adherence support for women and children on ART. In addition, COHED will focus on strengthening the capacity of women to care for themselves and their families through training in care and support for OVC at home, and through economic strengthening and income generation activities, including employment referral in collaboration with SMARTWork. COHED will also continue to expand its well-developed program of advocacy and community mobilization to increase awareness of HIV/AIDS including the negative effects of stigma and discrimination.

Mai Hoa Center is a small hospice and residence for very poor and homeless PLWHA in HCMC, run by a small group of Catholic nuns who are nurses by training. Many PLWHA come to Mai Hoa Center to receive end of life care, sometimes bringing their children with them. Other children are referred to Mai Hoa Center from hospitals and social service programs, when they have no options for kinship-based care. Children living in the center receive comprehensive care, support and educational services in a family-like environment.

In FY05 and FY06, Mai Hoa Center received PEPFAR funding to enhance the quality, comprehensiveness and reach of HIV/ AIDS care, support and treatment for both adults and children. In FY07, Mai Hoa Center proposes to continue with program areas launched in FY05 and being implemented in FY06, including OVC, Palliative Care and Antiretroviral Therapy.

Pact and PEPFAR will continue to support Mai Hoa Center to ensure that children living in the center have access to a full range of services including: psychosocial support, educational, medical/ health, and social activities to meet their developmental needs. Mai Hoa Center will receive clinical support for ART service delivery and referral from physicians at the Ho Chi Min City Pasteur Institute, the Vietnam-CDC-Harvard AIDS Partnership (VCHAP), and the University of California/San Francisco, who will also facilitate referral to MOH pediatric outpatient clinics as appropriate. Mai Hoa Center will provide basic health care services to 10 child residents, including treatment of opportunistic infections based on up-to-date treatment guidelines. Full-time educational opportunities are offered in a "classroom setting" onsite, with trained teachers, while the Center continues to advocate for admission to the local community school. Children will also have access to play activities and weekend social and sporting activities outside the center.

PEPFAR will enable COHED and Mai Hoa Center to strengthen their capacity for quality OVC service delivery, through training courses and mentoring for staff, and program monitoring and feedback. COHED and Mai Hoa Center staff will contribute to meetings among implementing partners, to establish consensus on the OVC service packages, facilitate exchange of experiences and materials, and identify and address gaps in services

and referrals. COHED and Mai Hoa Center will also contribute to service planning and coordination in their districts, with support from PEPFAR and Pact. Pact will also provide and broker technical support to enable both organizations to achieve and report results, and will provide oversight to ensure effective coordination both among Pact partner programs, and between these programs and those implemented by other PEPFAR partners as well as other relevant government and non-governmental programs and partners.

With support from PEPFAR, Pact will provide financial oversight and technical and management support to one Vietnamese NGO (COHED) and two local FBOs (Mai Hoa Center and Pastoral Care) to implement a package of OVC services, enabling them to serve 100 OVC with care and support services, and to train 30 professional caregivers and family care providers.

Pastoral Care is a Catholic organization that provides care, support and treatment services to PLHIV and OVC in HCMC. Through Pact, PEPFAR will support Pastoral Care in its care for OVC in a home for abandoned women and children (Mai Tam Center) and in the community. Support will focus primarily on shelter and care, nutrition, education, and either links to or direct provision of clinical services as needed.

Continued Associated Activity Information

Activity ID: 5453
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 8,000.00

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

Targets		
Target	Target Value	Not Applicable
Number of OVC served by OVC programs	100	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	30	<input type="checkbox"/>

Target Populations:

Community leaders
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender
Increasing women's access to income and productive resources
Stigma and discrimination
Food
Microfinance/Microcredit

Coverage Areas

Quang Ninh
Ho Chi Minh City

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	USAID GHAI
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9559
Planned Funds:	\$ 100,000.00
Activity Narrative:	Funds requested will support 45% of a USPSC (Care and Treatment Advisor), including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, this individual will provide technical assistance (TA) and program oversight in program design; implementation and evaluation of OVC related activities across all USG agencies to support the implementation of the PEPFAR OVC strategy and program plan. This will include implementing core OVC service packages for different partners and service delivery models; providing and brokering technical assistance and support to ensure quality and continuous program improvement.

Continued Associated Activity Information

Activity ID:	5458
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 44,000.00

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

Targets

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

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9743
Planned Funds:	\$ 60,000.00
Activity Narrative:	This activity is linked to HKID TBD/Reintegration (9553) and HKID TBD/Training (9552).

In FY06, in collaboration with UNICEF, Save the Children Alliance, FHI, WHO, and other key partners, PEPFAR technical staff will provide technical support and assistance to the Vietnam Commission for Population, Families and Children (VNCPFC) as they serve as the focal point for the development of a multisectoral National Action Plan for Children and HIV/AIDS. This support will include technical meeting costs, as well as support for local consultants and international OVC experts to facilitate and guide the development process at key junctures. In FY07, the PEPFAR team, offering both technical support and financial assistance, will work with this community of partners to support VNCPFC put the National Plan of Action on Children and HIV/AIDS into operation.

Key priorities include: developing and disseminating guidelines for the care and protection of OVC; clear delineation of the roles and responsibilities of key government ministries for the implementation of these activities, including addressing stigma and discrimination and ensuring equitable access to services; support for the development of capacity-building plans and systems to ensure an adequate workforce, including capacity building and monitoring structures at village and commune level; support for the development and expansion of community-based alternatives to institutional care for children; and helping ensure access to and increased resource allocation for government social support for OVC.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

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

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	HHS/CDC Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9855
Planned Funds:	\$ 50,000.00
Activity Narrative:	Funds requested will support 50% of an LES (Medical Research Scientist) and 50 % of an Association of Schools of Public Health (ASPH) Fellow, including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance and program oversight in program design; implementation and evaluation of OVC related activities to MOH/VAAC and HCMC-PAC outpatient clinics. This will include implementing core OVC service packages for different partners and service delivery models; providing and brokering technical assistance and support to ensure quality and continuous program improvement.

Continued Associated Activity Information

Activity ID:	5456
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GAP
Planned Funds:	\$ 49,928.00

Targets

Target

Target Value

Not Applicable

Number of OVC served by OVC programs

Number of providers/caregivers trained in caring for OVC

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: \$ 4,282,000.00

Program Area Context:

Program Area Setting

The HIV epidemic in Vietnam is driven primarily by injecting drug use (IDU) and commercial sex work (CSW). Prevalence is estimated at 32% among IDU and 6.5% among CSW while the general population is 0.53% (UNAIDS, 2006). Other most at-risk populations (MARPs) include clients of sex workers, sex partners of HIV-positive persons, and men having sex with men (MSM). HIV counseling and testing (CT) is a priority activity in the Government of Vietnam's (GVN) National HIV/AIDS Strategy. GVN, in partnership with PEPFAR, Global Fund (GF), Marie Stopes International (MSI) and the World Bank (WB), has established CT activities in 50 of the 64 provinces, giving priority to high-prevalence regions. Estimates of the size of the target MARP population for CT range from 500,000 to 1.5 million (E. Marum site visit, Nov 2005). Within the general population, current CT activities, including surveillance, reach an estimated 500,000 each year. It is estimated this accounts for 15% coverage of MARPs with quality of services varying greatly. Due to the concentration of HIV among marginalized groups in Vietnam, CT services are almost exclusively anonymous.

Key accomplishments

To date, of the more than 200 established VCT centers in Vietnam, 67 are full-spectrum CT services established with PEPFAR support. Fourteen hundred healthcare workers have been trained in CT, and of the 150,000 persons who have received CT and returned for their results, 20% have been HIV-positive. Although rapid testing has not been approved for HIV confirmation in Vietnam, an estimated 88% of clients return for their test results at PEPFAR-supported sites. In FY06, 97,000 clients will receive CT in PEPFAR-funded sites. Starting in FY05, PEPFAR implemented a CT social marketing program that is now expanding to the current 6 PEPFAR focus provinces.

Challenges/Opportunities

Current testing is estimated to meet only 20% of need in the 6 highest-prevalence provinces. Testing of pregnant women at Antenatal Care (ANC) clinics is routine, but CT and PMTCT services at these clinics are inadequate. CT services often do not reach to the district level. National CT guidelines are not yet available to set standards for services including hospital-based and stand-alone clinics. Standard CT laboratory protocols, including rapid test algorithms, are not in place. Initiated in TB clinics with FY06 funding, routine provider-initiated counseling and testing is in the nascent stage. The existing referral system needs strengthening to effectively monitor referrals for program quality and improvement. Although greater than at most non USG supported CT centers in Vietnam, the number of clients served at PEPFAR-supported sites can be increased substantially. Geographic coverage of centers is good, but quality and uptake of services needs improvement.

Key Strategy Elements

In collaboration with GF, WB and other donors and in line with the vision of the Vietnam National HIV/AIDS strategy and the PEPFAR Vietnam 5-Year Strategy, PEPFAR will lead a strategic and innovative approach to help GVN strengthen its CT program in FY07. In order to maximize cost-efficiency, PEPFAR will focus on expanding CT coverage and improve quality and quantity of CT services in 7 focus provinces with the highest HIV prevalence. PEPFAR will establish 14 new VCT clinics in the focus provinces to meet the FY07 target of 141,550 individuals receiving CT services and to increase coverage of the target population to 50%. PEPFAR will discontinue funding for programmatic activities in 10 lower prevalence provinces while exploring alternative means of support. From August 2007, based on approval of Round 6 GF funding, PEPFAR will phase out direct support from 11 provinces that will then be taken over by GF programs. If it is not approved, PEPFAR will continue funding for these 11 provinces until other sources are identified. Through the national CT and laboratory technical working groups (TWG), PEPFAR will assist GVN with standardization of laboratory protocols and advocate for routine CT at high-prevalence medical settings, which will enable at-risk individuals to learn their sero-status and access prevention, care and support services. Based on findings from an evaluation conducted in FY06, PEPFAR will collaborate with other

donors to advocate for approval of rapid test confirmatory HIV testing, especially in outreach settings,

PEPFAR will strengthen service provision, improve quality of training and provide internal as well as external quality assurance (QA) and quality control (QC) measures. PEPFAR will provide technical assistance to the MOH/Vietnam Administration for HIV/AIDS Control (VAAC) and international NGOs to conduct training with a focus on test result disclosure, partner notification and couple counseling using HHS/CDC and OGAC approved protocol; introduce QA activities for healthcare workers managing CT programs through standardization of training curricula, and QA/QC toolkits; initiate client exit interviews in VCT clinics in focus provinces; support VAAC to expand DCT/TB from 4 to 6 of the focus provinces; support VAAC to play a lead role in the development and dissemination of national CT guidelines for standardization and sustainability of all CT programs in Vietnam; implement routine provider-initiated CT at public and private STI clinics using curricula developed by HHS/CDC and OGAC Technical Working Group (TWG); collaborate with the PEPFAR PMTCT team to incorporate CT and PMTCT services into antenatal sites.

PEPFAR will continue to market CT services to reduce stigma and increase demand in coordination with organizations such as the Vietnam Women's Union (VWU), Vietnam Youth Union (VYU), and faith-based organizations (FBO), to increase recruitment of family members and couples. These recruitment strategies will help identify and provide opportunities for prevention in discordant couples. PEPFAR will work with PLWHA groups, the Women's and Youth Unions, and peer outreach programs to support strategies to ensure HIV-negative partners do not seroconvert. PEPFAR will collaborate with World Health Organization (WHO) and United Nations Children's Fund (UNICEF) to advocate for providing safeguard CT for children and adolescents, a method to ensure non-discrimination against minors. DOD will work with the Ministry of Defense (MOD) to establish CT services targeting young military recruits with a focus on prevention messages. Activities will focus on CT for current and former IDU. A GVN-led pilot CT program is being developed in Nhi Xuan drug rehabilitation center in HCMC with a plan for expansion to other centers in HCMC, Hanoi, and Haiphong provinces, following evaluation and approval by OGAC.

PEPFAR will strengthen the existing referral system with a focus on referral to care at the provincial level through the addition of referral coordinators. A service directory and routine coordination meetings will be established in each focus province. PEPFAR will also strengthen the current CT information system to support switching from anonymous to confidential services after a positive test. Smartcard or similar technology will be used to facilitate entry into and movement between HIV service centers and to improve tracking referrals. The existing CT system will be integrated with client registries being developed across program areas. In accordance with the PEPFAR SI plan, collection of information for implementing, monitoring, and evaluating CT activities will meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the National HIV/AIDS M&E System.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	79
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	141,550
Number of individuals trained in counseling and testing according to national and international standards	564

Table 3.3.09: Activities by Funding Mechanism

Mechanism: HHS/CDC GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9507
Planned Funds: \$ 85,433.00
Activity Narrative: This activity is supported with both Base and GHAI funds and relates to HVCT CDCBASE (9856).

Funds requested between GHAI and Base (GAP) accounts will support two LES (Research Scientist, Research Technician) and 50% of one USPSC (Program Officer) staff, including their salaries, benefits and official travel costs.

As members of the PEPFAR technical working group on Counseling and Testing, these staff will provide technical assistance (TA) and programmatic oversight to MOH and HCMC-PAC in the design, implementation and evaluation of CT activities as well as development of training curricula and training of counselors and supervisors.

Funds will also support the MOH/VAAC to coordinate and implement a "best practices in CT" experience-sharing meeting in FY07.

Continued Associated Activity Information

Activity ID: 5327
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 121,000.00

Targets

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

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Family Health International
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9508
Planned Funds: \$ 800,000.00

Activity Narrative: This activity is linked to HLAB NIHE (9506), HVTB FHI (9565), HVCT TBD (9518), HVCT TBD-PSI Follow-on (9513), and HVCT UNDP (9516).

In FY07, PEPFAR will support FHI to train 200 counselors and provide counseling and testing (CT) services for 16,500 clients at 12 VCT sites in 7 PEPFAR focus provinces.

FHI will expand and strengthen CT services in the Network model, strengthen the absorptive capacity of 8 existing CT sites in Hanoi, Haiphong, Quang Ninh and Ho Chi Minh City (HCMC) and develop 4 new CT sites in HIV hotspots in Hanoi, Can Tho, An Giang and the seventh PEPFAR focus province. All sites will be fully integrated into district care outpatient clinics (OPC) and PEPFAR funded drop-in centers (DIC) and will have strong referral links to all Network model prevention and care and treatment services. CT counselors will function as case managers, providing client-centered initial and follow-up counseling services to negative and positive clients, and facilitating client referral to relevant services. Training and TA will be provided to existing CT sites to restructure counselor workload and to increase their efficiency and absorptive capacity, particularly in HCMC where thousands of residents from 06 centers, government centers for rehabilitating drug users (06 centers), will be released by the end of FY07.

FHI will also promote CT among most at-risk populations (MARP). MARP outreach workers and PLWHA will encourage testing among networks of injecting drug users (IDU), commercial sex workers (CSW) and their clients, and MSM to prevent infection and to interrupt rapid transmission patterns among the newly infected, linking them to CT offered in local DICs. CT social marketing and MARP-focused outreach to reduce stigma and discrimination will increase the awareness of CT benefits while decreasing barriers to seeking testing.

FHI will work with HCMC-PAC to strengthen the referral system between 06 centers, CT, Care and Treatment, and PMTCT by training healthcare workers and developing clear referral guidance and tools for peer educators (PE), counselors, and case managers.

FHI will form a national cadre of CT counselors. The Anonymous Testing Sites (ATS) and Bach Mai VCT Centers will provide technical assistance (TA) to developing CT services supported by other PEPFAR partners. TA services will include study tours, 1 to 2 weeks of in-service practicum, supportive supervision visits to newer VCT sites, and basic and advanced HIV counseling training. Both sites will lead case consultation meetings for CT counselors.

FHI will also focus on strengthening the national CT program with a view to sustainability. FHI will work with MOH/VAAC and other partners to develop a national CT training curriculum based on HHS/CDC guidance and other resources. In addition, FHI will contribute to the finalization of national CT guidelines and the development of CT SOPs and QA/QC tools to establish national standards of quality CT services. Capacity building of health providers in CT will contribute to sustainability of future CT service provision. TA for the development of national counseling and testing standards will also strengthen national capacity in CT.

With the additional funding of \$US 400,000 FHI will support the establishment and operations of eight VCT sites more in PEPFAR focus provinces, with a focus on provider-initiated testing and counseling (PITC) model, integrated with existing health facilities, such as STI, TB, reproductive health services, where most-at risk populations (MARPs) substantially access to.

FHI will adapt the current training curriculum to train for VCT counselors and testing staff to make it relevant for these settings. The existing quality assurance and quality improvement (QA/QI), data management software and monitoring system will be used for these sites. Networking with current USAID/FHI-supported VCT sites and other USG-supported VCT sites is our priority to build the capacity and share experiences among VCT counselor networks.

FHI will incorporate recommendations from OGAC Counseling and Testing Technical Assistance trip in May 2007 and revise program as necessary to address priority needs identified in this TA trip.

Continued Associated Activity Information

Activity ID: 5333
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: (INGO- former FHI/IMPACT)
Funding Source: GHAI
Planned Funds: \$ 205,000.00

Activity ID: 6656
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: FHI 3 Month Extension
Funding Source: GHAI
Planned Funds: \$ 80,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	8	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	22,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	200	<input type="checkbox"/>

Target Populations:

Brothel owners
Commercial sex workers
Community leaders
Faith-based organizations
Most at risk populations
Discordant couples
Injecting drug users
Men who have sex with men
Street youth
Mobile populations
Refugees/internally displaced persons
Truck drivers
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Program managers
Seafarers/port and dock workers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Transgender individuals
Religious leaders
Host country government workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

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

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	HCMC PAC Cooperative agreement
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9509
Planned Funds:	\$ 375,000.00
Activity Narrative:	This activity is linked to HLAB HCMC-PAC (9503), HVTB HCMC-PAC (9569), and HVCT TBD-PSI Follow-on (9513).

PEPFAR will support HCMC-PAC to implement counseling and testing (CT) services at 9 CT clinics in FY07, train 60 healthcare workers in CT, provide HIV test results to 13,000 individuals, and strengthen the social marketing program.

In FY06, through a cooperative agreement with HCMC-PAC, PEPFAR, as part of a comprehensive reintegration program, is supporting 7 CT clinics; 5 clinics in Districts 1, 2, 4, 10, and Dermato-Venerology Hospital (DVH) and 2 clinics in Nhi Xuan drug rehabilitation center and Nhi Xuan Industrial Park (NXIZ), a site providing favorable employment to former IDUs. In the first quarter of FY06, CT services were provided to 1,140 individuals and 32 healthcare workers were trained in HIV CT. In FY07, PEPFAR will continue to support service delivery in these 7 established sites and the 1 existing mobile CT clinic will expand its services to District 7, Thu Duc and Tan Binh to facilitate access to CT and STI services for hard-to-reach populations.

PEPFAR will fund HCMC-PAC to enhance service provision and improve the quality of service delivery by providing training and innovative quality assurance and quality control (QA/QC) measures including introduction of client exit interviews; provision of training to healthcare workers on advanced counseling skills and couples counseling protocol based on the HHS/CDC and OGAC TWG curricula; and enhancement of existing referral systems between HIV prevention and care services by hiring provincial referral coordinators and holding monthly referral coordination meetings for partners working within the HIV prevention and care network. PEPFAR funds will also be used to provide technical assistance to World Bank and GF CT programs through training and QA/QC measures as well as provision of enzyme immunoassay (EIA) confirmatory test kits to 17 World Bank-supported CT clinics in 17 drug rehabilitation centers.

In collaboration with a PEPFAR partner (TBD-PSI follow on), HCMC-PAC will strengthen the CT social marketing program in HCMC to maximize service utilization and link HIV-positive individuals to care and treatment. HCMC-PAC will pilot outreach communication through CT counselors who, in collaboration with outreach programs, PLWHA groups, and Women's and Youth Unions will provide CT education to target populations. This CT education activity, in conjunction with the social marketing activity, will encourage CT-seeking behavior, help eliminate stigma and discrimination, and facilitate recruitment of families and couples into the HIV prevention and care network. This collaboration will also support HCMC-PAC CT program in encouraging test result disclosure and notification, especially for discordant couples, and in ensuring that HIV negative partners do not seroconvert.

PEPFAR CT programs target most at-risk populations (MARPs), including injecting drug users (IDU) and their partners, male and female commercial sex workers (CSW) and their clients, men having sex with men (MSM), and sex partners of HIV infected persons. To reach this population, in FY07, PEPFAR will continue to support HCMC-PAC in service delivery of optional anonymous/confidential CT in two established sites in Nhi Xuan rehabilitation center and NXIZ. PEPFAR will implement 1 new HIV CT clinic in a TBD rehabilitation center for IDUs as part of the expansion of reintegration program. PEPFAR will support HCMC-PAC to provide CT education in centers through group discussion, CT talks, and personal communication by in-center peer outreach teams. PEPFAR will collaborate closely with peer outreach, case manager teams, and outpatient clinics to ensure continuation of care, treatment and support to residents after being released.

Continued Associated Activity Information

Activity ID: 5327
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 121,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
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 and international standards	9	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	13,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	60	<input type="checkbox"/>

Target Populations:

Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Discordant couples
Injecting drug users
Men who have sex with men
Street youth
Military personnel
Mobile populations
Refugees/internally displaced persons
Truck drivers
Non-governmental organizations/private voluntary organizations
Seafarers/port and dock workers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Transgender individuals
Religious leaders
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ho Chi Minh City

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Ministry of Defense
Prime Partner: Ministry of Defense, Vietnam
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9510
Planned Funds: \$ 250,000.00
Activity Narrative: This activity is linked to HMBL COE (9496), HLAB AFRIMS (9502), MTCT MOD (9728), and MTCT UH (9727).

This activity is a continuation of program activities from the previous year with the Vietnam Ministry of Defense (MOD). Collaborating with the US Pacific Command (PACOM) Center of Excellence (COE), the MOD will continue to support 4 existing CT sites established in FY06 and establish 4 additional CT sites in FY07. This effort will include training for 150 healthcare professionals to ensure opt-out CT will be available to 25,000 individuals at 8 MOD CT centers. MOD will use the plus up funds seek for technical assistance from different domestic as well as international sources to improve quality of counseling and testing program. This will be done through providing on-site quality assurance and training.

In FY07 PEPFAR will continue to support CT activities at the Military Institute for Hygiene and Epidemiology, Military Hospitals 103 (Hanoi), 175 (Ho Chi Minh City) and Military Zone 9's Preventive Medicine Center (Can Tho). In FY07, this activity will expand to 4 new sites at Military Hospitals 121 (Can Tho City), 17 (Danang) and Preventive Medicine Centers (PMC) for Military Zones 2, 3 and 5 covering Vietnam's northern and central provinces. Other components of this activity will ensure: training and technical support for health care providers; site renovation; a strong client referral system; and recording and reporting of confidential test results to COE. Training provided will also enhance general knowledge about legal rights for those getting testes and for PLWHA, as articulated in the new HIV/AIDS Law and the national guideline established for CT activities to reduce stigma and discrimination. The network of CT centers will be linked to MOD's treatment sites at military hospitals. The MOD is currently providing test kits to these sites and will continue to ensure that these sites are stocked.

Expanding CT activities to additional Military Hospitals and PMCs will also strengthen the referral network and allow more people to enroll in treatment.

Continued Associated Activity Information

Activity ID: 5329
USG Agency: Department of Defense
Prime Partner: Ministry of Defense, Vietnam
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 130,000.00

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	8	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	25,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	150	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
Military personnel
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner: Ministry of Health, Vietnam
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9511
Planned Funds: \$ 1,455,000.00

Activity Narrative: This activity is linked to HLAB MOH (9505), HLAB NIHE (9506), HVTB MOH (9570), HVCT TBD-PSI Follow-on (9513), HVCT UNDP (9516), and HVCT TBD (9518).

In FY07, PEPFAR will support the MOH/VAAC to expand CT coverage in the highest HIV-prevalence provinces and reduce support for CT programmatic services in lower prevalence provinces targeting MARPs, including injecting drug users (IDU), male and female commercial sex workers (CSW), men having sex with men (MSM), sex partners of HIV infected persons and clients of injecting drug users and sex workers. PEPFAR will continue to support VAAC for HIV counseling and testing (CT) services at 36 clinics in 18 provinces, establish 10 new VCT clinics, transfer HIV CT services at 12 clinics in 11 provinces from PEPFAR to Global Fund (GF) support, train 140 health care workers, strengthen referral systems and work with different groups including PLWHA groups to encourage test result disclosure. These activities will result in provision of CT services to 45,000 individuals through VAAC support and 14,400 individuals through GF support.

In FY07, PEPFAR will continue to support provision of confidential CT services at 36 existing sites in 18 provinces that form part of a comprehensive HIV network facilitating linkages and referrals between different services at the provincial and district levels. In addition, PEPFAR funds will support the establishment of a total of 10 new CT clinics in 4 focus provinces, Hanoi, Haiphong, Quang Ninh and a TBD focus province, that will be integrated into existing OPC or STI clinics using both client-initiated and provider-initiated models to facilitate referral, linkages and service utilization. Under the new cooperative agreement with the VAAC, PEPFAR will discontinue funding for programmatic activities in 10 lower-prevalence provinces while continuing to provide technical assistance to these sites to ensure continuation of quality service provision. PEPFAR will explore alternative means of supporting these programs. Based on GF Round 6 approval, PEPFAR will support VAAC to transfer CT programs to GF management from 12 VCT clinics in 11 lower-prevalence provinces where GF also operates allowing \$130,000 of unallocated funds to be used for HVCT 9518. Non approval of GF Round 6 applications will result in continued programmatic support by VAAC in these 11 provinces until alternate resources are identified. VAAC will also receive PEPFAR funds to expand support of counseling and testing services at TB clinics in the focus provinces.

PEPFAR funds will be used to improve service provision at all sites mentioned above through training 140 health care workers on couple counseling using HHS/CDC and OGAC TWG approved curricula, and internal as well as external quality assurance and quality control (QA/QC) measures. With PEPFAR support, VAAC will also provide technical assistance to GF and World Bank CT programs to standardize service provision and coordinate a national HIV CT reporting system. To follow up on the previous national meeting initiated in 2005, VAAC, with PEPFAR technical support, will take the lead in coordinating and organizing a 2nd National CT conference with all VCT donors/partners including GF, World Bank, Asian Development Bank (ADB), FHI, and TBD-PSI follow-on to facilitate experience-sharing and review of best practices.

PEPFAR will support VAAC to collaborate with World Health Organization (WHO) and UNICEF to encourage safeguard CT for children and adolescents, a method to ensure non-discrimination against minors, with approval and presence of guardians. Education of safeguard CT will be provided to healthcare workers through health information channels, training, and legislative regulations.

In collaboration with the UN, WHO, other major donors (GF, AusAID, World Bank), and international NGOs (FHI, PSI, etc), PEPFAR will assist VAAC in developing and disseminating national guidelines for CT. PEPFAR will coordinate with referral officers to enhance existing referral systems between HIV prevention and care services through the development of a referral card tracking system. PEPFAR will also continue its support of VAAC monthly coordination meetings at the provincial level.

With PEPFAR support, VAAC will closely collaborate with TBD-PSI follow-on to maximize outcome of social marketing investment for greater uptake of CT. In addition, VAAC will pilot outreach CT communication activities in select provinces, in which CT counselors, in coordination with peer outreach program and organizations such as the Women's and Youth Unions, provide CT education to target population and encourage referral to CT. To strengthen linkages with outreach programs, VAAC and PEPFAR will coordinate activities

with PLWHA groups, peer outreach programs, and organizations such Women and Youth Unions and encourage test result disclosure, service utilization by families, and ensure non sero-conversion of HIV negative partners of discordant couples. These activities will facilitate normalization of HIV test seeking behavior and reduction of stigma and discrimination.

Currently access to counseling and testing is limited in part due to lack of same day rapid test result notification. The Vietnam Administration of HIV/AIDS Control (VAAC) will pilot an innovative model of providing counseling and testing services to high risk populations in Hai Phong City, with the possibility of expanding to other PEPFAR focus provinces based upon implementation and achievement of the pilot.

A static VCT clinic will be developed in Do Son District, Hai Phong Province, where currently there is an active commercial sex industry as well as injecting drug use. Three mobile VCT teams will be established in conjunction with existing peer outreach, to work as a satellite of the static VCT site. Trained health educators and peer educators will provide on-site counseling and rapid screening test for clients at "hot spots" such as injecting venues, karaoke bars, and guets houses. Clients who test negative upon will be provided post-test counseling and immediate test result notification, while clients who are classified as "suspected positive" will be actively referred to their choice of static VCT clinic for confirmation, and then will be linked to care and treatment services if confirmed HIV positive. Peer outreach workers will work closely with mobile VCT teams to ensure maximum coverage and access to mobile counseling and testing services as well as referring clients to other care, treatment and support services.

If rapid test confirmation is approved for HIV diagnosis, VAAC will move to employ this advantage to provide on-site counseling and testing to clients with rapid test confirmation provided immediately after the pretest counseling session. This will greatly facilitate access to counseling and testing for populations in need, and also expand coverage to remote areas and marginalized populations.

VAAC will incorporate recommendations from OGAC Counseling and Testing Technical Assistance trip in May 2007 and revise program as necessary to address priority needs identified in this TA trip.

Continued Associated Activity Information

Activity ID: 5325
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Vietnam
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 670,000.00

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
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
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 and international standards	36	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	61,400	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	170	<input type="checkbox"/>

Target Populations:

Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Discordant couples
Injecting drug users
Men who have sex with men
Street youth
Mobile populations
Refugees/internally displaced persons
Truck drivers
Non-governmental organizations/private voluntary organizations
Program managers
Seafarers/port and dock workers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Transgender individuals
Religious leaders
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9512
Planned Funds: \$ 70,000.00
Activity Narrative: This activity is linked to HLAB NIHE(9506), HTXS REACH (9396), and HVCT TBD-PSI Follow-on (9513). Funding is being reprogrammed from previously planned funding for ARV drugs in the setting of reduced drug costs.

Through Pact and sub-partner Medecins du Monde (Mdm), PEPFAR will continue support of CT services at 2 clinics in 2 focus provinces, Tay Ho district (Hanoi) and District 6 (HCMC), with a goal of reaching 2,650 clients. PEPFAR will support strengthening of referral services and provision of CT training to 14 individuals.

MdM will strengthen referral to CT services through mobile teams targeting injecting drug users (IDU), commercial sex workers (CSW) and men who have sex with men (MSM). Mobile teams will promote CT seeking behaviors among these groups and refer them to CT services. Home care teams providing home-based care to people living with HIV/AIDS (PLWHA) will be trained to refer spouses/sexual partners and/or children of PLWHA to CT services. In addition, Pact, together with other PEPFAR partners, will initiate couples counseling using HHS/CDC and OGAC approved curricula.

MdM will provide CT services to 2,650 individuals at Tay Ho clinic, Hanoi and at An Hoa clinic in District 6, HCMC. These clinics perform HIV rapid test and send blood samples that are positive to higher level labs for confirmatory testing. Those who test positive will be referred directly to care and treatment services in the same clinic. Those who reside far from the clinic will be referred to other HIV clinics in Hanoi and HCMC. Pregnant women who test HIV positive will be referred to hospitals providing PMTCT services. Pact will support coordination of CT activities between MdM and MOH programs.

To ensure quality of both the referral and the CT services, MdM will support on-the-job mentoring and training for mobile team and home care team members and CT counselors.

Funding will support Soc Son District Preventive Centre, which is 7 km away from two rehabilitation centres, to be the base for a mobile medical mentoring team to provide counseling and testing to people entering and leaving these centers

Continued Associated Activity Information

Activity ID: 5331
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 90,800.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	3	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	27,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	14	<input type="checkbox"/>

Target Populations:

Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Discordant couples
Injecting drug users
Men who have sex with men
Street youth
Mobile populations
Refugees/internally displaced persons
Truck drivers
Non-governmental organizations/private voluntary organizations
Seafarers/port and dock workers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Transgender individuals
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Ha Noi

Ho Chi Minh City

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	(TBD - PSI Follow-on)
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9513
Planned Funds:	\$ 900,000.00
Activity Narrative:	This activity is linked to HVCT FHI (9508), HVCT HCMC-PAC (9509), HVCT MOH/VAAC (9511), and HVCT REACH (9512).

In FY07, PEPFAR will support PSI to continue its communication campaigns to promote VCT services in Hanoi, Quang Ninh, Hai Phong, HCMC, and Can Tho to increase by 20% (or 6,300 clients) the number of individuals who receive counseling and testing for HIV and return for their test results. In addition, TBD-PSI follow-on will provide training on social marketing to 50 individuals.

PSI follow-on will use social marketing approaches to increase awareness of and trust in CT among target populations, reduce stigma associated with these services, and increase the capacity of Provincial Health Departments (PHDs) to develop effective, non-stigmatizing social marketing campaigns. PSI will utilize research conducted in 2005 and 2006 to develop and implement Phase 2 of the CT social marketing campaign. In place of mass media branding of the "New Horizon" CT program from Phase 1, Phase 2 will be a mid-media focused campaign where marketing will be focused in areas and sites where most at-risk populations congregate or frequent. This campaign will focus on increasing awareness and emphasizing the confidentiality of services, benefits of counseling, and primary and secondary benefits of knowing one's HIV status. The campaign will utilize billboards, posters, and Information, Education and Communication (IEC) materials. CT will be promoted at PEPFAR supported sites. The social marketing strategy will leverage existing programs and communication channels, such as MOH/VAAC and HCMC-PAC peer education and communication resources and other community-based programs, while substantially increasing the quantity and quality of mass media campaigns directed at high-prevalence communities. PSI will coordinate VAAC to explore expanding social marketing efforts to other non PEPFAR supported quality VCT sites.

PSI will build the capacity of local partners to communicate effectively to each target group by replicating a successful series of evidence-based, client-focused CT social marketing programs implemented in northern provinces in FY05 and FY06. These activities are designed to provide a better understanding of the nature and effectiveness of CT social marketing approaches, and increased capacity to produce non-stigmatizing and compelling CT behavior change campaigns. The CT social marketing workshops will be offered to PHD/Provincial AIDS Centers involved in PEPFAR supported CT activities, as well as to organizations such as Women's and Youth Unions and NGOs involved in CT. Relevant program staff and community outreach workers who implement CT will be trained in CT Behavior Change Communication (BCC) messaging and distribution of IEC materials. The goal of the workshops is to increase local capacity to develop non-stigmatizing, evidenced-based communication programs for CT.

Other organizations involved in advocacy on Greater Involvement of People Living with HIV/AIDS (GIPA), particularly the Bright Future's Group, will be leveraged to support the development of CT social marketing campaigns that reduce stigma and CT materials appropriate for target groups. By employing USG partners working with vulnerable populations such as MOH and HCMC-PAC outreach workers and FHI's MSM and CSW programs, PSI will reach difficult to reach vulnerable populations with CT social marketing. TBD-PSI follow-on will also build on existing efforts of USG partners, such as utilizing HHS/CDC data on vulnerable populations, and FHI's mapping work of MARP in PEPFAR focus provinces.

Continued Associated Activity Information

Activity ID: 5334
USG Agency: U.S. Agency for International Development
Prime Partner: Population Services International
Mechanism: (INGO- former AIDSMARK)
Funding Source: GHAI
Planned Funds: \$ 515,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	10,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	75	<input type="checkbox"/>

Indirect Targets

It is estimated that the VCT communications campaigns will increase the number of individuals who received counseling and testing for HIV and received their test results provided by USG's partners, especially USG-supported MOH/LIFE-GAP, HCMC PAC and FHI VCT programs, by 20% over current levels, which is an estimated 6,300 clients in seven PEPFAR focus provinces in FY 07. The program will also provide training on social marketing to 50 individuals.

Target Populations:

Commercial sex workers
Community leaders
Community-based organizations
Most at risk populations
Discordant couples
Injecting drug users
Men who have sex with men
Street youth
International counterpart organizations
Mobile populations
Refugees/internally displaced persons
Truck drivers
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Prisoners
Seafarers/port and dock workers
Volunteers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Transgender individuals
Host country government workers
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

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

Table 3.3.09: Activities by Funding Mechanism

Mechanism: USAID GHAI
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9515
Planned Funds: \$ 25,000.00
Activity Narrative: Funds requested will support 10% of a USPSC (Prevention Advisor) including salary, benefits and official travel costs.

As members of the PEPFAR technical working group on Counseling and Testing, this staff will provide technical assistance (TA) and programmatic oversight to MOH/VAAC and HCMC-PAC in the design, implementation and evaluation of CT activities as well as development of training curricula and training of counselors and supervisors.

Continued Associated Activity Information

Activity ID: 5338
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 171,000.00

Targets

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

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	UNDP
Prime Partner:	United Nations Development Programme
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9516
Planned Funds:	\$ 50,000.00
Activity Narrative:	This activity is linked to HVCT MOH (9511) and HVCT FHI (9508).

This is a new activity for PEPFAR in Vietnam. In FY07, PEPFAR will support WHO, in collaboration and coordination with relevant ministries, technical institutions, beneficiaries including PLWHA and other vulnerable populations, and international partners, to implement three activities that include: collaboration with MOH/VAAC to conduct a rapid assessment of HIV Counseling and Testing (CT); working with VAAC to develop and disseminate the national CT guidelines; and support development of national training materials.

In order to develop the National Guidelines on CT, WHO will collaborate with MOH/VAAC to conduct a rapid CT assessment to identify strengths and constraints of existing CT services supported by different initiatives with regard to availability, access and quality of services with an emphasis on most-at-risk population (MARP). The assessment will also look at linkages between CT services and other services such as HIV/AIDS care and treatment, TB diagnosis and treatment, antenatal care, harm reduction and other HIV prevention interventions.

WHO will work with VAAC and PEPFAR on the development of national guidelines and information and advocacy materials on CT that will be disseminated in FY07. The national CT guidelines will identify organization, management and operating procedures of CT services including different models for effectively reaching MARP, specific counseling approaches for different populations, and linkages with relevant services. Issues of service quality including confidentiality and partner involvement will receive special attention. Provider-initiated CT should also be introduced where needed and appropriate. The guidelines will be developed based on the rapid assessment, global guidelines and experiences of other countries. Information and advocacy materials emphasizing the role of CT in HIV prevention among MARP and human rights protection will be developed from the guidelines. WHO will support VAAC efforts to organize a series of provincial meetings to disseminate the guidelines and advocacy materials to relevant bodies and PEPFAR partners.

WHO will support the development of national standard training materials based on the national guidelines and existing training materials, especially OGAC TWG approved training curricula for CT to ensure standardization of all future CT training activities.

Continued Associated Activity Information

Activity ID:	5332
USG Agency:	U.S. Agency for International Development
Prime Partner:	United Nations Development Programme
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 30,000.00

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	51 - 100

Targets

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

Target Populations:

Country coordinating mechanisms
International counterpart organizations
National AIDS control program staff
Policy makers
Host country government workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	PACOM/Center of Excellence
Prime Partner:	US Department of Defence/Pacific Command
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9517
Planned Funds:	\$ 37,000.00
Activity Narrative:	This activity is linked to HVCT MOD (9510).

The Center of Excellence – DMHA, the executing agent for US DOD’s Pacific Command, will provide program oversight and coordination of activities with DOD partners and the Vietnam Ministry of Defense. Technical assistance and oversight will be provided for program design, implementation and evaluation of CT activities. Funds will cover official travel and cost incurred by the DOD HIV Prevention and Treatment team.

Emphasis Areas**% Of Effort**

Quality Assurance, Quality Improvement and Supportive Supervision

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing counseling and testing according to national and international standards

Number of individuals who received counseling and testing for HIV and received their test results (including TB)

Number of individuals trained in counseling and testing according to national and international standards

Target Populations:

USG in-country staff

USG headquarters staff

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	HHS/CDC Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9856
Planned Funds:	\$ 84,567.00
Activity Narrative:	This activity is supported with both Base and GHAI funds and relates to HVCT CDCGHAI (9507).

Funds requested between GHAI and Base (GAP) accounts will support two LES (Research Scientist, Research Technician) and 50% of one USPSC (Program Officer) staff, including their salaries, benefits and official travel costs.

As members of the PEPFAR technical working group on Counseling and Testing, these staff will provide technical assistance (TA) and programmatic oversight to MOH/VAAC and HCMC-PAC in the design, implementation and evaluation of CT activities as well as development of training curricula and training of counselors and supervisors.

Funds will also support VAAC to coordinate and implement a "best practices in CT" experience-sharing meeting in FY07.

Continued Associated Activity Information

Activity ID:	5337
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GAP

Planned Funds: \$ 117,995.00

Targets

Target

Target Value

Not Applicable

Number of service outlets providing counseling and testing according to national and international standards

Number of individuals who received counseling and testing for HIV and received their test results (including TB)

Number of individuals trained in counseling and testing according to national and international standards

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: \$ 11,134,000.00

Program Area Context:

Program Area Setting

In 2006, PEPFAR ARV procurement was managed by RPM+/MSH. ARV medicines are procured and distributed under MOH supervision and have approvals and quality/registration certification from both WHO and the FDA. They are obtained from the manufacturers, and secure source supply techniques are used throughout shipment. The quality specifications for each of the ARV medicines are documented in detail in a summary of the FDA registration. ARV drugs are delivered to the Central Pharmaceutical Company Number 1 (CPC#1) a Hanoi-based joint stock company with a distribution network throughout Vietnam and MSH/RPM Plus' partner in Vietnam. Deliveries are accompanied by a Certificate of Analysis for each delivery/batch of ARVs in accordance with the regulations and quality standards of the country of manufacture.

The list of ARVs procured by PEPFAR is in accordance with MOH/Vietnam Administration for HIV/AIDS Control (VAAC) ART treatment guidelines. To date, PEPFAR supplies 10 ARV drugs and this year has added Kaletra. The need for second-line treatment remains below 5% in Vietnam, however the cost of procuring second line drugs amounts to 25% of the total PEPFAR ARV cost.

Key accomplishments: FY05/FY06

In the past year great progress has been made, including: 1) the establishment of a central pharmacy unit in the MOH. This unit, supported by PEPFAR and WHO, has now been placed in charge of distribution and management of all ARVs; 2) permission to import FDA tentatively-approved generics leading to faster delivery and significantly reduced prices; 3) full coordination with the Clinton Foundation for distribution and reporting of pediatric formulations; 4) coordinated efforts with the Global Fund (GF) and MOH to supply medications such as Efavirenz, and redistribution of drugs due to expire; and 5) most recently, PEPFAR has asked SCMS to take over the procurement and supply of ARVs, which is expected to lead to further reduction in prices.

Challenges/Opportunities

Vietnam has historically delivered ARVs directly to provinces with various forecasting, infrastructure and capacity building methods. There are multiple donors supporting ARV via parallel systems of procurement, distribution and reporting, which has led to uncoordinated supply and management. Early on, PEPFAR startup was hindered by lengthy approval processes, slow delivery from the manufacturers, delayed arrival of funds and ability to procure only more expensive formulations. This resulted in delayed startup and the need for rationing ARV, despite long waiting lists. Lower-priced non-FDA tentatively approved ARVs are available in country through STADA MST, a Vietnamese pharmaceutical production company. STADA considered applying for tentative approval, but without a guarantee that PEPFAR would procure from it, STADA determined that FDA tentative approval was not a viable fiscal option. STADA MST is proceeding with WHO prequalification.

Key Strategy Elements

In FY 07, this PEPFAR-supported activity will meet 3 technical objectives:

Enhance the capacity of government, specifically the new VAAC drug management unit and international and local partners, to systematically identify, prioritize and address pharmaceutical management issues to improve access to and use of quality ARVs supported by the national treatment guidelines. PEPFAR will support VAAC efforts to coordinate forecasting, quantification, distribution, supply and reporting of all ARV sources and work towards coordination of all procurement with VAAC, GF, Clinton Foundation and other donors.

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. Training for pharmacy staff and on-site technical assistance will continue at the provincial

level. In addition, ongoing quality assurance at ART sites will be conducted to ensure site readiness and qualification.

Of these funds, \$11,000,000 will go to procurement of ARVs on behalf of all PEPFAR civilian, Department of Defense ART and PMTCT implementation sites, in accordance with Vietnamese national standard treatment guidelines and USAID procurement regulations, including management of the distribution process. Funds will support the current 2,600 patients with plans to scale up to 7,000 adults and 500 children by September 2007 and 13,000 adults and 1,000 children by September 2008. The majority of pediatric formulations will be procured by the Clinton Foundation. Quantifications will continue to be made in conjunction with all partners and Government of Vietnam (GVN). Import, storage and distribution will continue to fall under the responsibility of the CPC#1. A manual pharmacy Management Information System (MIS) has been developed and is being implemented to track purchasing, stock distribution, and dispensing on a monthly basis. Electronic MIS systems will be implemented in accordance with PEPFAR SI plan.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	9381
Planned Funds:	\$ 11,134,000.00
Activity Narrative:	This activity is linked to HTXS SCMS (9412). SCMS will support the PEPFAR Vietnam 5-Year strategy to provide 22,000 persons with ART. Funding is being reprogrammed from previously planned funding for ARV drugs in the setting of reduced drug costs.

The Supply Chain Management System (SCMS) will support the following 3 objectives described in the program narrative: 1) enhance the capacity of governmental, specifically the new MOH/VAAC drug management unit, international and local partners to systematically identify, prioritize and address pharmaceutical management issues to improve access to and use of quality ARVs supported by the national treatment guidelines; 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 \$11,000,000 worth of ARVs on behalf of all USG civilian and Department of Defense ART implementation sites to support the current 2,600 patients, 7,500 by September 2007 and 14,000 by September 2008. All pediatrics formulations will be procured in coordination with the Clinton Foundation who will be purchasing the majority of the supply for Vietnam.

Specifically SCMS will: 1) provide technical assistance (TA) to enhance decision-making at the VAAC, other central agencies, and donors for HIV/AIDS-related pharmaceutical and commodity management such as in-country forecasting and drug management and play a coordinating role with partners' organization on pharmaceutical issues; 2) provide 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; manage procurement, importation, storage, distribution and supply of quality ARVs, consistent with USAID procurement guidelines, based on available funding, and develop a distribution plan for implementation sites; 3) closely collaborate and support the VAAC pharmacy unit to build capacity and move towards coordination of procurement and distribution of all ARVs; 4) strengthen drug management information systems to provide timely accurate information regarding procurement, distribution, and use of ARVs supplied by all partners; 5) develop and implement standard operating procedures (SOPs) at appropriate levels, train and supervise their effective implementation; 6) train pharmacy personnel on pharmaceutical management in HIV/AIDS, and related commodities; 7) develop and implement a monitoring and evaluation (M&E) plan in support of the national drug management M&E plan; and 8) disseminate information about ARV drug management to partner organizations and implementation sites, and share lessons learned with the broader community.

A significant cost savings has been achieved due to the availability of ARV fixed dose combination and the decrease in the price of second line ARV. This funding will be used to fund various activities in treatment, care and prevention detailed in the reprogramming templates.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Target Populations:

Pharmacists
 National AIDS control program staff
 People living with HIV/AIDS
 HIV positive pregnant women
 Pharmacists
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

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: \$ 7,296,151.00

Program Area Context:

Program Area Setting

MOH/Vietnam Administration for HIV/AIDS Control (VAAC) estimates the number of people living with HIV/AIDS (PLWHA) in need of treatment will increase from 36,000 in 2005 to 73,000 by 2010. Of these, 60%-70% are intravenous drug users (IDU), 30% are women and 5% are children. Almost a third currently reside in or around Ho Chi Minh City (HCMC). No large private clinics exist in Vietnam, and all donor-funded ART must be developed with and through the Government of Vietnam (GVN) system. GVN has a highly organized system of service delivery, through national, provincial, district, and commune levels. There are sufficient health care workers to provide care; however, baseline capacity is low and has required support for development of high-quality ART systems. The PEPFAR-supported ART program in Vietnam is based on the principle of sustainable and scalable models within this GVN system.

Currently, ART systems are in place in 26 clinics in the PEPFAR focus provinces, and human capacity, infrastructure, and ARV procurement and delivery systems are sufficient to scale-up within the established GVN system of care. As of August 2006, the GVN supports an estimated 3,800 (3,500 adults; 300 children) or 11% of PLWHA who need ART with both downstream and upstream support from PEPFAR, Global Fund (GF), Clinton Foundation and ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau).

Key Accomplishments

Advances in coordination and ART policy continue to facilitate scale-up. In 2005, PEPFAR, World Health Organization (WHO) and GF teams began weekly collaboration meetings, which evolved into a VAAC-led care and treatment working group for adult/pediatric ART. Products include a national ARV implementation protocol, guiding adult/pediatric treatment initiation and monitoring, and a national care and treatment training program. Other achievements include importation of FDA tentatively approved generic ARV, reducing price and delivery time of first-line ARV, and PEPFAR-supported coordination of distribution and supply of ARV from VAAC, GF, Clinton Foundation and PEPFAR under VAAC. In FY06, PEPFAR is continuing its support of infrastructure and human capacity development necessary for scale-up, and by end-FY06, will be supporting 8,500 adults and 500 children on ART through upstream and downstream support.

Challenges/Opportunities

Despite considerable progress, there are some outstanding challenges. Though services are expanding, coverage is still low in the 6 current PEPFAR focus provinces. Capacity at sites needs strengthening to enroll additional patients while maintaining quality services. Since the majority in need of and receiving ART are current or former IDU, ensuring long-term adherence is challenging. Medication assisted therapy (MAT) would likely improve both ART adherence and outcomes. MAT has been approved in the new HIV/AIDS Law, which becomes effective in January 2007, but national guidelines for MAT must be developed before programs can be implemented. There is still a need to solidify network linkages and facilitate navigation between service delivery areas. To maintain quality services and meet PEPFAR treatment targets, it is essential to strengthen links to government centers for rehabilitating drug users (06 centers) to assure continuity of ART upon entry and capacity to accept patients for treatment after release.

Key Strategy Elements

In line with the PEPFAR Vietnam 5-Year Strategy, FY07 support will expand ART services at current sites and increase to 71 national, military, provincial, and district level sites in 7 focus provinces, and provide support for 16,000 patients (downstream support to 12,000 adults and 1,000 children, and upstream support to 3,000 adults—see uploaded ART scale-up graph). Over 50% of the 12,000 will come from HCMC where support for clients returning from 06 centers will be scaled up.

Capacity at clinics will be expanded through flexible clinic hours and hiring additional health care workers to maintain a package of services based on the National ART Protocol, in accordance with OGAC guidance,

including services for positive living, prevention with positives, and care and support services designed to support adherence and long term retention in services (HBHC). These clinics will receive patients from hospitals, VCT, PMTCT, TB/HIV, STI sites, and O6 centers and function as "magnet" sites, expanding coverage by serving surrounding districts. Counselors, case managers, PLWHA peer educators, support groups and volunteer treatment supporters will stress adherence through existing protocols, facilitate referrals to services such as hospitalization, family planning, STI and TB diagnosis and treatment, and link patients to home and community-based care (H/CBC) services. These staff will assure continuity of ART for IDU entering O6 centers. MAT will be provided as it becomes available. PEPFAR-supported H/CBC will enhance clinic-based services and support adherence, side effects monitoring and healthy living and link to other support such as nutrition, employment and legal services. New ART sites will be selected based on accessibility to vulnerable populations and persons residing in, and returning from O6 centers. Magnet sites will serve as training centers for new sites. This package of clinic, home and community based services is central to the strategy for scaling up and sustaining long-term care and treatment for current and former IDU.

Pediatric support will occur through training, on-site mentoring, infrastructure development, laboratory monitoring and, in collaboration with Clinton Foundation, will contribute to GVN's target to treat 100% of HIV-positive children by 2010 by reaching 1,000 children (500 existing, 500 new) at 19 sites (including 5 pediatric specialty sites). Specialty sites will closely link to PMTCT to facilitate early diagnosis through staging and CD4 testing. Family-centered clinics will be supported in higher-prevalence areas. Once approved by VAAC, DNA PCR testing will be expanded for routine use. Case managers in each clinic will facilitate referrals for children and caregivers to and from OVC services.

PEPFAR will collaborate with GF to provide upstream support for 3,000 ART patients and support the national ART program through: human capacity building; laboratory monitoring; provision of second-line ARV; training and onsite mentorship; technical assistance (TA) for a unified ARV distribution and management system; and CD4 testing in the focus provinces. PEPFAR will phase out existing support to other provinces according to a plan developed in collaboration with VAAC (see uploaded Geographic Coverage document).

Early evaluation conducted by PEPFAR in July 2006 indicates greater than 90% retention of ART patients. Collection of information for routine patient and program monitoring will continue to be in accordance with the PEPFAR SI plan and with national standards, ensuring support for the national HIV/AIDS M&E system. Enhanced patient monitoring will be done at selected sites to focus on adherence, clinical outcomes, quality of life and program quality.

National system strengthening will build sustainability through: 1) further development of a standard package of care, adherence, counseling and quality assurance (QA) practices for ARV service delivery; adaptation and implementation of the national training curriculum for adults and pediatrics; 2) development of QA and standard operating procedures for ARV monitoring labs; 3) TA for the national procurement and distribution system; protocol development for DNA PCR testing for early diagnosis of pediatric AIDS; and 4) human capacity development of national and provincial master trainers, onsite mentorship, telephone support, development of a web site to provide back up support for health care workers, and piloting of a pre-service delivery mentorship program in 2 medical schools.

Program Area Target:

Number of service outlets providing antiretroviral therapy	70
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	14,532
Number of individuals receiving antiretroviral therapy by the end of the reporting period	13,079
Number of individuals newly initiating antiretroviral therapy during the reporting period	6,950
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,178

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AFRIMS
Prime Partner:	Armed Forces Research Institute of Medical Sciences
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9393
Planned Funds:	\$ 275,000.00
Activity Narrative:	This activity is linked to HVCT MOD (9510), HBHC MOD (9546), HBHC UH (9555), HBHC COE (9595), HTXS UH (9397), and HMBL COE (9496).

In ongoing partnership, the US Pacific Command Center of Excellence (COE) and prime partner the Armed Forces Research Institute of Medical Sciences (AFRIMS) will collaborate with the Vietnam Ministry of Defense (MOD) to develop human and infrastructural capacity within the Vietnamese military health care system to scale up high-quality ARV services to 1,300 people at MOD sites.

Through previous PEPFAR activities, AFRIMS has developed clinical and laboratory infrastructure and technical capacity to support ARV within the MOD system. In FY07, the MOD is proposing that this capacity be extended to the high-prevalence province of Can Tho and to a central province. Components of this activity will include continued logistical support (provision of kits and reagents) for previously established sites, and expansion of MOD's HIV treatment support network. Two new sites will be added in FY07, Military Hospital 121 in Can Tho City and Military Hospital 17 in Danang province, which will result in military coverage of all provinces in the central region. DOD and MOD will jointly evaluate program needs in Can Tho City and Danang province, and initiate a limited Counseling and Testing (CT) and blood safety program.

A critical element for this year is the establishment of an appropriate quality management program. For laboratories, this will also include routine inspection, standard operating procedure (SOP) development, and development of a unified system of "testing panels." Related activities will include establishing a Laboratory Quality Management Program at the Military Institute for Hygiene and Epidemiology and at Military Hospital 175 in Hanoi with extensive training and interaction with AFRIMS Department of Retrovirology QA unit during the first year of operation.

Other activities will include working with DOD to develop a logistical system akin to the system that exists for ARV, to ensure that appropriate diagnostic kits, reagents, and necessary consumables are available to the MOD laboratories involved in PEPFAR.

FY07 funds will also be used to continue to support capacity for the diagnostic and clinical monitoring of the HIV/AIDS patients at hospitals and preventive medicine laboratories. Clinical laboratories supported under this activity will be linked to other activities within the DOD PEPFAR program: laboratory infrastructure, VCT, blood safety, ARV drugs, and palliative care. This activity will contribute to the ARV scale-up as well as prevention and care and treatment activities for both the military and civilian sectors of the country.

Continued Associated Activity Information

Activity ID:	5843
USG Agency:	Department of Defense
Prime Partner:	Armed Forces Research Institute of Medical Sciences
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 80,000.00

Emphasis Areas**% Of Effort**

Commodity Procurement	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,300	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,170	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	350	<input type="checkbox"/>

Target Populations:

Military personnel
Public health care workers

Coverage Areas

Can Tho
Da Nang
Ha Noi
Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	VCHAP
Prime Partner:	Harvard University, Medical School - Division of AIDS
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9394
Planned Funds:	\$ 800,000.00
Activity Narrative:	This activity is linked to HTXS HCMC-PAC (9409), HTXS MOH/VAAC (9398), and HBHC VCHAP (9551).

In FY07, PEPFAR will continue to fund Harvard Medical School through the Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) to provide central-level training and mentorship for all PEPFAR partners to reach 500 physicians and nurses. Continuing on their FY05/FY06 role acting as PEPFAR's primary clinical trainer, VCHAP will support 3 main objectives: 1) provision of training and technical assistance (TA) to all PEPFAR supported sites during ART implementation at new sites; 2) support to build capacity of local health care workers to become experienced treatment providers and master trainers; and 3) ongoing support for GVN in development and adaptation of ART training curriculum and implementation of trainings for health care providers in all provinces. Through these objectives, VCHAP will support the PEPFAR Vietnam 5-year Strategy by providing upstream support for 17,000 patients on ART.

Specific activities in FY07 will include ART didactic training, human resource development, and TA to improve sustainability. VCHAP will support VAAC to train doctors, nurses and counselors working at outpatient clinics (OPCs) in the national ART curriculum. This activity will be executed in collaboration with implementing partners who will provide additional training to supported sites on program implementation and standard operating procedures (SOP) and TA for adherence counseling. Refresher trainings for previously trained providers in provinces and institutions will reinforce critical concepts, update information and provide a forum for feedback and technical support for both adult and pediatric HIV specialists.

As didactic trainings are increasingly taken over by the national training program, VCHAP will offer follow-up mentorship through multiple models of supportive supervision depending on the needs of a site. Activities may include onsite mentoring at new sites, fellowships for new health care workers to experienced sites, telephone support where doctors can call a designated number to receive advice from an experienced clinician, and expansion of a website which will provide online technical advice, case discussions, clinical and guideline updates, and continuing medical education.

Technical assistance will be provided to the national training program in ART and will include ongoing curriculum updates, revisions and training to take into account new guideline recommendations such as methadone and ART, participation in training and mentorship of the national training team of physicians and nurses. In each of the focus provinces, experienced clinicians will be identified and mentored to be master trainers responsible for training new staff. In Ho Chi Minh City, VCHAP will work with CDC and the HCMC-PAC to train a "Treatment Network" team who will be tasked with long-term training and TA to ART sites in HCMC. To enhance pre-service delivery training, a partnership will be built with 2 local medical schools to improve knowledge and preparation for HIV/AIDS service delivery prior to graduation. A pilot model of short internships involving didactic lessons and onsite internships at ART sites will be will also be developed to build sustainable training models.

Continued Associated Activity Information

Activity ID:	5831
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Harvard University, Medical School - Division of AIDS

Mechanism: VCHAP
Funding Source: GHAI
Planned Funds: \$ 230,000.00

Emphasis Areas

Quality Assurance, Quality Improvement and Supportive Supervision
 Training

% Of Effort

10 - 50
 51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing antiretroviral therapy
 Number of individuals who ever received antiretroviral therapy by the end of the reporting period
 Number of individuals receiving antiretroviral therapy by the end of the reporting period
 Number of individuals newly initiating antiretroviral therapy during the reporting period
 Total number of health workers trained to deliver ART services, according to national and/or international standards

300

Target Populations:

Doctors
 Nurses
 National AIDS control program staff
 Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Ministry of Defense
Prime Partner: Ministry of Defense, Vietnam
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9395
Planned Funds: \$ 65,000.00
Activity Narrative: This activity is linked to HVCT MOD (9510), HBHC MOD (9546), HBHC UH (9555), HBHC COE (9595), HTXS AFRIMS (9393), and HTXS UH (9397).

This is an ongoing activity between the US Pacific Command, Center of Excellence (COE) and prime partner the Vietnam Ministry of Defense (MOD). The overall objective of this activity is to introduce and/or reinforce key ARV treatment concepts and enhance skill level of health care providers at hospitals and clinics to scale up treatment and establish 2 additional MOD ARV sites in FY07. Through this activity and the US DOD supported ARV services activity, 260 persons will receive training on ARV administration/treatment.

The MOD will conduct several workshops with PEPFAR partners, including the University of Hawaii (UH) and other experts invited by the COE. One workshop will provide a comprehensive overview of ARV treatment. This will serve to introduce and/or reinforce key ARV treatment concepts and enhance skill levels of physicians. MOD health care providers who were trained as trainers in FY06 will conduct these workshops. MOD personnel will also develop a curriculum that follows the national standard treatment protocol and is appropriate for the military health care system. This curriculum will also be used for other MOD training sessions, targeting military medical personnel throughout the military medical system. Two hundred health care providers are expected to benefit from this workshop.

The MOD will also coordinate 2 mini workshops for 20 participants each to further develop ART skills through case studies and small group discussions facilitated by UH visiting professors. These visiting professors will work with MOD health care workers within the national guideline and at designated MOD ARV sites.

This activity will continue the overall efforts to build the human resources capacity of the MOD health care system.

Continued Associated Activity Information

Activity ID: 5830
USG Agency: Department of Defense
Prime Partner: Ministry of Defense, Vietnam
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 25,000.00

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	4	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,300	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,170	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	240	<input type="checkbox"/>

Target Populations:

Military personnel
Public health care workers

Coverage Areas

Can Tho
Da Nang
Ha Noi
Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9396
Planned Funds: \$ 578,500.00

Activity Narrative: This activity is linked to HTXS FHI (9415) and HTXS VCHAP (9394). Funding is being reprogrammed from previously planned funding for ARV drugs in the setting of reduced drug costs.

PEPFAR will support Pact for provision of management and technical support, as well as financial oversight, to three NGOs engaged in the delivery of ART at five treatment sites. In FY07, these sites will provide treatment to 830 adults and 102 children. Pact will continue to work with NGOs on program design, implementation planning, and activity-based budgeting; efficient grants management and administration; will provide financial management support and monitoring. Pact will monitor the performance and quality of its partners' ARV programming through review of quarterly reports, periodic site visits, and technical review of baseline assessment tools and protocols. Pact will facilitate coordination between Pact partners' ARV programs, and prevention, care and support programs by other PEPFAR partners and relevant government and non-governmental programs.

ARV services activities supported through Pact will include provision of ART to both adults and children through 2 magnet district outpatient clinics in Hanoi and Ho Chi Minh City (HCMC) (see Medecins du Monde, below); through orphanage facilities in HCMC and Ha Tay province (see Worldwide Orphans, below); and in a residence for adults and children living with HIV in HCMC (see Mai Hoa Center, below).

In FY07, Mai Hoa Center will provide antiretroviral treatment to adult and child residents who initiated PEPFAR-supported treatment in FY05/FY06 or are newly eligible in FY07, for a total expected number of 30 adults and 10 children. Along with additional non-USG support, PEPFAR will continue to support Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) and a physician from HCMC's Pasteur Institute to provide onsite clinical support (see HTXS VCHAP 9394).

Worldwide Orphans (WWO) will support ART at 2 orphanages, Tam Binh 2 in HCMC and Ba Vi in Ha Tay Province. Clinton Foundation will provide pediatric ARV solutions and didactic training for the sites. WWO will continue to support lab monitoring, mentoring of a local physician and onsite monitoring at Tam Binh 2 which will serve as a full service treatment site supporting 48 patients. Providers and WWO staff will attend trainings provided by the Clinton Foundation and VCHAP, as appropriate. Additional clinical TA and management of side effects and complicated cases will be provided by physicians from Pediatric Hospital 2, also supported by PEPFAR. In Hanoi, 24 patients at Ba Vi will receive treatment. WWO will support initial screening, transport and ongoing monitoring. WWO will facilitate receipt of services for complicated cases as needed at this site.

Through a model of integrated prevention, treatment, care and support and building upon Medecins du Monde's (Mdm) successful model in District 6 of HCMC and Tay Ho District in Hanoi, PEPFAR will continue to support and scale up Mdm's provision of ART to eligible PLWHA in both of these clinics to serve as full-service magnet sites. An estimated 207 people will initiate treatment during FY06, and an additional 350 people (including 10 children) will begin treatment in FY07, for a total of 820 patients. District 6 will also continue providing eligible children with ART on site through a family centered approach (key legislative issue: gender). Services will include onsite adherence counselors, case management and referral to other programs, home-based care, peer support, close links with community based groups. This community involvement will increase uptake into services and decrease stigma (key legislative issue: stigma). PEPFAR will support provision of hospital fees and transport for those in need as well as nutrition support for malnourished pediatric and adult ART patients, micronutrient support, and income generation activities. New and refresher didactic training will be supported by Harvard Medical School (clinical), FHI (adherence and home based care) and through the MOH/VAAC national training curriculum. Onsite clinical mentorship will be provided by VCHAP.

Additional funding is being granted to MDM through reprogramming from SCMS. This funding will serve to adjust the fiscal year by 3 months to end in September.

Funding will support Soc Son District Preventive Centre, which is 7 km away from two rehabilitation centres, to be the base for a mobile medical mentoring team to provide

palliative care & treatment to people entering and leaving these centers.

Continued Associated Activity Information

Activity ID: 5834
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 171,000.00

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
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	5	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	982	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	889	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	600	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	30	<input type="checkbox"/>

Target Populations:

Commercial sex workers
Community-based organizations
Faith-based organizations
Doctors
Nurses
Injecting drug users
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Public health care workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
Increasing gender equity in HIV/AIDS programs

Coverage Areas

Ha Noi
Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	University of Hawaii
Prime Partner:	University of Hawaii
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9397
Planned Funds:	\$ 300,000.00
Activity Narrative:	This activity is linked to HVCT MOD (9510), HBHC MOD (9546), HBHC UH (9555), HBHC COE (9595), HTXS AFRIMS (9393), and HTXS MOD (9395).

The Center of Excellence in Disaster Management and Humanitarian Assistance (COE) and its prime partner, the University of Hawaii (UH), will work with the Vietnam Ministry of Defense (MOD) on ARV services. Components of this activity will include: 1) training for Vietnam People’s Army (VPA) health care providers to administer ARV drugs; 2) long-term and short-term “visiting professorships” that will provide treatment technical assistance (TA) and guidance at designated MOD ARV sites; and 3) in-country technical support to reinforce key treatment concepts and protocols that are consistent with national standards and relevant to the military health care system. Ten MOD health care professionals will be trained as trainers and 350 persons will receive training on ARV administration/treatment as a result of these activities.

By the end of FY06, it is anticipated that DOD/UH will have assisted in providing ARV services to 300 HIV-infected individuals at Military Hospital 103 in Hanoi and at Military Hospital 175 in Ho Chi Minh City. In FY07, 2 additional ARV treatment sites at Military Hospitals 121, in Can Tho, and Military Hospital 17, in Danang will be opened. In addition, UH “visiting professorships” will be expanded to include more frequent TA visits to provide guidance on these issues. DOD/UH will ensure ongoing collection of data on patients receiving ARV services and coordinate efforts with the PEPFAR in-country SI team to allow evaluation of MOD PEPFAR efforts.

The intensive 4-week ARV curriculum targeting military physicians held in Hawaii and Bangkok supported in previous years will continue on a limited scale at the request of the MOD. At the request of MOD, intensive training will be provided to nurses and other support staff. Other training will include 1 in-country ARV workshop, to be held for the broader audience, consisting of 200 health care providers. These training activities are linked to DOD palliative basic training activities. To reinforce key ARV treatment concepts and enhance skill levels of physicians, mini workshops consisting of case studies and small group discussions will be conducted by the in-country team and UH visiting professors for up to 20 participants, such as those currently administering treatment at MOD’s ARV sites, Military Hospitals 103, 175, 17 and 121. The final list of participants will be selected by MOD, with consideration for their human resource and capacity development for the military health care system. Physicians trained from the previous years by DOD/UH will assist with these workshops.

In FY07, DOD/UH will also provide TA to open pediatric ARV services at 2 sites—one in Hanoi and another in Ho Chi Minh City—with appropriate mechanisms for data retrieval to evaluate PEPFAR effectiveness. Funds for this activity will support one 1 training workshop for 150 participants on the basics of pediatric ARV management as well as 2 pediatric ARV case studies/ group discussion “mini-workshops.” Based on need, DOD/UH, in partnership with the Bangkok-based South East Asia Research Collaboration with Hawaii (SEARCH), will offer one-week intensive training in pediatric ARV management at select medical centers in Bangkok, Thailand caring for substantial numbers of HIV-infected children.

Continued Associated Activity Information

Activity ID:	5833
USG Agency:	Department of Defense
Prime Partner:	University of Hawaii

Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 85,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	0	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,340	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	350	<input type="checkbox"/>

Target Populations:

Military personnel
 Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner: Ministry of Health, Vietnam
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9398
Planned Funds: \$ 1,040,000.00

Activity Narrative: This activity is linked to MTCT MOH/VAAC (9384), HBHC MOH/VAAC (9529) and HKID MOH/VAAC (9531).

In FY05 and FY06, the MOH/VAAC scaled up ART services to 1,135 adult and pediatric patients at 6 adult outpatient clinics (OPCs) and 4 pediatric specialty clinics in 5 PEPFAR focus provinces. In FY07, VAAC will expand treatment to provide direct support for 4,320 (existing and new) patients at 18 provincial and district-level clinics in 6 focus provinces (clinics in Ho Chi Minh City, the 7th province, are supported by the HCMC-Provincial AIDS Committee). VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces. VAAC will focus on achieving 4 main objectives in FY07: expanding services at the provincial and district levels to support initiation and monitoring of ART; enhancing services at the provincial level (via adult, TB, and pediatric specialty clinics) to support secondary and tertiary level care; improving quality of services; and building national and local capacity to ensure sustainability of ART service provision throughout Vietnam.

In each of the focus provinces, VAAC will support 1 provincial-level adult ART OPC and 1 pediatric specialty clinic. These clinics are responsible for providing initial prescription of ARV as well as managing referrals from district-level sites for management of side effects and second-line therapy. VAAC will also support provincial-level ART clinics at TB hospitals in focus provinces where there is a 10-20% HIV seroprevalence rate. Primary service delivery of ART in Vietnam is being decentralized to the district level so that provincial-level sites can increasingly focus on tertiary care. In FY06, VAAC supported 1 district-level ART clinic with PEPFAR funding. In FY07, VAAC will expand this clinic into a magnet clinic supporting ART and home-based care (HBC) services for 3 surrounding districts, and will launch 2 new district-level ART clinics targeting current and former injecting drug users (IDU). In addition to its work in the focus provinces, VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces with PEPFAR funding. This support package includes staffing, supervision and lab monitoring and will be phased out over the next two years (refer to uploaded Geographic Coverage document).

VAAC will support a referral case manager in all clinics in the focus provinces to facilitate referrals to TB/HIV and STI services as well as to home- and community-based care services provided by PEPFAR and other partners. These staff will assure women and families referred from PMTCT services receive ongoing treatment services as needed (key legislative issues: gender). Case managers at provincial-level pediatric clinics will closely link with community based OVC services and work part-time in PEPFAR supported resource centers to be established in 3 provinces providing psychosocial assessments and links to other social supports. At each of the sites a network of peer educators and volunteers will be trained to provide treatment support and establish support groups. These networks will provide additional adherence support and also facilitate access to care and treatment services. To facilitate acceptance of these groups into service delivery, training on stigma reduction will be emphasized (key legislative issue: stigma). Case managers will work in teams with peer educators and support groups to prevent addiction relapse, help patients access to substitution treatment as it becomes available; and facilitate referral to services for patients released from drug rehabilitation centers.

Finally, in collaboration with the Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP), Family Health International (FHI) and HHS/CDC, funds will support VAAC to continue leading the national ARV training program using the national treatment protocol and other standardized curricula. HHS/CDC care and treatment staff will work closely with new VAAC staff to build capacity on ART, patient monitoring, and use of standardized quality assurance tools for ARV program implementation, management and monitoring. Collection of information for implementing, monitoring, and evaluating activities will be in line with the PEPFAR SI strategy and meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the national HIV/AIDS M&E system.

Continued Associated Activity Information

Activity ID: 5828
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Vietnam
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 470,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	30	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,200	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,780	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,900	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	300	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 National AIDS control program staff
 People living with HIV/AIDS
 Rehabilitation Center Residents
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 Other MOH staff (excluding NACP staff and health care workers described below)
 Laboratory workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: HCMC PAC Cooperative agreement
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9409
Planned Funds: \$ 720,000.00

Activity Narrative: This activity is linked to MTCT PAC (9383), HBHC PAC (9533), and HKID MOH/VAAC (9531).

Ho Chi Minh City (HCMC) province has the largest number of HIV cases in Vietnam, accounting for 20% of infections in Vietnam. It is estimated that the number of new AIDS cases per year will increase from 4,800 in 2006 to 7,700 in 2010 (Analysis and Advocacy Project Report, June 2006). As of August, 2006, with PEPFAR support, HCMC-PAC has provided direct ARV support to 965 PLWHA (848 adults and 117 children) at 9 sites. HCMC-PAC has been effective in coordinating multiple donors and international partners and has developed an aggressive scale-up plan with support from multiple PEPFAR treatment partners. In FY07, PEPFAR will continue to support HCMC-PAC to advance the following objectives: 1) scale up ARV services; 2) improve quality of services, adherence and the network model especially for vulnerable populations such as current and former IDUs; and 3) build local capacity to sustain the HIV/AIDS response in HCMC.

By the end of FY07, HCMC-PAC will provide ART to 3,600 patients (3,300 adults and 300 children) at existing and new ARV sites throughout the province. Existing PEPFAR-supported sites that will scale up treatment include the Tropical Disease Hospital, 4 district outpatient clinics that will serve as 'magnet' sites, Pham Ngoc Thach TB hospital (jointly supported by PEPFAR and Global Fund), 2 pediatric hospitals, and Nhi Xuan clinic linked to a government rehabilitation center for drug users (06 center). After an initial evaluation of lessons learned from early implementation at this clinic, 1 additional ARV site will be selected in conjunction with the PEPFAR team to support the PEPFAR plan for expansion of a complete package of clinic, home and community based services for current and former drug users.

In an effort to improve quality of services, adherence and access to other community based services, HCMC-PAC will recruit and train referral case managers for all adult and pediatric ARV sites. The case manager will support patients to adhere to treatment, to facilitate transfer of care, to monitor referrals between ARV services and other medical/support services in the network. These staff will assure women and families referred from PMTCT services receive ongoing treatment services as needed (key legislative issues: gender). Case managers will facilitate access to community- and home-based services providing care and support to adults and OVC in all districts. Case managers will work in teams with peer educators and support groups to counsel and prevent addiction relapse, help patients access substitution treatment as it becomes available, and facilitate referral to services for patients released from drug rehabilitation centers. To facilitate acceptance of PLWHA peer educators into service delivery, training on stigma reduction will be provided (key legislative issue: stigma).

ARV sites will be supported by PEPFAR care and treatment staff, experienced HCMC-PAC staff and Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) staff through training, supportive supervision, and mentoring of the OPC team. In addition, HCMC-PAC is piloting a Treatment Network Monitoring Unit. Members of this unit will serve as master educators and TA providers to the district-level sites. Training for new sites and refresher trainings will be provided to update staff on guideline changes and review lessons learned from previous models. In addition, HCMC-PAC will continue organizing monthly coordination meetings with service providers.

Collection of information for routine patient and program monitoring will be in line with the PEPFAR SI plan and with national standards, ensuring support for the national HIV/AIDS M&E system. Enhanced patient monitoring will be done at selected sites to monitor adherence, clinical outcomes, quality of life and program quality.

Continued Associated Activity Information

Activity ID:	5829
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
Mechanism:	Cooperative agreement
Funding Source:	GHAI
Planned Funds:	\$ 435,000.00

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	10	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,600	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,800	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	100	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 National AIDS control program staff
 Orphans and vulnerable children
 People living with HIV/AIDS
 Rehabilitation Center Residents
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 Other MOH staff (excluding NACP staff and health care workers described below)
 Laboratory workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
 Increasing gender equity in HIV/AIDS programs

Coverage Areas

Ho Chi Minh City

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9412
Planned Funds: \$ 1,704,228.00
Activity Narrative: This activity is linked to HTXD SCMS (9381).

Funds allocated to the Supply Chain Management System (SCMS) will continue similar activities from FY05 and FY06 implemented by Management Sciences for Health and support the Vietnam PEPFAR 5-Year Strategy to: 1) enhance the capacity of governmental, international and 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; and 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.

SCMS will support pharmaceutical site readiness at new PEPFAR-supported sites through training of 100 pharmacy staff, site monitoring, and ongoing quality assurance (QA) and supportive supervision. SCMS will develop standard operating procedures (SOPs) for pharmacies at all sites, with adaptations for national-level academic institutions. SCMS will also support MOH/VAAC capacity development and sustainability of activities through TA for forecasting, procurement and distribution as well as for pharmaceutical site readiness, implementation of SOPs, training and QA.

A total of \$635,000 of these funds will support procurement, management and distribution of CD4 reagents for FACS Count machines for non-military ART implementation sites, in accordance with Vietnamese National Standard Treatment Guidelines and USAID procurement regulations. DOD will procure CD4 reagents for Military sites through a separate mechanism.

Continued Associated Activity Information

Activity ID: 5832
USG Agency: U.S. Agency for International Development
Prime Partner: Management Sciences for Health
Mechanism: Rational Pharmaceutical Management Plus
Funding Source: GHAI
Planned Funds: \$ 196,560.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing antiretroviral therapy

Number of individuals who ever received antiretroviral therapy by the end of the reporting period

Number of individuals receiving antiretroviral therapy by the end of the reporting period

Number of individuals newly initiating antiretroviral therapy during the reporting period

Total number of health workers trained to deliver ART services, according to national and/or international standards

100

Target Populations:

National AIDS control program staff

Host country government workers

Pharmacists

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Family Health International
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9415
Planned Funds: \$ 939,000.00

Activity Narrative: This activity is linked to HBHC FHI (9555), HKID FHI (9537), and HTXS VCHAP (9394).

This activity will focus on 4 main objectives: coverage and access, quality, support for IDUs, and capacity building. In FY07, PEPFAR will fund FHI to provide treatment for a total of 3,690 adult and pediatric patients (including 1,900 new patients).

ARV therapy will be provided to adults and children through community-based ART sites providing a comprehensive package of integrated care, treatment and prevention services. In support of the PEPFAR strategy of improving support for vulnerable populations, particularly current and past injecting drug users (IDU), the strategy will focus on client-centered adherence, additional psychosocial and addiction counseling and case management support to facilitate access to services in the community (key legislative issue: stigma). Family centered districts will increase access to treatment services for HIV infected mothers and children (key legislative issue: gender). As of August, 2006, FHI is supporting 710 patients on ART in 6 treatment sites in 3 provinces and, in accordance with the PEPFAR geographic scale up and coverage plan, will expand to 20 sites in 7 focus provinces. All new sites will function as district magnet sites covering surrounding districts linked to community and home-based care (C/HBC) services in each of the districts. Each site will be selected in conjunction with the MOH/VAAC and the PEPFAR care and treatment technical working group (TWG).

ARV sites will be supported through training, supportive supervision, and mentoring of a multidisciplinary outpatient clinic (OPC) team responsible for providing treatment services as well as care and support and prevention with positives services. Sites will support sustainability by functioning as model training sites for health care workers at new clinics as Vietnam continues to scale up. In accordance with the PEPFAR SI plan for monitoring and evaluation, outcomes of the ARV program will be evaluated in some sites, including clinical outcomes, psychosocial well-being, adherence and patient retention. Program lessons learned will guide future programming.

In Ho Chi Minh City (HCMC), all FHI-supported ART sites will be linked to 06 centers, government centers for rehabilitating drug users. Case management support and discharge planning will be provided to 06 center residents, and adherence preparation supported for the sub-set of residents eligible for ART. FHI will continue to equip case managers, OPC and HBC teams, peer educators, and PLHA groups in Binh Thanh District, District 8, Thu Duc District and Hoc Mon District, to provide appropriate referral, coordinated care, and intensive adherence support for all clients to be re-integrated into the community.

FHI will begin implementation of a medication-assisted therapy program in a joint ARV/methadone substitution therapy program (pending development of VAAC implementation guidelines and approval) in 2 provinces. Intensive adherence and psychosocial support will be provided to IDU clients through a directly assisted therapy program of methadone and ARV therapy with intensive support from OPC adherence counselors, PLWHA groups, family, and HBC teams where appropriate. FHI will work with Vietnam CDC Harvard Medical School AIDS Partnership to develop didactic training on ARV-methadone therapy and will provide ongoing mentorship from experienced providers. This program will be evaluated and results disseminated as an advocacy tool and to improve methadone/HIV programming both within Vietnam and across the region.

As a part of PEPFAR/Global Fund (GF) collaboration, FHI will provide intensive mentoring, infrastructure development and lab monitoring support at 2 district-based clinics jointly supported by GF. These sites will be scaled up as "magnet" sites and then taken over by GVN with support of GF Round 6 funding. If Round 6 funding is not approved, FHI will support ongoing services at these 2 sites.

FHI will continue to provide capacity-building in ART adherence support to VAAC and other PEPFAR partners for the development of adherence counseling systems to prepare and support PLWHA on ART. FHI will support VAAC to develop an adherence toolkit for adults and children containing training for adherence counselors, job aids for counselors, and client information and training in use of the toolkit. PLWHA support groups will be equipped with the skills and materials necessary to provide treatment adherence support to members and their families; and provide HBC teams with lay adherence counseling

skills.

Continued Associated Activity Information

Activity ID: 5838
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: (INGO- former FHI/IMPACT)
Funding Source: GHAI
Planned Funds: \$ 280,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	21	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,100	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,690	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,900	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	250	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
National AIDS control program staff
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	USAID GHAI
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9417
Planned Funds:	\$ 20,423.00
Activity Narrative:	Funds requested will support 35% of a LES (Care and Treatment Specialist) including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will work in collaboration with HHS/CDC to provide technical assistance (TA) and program oversight on all activities related to design, implementation and evaluation of ARV Services for HIV infected individuals with primary focus on adherence and linkages to home and community based services. TA will be coordinated with all USG partners to maximize impact and efficiency the PEPFAR treatment program across agencies.

Continued Associated Activity Information

Activity ID:	5841
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 98,000.00

Emphasis Areas

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

Targets

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

Target Populations:

International counterpart organizations
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 USG in-country staff

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	HHS/CDC GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9418
Planned Funds:	\$ 114,629.00
Activity Narrative:	This activity is supported with both BASE and GHAI funds and is linked to HTXS CDCBASE (9857).

Funds requested between GHAI and Base (GAP) accounts will support 4 LES (3 Medical Research Scientists and 1 Program Officer) 50% of one Vietnam contractor (Medical Advisor-HCMC), and 50% of one U.S. Contractor (Medical Officer), including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance (TA) and program oversight to MOH and HCMC-PAC outpatient clinics on all activities related to design, implementation and evaluation of ARV Services for HIV infected individuals. TA will be coordinated with all USG partners to maximize impact and efficiency the PEPFAR treatment program across agencies.

Continued Associated Activity Information

Activity ID:	5828
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Vietnam
Mechanism:	Cooperative agreement
Funding Source:	GHAI
Planned Funds:	\$ 470,000.00

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

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

Target Populations:

Doctors
 Nurses
 Pharmacists
 National AIDS control program staff
 USG in-country staff
 Other MOH staff (excluding NACP staff and health care workers described below)
 Laboratory workers

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	HHS/CDC Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9857
Planned Funds:	\$ 150,371.00
Activity Narrative:	This activity is supported with both BASE and GHAI funds and is linked to HTXS CDCGHAI (9418).

Funds requested between GHAI and Base (GAP) accounts will support 4 LES (3 Medical Research Scientists and 1 Program Officer) 50% of one Vietnam contractor (Medical Advisor HCMC), and 50% of one U.S. Contractor (Medical Officer), including salary, benefits and official travel costs.

As part of the PEPFAR Care and Treatment Team, these staff will provide technical assistance (TA) and program oversight to MOH/VAAC and HCMC-PAC outpatient clinics on all activities related to design, implementation and evaluation of ARV services for HIV infected individuals. TA will be coordinated with all USG partners to maximize impact and efficiency the PEPFAR treatment program across agencies.

Continued Associated Activity Information

Activity ID: 5840
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 209,036.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

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

Target Populations:

Doctors
 Nurses
 Pharmacists
 National AIDS control program staff
 USG in-country staff
 Other MOH staff (excluding NACP staff and health care workers described below)
 Laboratory workers

Table 3.3.11: Activities by Funding Mechanism

Mechanism: PACOM/Center of Excellence
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10233
Planned Funds: \$ 39,000.00
Activity Narrative: This activity is linked to HVOP MOD (9478) and HVOP UNAIDS (9477).

The Center of Excellence in Disaster Management and Humanitarian Assistance (COE), the executing agent for US DOD's Pacific Command, will provide program oversight and coordination of activities with DOD partners and the Vietnam Ministry of Defense. Requested funds will be used to cover costs incurred by the DOD HIV Prevention and Treatment team, in provision of technical oversight, program design, implementation and evaluation of program activities, including official travel and logistical support. Funds will also cover a percentage of salaries benefits, official travel of 1 LES Program Officer.

Targets

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

Table 3.3.12: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 2,700,000.00

Program Area Context:

Program Area Setting

In support of Vietnam's National HIV/AIDS Strategy, PEPFAR provides support to both MOH/Vietnam Administration of HIV/AIDS Control (VAAC) and the Ministry of Defense (MOD) to establish laboratories of national and international standards for HIV diagnosis, surveillance, and monitoring of care and treatment. VAAC manages laboratory operations for the civilian population through two divisions: VAAC, which provides oversight to the National Institute of Hygiene and Epidemiology (NIHE) that is responsible for the HIV diagnostic network; and the Department of Therapy, which oversees the clinical laboratory network. Each network is composed of 3 regional and 64 provincial laboratories, with PEPFAR supporting HIV diagnostic laboratories in all 64 provinces and clinical provincial laboratories in the current 6 focus provinces. The MOD diagnostic and clinical laboratory network comprises 4 hospitals supported by PEPFAR and is autonomous from the civilian laboratory system. Laboratory activities in Vietnam build upon recommendations from a 2004 international laboratory consultation. Gaps identified from this consultation include the need for a lead quality assurance (QA) agency, provision of External Quality Assessment (EQA) for national, regional and provincial laboratories, improved laboratory capacity for treatment and monitoring, participation by national institutes in planning for improving laboratory systems, and guidelines to implement government laboratory policy.

Key Accomplishments

As reported in the FY06 semi-annual report, PEPFAR has supported diagnostic and clinical laboratory services in 59 VCT sites, 22 PMTCT and ART monitoring sites and 58 palliative care sites. Over the past 6 months, 3,248 PLWHAs received clinical monitoring (i.e. CD4, hematology, biochemistry, TB and syphilis). NIHE received PEPFAR support for critical laboratory activities including training in BED incidence testing; implementation of the first national EQA program for HIV diagnostic testing; development of protocols for evaluating rapid HIV test algorithms; and introduction of an HIV drug resistance threshold survey. Other accomplishments in the last year include initiating a Laboratory Information System (LIS) at two sites for specimen tracking; training the National Institute for Infectious and Tropical Diseases on diagnosis of opportunistic infections (OI); and procurement of CD4+ T-lymphocyte count equipment including training. In the past year, PEPFAR and WHO co-sponsored the first Asia Regional Conference on HIV drug resistance, which resulted in the establishment of national HIV drug resistance planning committees for 6 countries in the region.

Challenges/Opportunities

Outreach CT has been limited in Vietnam because there is no VAAC policy for using rapid tests alone for HIV diagnosis (rapid testing is approved only for use in combination with the ELISA technique and for surveillance and research purposes). Only 3 of the 12 rapid tests kits approved by VAAC have been evaluated for HIV strains prevalent in Vietnam. PEPFAR and VAAC are currently coordinating an evaluation of rapid HIV testing algorithms. When the results are available in early 2007, NIHE and partners will develop an algorithm for broader field evaluation, which will allow increased use of outreach CT. However, given the current policy constraints, PEPFAR has not allocated funds for a HIV rapid testing and training package. Other challenges for the strengthening of the national laboratory network include poor data capturing practices preventing accurate estimations of laboratory indicators. In addition, the existence of 2 separate VAAC laboratory networks for HIV diagnostic testing and clinical monitoring hinders efficient referral practices and prevents the designation of a single supervisory body responsible for managing all HIV-associated laboratory practices and standardized implementation of policies.

Key Strategy Elements

The FY07 PEPFAR laboratory strategy for Vietnam complies with the Vietnam National HIV/AIDS Strategy as well as the PEPFAR Vietnam 5-Year Strategy that emphasizes prioritization of laboratory capacity and strengthening of laboratory QA/QC to support HIV/AIDS diagnosis, monitoring and surveillance. Laboratory activities will focus on strengthening and building capacity in the clinical laboratory network while still

meeting the needs of the HIV laboratory diagnostic network. To support PEPFAR FY07 targets for prevention, care, and treatment, laboratory networks in Vietnam will expand to support HIV diagnosis and patient monitoring and increase targets to 300,000 tests including monitoring of patients on methadone. Through new cooperative agreements with NIHE, VAAC and implementing partners in the US Laboratory Consortium, PEPFAR will support the drafting of the first five-year national strategic plan for laboratories through: the development and implementation of a comprehensive needs assessment for the two laboratory networks in the 7 focus provinces; development of national standards for laboratory management, strengthening of QA measures including development of standard operating procedures (SOPs) for all laboratory operations and a phased approach for systems strengthening; implementation of the national strategy through national training with a focus on bio-safety and preventive maintenance; monitoring and evaluation of the laboratory network through EQA including procuring panels and expanded on-site supervision; and expansion of the LIS to include more laboratories and use of standardized paper-based methods to link the 2 laboratory networks. LIS will also support program M&E activities and collection of STI, OI, TB diagnosis data and other routine patient monitoring indicators. PEPFAR will support the Government of Vietnam (GVN) with commodity management strengthening, including examining the potential for the use of the Supply Chain Management System (SCMS) for procurement assistance and service contracts for equipment maintenance. To build sustainability in laboratory infrastructure and human capacity, PEPFAR will assist NIHE in the development of a training program for laboratory students, support training for national and provincial laboratory staff, and strengthen the referral network by using the diagnostic laboratory network as a model for building regional hubs for complex clinical testing. PEPFAR will support referral of 24,000 TB patients for HIV screening and confirmatory testing in 4 focus provinces. All PEPFAR laboratory activities will be integrated into this National Laboratory Strategy.

These laboratory activities are being planned and implemented in collaboration with other major laboratory partners in Vietnam, including the Global Fund, Ensemble Solidarite Therapeutique Hospitaliere En Reseau (ESTHER), Medecins du Monde (MDM) and MOD for clinical testing to monitor patients on ART; the Clinton Foundation and SCMS/Management Sciences for Health for equipment and test kit procurement and forecasting; the National Serology Reference Laboratory, Australia, the Ministry of Public Health/Thailand and the US Laboratory Consortium for national training on QA, EQA and laboratory management; NIHE for HIV drug resistance monitoring including genotypic sequencing, designation of a National Reference Laboratory for clinical testing to standardize and monitor testing procedures centrally and approval for use of DNA PCR test and dried blood spots (DBS) for infant diagnosis; Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC), a provincial coordination body, for design of a Biosafety level-three laboratory; and the Association of Public Health Laboratories (APHL), the Hanoi School of Public Health (HSPH) and VAAC for the implementation of LIS and record keeping. PEPFAR will support MOD to implement blood safety activities in 4 hospitals.

Program Area Target:

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	350,000
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10
Number of individuals trained in the provision of laboratory-related activities	351

Table 3.3.12: Activities by Funding Mechanism

Mechanism: APHL
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9499
Planned Funds: \$ 104,190.00
Activity Narrative: This activity is linked to HLAB MOH/VAAC (9505), HLAB HCMC-PAC (9503), and HLAB NIHE (9506).

In FY07, in collaboration with MOH/VAAC and the Association of Public Health Laboratories (APHL), PEPFAR will facilitate the development, dissemination and translation of the first draft of the five year national laboratory strategic plan and provide guidance on the selection of appropriate Laboratory Information System (LIS) tools and contractors to implement an LIS suited to Vietnam's needs.

PEPFAR will support APHL in the formulation of the first national five-year strategic plan for laboratories that will consists of 2 activities; a needs assessment of the diagnostic and clinical laboratory networks, and technical assistance with the development of the plan.

APHL will work with key partners such as NIHE, VAAC, Clinton Foundation, GF, and ESTHER, to conduct a gap analysis of the clinical laboratory network. This will include recommendations for overall strengthening of the clinical laboratory network in Vietnam, current and future laboratory needs in terms of physical infrastructure, equipment, staffing, types and number of tests performed, and human resources capacity development.

APHL, through PEPFAR support, will bring together government and private-sector experts to provide technical assistance with the development of the strategic plan and ensure that the plan complies with the National Strategy on HIV/AIDS Prevention and Control which clearly states that Vietnam will establish laboratories of national and international standards.

In FY06, APHL was the prime partner for all LIS activities. In FY07, PEPFAR will focus on building additional capacity within VAAC. Technical assistance will still be required from APHL for gathering IT requirements as well as selection of an appropriate LIS solution and contractor to implement the solution. APHL's familiarity with Vietnam's LIS needs as well as its expertise in the LIS arena will be of great value to PEPFAR and VAAC in ensuring the success of LIS activities. APHL will also assist with a post-implementation review to assess success and acceptance of a solution and identify further needs.

Continued Associated Activity Information

Activity ID: 5711
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Association of Public Health Laboratories
Mechanism: (Lab Info Management System)
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories provided with technical assistance for strengthening quality of testing and result reporting for HIV diagnosis and/or disease monitoring.		<input checked="" 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"/>
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 laboratory-related activities		<input checked="" type="checkbox"/>

Target Populations:

Country coordinating mechanisms
 International counterpart organizations
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 Policy makers
 Host country government workers
 Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: HHS/CDC GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency:
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9500
Planned Funds: \$ 396,574.00
Activity Narrative: This activity is linked to activities in HLAB USLABCO (9719), HLAB NIHE (9506), and HLAB APHL (9499).

This activity is supported with both BASE and GHAI funds and is related to HLAB CDCBASE (9860).

Funds requested between GHAI and Base (GAP) accounts will support one new LES (Lab Assistant), 50% of VNPSC (Medical Advisor-HCMC), 50% of 1 ASPH fellow and 2 full-time USPSCs (Senior Laboratory Scientist and Laboratory Information Specialist).

These staff will provide technical assistance (TA) and program oversight for prevention, care and treatment programs in PEPFAR-supported laboratory networks.

Funds will support TA from the laboratory technical working group, HHS/CDC Atlanta to laboratory partners in Vietnam including MOH agencies including VAAC, the National Institute of Hygiene and Epidemiology (NIHE), the National Institute of Infectious and Tropical Diseases (NIITD), and the Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC). TA will consist of guidance on design, implementation and evaluation of laboratory programs, including the development of national standards for reference and provincial laboratories, development of training guidelines and training curricula, training of laboratory staff, and development of quality assurance (QA) systems strengthening for laboratories.

Additional \$100,000 of plus-up funds will be used to support the ongoing South-South relationship with the regional CDC lab in Bangkok to provide technical assistance for CD4 EQA, OI diagnostic training, EQA serology, HIV DR and other technical laboratory support as needed. These funds were previously supported by the CDC GAP regional office, but now will be provided through Vietnam funds.

Continued Associated Activity Information

Activity ID: 5711
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Association of Public Health Laboratories
Mechanism: (Lab Info Management System)
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas

Human Resources

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of laboratories provided with technical assistance for strengthening quality of testing and result reporting for HIV diagnosis and/or disease monitoring.

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

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of laboratory-related activities

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	AFRIMS
Prime Partner:	Armed Forces Research Institute of Medical Sciences
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9502
Planned Funds:	\$ 463,500.00
Activity Narrative:	This activity is linked to other activities in HVCT MOD (9510), HMBL COE (9496), HTXS AFRIMS (9393), and HVCT MOD (9510).

In FY07, PEPFAR will continue to collaborate with Vietnam Ministry of Defense (MOD) to improve comprehensive HIV laboratory capacity within the MOD health care delivery system. Activities will target human and infrastructural capacity building at 8 sites: 3 existing MOD sites in Hanoi and Ho Chi Minh City (HCMC) and 5 new sites in Can Tho and Danang regions. Specific activities will include training of trainers and laboratory personnel, supervision of laboratory services, infrastructure support, and logistical support.

To improve human capacity for HIV testing, PEPFAR will train 3 trainers in comprehensive HIV laboratory services (including diagnostic testing, CD4/CD8, viral load, hematology, and quality assurance/quality control). These trainers, in turn, will train 75 MOD personnel from 8 sites in HIV diagnostic testing. Personnel from 3 of these 8 sites will also receive supplemental training in CD4/lymphocyte testing.

Following the training of laboratory personnel, PEPFAR will ensure the regular supervision of laboratory services at all 8 MOD sites to verify that trained personnel are implementing the correct procedures for HIV testing and systematically referring clients to care and treatment services at nearby military medical facilities supported by PEPFAR. Supervisory site visits will be jointly coordinated by AFRIMS and COE.

To increase the number of sites providing full HIV diagnostic services within the MOD network, PEPFAR will equip 2 of the 8 targeted sites – Military Hospital 175 in HCMC and Military Hospital 121 in Can Tho – with CD4 machines. Finally, to ensure the safe transport and timely delivery of samples and specimens between MOD facilities, PEPFAR will support the development and implementation of a network-wide shipment and results reporting system.

Continued Associated Activity Information

Activity ID:	5713
USG Agency:	Department of Defense
Prime Partner:	Armed Forces Research Institute of Medical Sciences
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 335,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target

Number of laboratories provided with technical assistance for strengthening quality of testing and result reporting for HIV diagnosis and/or disease monitoring.

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

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of laboratory-related activities

Target Value

Not Applicable

3

78

Target Populations:

Doctors

National AIDS control program staff

Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: HCMC PAC Cooperative agreement
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9503
Planned Funds: \$ 199,830.00
Activity Narrative: This activity is linked to HBHC HCMC-PAC (9546), HLAB MOH/VAAC (9505), HLAB HSPH (9504), HLAB APHL (9499), HVSI HCMC-PAC (9243), and HVCT HCMC-PAC (9509).

PEPFAR funds will continue to support HCMC-PAC to build capacity and improve sustainability of the laboratory infrastructure for diagnostic and clinical laboratories in HCMC. Activities planned include provision of technical assistance (TA) for the design of a biosafety level-three (BSL3) laboratory in HCMC, procurement of equipment for clinical laboratories, expansion of the Laboratory Information Systems (LIS) to 1 additional site and standardization of tools for laboratory data management.

PEPFAR will provide TA to HCMC-PAC in the design of a BSL3 facility for food, water and blood borne pathogens testing, including HIV. Funding for construction of the laboratory on a 1.8 hectare plot has been received from a non-PEPFAR source. In FY07 2 technical advisors from HHS/CDC Atlanta will travel to Vietnam for 2 weeks each to provide TA with the design of the facility.

PEPFAR will provide support to HCMC-PAC for procurement of laboratory equipment including 3 hematology and biochemistry analyzers to monitor patients on ARV therapy in 3 laboratories in 3 of the 7 focus provinces; HCMC, An Giang and Can Tho.

To enable laboratories to provide accurate results and manage their information effectively, in FY06 PEPFAR supported the implementation of a pilot laboratory information system (LIS) at the District 4 Health Center in HCMC. In FY07, PEPFAR will support HCMC-PAC to expand LIS activities at the current pilot site and introduce LIS software to one additional site while providing guidance on the selection of a contractor for customization and implementation of the selected LIS solution for the additional site. HCMC-PAC will be responsible for ensuring linkage between the LIS and patient monitoring systems in HCMC as well as training new sites in the LIS solution. PEPFAR will also provide support to HCMC-PAC for introduction of bar coding and labeling technology in 15 laboratories in HCMC that do not yet have a LIS but are in need of standardized specimen management. For care-providers to access the data they need for routine HIV patient care and monitoring as well to support routine monitoring and reporting of national laboratory indicators, PEPFAR will provide assistance to HCMC-PAC in the strengthening of paper-based systems in laboratories in HCMC. This activity will include training for 25 staff at points of entry into care such as CT, STI and TB. All data management activities will be supervised by an LIS project officer hired by HCMC-PAC who will also coordinate training with the LIS Project Manager in MOH/VAAC. The LIS Project Officer will participate in consensus building and data harmonization workshops to ensure standardization of data being collected and sharing of information between patient monitoring information systems and LIS.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target

Number of laboratories provided with technical assistance for strengthening quality of testing and result reporting for HIV diagnosis and/or disease monitoring.

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

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of laboratory-related activities

Target Value

Not Applicable

3

25

Target Populations:

Laboratory workers

Other Health Care Worker

Coverage Areas

An Giang

Can Tho

Ho Chi Minh City

Table 3.3.12: Activities by Funding Mechanism

Mechanism: HSPH Cooperative agreement
Prime Partner: Hanoi School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9504
Planned Funds: \$ 39,000.00
Activity Narrative: This activity is linked to HVSI HSPH (9242), HLAB MOH/VAAC (9505), HLAB HCMC-PAC (9503), and HLAB APHL (9499).

PEPFAR will continue partnering with the Hanoi School of Public Health (HSPH) in FY07 to build sustainability for data management activities in units within the MOH/VAAC that will have the capacity to implement similar activities on a national scale in the future. While PEPFAR has partnered with HSPH in FY06 for development of patient information systems, this is the first time PEPFAR will work with HSPH for assistance in laboratory data management. HSPH will receive support from PEPFAR to procure appropriate technology for standardizing recordkeeping in laboratories in the 7 PEPFAR focus provinces that do not have an electronic Laboratory Information System (LIS) and provide training on these tools to 14 laboratory staff.

HSPH has experience in providing basic computer training as well as facilities that can support training for large groups. In addition, their staff has an in-depth knowledge and experience of the types of information technology tools required to support public health and clinical activities. PEPFAR, together with the Association of Public Health Laboratories (APHL), will provide guidance to HSPH on the procurement of tools to support the needs of the laboratories. HSPH will collaborate with VAAC to conduct trainings on these tools in focus provinces. The training will focus on capacity building including basic computer use, as well as standard international technologies such as bar coding and label printing for laboratory staff in primary health facilities and secondary and tertiary-level referral facilities.

An LIS training officer will be hired by HSPH to coordinate procurement activities with vendors and develop training material in collaboration with VAAC and PEPFAR as well as monitor the quality of training. These trainings will be coordinated as appropriate with patient monitoring systems training provided by the PEPFAR Strategic Information team.

Continued Associated Activity Information

Activity ID: 5711
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Association of Public Health Laboratories
Mechanism: (Lab Info Management System)
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target

Number of laboratories provided with technical assistance for strengthening quality of testing and result reporting for HIV diagnosis and/or disease monitoring.

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

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of laboratory-related activities

Target Value

Not Applicable

14

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)

Public health care workers

Laboratory workers

Coverage Areas

Quang Ninh

An Giang

Can Tho

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner:	Ministry of Health, Vietnam
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9505
Planned Funds:	\$ 493,928.00
Activity Narrative:	This activity is linked to HVCT FHI (9508), HVCT MOH/VAAC (9511), HTXS MOH (9398), HLAB HCMC-PAC (9503), HLAB HSPH (9504), HLAB APHL (9499), HLAB USLabco (9719), and HVSI MOH/VAAC (9376).

In FY07, through a new cooperative agreement, PEPFAR will support MOH/VAAC in capacity building and sustainability of the diagnostic and clinical laboratory networks. The activities will focus on procurement of equipment including training and service contracts, practical training for laboratory students and staff and strengthening laboratory data management. All PEPFAR laboratory activities will be integrated into the national laboratory strategy.

PEPFAR will support VAAC efforts to strengthen procurement mechanisms for laboratory equipment, reagents and development of service contracts for both diagnostic and clinical laboratory networks. Guidance will be provided on vendor selection, central procurement, central storage of reagents and kits, establishment of distribution chains, and procurement forecasting. These procurements and services will support the HIV diagnostic National Reference Laboratory at National Institute of Hygiene and Epidemiology (NIHE) and provide equipment such as ELISA systems to prioritized diagnostic laboratories nationally. In the absence of a reference laboratory for the clinical laboratory network, VAAC will receive support from PEPFAR to collaborate with the Department of Therapy to manage the distribution of External Quality Assessment panels for clinical laboratories in each of the 7 focus provinces which will be a part of monitoring and evaluation activities for clinical laboratories. PEPFAR will also assist VAAC with the procurement of 3 hematology and biochemistry analyzers and 1 CD4+ T lymphocyte count machine including essential testing accessories and equipment training for clinical laboratories. This support will develop increased capacity for forecasting for reagents and equipment. Funds have been provided for VAAC to hire 1 local staff to assist with training and procurement activities.

In keeping with the practice of building sustainability in host countries, PEPFAR will support training for 5 students enrolled in laboratory technician/medical technology courses to acquire hands-on training at national and regional laboratories for HIV diagnosis and disease monitoring. PEPFAR will also support VAAC to facilitate a national training program for detection of opportunistic infections.

To enable laboratories to provide accurate results and manage their information effectively, in FY06 PEPFAR supported the implementation of a pilot laboratory information system (LIS) at the National Institute of Infectious and Tropical Diseases Hospital in Hanoi. In FY07, PEPFAR will support VAAC to expand LIS activities at the current pilot site and introduce LIS software to 1-2 additional sites while providing guidance on the selection of a contractor for customization and implementation of the selected LIS solution. VAAC will be responsible for ensuring linkage between the LIS and patient monitoring systems. PEPFAR will also provide support to VAAC for introduction of bar coding and labeling technology in laboratories nationally that do not yet have a LIS but are in need of standardized specimen management. For care providers to access the data they need for routine HIV patient care and monitoring as well as to support routine monitoring and reporting of national laboratory indicators, PEPFAR will provide assistance to VAAC in the strengthening of paper-based systems in laboratories nationally. This activity will include training for staff at points of entry into care such as VCT, STI and TB. All data management activities will be supervised by a LIS project manager hired by VAAC who will also coordinate training with the LIS Project Officer in HCMC-PAC.

Emphasis Areas**% Of Effort**

Commodity Procurement	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of laboratories provided with technical assistance for strengthening quality of testing and result reporting for HIV diagnosis and/or disease monitoring.



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



Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

7



Number of individuals trained in the provision of laboratory-related activities

30

**Target Populations:**

Laboratory workers

Other Health Care Worker

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: NIHE Cooperative agreement
Prime Partner: National Institute for Hygiene and Epidemiology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9506
Planned Funds: \$ 819,474.00

Activity Narrative: This activity is linked to HVCT FHI (9508), HVCT MOH/VAAC (9511), MTCT MOH (9384), HVSI NIHE (9244), and HLAB MOH/VAAC (9505).

PEPFAR will continue to fund the National Institute of Hygiene and Epidemiology (NIHE) for diverse ongoing activities related to strengthening laboratory infrastructure including: the development of an algorithm for use of rapid test kits for HIV diagnosis in controlled and field settings, monitoring of HIV drug resistance in Haiphong and Hanoi, expansion of infant diagnosis for HIV to 2 additional northern provinces, training of laboratory technicians in Quality Assurance (QA), provision of service contracts and hiring 2 temporary contractual staff to oversee the national EQA program in the diagnostic laboratory network.

Algorithm for HIV Diagnosis: In FY07 PEPFAR will support NIHE to use results from the FY06 rapid test assessment and to field test the proposed algorithm in both controlled and field environments in a total of 4 high and low HIV prevalence settings. Results of the analysis and recommendations for rapid testing algorithms will be used to advocate for MOH/VAAC approval of rapid testing for HIV diagnosis in Vietnam.

Patient monitoring for drug resistance: In FY07 NIHE will receive PEPFAR support for monitoring drug resistance in ARV patients in PEPFAR-supported outpatient clinics (OPC) in HCMC, which is a high-prevalence region. This activity is a part of enhanced patient monitoring and will be coordinated with the PEPFAR Strategic Information team in Vietnam and the HIV drug resistance unit at WHO Geneva. NIHE will sequence and analyze the specimens at the diagnostic National Reference Laboratory at Hanoi.

Infant Diagnosis: With PMTCT being a major component of PEPFAR activities, approval is being sought from VAAC to use Roche Amplicor DNA PCR 1.5 as an HIV diagnostic test for infants which will allow diagnosis and appropriate treatment and care at an early stage. In anticipation of this approval, NIHE has been designated as the prime partner for this activity. HHS/CDC Atlanta will support training for the test and provide external quality assessment and quality control panels to ensure ongoing validity of the test results. PEPFAR will support diagnosis in 344 infants at NIHE. NIHE will be responsible for continuation of this activity in Hanoi, Quang Ninh and Haiphong provinces and expand to Lan Son and Thai Nguyen provinces in FY07.

Training: In FY06 PEPFAR supported NIHE to conduct training for laboratory technicians in 20 provinces in northern Vietnam in QA with special emphasis on preventive maintenance of laboratory equipment. In FY07 PEPFAR will fund NIHE to provide similar training to 70 laboratory technicians in 35 southern and central provinces. This training will include demonstrations of preventive maintenance on laboratory equipment by different vendors.

Service Contracts: PEPFAR will provide funds to NIHE for service contracts for biosafety hoods and pipettes for the diagnostic laboratory network.

EQA program: NIHE will receive PEPFAR support for contracting 2 laboratory technicians to provide oversight for the national External Quality Assessment (EQA) program at 101 HIV diagnostic laboratories through site visits and data analyses.

Human resources: PEPFAR will fund 2 laboratory technicians to support all the activities funded in FY07.

Significant cost savings have been realized from drop in ARV drug prices due to the availability of fixed dose combinations and decrease in price of second line drugs.

Funds will support capacity building of the HIV National Reference Laboratory (NRL) at the National Institute of Hygiene and Epidemiology (NIHE) in Hanoi. Funds will be allocated towards: 1) Technical assistance, alteration and renovation of the national reference lab for HIV in Hanoi 2) Capacity building, technical assistance quality assurance and external quality assurance for the existing HIV RNA activities; 3) Expansion of monitoring for HIV drug resistance as per the WHO resistance monitoring protocol in 2 additional treatment sites to support resistance surveillance in 4 sites in total.

Continued Associated Activity Information

Activity ID: 5709
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Institute for Hygiene and Epidemiology
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 220,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories provided with technical assistance for strengthening quality of testing and result reporting for HIV diagnosis and/or disease monitoring.	100	<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"/>
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 laboratory-related activities	70	<input type="checkbox"/>

Target Populations:

Public health care workers
 Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: US Lab Consortium
Prime Partner: International Laboratory Branch Consortium Partners
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9719
Planned Funds: \$ 60,078.00
Activity Narrative: This activity is linked to HLAB MOH/VAAC (9505), HLAB HCMC-PAC (9503), HLAB NIHE (9506), and HLAB APHL (9499).

PEPFAR will fund an implementing partner in the US Laboratory Consortium to develop standard operating procedures (SOPs) for testing, biosafety and data management within Vietnam’s clinical and diagnostic laboratory networks. This partner will also facilitate training to implement SOPs and ensure quality of training at national, regional and provincial levels. PEPFAR will collaborate with the GF and World Bank to organize training for clinical and diagnostic laboratory staff in all regions of Vietnam in the development of SOPs and strengthening of quality assurance (QA).

Issues in QA practices in the diagnostic laboratory network were highlighted through a preliminary needs assessment in April 2006. Results of the needs assessment were discussed with end-users in a training workshop conducted with support from PEPFAR. The National Reference Laboratory for HIV diagnosis at the National Institute of Hygiene and Epidemiology (NIHE) and international experts from Australia (National Serological Reference Laboratory) and Thailand (CDC and Ministry of Public Health) conducted training workshops for all MOH/VAAC-supported diagnostic laboratories in 64 provinces to disseminate results of External Quality Assessment (EQA) and strengthen QA practices. Recommendations from the meeting were to enhance training for preventive maintenance on equipment, to improve QA within the laboratory network through provision of thermometers and balances for centrifuges, to provide support for writing SOPs in laboratories, to conduct regional/national meetings for laboratory staff, to enhance communication from VAAC about approved test kits, and to improve data management tools to generate reports and track output through Laboratory Information system (LIS). These recommendations will be used by implementing partners in the US Laboratory Consortium to design a locally adaptable SOP for the diagnostic laboratory network.

Designing and implementing SOPs for QA within the clinical laboratory network is a challenge because of the lack of a designated National Reference Laboratory for clinical laboratories which impedes the development and implementation of QA practices and EQAs. USG will fund another implementing partner to design and implement a needs assessment for the clinical laboratory network (Refer to partner APHL in US Laboratory Consortium) and will also work directly and closely with VAAC to establish a National Reference Laboratory for the clinical network.

The implementing partner will work with partners including World Bank and GF to facilitate trainings for 114 diagnostic and clinical laboratory personnel on how to write SOPs. Participants will be from 64 laboratories for the diagnostic laboratory network and from the 7 focus provinces for the clinical laboratory network.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories provided with technical assistance for strengthening quality of testing and result reporting for HIV diagnosis and/or disease monitoring.		<input checked="" 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"/>
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 laboratory-related activities	114	<input type="checkbox"/>

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	HHS/CDC Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9860
Planned Funds:	\$ 123,426.00
Activity Narrative:	This activity is linked to HLAB USLABCO (9719), HLAB NIHE (9506), and HLAB APHL (9499).
	This activity is supported with both BASE and GHAI funds and is related to HLAB CDCGHAI (9500).
	Funds requested between GHAI and Base (GAP) accounts will support one new LES (Lab Assistant), 50% of VNPS (Medical Advisor-HCMC), 50% of one ASPH fellow and two full-time USPSCs (Senior Laboratory Scientist and Laboratory Information Specialist).
	These staff will provide technical assistance (TA) and program oversight for prevention, care and treatment programs in PEPFAR-supported laboratory networks.
	Funds will support TA from the laboratory technical working group, HHS/CDC Atlanta to laboratory partners in Vietnam including MOH agencies including VAAC, the National Institute of Hygiene and Epidemiology (NIHE), the National Institute of Infectious and Tropical Diseases (NIITD), and the Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC). TA will consist of guidance on design, implementation and evaluation of laboratory programs, including the development of national standards for reference and provincial laboratories, development of training guidelines and training curricula, training of laboratory staff, and development of quality assurance (QA) systems strengthening for laboratories.

Continued Associated Activity Information

Activity ID: 5712
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 420,688.00

Targets

Target	Target Value	Not Applicable
Number of laboratories provided with technical assistance for strengthening quality of testing and result reporting for HIV diagnosis and/or disease monitoring.		<input checked="" 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"/>
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 laboratory-related activities		<input checked="" type="checkbox"/>

Table 3.3.13: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 4,385,910.00

Program Area Context:

Program Area Setting

The HIV/AIDS public health sector in Vietnam is beginning to develop infrastructure for supporting strategic information (SI). Although uptake on information technology and data use is high in the private sector, many government agencies are lagging behind. There is a unique opportunity to assist the Government of Vietnam (GVN) in developing a technical workforce and to create private/public partnerships to facilitate SI for HIV/AIDS activities. Such advancements will require collaboration among major donors while GVN develops the capacity to lead this process. National technical working groups (TWGs) will coordinate these activities.

Key accomplishments

The 3-member interagency PEPFAR SI Team was formed in FY05. The team partners with GVN, international donor organizations, and implementing NGOs to provide technical assistance (TA) for SI-related HIV/AIDS activities. The MOH/Vietnam Administration for HIV/AIDS Control (VAAC) was created in August 2005 and has primary responsibility for HIV/AIDS activities.

Through FY06, the SI Team has continued to support and develop the capacity of its historical GVN partners while planning for the development of capacity within VAAC to provide programmatic oversight and act as the steward of national HIV/AIDS SI activities. To date, rapid scale-up of services has been successful, but SI systems have been limited to paper-based formats without standardization. National monitoring and evaluation (M&E) working groups were formed and have collaborated closely with partner TWGs to help develop national HIV care and treatment guidelines, M&E core indicators, and a national ART patient care form. PEPFAR provided National Institute of Hygiene and Epidemiology (NIHE) with TA to support a sustained national sero-surveillance system focusing on most at-risk populations (MARP). MARP and general population surveillance and surveys were supported and these data are guiding FY07 planning.

Opportunities/Challenges

The greatest barriers to GVN SI activities are: human resource capacity within the PEPFAR team as well as GVN and partners; skill levels of existing staff; coordination of activities of national and international partners; and the infrastructure to support information exchange. Advantages in Vietnam include: uptake in technology, nationalization of government services, commitment of GVN and partners in the fight against HIV/AIDS, and a close partnership between PEPFAR, GVN, other international donors and the UN through the national TWGs. Since the HIV epidemic in Vietnam is driven by injecting drug users (IDU) and commercial sex workers (CSW), prevention and care and thus SI activities must be focused on innovative ways of working with these hard-to-reach populations.

Key Strategy Elements

In FY07, the PEPFAR SI strategy will focus on providing SI support to all levels of programming (national, provincial, and provider) in line with the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam 5-Year Strategy (see uploaded document "Map of VN SI COP Activities"). This SI strategy also continues to support the complement of activities to move Vietnam toward the "Third One – one coordinated country level monitoring and evaluation system." Activities for FY07 will focus on the implementation of the Vietnam National M&E Framework; consensus building; data harmonization and standards development; routine information systems; and capacity for data use. National SI pre-service and in-service training, including sustainable degree or certificate programs will be supported. Surveillance will focus on MARPs, including behavioral data and size estimation while capitalizing on strategies for reaching hard to reach populations. Capacity development including IT and communications infrastructure and most importantly the development of a highly trained and organized public and GVN HIV/AIDS public health community will be a key strategy. All of these activities combine to help implement HIV/AIDS programs where data are used for continuous program monitoring, management and improvement.

Hiring of locally employed staff (LES) to increase the human capacity needed to achieve the goal of completing the activities planned is also a priority. Additionally, the Vietnam PEPFAR Coordinator's Office will help to guide the SI team's activities by facilitating an internal structure for ongoing communication and interaction across all program areas during all stages of planning, development, and implementation of PEPFAR activities. The team will provide oversight of PEPFAR activity information and technical support across all program areas. The team will be responsible for strengthening a PEPFAR program management and M&E reporting system.

Surveys and surveillance activities are planned based on the Vietnam epidemic. The AIDS Indicator Survey (AIS) was completed this year and the Integrated Biological and Behavioral Surveillance (IBBS) activity is finishing. AIS will not be repeated because it is a general population household survey and the data are of limited use. A survey focused on identifying clients of CSW will be conducted to assess possible linkages between MARPs and the general population. Since VAAC is establishing Provincial HIV/AIDS Centers (PACs) in most provinces and other HIV services are expanding rapidly, a facility survey is not being considered at this time because of the limited shelf life of such a survey. Antenatal clinic (ANC) surveillance is one component of the sentinel surveillance (SS) activities in Vietnam. Populations for sentinel surveillance include pregnant women, IDUs, CSWs, men who have sex with men (MSM), military recruits, and STI and TB patients. Additionally, PEPFAR will expand drug resistance surveillance. All surveillance activities will focus on developing sustainable capacity for surveillance within NIHE.

PEPFAR support for routine information systems will provide data critical for service delivery, program management, and M&E. A national M&E system will also be a priority with national standards for data collection and interchange ensuring compatibility. National standards TWGs will steer systems development for all program areas. Each PEPFAR program activity will have an M&E component. The goal will be that both PEPFAR and implementing partners will have important program monitoring information available on a routine basis to inform program managers about progress and allow them to make mid-course program planning decisions based on sound data. Programs such as interventions for IDUs in Vietnam are unique to the Vietnamese situation and will require additional data to make decisions on future program direction or to justify monies spent. PEPFAR will continue to evaluate supported activities related to government centers for rehabilitating drug users (O6 centers). These evaluation activities are critical for the scale-up of PEPFAR-supported prevention, care and treatment services for IDUs resident in O6 centers and reintegrating into the community. This evaluation activity will be submitted as a potential public health evaluation (PHE).

Finally, FY07 activities will support human capacity development for GVN provincial and service facilities through temporary contracts while support for a sustainable staffing plan is provided by the PEPFAR management team and other programs; TA for strategic information activities in 35 national, regional, and provincial organizations; and SI training for 200 individuals. International implementing partners will be an important resource for immediate implementation of priority activities, but pre-service and in-service training, workforce development plans, and pay scales reflective of GVN norms will be developed to transition implementation and technical oversight of these activities to the Vietnam public health workforce for sustainability.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	70
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	530

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HSPH Cooperative agreement
Prime Partner: Hanoi School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9242
Planned Funds: \$ 432,000.00

Activity Narrative: This activity is linked to MTCT MOH/VAAC (9384), HVCT MOH/VAAC (9511), HTXS MOH/VAAC (9398), HLAB APHL (9499), and HLAB MOH/VAAC(9505).

Hanoi School of Public Health (HSPH) is currently the GVN partner with the greatest capacity for training and support in M&E, HIV/AIDS information systems development and support, and data analysis and use including data disaggregated by sex. HSPH has drafted a memorandum of understanding (MOU) with the MOH/VAAC to provide these services to VAAC, NIHE, the 4 VAAC regional M&E centers, and at the provider level throughout Vietnam. HSPH has a PEPFAR-supported training room with 48 networked computers and state-of-the-art presentation equipment.

HSPH has developed a curriculum in conjunction with VAAC to transfer knowledge specific to HIV/AIDS public health activities to HSPH students. FY07 funding will support the expansion of the HSPH curriculum to include HIV/AIDS SI-related trainings for 24 individuals to develop an SI public health workforce.

Ongoing activities include implementation of CAREWare, a HHS/Health Resources and Services Administration (HHS/HRSA) electronic patient monitoring system for HIV/AIDS care and treatment, laboratory external quality assurance (EQA) software, and Laboratory Information Systems (LIS) for Vietnam and development of relevant training materials for implementation. HSPH will also provide direct TA to VAAC for counseling and testing (CT) and M&E information systems. When a counterpart university is identified in HCMC, HSPH will assist HCMC-PAC in developing that university's capacity to provide similar support for HCMC.

Finally, PEPFAR will support HSPH to develop in-service and pre-service training curriculum on data use, M&E, systems development, and surveillance methodology for HIV/AIDS programs. These trainings will be available to Masters of Public Health, Bachelors of Public Health, and HSPH In-Service training program students. PEPFAR will support HSPH to train 200 individuals in SI and provide SI TA to 8 organizations.

After discussing this activity with the partner it was apparent that the funding level was insufficient based on their costing. After consulting with the National M&E Technical working group the PEPFAR Team identified Hanoi School of Public Health as an appropriate and willing partner for conducting this activity in Vietnam with technical support from the PEPFAR Team and their Agency HQ technical staff.

Narrative from Tulane: PEPFAR will support Tulane University in FY2007 to partner with the University of Social Science and Humanity-Ho Chi Minh City (USSH HCMC) to conduct a survey on general population HIV/AIDS risk behaviors, attitudes and beliefs with a component focused on additional data collected on people identifying as clients of CSW.

With FY05 funds, PEPFAR supported an AIDS indicator survey to collect information on knowledge, sexual behavior, and attitudes about HIV/AIDS among the general population. The SI 5-Year Strategic Plan included a repeat of the survey to detect changes in trends over time. However, the AIDS indicator survey results recently obtained indicated almost no risky sexual behaviors among men and women aged 15-49, while other data exists in Vietnam that indicate otherwise. Rather than continue with household-based general population surveys, PEPFAR in FY2007 will collect more pertinent information on linkages between the general population and MARPs. To obtain relevant information for program planning and policy development, a survey will be conducted in FY2007 to identify risky behaviors in a general population sample with a focus on identified clients of CSW. The proposed survey will apply methodologies proven effective for collecting sensitive sexual behavioral information in the cultural context of Vietnam and will be carried out in PEPFAR focus provinces, where an integrated biologic and behavioral surveillance (IBBS) among MARPs will also be conducted.

Tulane will partner with either an international or local NGO or research institute to conduct the survey. A general questionnaire will be designed to collect individual characteristics, knowledge of respondents, and their behaviors related to HIV. An extended questionnaire will be used to focus on specific risk behaviors for those who engaged in premarital sex, extramarital sex, or sex with CSW. Data from IBBS and the general population surveys will be analyzed to obtain a more comprehensive and complete

picture of the knowledge and behaviors among the general population and MARPs in the 7 focus provinces. Tulane will provide SI TA to 2 organizations and training in SI for 10 implementing staff.

This activity is reprogrammed to HSPH. After discussing this activity with the partner it was apparent that the funding level was insufficient based on their costing. After consulting with the National M%E Technical working group the PEPFAR Team identified Hanoi School of Public Health as an appropriate and willing partner for conducting this activity in Vietnam with technical support from the PEPFAR Team and their Agency HQ technical staff.

This activity is linked to HVSI MOH/VAAC (9376) and HVSI NIHE (9244).

PEPFAR will support Tulane University in FY2007 to partner with the University of Social Science and Humanity-Ho Chi Minh City (USSH HCMC) to conduct a survey on general population HIV/AIDS risk behaviors, attitudes and beliefs with a component focused on additional data collected on people identifying as clients of CSW.

With FY05 funds, PEPFAR supported an AIDS indicator survey to collect information on knowledge, sexual behavior, and attitudes about HIV/AIDS among the general population. The SI 5-Year Strategic Plan included a repeat of the survey to detect changes in trends over time. However, the AIDS indicator survey results recently obtained indicated almost no risky sexual behaviors among men and women aged 15-49, while other data exists in Vietnam that indicate otherwise. Rather than continue with household-based general population surveys, PEPFAR in FY2007 will collect more pertinent information on linkages between the general population and MARPs. To obtain relevant information for program planning and policy development, a survey will be conducted in FY2007 to identify risky behaviors in a general population sample with a focus on identified clients of CSW. The proposed survey will apply methodologies proven effective for collecting sensitive sexual behavioral information in the cultural context of Vietnam and will be carried out in PEPFAR focus provinces, where an integrated biologic and behavioral surveillance (IBBS) among MARPs will also be conducted.

Tulane will partner with either an international or local NGO or research institute to conduct the survey. A general questionnaire will be designed to collect individual characteristics, knowledge of respondents, and their behaviors related to HIV. An extended questionnaire will be used to focus on specific risk behaviors for those who engaged in premarital sex, extramarital sex, or sex with CSW. Data from IBBS and the general population surveys will be analyzed to obtain a more comprehensive and complete picture of the knowledge and behaviors among the general population and MARPs in the 7 focus provinces. Tulane will provide SI TA to 2 organizations and training in SI for 10 implementing staff.

Continued Associated Activity Information

Activity ID: 5693
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Hanoi School of Public Health
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	10	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	210	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
Traditional birth attendants
National AIDS control program staff
Policy makers
Teachers
Children and youth (non-OVC)
University students
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	HCMC PAC Cooperative agreement
Prime Partner:	Ho Chi Minh City Provincial AIDS Committee
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9243
Planned Funds:	\$ 530,000.00
Activity Narrative:	This activity is linked to HBHC HCMC-PAC(9533), HVTB HCMC-PAC(9569), HVCT HCMC-PAC(9509), HTXS HCMC-PAC(9409), and HLAB HCMC-PAC (9503).

HCMC Provincial AIDS Committee (HCMC-PAC), a provincial coordination body, provides oversight to all HIV/AIDS activities in HCMC. As HCMC-PAC implements and oversees GVN and PEPFAR-supported prevention, care and treatment services in HCMC, it will be necessary to establish a provincial M&E framework with a strategic plan for collecting, analyzing and using program data. In FY07, HCMC-PAC will work within HCMC to localize the national M&E framework and engage in activities related to advocacy, coordination, systems assessment, data harmonization, building physical and staffing capacity, and systems development, support and maintenance. Capacity for data use, analysis, routine data supervision and M&E will be developed within HCMC-PAC.

HCMC-PAC will also build SI capacity through routine information systems (IS) development, data management and supervision, and M&E supporting HCMC-PAC-managed programs funded by MOH/VAAC, PEPFAR, GF, the World Bank, the Department for International Development (DFID), and other international donors. M&E training, including data management and analysis training, will be necessary at HCMC-PAC and at the provider level. HCMC-PAC will partner with local universities to incorporate SI-related certificate based training into their curriculum. These academic partners will provide a combination of pre-service and in-service training solutions.

Improved information systems, whether exclusively paper-based or a combination of paper-based and electronic, are also critical for successful implementation and maintenance of quality HIV/AIDS prevention, care, and treatment programs. Information systems are vital for client management, client monitoring, and program management from the service center to the national level. The planning, development, implementation and maintenance of these routine information systems require leadership, collaboration, resources, technical expertise and most importantly a strong plan. HCMC-PAC will contract local software development companies to develop solutions for HCMC that adhere to national standards and guidelines. HCMC-PAC will also develop their staff to provide oversight to these partners and to participate on national M&E and IS TWGs, including the CAREWare pilot implementation in Hanoi.

PEPFAR will also support HCMC-PAC to develop the computer network infrastructure of the HCMC-PAC office as well as their training partners University Training Center for Health Care Professionals–HCMC (UTCHCP HCMC) and the School of Public Health in the University of Medicine and Pharmacy in HCMC. This will include both the development of secure networks and server rooms for the storage of HIV/AIDS program data and the establishment of networked computer training rooms for conducting trainings describe above.

Finally, HCMC-PAC will subcontract with UTCHCP HCMC to conduct enhanced patient monitoring activities in selected clinic supported by PEPFAR in HCMC. The training center will be responsible for the abstraction, entry and analysis of data from either electronic or paper-based patient medical records as described in the enhanced patient monitoring activities under the HVSI FHI (9370). All of these activities will provide SI training to 64 individuals and TA to 12 GVN and service providing organizations.

Continued Associated Activity Information

Activity ID: 5692
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	12	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	64	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Country coordinating mechanisms
 Faith-based organizations
 Doctors
 Nurses
 Pharmacists
 International counterpart organizations
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 Policy makers
 Teachers
 Children and youth (non-OVC)
 University students
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 Laboratory workers
 Other Health Care Worker
 Private health care workers
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	NIHE Cooperative agreement
Prime Partner:	National Institute for Hygiene and Epidemiology
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9244
Planned Funds:	\$ 460,000.00
Activity Narrative:	This activity is linked to HLAB HCMC-PAC (9503), HLAB HSPH (9504), HLAB MOH/VAAC (9505), and HLAB APHL (9499).

NIHE heads Vietnam's HIV/AIDS surveillance subcommittee and has contributed to the national strategy by conducting surveillance and population-based surveys. In FY07, NIHE will focus on strengthening the national sentinel surveillance system and conducting surveillance among clients of CSW for behavioral data and among ART patients for drug resistance.

The details and estimated costs of proposed activities are as follows:

1. Sentinel Surveillance - \$160,000. NIHE will implement national sentinel surveillance among 6 target populations: IDU, CSW, pregnant women, TB patients, STI patients, and military recruits in 40 provinces. In FY06, with TA from USG to strengthen the national HIV sentinel surveillance system, NIHE is conducting a pilot project to improve sampling and data quality among IDU and CSW using respondent driven sampling (RDS). If MOH/VAAC adopts the RDS methodology as standard protocol for national HIV sentinel surveillance, FY07 funds will be used to implement RDS among IDU and CSW. Otherwise, funds will be used to improve provincial capacity for implementing the existing convenient sampling, strengthening national capacity for supervision and conducting data quality oversight. Funds will also be used to strengthen facility-based sampling of pregnant women and TB and STI patients.
2. Behavioral Surveillance of CSW Clients - \$50,000. Limited information is available for prevention programs seeking to reach clients of commercial sex workers. NIHE will conduct a special survey to obtain behavioral risk information on clients of sex workers in 2 provinces that will assist the MOH to tailor prevention programs to appropriately address risk behavior of clients and the resulting risk to sex partners.
3. Drug Resistance Surveillance - \$100,000. To help ensure quality care and treatment services, HIV drug resistance genotyping will be completed for patients on ART at 2 sites. Patients enrolled in enhanced patient monitoring will be tested in order to determine underlying factors for drug resistance. Enhanced patient monitoring applies longitudinal surveillance to monitor outcomes which could link HIV drug resistance to factors such as risk behaviors and regimen adherence and change.
4. Technical Support for National Monitoring and Evaluation Activities - \$0. NIHE will continue to support VAAC in operationalizing the national M&E framework using the previous fiscal year funds. In collaboration with the M&E unit in VAAC, NIHE has established a set of national core indicators and is establishing surveillance and M&E units located at the central, regional, and provincial level. NIHE will provide on-going M&E training and technical assistance to provinces in FY 2007.

This activity will support the provision of TA to NIHE and 40 surveillance sites and training for 82 implementing staff. Additional funds (\$150,000) will allow rapid procurement of test kits for IBBS in 3 additional provinces. There is currently no funding for IBBS in NIHE's budget.

Continued Associated Activity Information

Activity ID: 5694
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Institute for Hygiene and Epidemiology
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 225,000.00

Emphasis Areas

	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
HIV Surveillance Systems	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	41	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	82	<input type="checkbox"/>

Target Populations:

Commercial sex workers
 Doctors
 Nurses
 Pharmacists
 Traditional healers
 Most at risk populations
 Injecting drug users
 Men who have sex with men
 Military personnel
 National AIDS control program staff
 Policy makers
 Partners/clients of CSW
 Host country government workers
 Public health care workers
 Laboratory workers
 Other Health Care Worker
 Private health care workers
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers

Coverage Areas

Ho Chi Minh City

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	Tulane University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9245
Planned Funds:	\$ 0.00
Activity Narrative:	<p>This activity is reprogrammed to HSPH. After discussing this activity with the partner it was apparent that the funding level was insufficient based on their costing. After consulting with the National M%E Technical working group the PEPFAR Team identified Hanoi School of Public Health as an appropriate and willing partner for conducting this activity in Vietnam with technical support from the PEPFAR Team and their Agency HQ technical staff.</p>

This activity is linked to HVSI MOH/VAAC (9376) and HVSI NIHE (9244).

PEPFAR will support Tulane University in FY2007 to partner with the University of Social Science and Humanity-Ho Chi Minh City (USSH HCMC) to conduct a survey on general population HIV/AIDS risk behaviors, attitudes and beliefs with a component focused on additional data collected on people identifying as clients of CSW.

With FY05 funds, PEPFAR supported an AIDS indicator survey to collect information on knowledge, sexual behavior, and attitudes about HIV/AIDS among the general population. The SI 5-Year Strategic Plan included a repeat of the survey to detect changes in trends over time. However, the AIDS indicator survey results recently obtained indicated almost no risky sexual behaviors among men and women aged 15-49, while other data exists in Vietnam that indicate otherwise. Rather than continue with household-based general population surveys, PEPFAR in FY2007 will collect more pertinent information on linkages between the general population and MARPs. To obtain relevant information for program planning and policy development, a survey will be conducted in FY2007 to identify risky behaviors in a general population sample with a focus on identified clients of CSW. The proposed survey will apply methodologies proven effective for collecting sensitive sexual behavioral information in the cultural context of Vietnam and will be carried out in PEPFAR focus provinces, where an integrated biologic and behavioral surveillance (IBBS) among MARPs will also be conducted.

Tulane will partner with either an international or local NGO or research institute to conduct the survey. A general questionnaire will be designed to collect individual characteristics, knowledge of respondents, and their behaviors related to HIV. An extended questionnaire will be used to focus on specific risk behaviors for those who engaged in premarital sex, extramarital sex, or sex with CSW. Data from IBBS and the general population surveys will be analyzed to obtain a more comprehensive and complete picture of the knowledge and behaviors among the general population and MARPs in the 7 focus provinces. Tulane will provide SI TA to 2 organizations and training in SI for 10 implementing staff.

Targets

Target

Target Value

Not Applicable

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

0

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

0

Target Populations:

Adults

Most at risk populations

National AIDS control program staff

Men (including men of reproductive age)

Women (including women of reproductive age)

Partners/clients of CSW

Host country government workers

Key Legislative Issues

Gender

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9246
Planned Funds: \$ 290,000.00
Activity Narrative: This activity is linked to HVSI HCMC-PAC (9243), HVSI MOH/VAAC (9376), HVSI HSPH (9242), and HVSI NIHE (9244).

PEPFAR will support the University of North Carolina/MEASURE Evaluation program to provide technical assistance (TA) to GVN and international TWGs in data harmonization spanning activities from community-based programs to national M&E systems. This activity will build on FY06 financed activities to support alignment of facility and community-based, provincial, and national information and reporting systems, provider-based provincial systems and M&E activities for the achievement of the Third One, one coordinated country level monitoring and evaluation system.

The partner will work closely with MOH/VAAC, national working groups, and international donors to identify historical data systems as well as to help facilitate the convergence of planned systems. UNC/MEASURE will support data harmonization in Vietnam by working with VAAC to convene consensus building workshops, identify and resource TA from harmonization experts, and develop and implement a data harmonization workplan. Harmonization will be achieved through both remapping of legacy data and the development of standards for information capture and interchange. This partner will work closely with the PEPFAR team to make sure that a single USG strategy is presented on all TWGs and steering committees.

One software solution or a single data table is not the desired outcome. Instead, the goal is to have systems supporting the various aspects of HIV/AIDS public health in Vietnam that can interchange information and feed forward into the National M&E System through the adoption of data standards. SI TA will be provided to 4 GVN implementing partners and 12 staff will be trained.

Continued Associated Activity Information

Activity ID: 5696
USG Agency: U.S. Agency for International Development
Prime Partner: University of North Carolina, Carolina Population Center
Mechanism: MEASURE/Evaluation
Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	4	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	12	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 National AIDS control program staff
 USG in-country staff
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 Laboratory workers
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	USAID GHAI
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9247
Planned Funds:	\$ 190,910.00
Activity Narrative:	Funds requested will support two LES (Sr. SI Advisor, Program Officer), including salary, benefits and official travel costs.

USAID staff, as part of the interagency PEPFAR SI team will provide technical assistance (TA) and program oversight to GVN Agencies including MOH, HCMC PAC, NIHE and HSPH and other USG partners in the area of strategic information to strengthen partners' capacity for collecting and analyzing data for program implementation, monitoring, evaluation and planning.

Continued Associated Activity Information

Activity ID:	5706
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 50,000.00

Emphasis Areas**% Of Effort**

Information Technology (IT) and Communications Infrastructure	10 - 50
Other SI Activities	10 - 50
Proposed staff for SI	51 - 100
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	10	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/>

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
USG in-country staff
Host country government workers
Public health care workers
Laboratory workers
Other Health Care Worker
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HHS/CDC Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9249
Planned Funds: \$ 356,499.00
Activity Narrative: This activity is linked to HVSI CDCGHAI (9876) and is supported with both Base and GHAI funds.

Funds requested between GHAI and Base (GAP) accounts will support 5 LES (Sr Program Officer, Program Officer, Computer Programmer, Field Officer, SI Assistant), 50% of USDH (Strategic Information Section Chief), a VNPSC (M & E Officer), and 1.50 ASPH fellows, including salary, benefits and official travel costs.

As members of the PEPFAR SI Team, these staff will provide technical assistance (TA) and program oversight GVN Agencies including MOH, HCMC PAC, NIHE and HSPH and other USG partners in the area of strategic information to strengthen capacity for collecting and analyzing data for program implementation, monitoring, evaluation and planning.

Funds will also support short term TA visits by technical experts to strengthen PEPFAR SI activities.

Some funds (\$100,000) will also support IT infrastructure development for the PEPFAR team to facilitate interagency communication and central storage of data and program files. Equipping the PEPFAR Coordinator’s office is also planned. Funds will also be used to provide IT solutions to PEPFAR information needs including internet and wide-area network connectivity, GPS hardware for activity mapping, handheld pc equipment for collecting non-facility-based or point-of-service information, and web-based solutions for facilitating information sharing with PEPFAR partners.

Continued Associated Activity Information

Activity ID: 5705
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 316,320.00

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	51 - 100
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	10	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/>

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
USG in-country staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Health Policy Initiative (HPI)
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9369
Planned Funds: \$ 50,000.00
Activity Narrative: This activity is linked to HVSI FHI (9370).

In FY07, Health Policy Initiative (HPI) will continue the Analysis and Advocacy (A2) project funded in FY05 to advocate for the use of available data to formulate appropriate responses to the Vietnam HIV/AIDS epidemic. Using HCMC and Haiphong as case studies, a model will be developed for the use of information to inform HIV/AIDS policy development and resource allocation.

With experience and lessons learned from FY 2005, HPI aims to: 1) complete the development of the Goals Model and Asia Epidemic Model interface and complete resource allocation analysis for Vietnam; 2) in collaboration with 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 IDUs, CSWs, and MSMs in the 7 focus provinces; 4) provide concrete programmatic implications to the USG team as well as to USG partners; 5) collaborate with other international and local partners to continue supporting MOH/VAAC in advocacy under the framework of A2 (this project will utilize the strengths of both organizations for the appropriate use of data in policy-making and intervention development); and 6) apply the A2 framework to advocacy activities in other focus provinces including Hanoi, Quang Ninh, Can Tho and An Giang.

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

Continued Associated Activity Information

Activity ID: 5703
USG Agency: U.S. Agency for International Development
Prime Partner: The Futures Group International
Mechanism: Policy Dialogue and Implementation- TO1
Funding Source: GHAI
Planned Funds: \$ 75,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target

Target Value

Not Applicable

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

10

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

Target Populations:

National AIDS control program staff

Policy makers

USG in-country staff

Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Family Health International
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9370
Planned Funds: \$ 520,000.00

Activity Narrative: This activity is linked to HVOP FHI (10207), HVTB FHI (9565), HKID FHI (9537), HVCT FHI (9508), HTXS FHI (9415), HLAB HCMC-PAC (9503), HLAB HSPH (9504), HLAB MOH/VAAC (9505), and HLAB APHL (9499).

In the first component of this activity PEPFAR will partner with FHI to collect biologic and behavioral data among MARPs for appropriate program planning and policy development. In FY 2005, PEPFAR supported the MOH to implement an additional round of 2nd generation, integrated biologic and behavioral surveillance (IBBS) among MARPs in the 6 current PEPFAR focus provinces (Hanoi, Haiphong, Quang Ninh, HCMC, Can Tho, and An Giang) and Danang. The survey was implemented by FHI and NIHE, in collaboration with Provincial Preventive Medicine Centers (PMC) and HCMC Provincial AIDS Committee (PAC), a provincial coordination body. Findings from the survey are being finalized.

In FY 2007, PEPFAR will support another round of IBBS in previous survey provinces and 1 new focus province to be selected in collaboration with MOH. These data will be linked to previous IBBS surveys and will provide information on impact and outcomes for prevention programs and provide an updated state of Vietnam's epidemic for focused program planning. The information will also be used to support advocacy and policy activities. The survey activity will be linked to routine surveillance activities through GVN partners to ensure continued development of surveillance information systems, methodologies, and skills of public health personnel. FHI will partner with NIHE to develop a more sustainable behavioral sero-surveillance program in Vietnam.

FHI will provide technical support for the survey and partner with NIHE (for the north) and HCMC Pasteur Institute (for the south), which will serve as implementing agencies in collaboration with provincial public health personnel.

In the second component of this activity PEPFAR will support FHI to provide oversight to surveillance of the clients of CSWs. FHI will partner with NIHE to conduct this activity. This is a particularly hard to identify at-risk population where little information is available on their risk and estimation of population size. FHI will provide TA to NIHE to develop methodology that will be incorporated into other routine sentinel surveillance activities and assist with capacity building at NIHE to conduct this surveillance independently in the future.

In the third component of this activity FHI will continue to implement the Analysis and Advocacy (A2) project funded by PEPFAR from FY 2005 to produce quality data analysis and synthesis and work in collaboration with Health Policy Initiative (HPI) (related activity HVSI 9369) to advocate for appropriate responses to the Vietnam HIV/AIDS epidemic. In FY07, FHI will: continue national and provincial-level data collection so that implication of surveillance, survey, targeted evaluation, and program assessment results and other data are fully utilized for modeling the HIV/AIDS epidemic, policy implications and interventions; conduct workshops in collaboration with HPI on the use of data; provide concrete programmatic implications to the PEPFAR team as well as PEPFAR partners; collaborate with other international and local partners to continue supporting VAAC in integrated and advocacy under the framework of A2 - this project will utilize the strengths of both VAAC and PEPFAR for the appropriate use of data in policy-making and intervention development; and apply the A2 framework to implement advocacy activities in other focus provinces including Hanoi, Quang Ninh, Can Tho and An Giang.

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

Finally, FHI will continue to partner with the University Training Center for Health Care Professionals-HCMC and HCMC-PAC in conducting enhanced patient monitoring and quality improvement. The abstraction of these data from either electronic or hard-copy patient medical records in 4 outpatient clinics in HCMC will provide information beyond

routine patient monitoring important for program planning and continuous quality improvement. The activities will be coordinated with related activities described under the HCMC-PAC activity narrative (HVSII 9243).

Continued Associated Activity Information

Activity ID: 5702
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: (INGO- former FHI/IMPACT)
Funding Source: GHAI
Planned Funds: \$ 125,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	8	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	16	<input type="checkbox"/>

Target Populations:

Commercial sex workers
 Doctors
 Nurses
 Pharmacists
 Most at risk populations
 Discordant couples
 Injecting drug users
 Men who have sex with men
 Military personnel
 National AIDS control program staff
 Program managers
 Partners/clients of CSW
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 Laboratory workers
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	UNDP
Prime Partner:	United Nations Development Programme
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9371
Planned Funds:	\$ 75,000.00
Activity Narrative:	This activity is linked to HVSI HCMC-PAC (9243), HVSI MOH/VAAC (9376), HVSI HSPH (9242), and HVSI NIHE (9244).

In FY07, PEPFAR will continue to support UNAIDS efforts to facilitate the coordination of donors and other international agencies working with GVN on effective implementation and use of the national HIV/AIDS M&E framework to ensure program success.

With FY06 support from PEPFAR, UNAIDS is initiating a program of advocacy and coordination of M&E activities to political, government and other leaders at the national level and to international partners. In FY07, UNAIDS will continue in this role, supporting consensus-building to ensure effective national coordination of M&E activities across government agencies and administration levels, programs, and partners. Activities will include 1) advocacy on the importance of the national M&E framework for program accountability; 2) information sharing with political, government and other leaders at national level; 3) promotion of appropriate data use for program planning and policy making; 4) standardization and harmonization of indicators and data management systems; and 5) distribution of information materials on M&E. UNAIDS will advocate for the establishment of provincial M&E frameworks in HCMC, Hanoi, and Haiphong provinces in compliance with the national framework.

This activity will also provide UNAIDS resources to advocate for and promote solutions for national M&E framework support through study tours and hosting meetings where successes from other PEPFAR countries and UNAIDS activities in the region will be highlighted. One example of such facilitation is using the Country Response Reporting System (CRIS) as promoted by the UNAIDS/PEPFAR collaboration. Other consensus building activities will include facilitating sharing of successes in SI activities both within Vietnam and from other countries affected by the epidemic.

Continued Associated Activity Information

Activity ID:	5698
USG Agency:	U.S. Agency for International Development
Prime Partner:	United Nations Development Programme
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 75,000.00

Emphasis Areas

	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
USG database and reporting system	10 - 50

Targets

Target

Target Value

Not Applicable

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

4

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

8

Target Populations:

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

International counterpart organizations

National AIDS control program staff

Non-governmental organizations/private voluntary organizations

USG in-country staff

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below)

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner: Ministry of Health, Vietnam
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9376
Planned Funds: \$ 430,000.00
Activity Narrative: This activity is linked to MTCT MOH (9384), HVOP MOH (9627), HBHC MOH (9529), HVTB MOH (9570), HKID MOH (9531), HVCT MOH (9511), HTXS MOH (9398), HLAB MOH (9505), HLAB HCMC-PAC (9503), HLAB HSPH (9504), and HLAB APHL (9499).

Set up in 2005, the Vietnam Administration for AIDS Control (VAAC) is a newly formed body of MOH that oversees all HIV/AIDS activities in Vietnam. Currently, VAAC's capacity for providing oversight to strategic information (SI) activities is limited and needs strengthening. Prior to VAAC, MOH/LIFE-GAP (the project management unit implementing the PEPFAR cooperative agreement in MOH), NIHE, and the Hanoi School of Public Health (HSPH) were PEPFAR's primary MOH partners outside of HCMC. Although LIFE-GAP will be absorbed into VAAC, memorandums of understanding (MOUs) for how VAAC will work with HSPH and NIHE will need to be developed to ensure Vietnam continues to benefit from PEPFAR capacity development support. As PEPFAR continues to support these partners, it will be necessary to help build capacity in VAAC over the coming years to provide national oversight while partnering with these other Vietnam government agencies.

Activities to be led by VAAC include advocacy and coordination of national HIV/AIDS SI activities. In the implementation of the National M&E Framework, VAAC will also coordinate and lead systems assessments, data harmonization, physical and workforce capacity building, and systems development, support and maintenance. Capacity for data use, analysis, routine data supervision and M&E will be developed within VAAC through training, technical support, and the development of a rational staffing plan. FY07 funds will be used by VAAC to scale-up solutions for M&E and routine information systems, training, and information sharing infrastructures regionally and then to the provincial level.

PEPFAR will continue to support VAAC in consensus building, leadership, and oversight roles in HIV/AIDS in Vietnam. These funds will also be used to help VAAC establish a secure network for storage of national HIV/AIDS data and the receipt of data from the district and provincial to the national level. Through this activity, PEPFAR will support SI technical assistance for 4 GVN HIV/AIDS organizations and SI training for 24 staff.

Additional funds will provide support to VAAC for a more rapid deployment of the National M&E Framework which was presented and approved in January 2007. These funds will allow an accelerated timeline for training and capacity building of regional and provincial levels.

Emphasis Areas

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	64	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	512	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Teachers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: ORC/MACRO
Prime Partner: Macro International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9377
Planned Funds: \$ 125,000.00
Activity Narrative: PEPFAR will support Opinions Research Corporation – Macro (ORC/Macro) to provide technical training of trainers (TOT) and curriculum development for MOH staff responsible for the supervision of M&E activities in Vietnam. ORC/Macro will adapt proven introductory, intermediate, and advanced M&E training for HIV/AIDS setting in Vietnam. ORC/Macro will partner closely with MOH/VAAC, NIHE, and national universities to develop M&E capacity and institutionalized training programs in M&E providing both in-service and pre-service training. While NIHE still has delegated to them responsibility for the national M&E framework, VAAC is responsible for oversight of all HIV/AIDS programs in Vietnam. Both of these agencies will be key partners in the implementation of the framework and the establishment of the national M&E information system. ORC/Macro will provide TA to two organizations, NIHE and VAAC, and M&E training to 10 staff responsible for providing oversight to the National HIV/AIDS M&E System.

Emphasis Areas

% Of Effort

Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	2	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	<input type="checkbox"/>

Target Populations:

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

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Health Systems 2020 Cooperative Agreement
Prime Partner: Abt Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9380
Planned Funds: \$ 250,000.00
Activity Narrative: As a continuation of FY06 support for evaluation of PEPFAR activities in 06 centers, PEPFAR will continue to finance evaluation of prevention, care and treatment interventions in this population. Depending upon the progress and findings of FY06 evaluations in this area, these funds will be used to continue to conduct evaluations of novel solutions to intervene in Vietnam’s unique IDU rehabilitation center populations to ensure appropriate PEPFAR prevention and care programs.

The partner, when identified, will conduct evaluations of PEPFAR activities in these centers with clear guidance from both OGAC and the PEPFAR team. Evaluations will focus on targeting specific at-risk populations such as IDU commercial sex workers (CSW) and center participants returning to the community. Evaluations will also focus on methods of intervention such as methadone maintenance, addiction support, behavior change, and linkages to other support systems within and outside the center network.

This activity remains TBD because current center evaluations are being defined and planned for implementation. This activity will support TA to 4 GVN implementing organizations for evaluation of the 06 center program’s HIV/AIDS prevention, care, and treatment activities. Successful interventions in this population will be critical for prevention and reducing the burden of the epidemic in Vietnam. Rigorous evaluations of these activities will help ensure program success.

Additional \$85,000 will allow for a full program evaluation conducted by international experts in program evaluation and working with IDU populations.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	4	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>

Target Populations:

Commercial sex workers
 Most at risk populations
 Injecting drug users
 National AIDS control program staff
 Policy makers
 USG in-country staff
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas

Ho Chi Minh City

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	HHS/CDC GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9876
Planned Funds:	\$ 311,501.00
Activity Narrative:	This activity is supported with both Base and GHAI funds and is linked to HVSI CDCBASE (9249).

Funds requested between GHAI and Base (GAP) accounts will support 5 LES (Senior Program Officer, Program Officer, Computer Programmer, Field Officer, SI Assistant), 50% of USDH (Strategic Information Section Chief), a VNPS (M&E Officer), and 1.50 ASPH fellows, including salary, benefits and official travel costs.

As members of the PEPFAR SI Team, these staff will provide technical assistance (TA) and program oversight GVN Agencies including MOH, HCMC-PAC, NIHE and HSPH and other USG partners in the area of strategic information to strengthen capacity for collecting and analyzing data for program implementation, monitoring, evaluation and planning.

Funds will also support short term TA visits by technical experts to strengthen PEPFAR SI activities.

Some funds (\$100,000) will also support IT infrastructure development for the PEPFAR team to facilitate interagency communication and central storage of data and program files. Equipping the PEPFAR Coordinator's office is also planned. Funds will also be used to provide IT solutions to PEPFAR information needs including internet and wide-area network connectivity, GPS hardware for activity mapping, handheld pc equipment for collecting non-facility-based or point-of-service information, and web-based solutions for facilitating information sharing with PEPFAR partners.

Continued Associated Activity Information

Activity ID:	5704
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 125,000.00

Emphasis Areas**% Of Effort**

Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	51 - 100
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of local organizations provided with technical assistance for strategic information activities	10	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 National AIDS control program staff
 Policy makers
 USG in-country staff
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 Laboratory workers
 Other Health Care Worker

Coverage Areas:

National

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: \$ 3,960,467.00

Program Area Context:

Program Area Setting

Vietnam's HIV/AIDS epidemic is concentrated in at-risk populations. Injecting drug users (IDU) and commercial sex workers (CSW) account for >80% of HIV-infected persons (MOH). Since the detection of HIV transmission among IDU and CSW in the mid-1990s, Vietnam has taken a tough stance on illicit drug use and prostitution. The "Three Reductions Campaign" launched in 2001 aims to control the sex industry, illicit drugs and crime through expansion of rehabilitation centers for IDU and CSW. The campaign relegates at-risk populations to confinement for one to five years. Fear-inducing campaigns associate drug use and sex work with HIV/AIDS, fostering double stigma. While stigma remains high throughout Vietnam, advocacy groups and a civil society movement are beginning to emerge. There is currently no legal framework for establishment of community-based organizations (CBOs), so fledgling CBOs often operate with tenuous, informal permission from local authorities, making it difficult for PEPFAR to finance them directly.

In 2004, the Government of Vietnam (GVN) released its National HIV/AIDS strategy, calling for mobilization of government, party and community-level organizations across sectors to prioritize IDU transmission prevention and efforts to diminish AIDS-related stigma, including disassociating HIV/AIDS from drug use and prostitution. The strategy also calls for the development of 9 Action Plans, constituting operational AIDS policies. To coordinate and manage these plans, GVN established the Vietnam Administration of AIDS Control in 2005 within the Ministry of Health (MOH/VAAC). Donors supporting VAAC include the Global Fund (GF), the World Bank, DfID and PEPFAR. In January 2007, the first National HIV/AIDS Law will come into effect, identifying VAAC as the primary ministry for HIV/AIDS control and outlining the principles for HIV/AIDS prevention, care and support, including the rights of people living with HIV/AIDS (PLWHAs).

Key Accomplishments

PEPFAR supports a number of activities to ensure Vietnam can effectively manage its response and address the needs of PLWHA. To create a more enabling policy environment, PEPFAR has supported the drafting of the National HIV/AIDS Law, training of government cadres on HIV/AIDS policies and the rights of PLWHA, development of guidelines, and assessment of the current rehabilitation paradigm with a view toward more effective, rights-based alternatives.

To strengthen management of the national HIV/AIDS response, PEPFAR directly supports VAAC in program monitoring, implementation, and management capacity-building and supports UNAIDS to coordinate efforts in PMTCT, prevention among men having sex with men (MSM), and local government ownership. PEPFAR partners collaborate with the Hanoi School of Public Health (HSPH) to train public health program managers in Total Quality Management (TQM). To address stigma, PEPFAR has supported roll-out of a stigma-reduction toolkit in two focus provinces. PEPFAR has also scaled up support to CBOs. PLWHA CBOs have increased in number from 1 in 2004 to 17 in 2006.

Challenges/Opportunities

The association between drug use, sex work and HIV in Vietnam has cultivated strong stigma against PLWHA, limiting their rights, including the right to education and employment. Under the new HIV/AIDS Law, PLWHA and CBOs have legal basis for advocating for the rights of PLWHA and their families, however the protocol for self-establishment as NGOs remains unclear. The Law calls for expanded support from CBOs and alternative models of prevention, including addiction rehabilitation and 100% condom use (CUP). Effective drug treatment will require assistance in developing addictions treatment guidelines and protocols. In order to implement the 100% CUP model effectively, the GVN will need to promote the new Law and reduce stigmatization of condom use, given condoms are still used loosely as grounds for arresting and fining women and hotel owners who carry them.

Coordination remains difficult given human resource limitations and the increasing number of donors and

organizations supporting HIV/AIDS programs. Much can be done to build human resource capacity and to enable VAAC to synchronize donor support. Previously, donor support has been separated to avoid geographic overlap, rather than coordinated to maximize resources and technical supervision at sites. Recently, progress has been made to coordinate GF and PEPFAR support in 18 provinces in order to provide interlinked prevention, care, and treatment services, including ARV management systems. While human capacity has improved, the number of trained and experienced public health professionals remains inadequate for effective implementation.

Key Strategy Elements

With opportunities to support grassroots PLWHA engagement and human capacity for program management, PEPFAR is poised to play a major role in policy, advocacy and systems strengthening. In 2007, PEPFAR will address PLWHA rights by supporting local authorities and PLWHA in focus provinces to enforce the new Law. Funds will support PLWHA civil liberties via the Vietnam Lawyers Association and training on the HIV/AIDS Law to provincial Peoples Committees and PLWHA CBOs. Building on efforts in 2006 to initiate a pilot methadone program, PEPFAR will support development of national guidelines on medication-assisted therapy. Funds will also support the development of national guidelines for 100% CUP, with joint advocacy on destigmatization of condom use targeting public security personnel. PEPFAR will work with the Ministry of Defense (MOD) to promote HIV policies that address effective and appropriate prevention and care for military personnel. PEPFAR will collaborate closely with VAAC and other donors to harmonize major donor support.

To expand civil society involvement, PEPFAR will fund UNAIDS and Harvard to work with the Communist Party on grassroots prevention and advocacy programs via workshops targeting high-level policy makers and civil servants. PEPFAR will build capacity and expansion of CBOs from 17 (in 2006) to >30, while advocating for a national association of PLWHA groups, and the expansion of the 2006 AIDS Service Organization (ASO) pilot to 3 focus provinces. ASOs will function as full-service referral and support organizations linking clinical and community services for PLWHAs and their families. CBO expansion will include a Vietnam-specific competition to increase small grants to local CBOs (see HVOP program narrative).

In addition to legal aid for PLWHA and application of the HIV/AIDS Law in focus provinces, PEPFAR will support stigma reduction by partnering with a local CBO to carry out targeted stigma reduction in the healthcare setting, based on lessons learned from the stigma reduction toolkit. Support will also be provided to enable growth of a network of PLWHA Empathy Clubs under the Vietnam Women’s Union, a quasi-governmental mass organization, in over 16 provinces. Funding for SMARTWork will foster workplace policies to support employment of PLWHA in lucrative industries.

To address human capacity, management and coordination, PEPFAR will support training on epidemiology and TQM for VAAC and graduates of HSPH. HSPH will strengthen regional training centers to train in strategic planning and proposal development. PEPFAR will support the establishment of provincial VAAC offices to coordinate donors and NGOs. Technical workshops on prevention and care/treatment will foster multisectoral responses to the HIV epidemic. Support to the UN will include coordination of multi-donor activities related to CT, PMTCT and MSM. PEPFAR will also train epidemiologists to respond to the HIV/AIDS epidemic via the Field Epidemiology Training Program. In preparation for FY08, PEPFAR will assess additional human capacity needs in line with direction from the OGAC human capacity development technical working group.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	66
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	307
Number of individuals trained in HIV-related policy development	2,191
Number of individuals trained in HIV-related institutional capacity building	2,934
Number of individuals trained in HIV-related stigma and discrimination reduction	4,498
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,755

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement
Prime Partner: Ministry of Health, Vietnam
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9414
Planned Funds: \$ 574,000.00

Activity Narrative: This activity is linked to HBHC MOH/VAAC (9529), HVOP MOH/VAAC (9627), HVSI MOH/VAAC (9376), and OHPS HSPH (9424).

The MOH/Vietnam AIDS Administration and Control (VAAC) was established in August 2005 and is responsible for overseeing and coordinating HIV/AIDS programs in all 64 provinces, funded through national and international resources. PEPFAR's success in Vietnam will depend in part on sustainable national program management solutions, as VAAC expands its mandate to coordinate HIV/AIDS activities nationwide. VAAC is mandated to oversee all major donor assistance programs including PEPFAR, Global Fund, World Bank, and the Asian Development Bank. PEPFAR funding currently supports activities in 40 provinces. However, in order to maximize coverage and quality in focus provinces, this number will be scaled back over the next 2 years (see uploaded Geographic Coverage document).

In 2006, PEPFAR supported the establishment of VAAC by providing funds to contract 3 temporary staff to supervise program sites supported by PEPFAR. Funds also supported a workshop to disseminate the national care and treatment guidelines that were developed by MOH in close collaboration with PEPFAR and other international donors working in Vietnam. VAAC used PEPFAR funds in its first year to build leadership skills and capacity to provide program oversight. However, given growing donor support, VAAC has requested additional support to build its management structure at the central and provincial levels.

Several donors have come together to support the Government of Vietnam in its response to the HIV/AIDS epidemic, including PEPFAR, Global Fund (GF), World Bank, and the Asian Development Bank. With PEPFAR support, VAAC will strengthen its capability to serve as the coordinating agency by conducting regular coordination meetings with PEPFAR partners, Vietnamese government officials and other donor agencies. These meetings will serve as a forum for dialogue on program progress, overlap and duplication, and will address key issues for strengthening the national program. In addition, VAAC will sponsor technical workshops on prevention, care and treatment and strategic information to disseminate lessons learned, program results and highlight innovative programs and ideas. These workshops will be open to government staff, donor agencies and implementing partners.

In 2007, PEPFAR funds to VAAC will support human capacity by including 6 additional temporary contract technical and administrative staff at VAAC whose principle role will be to coordinate donor programs at the central and provincial levels. At the national level, key temporary technical contract staff will be recruited in prevention, care and treatment and program administration. VAAC administrative staff will undergo training to manage PEPFAR funds provided through the HHS/CDC cooperative agreement.

At the provincial level, PEPFAR will support temporary contract VAAC staff each of the 7 PEPFAR focus provinces. These individuals will serve as primary liaisons for VAAC and other donor-supported activities supporting the coordination and communication between national and provincial programs. Each of the staff recruited will participate in a Total Quality Management (TQM) course offered in partnership with the Hanoi School of Public Health (HSPH) (OHPS 9424). At the provincial level, VAAC will support a network of regional program managers that will link HIV/AIDS programs and provide a forum for discussions on implementation, key issues, challenges and solutions. This network will also provide a mechanism for the dissemination of successful programmatic innovation. The network will meet on a regular cycle to bring together provincial governments, PLWHA, local organizations and international donors, within the provinces to foster a connected relationship between all sectors involved in HIV/AIDS program.

In line with "Guidance on Support for Host Government Staffing", PEPFAR will work with VAAC to develop a health workforce assessment that will be used as a basis for developing a human capacity development (HCD) strategy. Currently critical staffing gaps are filled through provision of funds to hire temporary workers on behalf of the MOH or other government bodies. It is anticipated that the HCD strategy will identify key issues in human capacity (gaps and opportunities) to enable a more effective response to the epidemic in Vietnam.

PEPFAR will also support the Vietnam Ministry of Health (MOH) in establishing a Field

Epidemiology Training Program (FETP). FETP students will be trained to conduct epidemiologic investigations and field surveys to strengthen HIV/AIDS surveillance, present their work at scientific and medical conferences, evaluate HIV/AIDS disease control and prevention measures and apply training and acquired skills to improve HIV/AIDS program implementation in Vietnam. It is expected that 15 public health professionals will be in the first cohort of trainees in the first year.

Since the Government of Vietnam is in the process of establishing the best coordinating mechanisms between agencies involved in the establishment of the FETP, it is not yet clear where these funds will be directed, and are thus currently "TBD".

Continued Associated Activity Information

Activity ID: 5730
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Vietnam
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 176,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50

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	7	<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		<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:

- Doctors
- National AIDS control program staff
- Teachers
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below)
- Public health care workers
- Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HSPH Cooperative agreement
Prime Partner: Hanoi School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9424
Planned Funds: \$ 300,000.00

Activity Narrative: This activity is linked to OHPS MOH/VAAC (9414).

PEPFAR will support the Hanoi School of Public Health (HSPH) to lead the training of 238 public health professionals in HIV-related management.

In FY05 and FY06 PEPFAR provided technical and financial assistance to the HSPH to support the development of an HIV/AIDS program management curriculum, and recruit and train a cadre of 24 regional trainers on HIV/AIDS program management which incorporates Total Quality Management (TQM) principles. The 24 provincial trainers are associated with 3 regional management training centers located in Hanoi, Danang and Ho Chi Minh City. These key centers provide ongoing training to Health Department staff, support to provincial HIV/AIDS programs, support to improve local training curricula, alumni tracking and other services.

In FY 07, PEPFAR will continue to support the HSPH to organize and implement 3 training courses in applied TQM. Training of trainers (ToT) courses will initially be attended by 24 provincial and district-level HIV/AIDS health staff (doctors, nurses, laboratorians, VCT counselors, project managers) after which an additional 142 individuals will be trained. HSPH provincial staff will make 2 rounds of supervisory visits to the students to evaluate and provide mentorship and support to the application of TQM principles in the workplace. All alumni will be invited to join the TQM network of HIV/AIDS provincial staff and participate in an annual conference where projects are showcased, best practices shared, and peer support, refresher training programs and guest speakers are available. PEPFAR will continue to provide technical assistance and support to the 3 regional management training centers to enable them to conduct the third round of the TQM program using classroom-based training and practical field-work.

HSPH will also coordinate and implement a project management course which was originally developed for PEPFAR-Vietnam staff in FY06 by the HHS/CDC Atlanta-based Sustainable Management for Development Project (SMDP). SMDP continues to provide technical assistance and oversight to the HSPH to coordinate and manage the development of TQM activities which will be adapted for provincial HIV/AIDS health workers in the 6 current and 1 additional PEPFAR focus provinces. This course will include an introductory module on HIV/AIDS strategic planning at the provincial level and discusses linkages between the provincial and national strategies through MOH/Vietnam Administration AIDS Control (VAAC). These concepts are then linked to the more pragmatic realities of project management which will focus in capacity development in organizational management, strategic thinking, budgeting, evidence-based decision-making, advocacy, and monitoring and evaluation. A module on the practical aspects of proposal writing will also be offered. As with the applied TQM program this course will be carried out in all 3 regions. With PEPFAR support, the HSPH will develop the curriculum and offer a ToT course to 24 trainers at the training centers in Hanoi, Danang, and Ho Chi Minh City. The 24 trainers will then offer courses to 72 different provincial health staff. After the first cycle of graduates, a conference will be held to provide additional support, skill-building, reinforcement of principles learned, and peer networking.

As VAAC expands its mandate to coordinate HIV/AIDS activities in Vietnam, there will be increased demand for individuals trained in HIV/AIDS program management. VAAC and HSPH are currently developing an agreement to establish a collaborative structure between the two agencies. PEPFAR will work closely with VAAC and HSPH to assess and strengthen human capacity for sustainability, an area of emphasis in the PEPFAR 5-Year Strategy (see OHPS HCD Assessment). PEPFAR will also continue to partner with the HSPH to focus on building the capacity of provincial HIV/AIDS program managers to plan, design, implement and evaluate HIV/AIDS prevention and care programs effectively.

Although there are no plans in the FY 07 COP to expand either program beyond 6 current and 1 planned focus province, this is a program that could easily be expanded to the national level.

Continued Associated Activity Information

Activity ID: 5732
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Hanoi School of Public Health
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50

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	50	<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	238	<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:

Doctors
 National AIDS control program staff
 Teachers
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Ministry of Defense
Prime Partner: Ministry of Defense, Vietnam
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9426
Planned Funds: \$ 110,000.00

Activity Narrative: This activity is linked to HVAB MOD (9479), HVAB UNAIDS (9489), HVOP MOD (9478), HVOP UNAIDS (9477), HBHC UH (9555), HBHC COE (9595), HTXS UH (9397), and MTCT UH (9727).

In FY04 and FY05, the collaboration between US Department of Defense (DOD) and Vietnamese Ministry of Defense (MOD) addressed policies on HIV/AIDS in the military and promoted awareness of HIV/AIDS for over 400 commanding officers in the Vietnam People's Army (VPA). As a result of this effort, the commanders recognize the importance of incorporating HIV/AIDS prevention messages as part of all training activities for their troops. The Center of Excellence (COE) and partner MOD will continue their collaboration to strengthen the Vietnamese military health care system, enabling it to address the specific needs of the military community and the civilian population it serves. This activity will have 2 components that will follow on and link to the previous years' activities.

With PEPFAR support, MOD will organize a workshop to promote an educational framework that incorporates information about HIV/AIDS as an integral and consistently applied part of the curriculum for all military academic and training institutions. Two-hundred policy makers and educators will be selected from various military zones throughout the country to participate in this workshop. It is expected that this activity will lead to greater commitment within the military community to increase awareness, knowledge and overall understanding about HIV/AIDS and its potential impact on the military population. This workshop is further designed to provide continuation for MOD's previous work in HIV/AIDS prevention and to address policies and practices that create awareness and to help prevent stigma and discrimination within the military community. Male norms associated with high-risk sexual behavior will also continue to be addressed.

A second workshop will be held for 200 policy makers and care providers, including directors of military hospitals/clinics, members of the nursing profession and ancillary health care providers, including pharmacists, counselors and nursing assistants. This activity will complement the DOD and MOD activities that are directly linked to expanding treatment coverage to additional patients and sites served by MOD. MOD recognizes the importance of planning for sustainability, particularly as ARV services within the military health care system are expanded. This workshop is intended to address the needs of the MOD to have a trained team of health care workers who can provide services across the network of HIV care and treatment and expand responsibilities for limited HIV/AIDS care and treatment to health care professionals outside of the military medical system. A team of 50 nurses within this group will receive targeted training developed exclusively for nurses. It is expected that this will lead to a more significant role for the military nurses and will also alleviate much of the burden that is assumed by the military physicians who are currently solely responsible for caring and treating HIV/AIDS patients at the established sites in Hanoi (Military Hospital 103) and Ho Chi Minh City (Military Hospital 175). As with the first workshop under this activity, policies on stigma and discrimination, including confidentiality, protection from workplace discrimination and medical access for military personnel who are HIV positive will be addressed.

The DOD care and treatment team along with the MOD, partners, including the Armed Forces Research Institute for Medical Sciences, the University of Hawaii, and others, will provide technical assistance in the design and implementation of these 2 workshops, such as developing guidance on workshop participants, curricula and trainers.

This activity supports PEPFAR's goal of increasing the number of individuals on ART and supportive care. It also addresses capacity building and international cooperation, the 9th Action Plan of Vietnam's National Strategic Plan on HIV/AIDS Prevention for 2004-2010.

Continued Associated Activity Information

Activity ID:	5740
USG Agency:	Department of Defense
Prime Partner:	Ministry of Defense, Vietnam
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 40,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

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	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	175	<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	400	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	175	<input type="checkbox"/>

Target Populations:

Military personnel
 Host country government workers
 Public health care workers

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Health Policy Initiative (HPI)
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9428
Planned Funds: \$ 670,000.00

Activity Narrative: This activity is linked to HBHC HPI (9599).

PEPFAR will support HPI to: build the capacity of 17 community-based organizations (CBOs) and develop their ability to form a single network with other CBOs to advocate for the rights of PLWHA; provide legal aid for PLWHA in 7 focus provinces to ensure enforcement of the HIV/AIDS Law; support strategic provincial planning for Government of Vietnam (GVN) HIV/AIDS programs using the GOALS model in 7 focus provinces; and link with the Harvard training program to train 200 government cadres from 16 provinces.

Building on support in FY05 and FY06 to fledgling PLWHA CBOs in 3 focus provinces, HPI will expand support to and build the network of 17 indigenous PLWHA CBOs (some existing, such as Bright Futures chapters in focus provinces, and some to-be-determined) in all focus provinces and additional provinces. These CBOs will receive technical and financial assistance (TA) through HIV-related institutional capacity building. HPI will also support the development and expansion of an NGO network focusing on PLWHA issues/rights. Via partnership with Community Mobilization Center for HIV/AIDS Control (VICOMC), HPI will conduct 4 workshops targeting 150 PLWHA CBO staff. These workshops will enable PLWHA CBOs to develop communication and management skills to strengthen advocacy activities. They will also enable PLWHA CBOs to share best practices via the establishment of a national network of PLWHA organizations. HPI will work closely with PLWHA-elected leaders representing the northern, central and southern regions of Vietnam to liaise with the Communist Party, the National Assembly, relevant government ministries and major donors to support the legal establishment of the PLWHA network. HPI will support this network to conduct 3 regional meetings on general community mobilization with a focus on prevention, care and treatment for PLWHA. Roughly 1500 PLWHA will participate in these workshops. The PLWHA network will produce and disseminate a network newsletter on a monthly basis and an e-forum linking member groups and will collate feedback for national policy makers on PLWHA needs.

HPI will also support the implementation of the impending HIV/AIDS Law at the provincial level in the 7 focus provinces. Support will assist the Vietnam Lawyer's Association to provide legal aid to PLWHA (see HPI Palliative Care Basic) to advocate for themselves (key legislative issue: stigma and discrimination), in conjunction with program monitoring by HPI staff on the enforcement of the law. In order to monitor the efficacy of the HIV/AIDS Law, HPI will assess attitudes and practices of key policy makers, service providers, employers and PLWHA to develop a monitoring tool to measure changes following the dissemination of the Law (in select focus provinces). Lessons learned will be disseminated nationally at the end of FY 2007 to assist policy makers in improving communication around and enforcement of the Law. HPI will partner with the legal department of the Ministry of Health (MOH) to assist in disseminating findings. In addition, HPI will support PLWHA organizations to report inconsistencies in implementation of the HIV/AIDS Law.

In conjunction with technical support for management and planning oversight provided via the VAAC cooperative agreement to provincial VAAC offices, HPI will assist provincial health departments to use the GOALS model to make strategic resource need and allocation decisions for HIV/AIDS programs in 7 focus provinces. The GOALS model (not an acronym) is a computer-based analysis model that allows program managers to manipulate human resource and financial inputs to assess how effectively they address the local epidemic, based on various indicators. The GOALS model has proven effective in Ho Chi Minh City Provincial AIDS Committee (HCMC-PAC) for financial and human resource planning and the development of the HCMC HIV/AIDS Action Plan, and was requested by the MOH to be expanded to additional provinces during COP 07 review sessions. HPI will utilize experienced staff from the HCMC-PAC and technical staff from HPI to train additional focus provinces on the use of the GOALS model. Provinces will then produce HIV/AIDS action plans that realistically estimate human and financial resource needs. Additional training and human resource needs will be addressed in conjunction with support to the MOH and HCMC-PAC cooperative agreements for program planning, monitoring and implementation.

HPI will complement Harvard in the implementation of the HIV/AIDS policy training via the provision of TA and logistical coordination of training (see Harvard Policy Activity). This activity will train incoming Communist Party cadres who will take office following their induction as a complement to the UNAIDS program, which will train existing Communist

Party cadres.

These activities will contribute to the development of leadership capacity and sustainability as described in the PEPFAR Vietnam 5-Year Strategy.

Continued Associated Activity Information

Activity ID: 5804
USG Agency: U.S. Agency for International Development
Prime Partner: The Futures Group International
Mechanism: Policy Dialogue and Implementation- TO1
Funding Source: GHAI
Planned Funds: \$ 475,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	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	17	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	17	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	150	<input 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	1,650	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,500	<input type="checkbox"/>

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Family Health International
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9430
Planned Funds:	\$ 60,000.00
Activity Narrative:	This activity is linked to HVOP FHI (10207), HBHC FHI (9558), and HTXS FHI (9415).

PEPFAR will partner with FHI to support the MOH/VAAC in strengthening palliative care policy and implementation at the central and provincial levels. To ensure quality provision of palliative care (to include pain care) at government sites, PEPFAR will support FHI to develop and implement a training program for 300 key hospital managers, central and provincial leaders on the National Palliative Care Guidelines, PLWHA rights to pain management, and policies around the use of opioids for pain management at the central level and in focus provinces.

Palliative care services in Vietnam are relatively new to most providers and local-level policy makers, and strict drug laws have incurred reluctance for provincial health programs to use opioid pain killers to relieve pain. Building on FHI support to VAAC in FY06 to develop National Palliative Care Guidelines, FHI will train 300 key hospital managers and local policy makers to understand the new Guidelines and how they will affect provision of care and treatment at the site level. They will also incorporate a stigma and discrimination reduction component, to reduce care provider fear and increase compassion in the provision of palliative care. This and all other palliative care related components will be implemented through a partnership with the MOH Department of Therapy (MOH/DOT), Vietnam-CDC Harvard Medical School AIDS Partnership (VCHAP), and the Health Policy Initiative. The FHI-supervised training will build the capacity of MOH staff, hospital administrators and representatives from the pharmaceutical industry who are represented at USG-supported sites in the 7 focus provinces.

In conjunction with training on the National Palliative Care Guidelines, FHI will work with MOH and VCHAP to revise the current opioid control policies (which in some cases contradict the Guidelines) to negotiate for easier access to opioids for patients in need of palliative care. PEPFAR support will enable VAAC and the Ministry of Public Security to prepare revised annual opioid use estimates to be reported to the International Narcotics Board (INCB). With this information, care sites will be able to draw down from central resources to ensure adequate supply for palliative care beneficiaries. Technical assistance will also be provided to the Drug Management Administration to explore local production of codeine and long-acting oral morphine.

Continued Associated Activity Information

Activity ID:	5803
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	(INGO- former FHI/IMPACT)
Funding Source:	GHAI
Planned Funds:	\$ 80,000.00

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

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	300	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	300	<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
 Program managers
 Host country government workers
 Public 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 3.3.14: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9432
Planned Funds: \$ 256,000.00
Activity Narrative: This activity is linked to HVOP Pact/SMARTWork (9606), HBHC Pact/SMARTWork (9564) and HVAB Pact/SMARTWork (9482).

Pact will provide funding, strategic management and oversight for the SMARTWork program to develop a model workplace-based HIV/AIDS policy with the Ministry of Labor, Invalids and Social Affairs (MOLISA). This policy model will be used to advocate with other line ministries to improve their HIV/AIDS workplace policies. It will also be directly applied in 52 enterprises where SMARTWork will support employment for PLWHA and former drug users. Target enterprises will be located in the 7 focus provinces as well as 5 other provinces where SMARTWork has been implemented. Enterprises located in Ho Chi Minh City and other major urban centers with industrial parks will be encouraged to employ former drug users via referral from MOLISA social workers. Additionally, 2000 local officials will be trained on HIV/AIDS workplace policy recommendations via 25 one-day workshops in focus provinces.

The model policy will help to reduce stigma and discrimination in the workplace (key legislative issue) and provide for an enabling environment for PLWHA and former drug users to seek gainful employment. The focus on former IDU will enhance prevention efforts by keeping IDU away from injecting peers once they have returned from rehabilitation centers.

This activity is in line with the PEPFAR Vietnam 5-Year Strategy in seeking to reduce HIV transmission (via job placement for IDU) and care for PLWHA via job placement and reduction of stigma and discrimination.

Continued Associated Activity Information

Activity ID: 5778
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Academy for Educational Development
Mechanism: SMARTwork
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	52	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	200	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	1,120	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	2,000	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	2,000	<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
International counterpart organizations
People living with HIV/AIDS
Program managers
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Khanh Hoa
Bin Duong
Hai Duong
Hai Phong
Ha Noi
Ho Chi Minh City
Hung Yen
Thai Nguyen

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9528
Planned Funds:	\$ 200,000.00
Activity Narrative:	This activity is linked to OHPS HPI (9428) and OHPS UNDP (9536).

Building on the curriculum development and training conducting in FY05 and FY06, the Harvard Kennedy School will partner with Health Policy Initiative (HPI) and the Ho Chi Minh National Political Academy (NPA) to deliver 2 regional trainings on HIV/AIDS public policy to 200 new national and provincial-level government cadres from 16 provinces.

The objective of this program is to engage newly appointed Communist Party leaders taking office by improving their knowledge and strengthening their capacity to organize, direct and coordinate HIV/AIDS prevention and control activities in Vietnam. The NPA provides training to all new political appointees taking various mid- to high-level offices nationwide. All new government cohorts must pass through central or regional training centers before taking office. Harvard faculty will update the current training materials in conjunction with the NPA and will finalize training for 15 core trainer faculty of the NPA. These trainers will work closely with the Harvard faculty to train 200 newly appointed policy makers from 16 provinces (the 7 focus provinces plus 9 additional) on the determinants and impacts of HIV/AIDS, best practices in prevention, treatment and impact mitigation, and how to coordinate rights-based, evidence-based and multi-sectoral responses at the provincial level.

The curriculum also covers a range of public policy issues related to HIV/AIDS, including economic and social impacts, gender issues (key legislative issue), law and rights, stigma and discrimination (key legislative issue), leadership, and the role of businesses in responding to the HIV epidemic. Policy makers include key representatives from the provincial Departments of Health, Public Security, Labor, Invalids and Social Affairs, Education, Planning and Investment, the Party Commission on Culture and Ideology, Women's and Youth Unions and provincial People's Committees.

It is expected that this is the last year of funding for Harvard as NPA trainers will obtain the capacity to update the curriculum and train independently. Once institutionalized, the training will continue for all new government cadres. It is estimated that over 200 new cadres will be trained each year in subsequent years, without any additional funding from PEPFAR. This program complements the UNAIDS policy training workshops, which train existing high-level Communist Party and GVN cadres who would not otherwise attend the Harvard-supported trainings given they already hold office.

This activity will help PEPFAR reach the vision outlined in the PEPFAR Vietnam 5-Year Strategy by building local capacity through training of local leaders on impact mitigation, and on ways to coordinate rights-based, evidence-based and multi-sectoral HIV/AIDS responses at the provincial level.

Continued Associated Activity Information

Activity ID:	5781
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Community REACH
Funding Source:	GHAI
Planned Funds:	\$ 300,000.00

Emphasis Areas

	% Of Effort
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	1	<input 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	200	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	15	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	200	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Policy makers
 Teachers
 Host country government workers

Key Legislative Issues

Gender
 Stigma and discrimination
 Education

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9530
Planned Funds:	\$ 165,000.00
Activity Narrative:	This activity is linked to HVOP Pathfinder (9621).

This activity will build on work initiated by Pathfinder International (Pathfinder) in FY06 to promote strategic linkages between public and private providers (pharmacists and STI doctors) and to develop public-sector capacity to regulate private-sector practices around prevention, care and treatment of HIV/AIDS in 7 focus provinces. Specifically, Pathfinder will develop the capacity of 7 Provincial Health Departments to train 78 providers on national policy on HIV prevention and referral to CT, in addition to stigma and discrimination reduction (also see Pact/Pathfinder Other Prevention).

In FY06, PEPFAR supported Pathfinder to promote strategic linkages between the public sector and private sector in Quang Ninh province, and to expand its work to 2 additional PEPFAR priority provinces (An Giang and Ho Chi Minh City). Results from FY06 demonstrate an improvement in the quality and reach of services for PLWHA and those most 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.

However, the Pathfinder assessment also noted diverse practices and understanding of national policies on STI treatment, referral and CT services. Pathfinder will use the supportive supervision methodology to train 7 Provincial Health Departments (1 in each focus province) to apply the standardized supportive supervision methodology with 78 private providers (pharmacists, nurses and doctors) who have been trained to improve STI diagnosis and treatment for at-risk populations, and stigma reduction according to national policy. Pathfinder will provide coaching and support to the trainer teams on a monthly basis.

In conjunction with the development of public-sector capacity to supervise private-sector practices at the site level, Pathfinder will develop and pilot an approach for the government to recognize and promote quality service delivery among private-sector providers. Specific activities will include the dissemination of names and addresses of private providers who offer high quality services (as evidenced through training follow up), certification of private-sector training by Provincial Departments of Health, specific events of recognition and appreciation (e.g. on Doctor's Day) and partnership with MOH/VAAC on the development and promotion of a logo indicating VAAC support for providers offering high-quality services. Based on lessons learned, Pathfinder will develop recommendations for guidance on public-sector regulation of private-sector practices, and will disseminate this guidance at a national workshop in partnership with VAAC.

Pathfinder will also provide a small grant to support provincial professional medical associations to enhance their capacity and legitimacy as bodies representing private-sector interests. Specifically, grants will be provided to assist 2 provincial medical associations (to-be-determined) to understand the needs of their membership, and to meet to discuss the role/mandate of the association in relation to its membership and to the government. In addition, the grants may cover special events designed to increase the visibility of the association. These special events could include seminars or special lectures given by experienced national or international experts on themes relevant to HIV/AIDS.

This activity will help PEPFAR reach the vision outlined the PEPFAR Vietnam 5-Year Strategy by enhancing the referral network for comprehensive HIV/AIDS prevention, care and support and treatment services.

Continued Associated Activity Information

Activity ID: 5785
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: Community REACH
Funding Source: GHAI
Planned Funds: \$ 110,000.00

Emphasis Areas

	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	7	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	9	<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		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	78	<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
 Non-governmental organizations/private voluntary organizations
 Host country government workers
 Public health care workers
 Private health care workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Community REACH Vietnam
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9532
Planned Funds:	\$ 280,000.00
Activity Narrative:	This activity is related to HTXS VAAC (9398), HKID VAAC (9531), MTCT VAAC (9384), and HBHC VCHAP (9551).

Pact will support TBD-CBO to implement a stigma reduction training program for healthcare workers at HIV/AIDS service provision sites in the 7 focus provinces, and to support PEPFAR clinical implementing partners to integrate model anti-stigma components in their interventions. TBD-CBO will train 90 healthcare staff from 30 PEPFAR-supported service provision sites with a proven stigma-reduction intervention, and will work with 4 clinical training implementing partners to ensure that trainings incorporate effective anti-stigma components (training 20 program staff). TBD-CBO will also work with a local media agency to produce a short series of public service announcement to raise community awareness on HIV stigma and to reduce discrimination against PLWHA.

A recent study on HIV/AIDS-related stigma in Vietnam found that stigma is relatively high in the healthcare setting. PEPFAR will support TBD-CBO to conduct a desk review of stigma-related research in Vietnam in order to develop a training program specifically designed to reduce or eliminate stigma and discrimination in the healthcare setting. PEPFAR will support TBD-CBO to implement the model intervention in all 7 focus provinces for public-sector healthcare staff working in PEPFAR-supported clinical sites via training of 90 healthcare staff and additional healthcare and Provincial Health Department staff (resources permitting).

TBD-CBO will also work with PEPFAR clinical care and treatment implementing partners to incorporate an anti-stigma component in training modules and materials to ensure sustainability of anti-discrimination messaging in future trainings and as an element of program supervision. Mainstreaming of anti-stigma components will be supported via a training workshop for 20 clinical trainers and program monitoring staff and materials provision.

To expand anti-stigma messaging via multi-media, TBD-CBO will partner with a local media agency to develop a series of public service announcements to target communities with HIV/AIDS awareness-raising messages with a focus on reduction of stigma and discrimination for PLWHA. Messages will be shown regularly on national television via donated air time from the national network.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

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	20	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	20	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	110	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	20	<input type="checkbox"/>

Target Populations:

Community-based organizations
Doctors
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

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

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9534
Planned Funds: \$ 0.00
Activity Narrative: Pact will use PEPFAR funding to provide financial support to, and build the capacity of 3 community-based AIDS Service Organizations (ASOs) in 3 focus provinces (TBD) to provide referral services to PLWHA and their families to satisfy their full range of needs. Specifically, TBD will train 15 staff to manage and operate 3 ASOs.

This activity will increase local organization capacity to respond to the HIV/AIDS epidemic and will help develop community linkages and referral as a part of the network model. TBD will identify potential ASOs via a competitive process and will provide financial support for the establishment of functional offices, staffing, communications tools, and community engagement to ensure that PLWHA and their families in 3 select provinces have access to a range of services.

PEPFAR will ensure that ASOs are designed to be safe/comfortable multipurpose venues used for a range of prevention (including prevention for positives) programs, care and support activities (including addiction services for drug users and referral to job employment for IDU and PLWHA, PLWHA support, referral to vulnerable youth interventions, Women’s Union Empathy Clubs, and related clinical care and support programs).

ASO capacity building and expansion will be based on lessons learned from the FY06 ASO Pilot development supported by Health Policy Initiative (HPI), and expansion will include support for the one existing pilot and development of two additional ASOs. Training for 15 ASO staff will be adapted from the ASO Pilot and capacity will be built via 3 one-week training sessions focusing on program planning and management, service referral, and engagement of policy-makers for program and PLWHA advocacy. Ongoing supervision via TBD program staff will ensure that ASOs have access to support and assistance in improving services and problem solving.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	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	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	15	<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-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Public health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Quang Ninh
Hai Phong
Ho Chi Minh City

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	UNDP
Prime Partner:	United Nations Development Programme
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9536
Planned Funds:	\$ 170,000.00
Activity Narrative:	This activity is linked to HVOP UNAIDS (9477) and OHPS HPI (9528).

PEPFAR will continue to support UNAIDS to conduct 2 main policy activities: 1) strengthening of coordination and advocacy for HIV/AIDS activities targeting men who have sex with men (MSM); 2) general coordination of international support to the Government of Vietnam (GVN) and key players in responding to the epidemic, and engagement of the Communist Party on civil society involvement in the HIV/AIDS response.

Due to strong social stigma, many MSM do not self-identify in Vietnam and are reluctant to access services. In 2006, PEPFAR funded the UNAIDS MSM Consortium to develop an advocacy strategy targeting national and local authorities, the broader community including MSM, donors, and other organizations, to promote and integrate HIV/AIDS activities targeting MSM into existing programs. In FY07, UNAIDS will continue supporting the MSM Consortium to develop advocacy materials, conduct regional advocacy workshops, and collaborate with mass media to promote understanding of MSM-related HIV issues. The Consortium will also conduct regular bi-monthly meetings in Hanoi; coordinating study tours; and translate and distribute key information on lessons learned from other Asian countries. This informal working group will be expanded to include other organizations/institutions that are interested in working with MSM, most notably with representation from MOH/VAAC and focal point representatives from focus provinces. The Consortium is also a member group of the Greater Mekong Regional MSM Working Group.

UNAIDS will also support coordination of international support to the GVN and relevant players in responding to the HIV/AIDS epidemic. UNAIDS will work closely with international and local partners including PEPFAR partners and major donors (GF, DfID, ADB, World Bank) to promote transparency and share information, build partnerships with senior national leaders, and promote respect for the rights of PLWHA. Specifically UNAIDS will support the continuation of national level policy dialogues, including seminars with the Communist Party Commissions on Culture and Ideology, and Science and Technology, and mass organizations. To complement the Harvard training program, which supports new cadres in the Communist Party taking office for the first time, UNAIDS will work closely with existing Communist Party members in the Party Commission for Culture and Ideology to raise awareness on the importance of involvement of civil society in the HIV/AIDS response. PEPFAR funds will support a UNAIDS-coordinated Secretariat whose goal will be to strengthen the impact of national policy/advocacy and technical coordinating mechanisms, and the HIV/AIDS Technical Working Group (TWG) and subgroups. This Secretariat will provide leadership for the mapping of major HIV interventions and sharing of information at national and provincial levels through information advocacy, web-based information access, and the distribution of CD ROMs.

These activities will help PEPFAR reach the vision outlined in the PEPFAR Vietnam 5-Year Strategy by enhancing donor coordination and high-level policy-maker engagement.

Continued Associated Activity Information

Activity ID:	5789
USG Agency:	U.S. Agency for International Development
Prime Partner:	United Nations Development Programme
Mechanism:	N/A
Funding Source:	GHAI

Planned Funds: \$ 60,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	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		<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 leaders
Community-based organizations
Country coordinating mechanisms
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Volunteers
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:	UNDP
Prime Partner:	United Nations Development Programme
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9539
Planned Funds:	\$ 100,000.00
Activity Narrative:	This activity is linked to OHPS UNAIDS (9536).

PEPFAR will support UN Volunteers (UNV) in partnership with UNAIDS to develop the capacity of the Vietnam Women’s Union (VWU) to: reduce stigma and discrimination through PLWHA advocacy (key legislative issue: stigma); build greater understanding of and support for the greater involvement of people living with HIV/AIDS (GIPA); and increase opportunities for PLWHA to participate voluntarily in the HIV/AIDS response. This activity will be implemented at the national level and in 4 of the focus provinces. A total of 60 people will be trained in HIV-related stigma and discrimination reduction and GIPA.

UNV will partner with the central VWU, a quasi-governmental mass organization, to promote HIV/AIDS stigma and discrimination reduction messages targeting Communist Party Commissions, the National Assembly, the 6 ministries working in HIV/AIDS, and the general public. Via placement of 9 Vietnamese and 2 international UN volunteers in key Women’s Union offices at the central and provincial levels (4 focus provinces), UNV will support the VWU to partner with PLWHA leaders to develop appropriate HIV/AIDS awareness-raising messages designed to reduce stigma and discrimination against PLWHA and to promote involvement of PLWHA in the HIV/AIDS response. Messages will be delivered through national and local media outlets, including television, internet and print media. UN volunteers will convene 1 workshop in each of the 4 focus provinces for provincial AIDS authorities, mass organizations, and social service providers (health, micro-finance, child care, education and training, and other social services), to develop local-level stigma reduction policies/plans (20 government and non-government organizations will be targeted). The number of people who will be trained in HIV-related stigma and discrimination reduction is 60 (15 per province).

UNV will also support the VWU to provide guidance on how to implement GIPA, targeting VWU HIV program managers in 7 focus provinces and at the central office (60 individuals will be trained). Guidance will be based on lessons learned internationally from UNV/UNAIDS and from the Health Policy Initiative (HPI), and on local consultation with the VWU technical experts. In addition, the volunteers, many of whom are PLWHA, will advocate for GIPA in the focus provinces by using the guidance to conduct awareness raising information sessions with provincial leadership including local VWU, People’s Committees and People’s Councils (60 trained). Materials will be developed in conjunction with the HPI and Harvard training modules (targeting local People’s Committee and People’s Council members).

UNV will also support the VWU to expand its Empathy Club model which creates a venue and safe space where PLWHA and affected friends and family can meet to prioritize needs, formulate strategies to cope, and liaise with the government to provide feedback. These less formal clubs also serve as informal referral centers to clinical and community-based services, and will link with the ASOs (see Policy TBD-ASO) where applicable. UNV will train PLWHA and VWU staff in HIV-related community mobilization for prevention, and care and support treatment (60 individuals trained—as above). The Empathy Clubs specifically engage young women infected and affected by HIV/AIDS (key legislative issue: increasing gender equity in HIV/AIDS programs), and empower them to take control of their lives. UNV volunteers—many of whom are PLWHA—will contribute to the development of guidelines for self-support groups and associations that wish to form with the VWU as their umbrella. In addition, the VWU will serve as a conduit for policy recommendations to the Communist Party and the Prime Minister’s Office.

Continued Associated Activity Information

Activity ID: 5792
USG Agency: U.S. Agency for International Development
Prime Partner: United Nations Development Programme
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 110,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	20	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	60	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	60	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	60	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	60	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS

Key Legislative Issues

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

Coverage Areas

Quang Ninh

Hai Phong

Ha Noi

Ho Chi Minh City

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	UNAIDS/DOD
Prime Partner:	Joint United Nations Programme on HIV/AIDS
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9542
Planned Funds:	\$ 35,000.00
Activity Narrative:	This activity is linked to HVAB UNAIDS (9489), HVOP UNAIDS (9477), and HBHC UNAIDS (9583).

Through this activity PEPFAR will support 1 workshop targeted to senior-level Vietnam Ministry of Defense (MOD) leadership to address the issue of HIV prevention (AB and other prevention). This workshop is intended to promote advocacy among senior-level MOD leadership and seek their buy-in for peer-education among new recruits. The same workshop will seek to promote a better understanding and commitment on the part of MOD leadership to documenting and sharing the MOD experience thus far in HIV prevention to further develop linkages with regional and international military medicine and HIV activities.

The second part of this workshop is a continuation of activities from FY06 that are intended to promote a national-level dialogue between the MOD senior military leadership and Government of Vietnam (GVN) senior civilian leadership. One of these dialogues will address HIV as a national security issue, including its potential impact on the nation. PEPFAR's prime partner for this activity is UNAIDS, which will serve as a catalyst linking components of military and civilian HIV activities to improve content and impact. It is expected that through this workshop and related "dialogues", commitment from senior leadership from both the military and civilian sectors will increase. Therefore, a further expected outcome will be an increased understanding and acceptance for other prevention, care and treatment activities. Through this activity, PEPFAR will also support related activities, including provision of information and assistance to the military's section of the Vietnam Women's Union in order to promote greater adherence and referral to care for its membership.

This activity will forge linkages with other DOD activities, and will strengthen the support network for the military health care system resulting in greater service for the military and civilian populations they serve. These networks and linkages will be critical as MOD expands its HIV/AIDS care and treatment program in FY07 and beyond.

Continued Associated Activity Information

Activity ID:	5799
USG Agency:	Department of Defense
Prime Partner:	Joint United Nations Programme on HIV/AIDS
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Policy and Guidelines	10 - 50

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	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		<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:

Military personnel
Policy makers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	USAID GHAI
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9543
Planned Funds:	\$ 165,467.00
Activity Narrative:	This activity is linked to HVOP USAID (9597) and HVAP USAID (9493).

Funds requested will support 35% of an LES (Program Management Specialist), 55% of LES (Health Liaison Officer) and 50% of a USPSC (Health Program Manager), including salary, benefits and official travel costs.

These staff will provide technical assistance (TA) and program oversight to 12 international and local non-governmental organizations (NGOs) in close collaboration with other USG agencies and GVN Agencies including MOH/VAAC, the HCMC-PAC and other partners to maximize impact on all activities related to program design, implementation and evaluation of HIV/AIDS policy and system strengthening efforts.

Continued Associated Activity Information

Activity ID: 5807
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 15,000.00

Emphasis Areas

	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

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:

USG in-country staff

Key Legislative Issues

Wrap Arounds

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HHS/CDC GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9544
Planned Funds: \$ 12,895.00
Activity Narrative: This activity is supported with both Base and GHAI funds and relates to OHPS CDCBASE (9890).

Funds requested between GHAI and Base (GAP) accounts will support 50% of 1 USDH (Strategic Information Chief), including salary, benefits/allowances and official travel costs.

These staff will provide technical assistance (TA) with the MOH/VAAC, HCMC-PAC and other USG partners to strengthen capacity for implementing and evaluating HIV program activities in Vietnam. To coordinate and manage HIV programs the Government of Vietnam established the Vietnam Administration of AIDS Control (VAAC) in 2006, based within the MOH and therefore this is a critically important organization with which to coordinate and collaborate. Much can be done to build human resource capacity and harmonize HIV programming within Vietnam through VAAC.

Continued Associated Activity Information

Activity ID: 5730
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Vietnam
Mechanism: Cooperative agreement
Funding Source: GHAI
Planned Funds: \$ 176,000.00

Emphasis Areas

	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

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:

USG in-country staff

Key Legislative Issues

Wrap Arounds

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	PACOM/Center of Excellence
Prime Partner:	US Department of Defence/Pacific Command
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9545
Planned Funds:	\$ 50,000.00
Activity Narrative:	The US Pacific Command, Center of Excellence (COE) will work in partnership with the Vietnam Ministry of Defense (MOD) to promote policy development and leadership in HIV/AIDS within the MOD by supporting participation of key military leaders at workshops and training programs.

In FY07, this activity will support the participation of 6 key military leaders in international conferences, training programs and professional exchanges. This activity will enable military leaders to engage in dialogues on policies with the international military and civilian communities. Four international meetings, including a regional HIV/AIDS conference and the Asia Pacific Military Medicine Conference (APMMC), will provide a forum for professional exchange of information and will serve as platforms for MOD officers to share ideas and best practices in HIV/AIDS policy development. It is expected that these exchanges will also promote documentation and experience sharing of the MOD's work in HIV, and will support linkages with regional and international military medicine and HIV activities.

The international military community offers a variety of perspectives and policies that MOD can explore and reference to address HIV/AIDS with its own troops and the civilians served within the military health care system. PEPFAR funding will promote exchanges to enable MOD to explore what other militaries offer as evidence-based solutions and share their own experiences with HIV/AIDS activities. This will engage MOD leadership in the HIV/AIDS international dialogue and sustain support for other critical HIV activities such as capacity building for counseling and testing and care and treatment within the military health care system. These exchanges and similar engagements will be planned with military counterparts in the Asia-Pacific region and MOD officials.

PEPFAR will support technical consultation for this program area. The HIV prevention and treatment team from the COE will provide technical oversight in program design, implementation and evaluation.

Continued Associated Activity Information

Activity ID:	5808
USG Agency:	Department of Defense
Prime Partner:	US Department of Defence/Pacific Command
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 15,000.00

Emphasis Areas**% Of Effort**

Policy and Guidelines

10 - 50

Quality Assurance, Quality Improvement and Supportive Supervision

10 - 50

Targets**Target****Target Value****Not Applicable**

Number of local organizations provided with technical assistance for HIV-related policy development

1

Number of local organizations provided with technical assistance for HIV-related institutional capacity building

1

Number of individuals trained in HIV-related policy development

6

Number of individuals trained in HIV-related institutional capacity building

6

Number of individuals trained in HIV-related stigma and discrimination reduction

Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

Target Populations:

Military personnel

National AIDS control program staff

Policy makers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HHS/CDC Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9890
Planned Funds: \$ 137,105.00
Activity Narrative: This activity is supported with both Base and GHAI funds and relates to OHPS CDC GHAI (9544).

Funds requested between GHAI and Base (GAP) accounts will support 50% of 1USDH (Strategic Information Chief), including salary, benefits/allowances and official travel costs.

This staff member will provide technical assistance (TA) with MOH/VAAC, HCMC-PAC and other USG partners to strengthen capacity for implementing and evaluating HIV program activities in Vietnam. To coordinate and manage HIV programs the Government of Vietnam established the Vietnam Administration of AIDS Control (VAAC) in 2006, based within the MOH and therefore this is a critically important organization with which to coordinate and collaborate. Much can be done to build human resource capacity and harmonize HIV programming within Vietnam through VAAC.

Continued Associated Activity Information

Activity ID: 5805
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 136,701.00

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"/>

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	The Capacity Project
Prime Partner:	IntraHealth International, Inc
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10172
Planned Funds:	\$ 500,000.00
Activity Narrative:	This activity is linked to OHPS MOH/VAAC (9414).

Funding in this activity will be used to conduct a health workforce human capacity assessment for HIV/AIDS programs in Vietnam.

In consultation with the OGAC human capacity technical working group, PEPFAR will support the Government of Vietnam (GVN) to conduct a health workforce human capacity assessment to identify the human resources needed to achieve HIV/AIDS prevention and care program goals, to document the gaps in resources which cannot be realigned from the overall workforce and to determine how to identify, train and sustain health workers engaged in HIV/AIDS services without compromising the budget or manpower for other health services.

Current MOH, Provincial Health Department, and related ministries charged with working in HIV/AIDS have stretched human resource capacity. Despite GVN commitment to increasing the public health workforce, there is substantial variation in the degree to which public health positions are available within Vietnam, particularly at the provincial and district levels. Moreover, those few health professionals that are available are challenged to provide a range of public health services including Avian Influenza, outbreak control and HIV/AIDS. This need has been exacerbated by the increase in PEPFAR funding coupled with changes in host nation policies, including the provision of free ARV drugs. Consequently, patient loads and demand for treatment, counseling and testing, care, and prevention services in clinics have increased substantially. Given GVN ministries, including Health, and Labor, Invalids and Social Affairs, are the most inherently sustainable organizations implementing HIV/AIDS programs, it is important to assure that PEPFAR programs do not inadvertently compromise this sustainability.

In the medium-term, the GVN will need to increase staffing levels and strengthen human capacity in the areas of basic public health sciences, analytical assessment, policy development, program planning, communication, financial and program management, leadership, and community development to adjust the structure of the health care system to address the HIV/AIDS crisis. The proposed human capacity assessment will assist in developing a human resources strategy to address the needs identified in the assessment.

In the short-term, in addition to the proposed assessment, PEPFAR will support strategies to allow quality program expansion to take place including formulation of a short and long term human capacity development strategy hiring temporary contract staff, providing targeted incentives, supporting short and long-term training, and funding overtime.

Plus up will support funds approved in COP07 to expand assessment of health workforce human capacity including additional workforce estimates and service delivery time analysis. Further, it will be used to support development of implementation plan, based on recommendations from the assessment. Support can be given to perform initial steps of the implementation plan once the plan is approved.

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"/>

Key Legislative Issues

Wrap Arounds

Democracy & Government

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	HHS/Substance Abuse Mental Health Services Administration
Prime Partner:	Substance Abuse and Mental Health Services Administration
USG Agency:	HHS/ Substance Abuse and Mental Health Services Administration
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10311
Planned Funds:	\$ 0.00
Activity Narrative:	This activity is carried over from FY06 with no new funding.

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.

Continued Associated Activity Information

Activity ID:	5809
USG Agency:	HHS/ Substance Abuse and Mental Health Services Administration
Prime Partner:	Substance Abuse and Mental Health Services Administration

Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 285,000.00

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"/>

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	UNDP
Prime Partner:	United Nations Development Programme
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	16010
Planned Funds:	\$ 75,000.00
Activity Narrative:	This action will strengthen health policy in Vietnam, with a direct augmentation of HIV/AIDS policy and coordination, and contributes to sustainability of PEPFAR investments. Funds for this increase are reduced from activity 9381 and are available because of savings in ARV drug 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: \$ 3,724,361.00

Program Area Context:

Program Area Setting

The US Ambassador leads the PEPFAR team in Vietnam with agency representation from the Department of State (DOS), US Agency for International Development (USAID), Health and Human Services (HHS), and Department of Defense (DOD). Under the Ambassador's supervision, the role of the interagency coordinator brought on in August 2006 is to coordinate activities of the unified team as they plan, manage and monitor programs. An interagency "staffing for results" assessment conducted in Vietnam in August 2006 provided recommendations on management approaches and staffing needs in Vietnam. In accordance with these recommendations, newly refined agency roles and processes for communication and interagency decision-making are now in place.

PEPFAR staffing has not kept pace with the financial and programmatic growth of PEPFAR in Vietnam. The FY07 program budget will increase to 59M, representing a more than 70% increase over FY06. In addition, the PEPFAR team will be managing activities in new program areas, such as safe injection, pediatric treatment and medication assisted therapy for drug addiction. Given the broadening scope of the PEPFAR program in Vietnam and the recommendations from the "Staffing for Results" assessment (see uploaded document), the PEPFAR team will require and is proposing additional staffing in FY07 to implement this program effectively.

The priority for additional staff is based on "staffing for results" as described in the FY07 COP guidance and in the message delivered by Ambassador Mark Dybul at the annual PEPFAR conference in Durban. Specifically, the range of short- and long-term skills needed to implement PEPFAR Vietnam include: technical assistance (TA) and program management in the areas of prevention, treatment and strategic information. In addition, as the program grows and program coverage increases, PEPFAR will need to strengthen program management and administrative support in the Ho Chi Minh City Office. Given the increase in PEPFAR funding, the expanding number of PEPFAR partners and programs in southern Vietnam, a key USAID US direct hire position is required to support the inter-agency activities and provide technical oversight to prevention programs. The relative mix of short- and long-term skills has been, and will continue to be determined annually by the individual agencies with oversight by the PEPFAR management team, led by the Ambassador.

Short-term TA needs will include discrete technical assistance (TA) in a variety of program areas, includes development of a national laboratory quality control manual, etc. These short-term needs are met with agency TDY staff, consultants or fellows whenever possible. In addition, PEPFAR Vietnam will need to increase locally employed staff (LES) in specific technical areas (see prevention, treatment, laboratory and strategic information). These new LES will have primary responsibility for developing and implementing a sustainability plan in collaboration with government counterparts and other partners and for providing capacity building TA to the government across all program areas. For both sustainability and cost efficiency, the PEPFAR Vietnam team plans to gradually transfer the majority of international hire positions to LES positions. As a result, most new positions will be LES positions with 3 exceptions. In addition, several of these new staff positions will lead to further localization in FY08 and beyond.

1) PEPFAR Vietnam is requesting the placement of a US direct hire position for the USAID office. The USAID office is presently staffed by contractors with oversight from the USAID Bangkok regional office. The addition of this new position will improve cost efficiency and improve the management of this program. Also, given the recent guidance on the role of regional USAID missions, it is anticipated that US direct hire oversight would be best placed within the USAID office in Vietnam. 2) A new international-hire senior Prevention Specialist position (HVOP USAID 9597) is being proposed to provide technical leadership and assistance for the PEPFAR prevention portfolio. 3) a PEPFAR program officer fellowship position would be created for 2 years to assist the team with workplan and other program management oversight. This

position would be filled in the future by a senior LES staff member. It is anticipated that if these staffing needs are approved, no new positions will be necessary in FY08.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: USAID GHAI
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9684
Planned Funds: \$ 1,334,876.00

Activity Narrative: Funds requested will support overall program management and oversight at USAID, including operations, management, procurement, and coordination. As the Regional Development Mission/Asia (RDM/A) reduces support to Vietnam from Bangkok, Thailand, the Vietnam PEPFAR program will need to increase staffing to account for additional management responsibility. Additionally this budget also includes 5 interagency positions that are hired through AID procurement mechanisms. Funds will also be used to hire additional new positions added to the USAID Vietnam team that were not included in the FY06 COP. A complete list of AID positions supported in this program area follow:

Existing Positions:

Country Manager (USPSC) 25%
HIV/AIDS Program Manager (USPSC) 50%
Program Management Specialist (LES) 70%
Health Liaison Officer (LES) 40%
Secretary (LES) 100%
IT (LES) 100%
PEPFAR Coordinator (USPSC) 100%
PEPFAR Secretary (LES) 100%

New Management/Support Positions funded by M&S funding
Population Health and Nutrition (PHN) Officer (USDH) 100%
Contracts Specialist (LES) 100%
Program Management Assistant (LES) 100%
PEPFAR Program Officer (Fellow) 100%
PEPFAR Program Management Specialist (LES) 100%
PEPFAR Program Interpreter (LES) 100%

The support for 6 new management/support positions is requested in FY07 to better support the management and administrative requirements of the increased funding and number of partners. Their roles, responsibilities and justifications for the positions are outlined below:

PHN Officer (USDH), USAID/Vietnam office. The USDH PHN Officer will provide overall guidance for the HIV/AIDS and Health portfolio in Vietnam, working in conjunction with the HIV/AIDS Program Manager. For the last two years, PEPFAR/USAID programs have been managed by a USPSC Program Manager. Since 2004, the USAID management burden has grown from 3 organizations to nearly 40 proposed for 2007, and the portfolio has grown from \$3.5 million to over \$35 million proposed for 2007. The size and high profile of the portfolio, and the number of partners necessitate a sufficiently staffed management team that can spend time focusing on program management rather than technical oversight of interventions.

Contracts Specialist (LES), USAID/Vietnam office. Currently there is no contracts officer in Vietnam, and contracting and negotiation services are provided by RDM/A. In anticipation of a growing portfolio, RDM/A has recommended the placement of a Contracts Specialist in Vietnam to assist with contracting, negotiation and procurement for USAID grantees under PEPFAR. An "on the ground" Contracts Specialist will reduce costly TDYs from RDM/A. The specialist serves as the principal advisor for a broad range of USAID acquisition activities to include complex procurement actions and administration and more generally modification, delivery and purchase order and related procurement actions.

Program Management Assistant (LES), USAID/Vietnam office. The Program Management Assistant will aid the HIV/AIDS Program Manager, the Program Management Specialist and the USAID/VN and RDM/A Program Offices to track USAID grantee expenditures, to respond to program-related requests, to assist the Contracts Specialist with procurements, and to maintain the USAID program database. PEPFAR support for Vietnam in 2007 will expand USAID partnerships to nearly 40 (funding in 2006 was \$22 million and is projected to increase to over \$35 million in 2007). This growth will require an additional staff member to share grant tracking responsibilities with the Program Management Specialist, by whom he/she will be supervised.

Program Officer (USPSC), Vietnam PEPFAR Coordination Office. This position will work closely with the PEPFAR Coordinator, providing technical leadership and support to the

Vietnam PEPFAR Coordination Office. This position will assume many of the tasks previously performed by the PEPFAR Liaison Officer, the newly hired PEPFAR Program Officer playing a broader role in working with the larger donor community in Vietnam. Specifically, the PEPFAR Program Officer will provide coordination support for cross cutting tasks and responsibilities (e.g. gender-related issues and '06 support activities). As coordination system and practices are developed, this position will be converted from an international hire (potentially an MPH Fellow) to a locally employed technical officer.

Program Management Specialist (LES), Vietnam PEPFAR Coordination Office. This is a second key position to support the Vietnam PEPFAR Coordination office. This position will provide PEPFAR budget management, administrative and logistical services for the Vietnam PEPFAR Coordination Office, co-located at USAID in Hanoi.

PEPFAR Program Interpreter (LES), Vietnam PEPFAR Coordination Office. Over the years, and particularly since the scale up of PEPFAR Vietnam it has become clear that high quality, technically accurate medical and programmatic translation services (English – Vietnamese – English) at important meetings, workshops, training programs, etc. with partners and counterparts is critically needed. The technical nature of PEPFAR program activities, including the frequent use of medical/scientific terminology makes translation services vital to the success of the program. It has been PEPFAR Vietnam's experience that the specific translation skills needed for the expanding program (especially for simultaneous translation) at meetings cannot be provided by local contractors often resulting in time lost and misunderstanding/misinterpretation of policy and program direction.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	USAID GHAI
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9685
Planned Funds:	\$ 165,000.00
Activity Narrative:	In FY 06 ICASS portion allotted to PEPFAR/USAID team was \$105,350. As a result of expanded procurement and space requirements in FY 07, the amount of funds to support ICASS is estimated at \$165,000. This will support existing and new positions including 1 US Direct Hire, 5 USPSCs and 13 LES.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	USAID GHAI
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9686
Planned Funds:	\$ 130,000.00
Activity Narrative:	In FY 06 IRM portion allotted to PEPFAR/USAID team was \$61,000. This proportion in FY 07 is expected to increase to \$130,000 to cover the IT management costs associated with supporting existing and new positions including 1 US Direct Hire, 5 USPSCs and 13 LES. The IRM costs are calculated at a rate of \$5,800 per FTE or proportion thereof.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	HHS/CDC GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9687
Planned Funds:	\$ 76,522.00
Activity Narrative:	This activity is supported with both Base and GHAI funds and relates to HVMS CDCBASE (9891).

Funds requested will support overall program management and oversight at HHS/CDC, including operations, management, procurement, coordination and the following staff salaries, benefits and official travel costs. The following positions are currently supported in this program area:

- Country Director, USDH (100%)
- Deputy Director, USDH (100%)
- Associate Director, HCMC office, USDH (50%)
- Office Manager, LES (100%)
- Senior Financial Specialist, LES (100%)
- Financial Assistant, LES (100%)
- IT Specialist, LES (100%)
- Secretaries (2), LES (100%)
- Receptionist, LES (100%)
- Administrative Assistant, HCMC, LES (100%)
- Chauffeurs (2), LES (100%)

One new LES (Office Manager) is being requested in FY 07 to better support the management and administrative requirements of the rapidly growing Ho Chi Minh City office. This office is expanding to respond to increased PEPFAR programming in southern Vietnam. Seven PEPFAR staff are currently assigned to the Ho Chi Minh City office to provide support technical assistance to GVN and other partners and programs, but there remains a critical need for additional administrative support. The proposed office manager will be responsible for supervising HCMC support staff, assisting in the development of additional space plans, planning meetings and providing support services including secretarial, budget, procurement and travel.

These funds are also used to pay for related office support including communications, equipment, miscellaneous procurement of supplies and services, etc.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	HHS/CDC Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9688
Planned Funds:	\$ 450,000.00
Activity Narrative:	HHS/CDC is fully represented on the Embassy. ICASS interagency working group meets periodically to develop policy and make recommendations regarding assigning ICASS costs to the various services provided by the Embassy. HHS/CDC subscribes to the full range of ICASS services to cover administrative and personnel costs associated with supporting the current 5 US Direct Hire, 7 US Contracts and 20 locally employed staff and proposed 7 LES.

In FY 06 ICASS charges were \$376,472. As a result of expanded procurement and space requirements, FY 07 ICASS charges are expected to be \$450,000.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	HHS/CDC GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9689
Planned Funds:	\$ 248,835.00
Activity Narrative:	In FY 07 HHS/CDC Vietnam will continue to pay in to the State Department's OBO Capital Security Cost Sharing (CSCS) program. The funds collected under this program are used to provide the State Department Overseas Buildings Office funding to build and renovate chanceries and consulates throughout the world. HHS/CDC Vietnam's costs are calculated based upon the per capita costs associated with the 5 US direct hire, 7 US contract staff and 20 locally employed staff housed in non controlled access areas within US Embassy.

This cost is being phased in, and while last year the cost was \$152,921, this year the cost is \$248,835. It is expected to increase over the next several years.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	HHS/CDC Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9891
Planned Funds:	\$ 938,128.00
Activity Narrative:	This activity is supported with both Base and GHAI funds and relates to HVMS CDC GHAI (9687).

Funds requested will support overall program management and oversight at HHS/CDC, including operations, management, procurement, coordination and the following staff salaries, benefits and official travel costs. The following positions are currently supported in this program area:

Country Director, USDH (100%)
 Deputy Director, USDH (100%)
 Associate Director, HCMC office, USDH (50%)
 Office Manager, LES (100%)
 Senior Financial Specialist, LES (100%)
 Financial Assistant, LES (100%)
 IT Specialist, LES (100%)
 Secretaries (2), LES (100%)
 Receptionist, LES (100%)
 Administrative Assistant, HCMC, LES (100%)
 Chauffeurs (2), LES (100%)

One LES (Office Manager) is being requested in FY 07 to better support the management and administrative requirements of the rapidly growing Ho Chi Minh City office. This office is expanding to respond to increased PEPFAR programming in southern Vietnam. Seven PEPFAR staff are currently assigned to the Ho Chi Minh City office to provide support and technical assistance to GVN and other partners, but there remains a critical need for additional administrative support. The proposed office manager will be responsible for supervising HCMC support staff, assisting in the development of additional space plans, planning meetings and providing support services including secretarial, budget, procurement and travel.

These funds are also used to pay for related office support including communications, equipment, miscellaneous procurement of supplies and services, etc.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	PACOM/Center of Excellence
Prime Partner:	US Department of Defence/Pacific Command
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	10164
Planned Funds:	\$ 275,000.00
Activity Narrative:	Funds requested will support overall PEPFAR DOD program management and oversight, including operations, management, procurement, coordination and staff salaries, benefits and official travel costs for a USDH Program Manager and a LES Program Management Assistant.

These funds will also be used to pay for related office support including communications, equipment, miscellaneous procurement of supplies and services etc.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: PACOM/Center of Excellence
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10165
Planned Funds: \$ 65,000.00
Activity Narrative: The DOD program in Vietnam subscribes to ICASS services to cover administrative and personnel costs associated with supporting 1 US Direct Hire and 2 LES. DOD FY07 estimate for ICASS costs for DOD is \$65,000.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: PACOM/Center of Excellence
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10167
Planned Funds: \$ 41,000.00
Activity Narrative: Funds will be used to contribute to the State Department's OBO Capital Security Cost Sharing (CSCS) program for the PEPFAR/DOD team. The funds collected under this program are used to provide the State Department Overseas Buildings Office funding to build and renovate chanceries and consulates throughout the world. Costs are calculated based upon the per capita costs associated with 1 US direct hire, and 2 LES housed in non controlled access areas within US Embassy.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	<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 2007?	<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 2007?	<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 2007?	<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 2007?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Other significant data collection activities

Name:

Routine M&E for all program activities

Brief description of the data collection activity:

All program activities will have routine monitoring and evaluation data collected for program planning and mid-course adjustments as necessary.

Preliminary data available:

Name:

Enhanced patient monitoring

Brief description of the data collection activity:

Enhanced patient monitoring will be conducted in a sample of clinics to provide better outcome data on treatment. These data will be used for continuous quality improvement of services.

Preliminary data available:

Name:

IBBS

Brief description of the data collection activity:

Integrated behavioral and biomarker surveillance will be incorporated into sentinel surveillance beginning in FY07

Preliminary data available:

Name:

Sentinel Surveillance

Brief description of the data collection activity:

Routine Sentinel surveillance with focus on ANC and MARPs

Preliminary data available:**Name:**

Clients of CSW

Brief description of the data collection activity:

This will be a general population survey focusing on identifying clients of commercial sex workers (CSW)

Preliminary data available: