



USAID | HEALTH POLICY FROM THE AMERICAN PEOPLE INITIATIVE VIETNAM



SEMI-ANNUAL PERFORMANCE REPORT HEALTH POLICY INITIATIVE VIETNAM

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Acronyms

A2	Analysis & Advocacy (A-squared)
AA	AIDS Association
AEM	Asian Epidemic Model
AG	An Giang
BU	Boston University
CCLPHH	Center for Consulting on Law and Policy on Health and HIV/AIDS
CHP	Center for Community Health Promotion
COHED	Center for Community Health and Development
COP	Country Operation Plan
CSOs	Civil Society Organizations
CUP	Condom Use Program
DSEP	Department of Social Evils Prevention
EE	Entertainment Establishment
FHI	Family Health International
HAPSAT	HIV/AIDS Program Sustainable Analysis Tool
HCMC	Ho Chi Minh City
HCMNPA	Ho Chi Minh National Political Academy
HMIS	Health Management Information System
HN	Hanoi
HP	Hai Phong
HPI	Health Policy Initiative
IDUs	Injecting Drug Users
IRBs	Institutional Review Boards
M&E	Monitoring and Evaluation
MARP	Most At Risk Population
MOCST	Ministry of Culture, Sport and Tourism
MOHA	Ministry of Home Affairs
MOJ	Ministry of Justice
MOLISA	Ministry of Labour, Invalids and Social Affairs
MOPS	Ministry of Public Security
MOU	Memorandum of Understanding
MSM	Men who have Sex with Men
NA	National Assembly
OI	Opportunistic Infection
OPC	Out Patient Clinic
OVC	Orphans and Vulnerable Children
PAC	Provincial AIDS Center
PATC	Provincial AIDS and Tuberculosis Center
PHAD	Institute of Population, Health and Development
VCT	Voluntary Counseling and Testing

SEMI-ANNUAL PERFORMANCE REPORT

SUMMARY

Health Policy Initiative Vietnam (HPI) aims to assist the Government of Vietnam, U.S. Government, civil society organizations (CSOs), and other stakeholders to develop and implement evidence-based and best practice-driven laws, policies, plans, and programs for HIV/AIDS prevention, care and treatment, and impact mitigation in Vietnam. The HPI Vietnam Task Order aims to achieve three key results:

- 1) Adoption and implementation of national and local HIV/AIDS policies, plans, and programs based on international best practices;
- 2) Strengthening and support for effective public sector and civil society advocates and networks to assume leadership in the policy process; and
- 3) Development and deployment of timely and accurate data for evidence-based decision making.

In the first half of HPI's year 2, we made significant progress on all tasks, as detailed below. In line with the objectives of PEPFAR 2 and the forthcoming Partnership Framework with the Government of Vietnam, we have placed increasing emphasis on sustainable approaches and capacity building for Vietnamese agencies and organizations.

I. PROGRESS TOWARD OBJECTIVES AND PROJECT INDICATORS

1. Result 1: Adoption and implementation of national and local HIV/AIDS policies, plans, and programs based on international best practice

Overview: In the first 6 months of this fiscal year, HPI worked on all tasks under Result 1. They include: (1) Promoting greater consistency in the HIV/AIDS legal and policy framework in Vietnam; (2) Policy and planning training; (3) Journalist training; (4) Assisting with development of HIV/AIDS strategic plans; (5) Intervention for Sexual Partners of former and current residents of 06 centers/prisons; and (6) 100% Condom use program (100% CUP).

Task 1: Promoting greater consistency in the HIV/AIDS legal and policy framework in Vietnam

Highlights:

- Completed policy brief summarizing Vietnam's drug control policy and its relationship to the HIV epidemic. The brief is designed to provide policy makers with a summary of key provisions of the legal and policy framework, gaps, needs for revision, and a way forward to improve policy and programs both in the short term and long term.
- Continued assistance through our partners CCLPHH and PHAD to MOLISA, MOH, and MOJ with drafting, review and revision of key legal documents. Work during these 6 months focused on the following legal documents:
 - *Decree on post-detoxification management:* This decree (Decree 94) was promulgated by the Vietnamese Government on October 26, 2009. HPI is now working with MOLISA to provide technical assistance for the circular implementing and detailing this decree with a view to incorporating improvements on center-based post-detoxification management (see below).

- *Decree on community and family based detoxification:* Based on comments from HPI, other stakeholders and review by the MOJ, the draft decree has been finalized and submitted to the Government.
- *Decree on sanctioning administrative violations on HIV/AIDS prevention and control.* HPI provided support for this work through CCLPHH and coordinated with key international organizations on consensus recommendations and submitted the summary of comments to MOH.
- *Decree on amendment of and addition to a number of articles of Decree No.135/2004/ND-CP dated on June 10, 2004 which prescribes the regime on application of consignment to rehabilitation centers, organization and operation of rehabilitation centers under the ordinance on handling administrative violations, and prescribes the regime on applying treatment in rehabilitation centers for adults and voluntary people..* HPI submitted comments on the draft decree to MOJ and attended the review meeting held by MOJ with key comments focused on subject of application in order to encourage placing people in home- and community-based rather than center-based detoxification.
- *Decree on amendment of and addition to a number of articles of Decree No.147/2003/ND-CP dated on December 2, 2003 prescribing the conditions, procedures for granting permits to, and the management of operation of, voluntary drug detoxification establishments.* HPI submitted comments on the draft decree to MOJ and attended the review meeting held by MOJ with key comments focusing on consistency with Law on HIV/AIDS prevention and control. Our recommendations included that the services provided by such facilities should be much more clearly and specifically described in the decree, including services for substance abuse treatment, HIV/AIDS prevention, care, and treatment.
- *Circular guiding the implementation of a number of articles of the Decree No.94/2009/ND-CP regulating in detail the implementation the Law on amendment and supplement to a number of articles of the Law on drug prevention on control regarding post-detoxification management:* HPI began to work with MOLISA on the fundamental draft and draft 1, focusing on further narrowing the criteria for high risk for relapse – on which decisions will be based whether to keep individuals in centers for another 1-2 years.
- *Decision on condom promotion.* HPI explored the possibility of working with the Ministry of Culture, Sport and Tourism (MOCST) to develop a Decision of the Minister of MOCST promulgating the action plan for condom promotion in entertainment establishments. We provided assistance on the fundamental draft and at present, are working on draft 1. The purpose of this plan is to create an enabling environment for effective implementation of condom use programs in entertainment establishments and ensure the availability of condoms in such establishments.
- Encouraged employers to hire PLHA and MARPs and to expand workplace HIV/AIDS programs
 - HPI worked with FHI, Chemonics, UNAIDS and collaborated with the Government Office to follow up on the implementation of Prime Minister Truong Vinh Trong's Decision on reviewing and revising the legal and policy framework, which currently does not provide clear tax incentives or other encouragement to employers to hire PLHA or MARPs. Currently HPI is coordinating with FHI, Chemonics, and UNAIDS to explore the best approach to work with MOF in the development of legal

documents, in which tax incentives for employers to hire of PLHA and MARPs will be revised.

Lessons learned/constraints:

- To succeed in work assisting the government, HPI acknowledged that good relationships with government agencies, understanding of their functions and priorities as well as thorough knowledge of the legal system are extremely important. In addition, our experience with the drafting of legal documents indicated the importance of involving stakeholders at the beginning as well as advising MOJ who has power and influence in reviewing legal documents. We were able to coordinate between related ministries to increase their involvement and consensus in revising legal documents, particularly those on which there are differing opinions.

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for next 6 months:

- Continue to work through CCLPHH and PHAD to assist Ministries with drafting, reviewing, and revision of key legal documents, including finalizing the Decree on sanctioning administrative violations on HIV/AIDS prevention and control, Decision of the Minister of MOCST promulgating the action plan for condom promotion in entertainment establishments, as well as drafting of the Circular guiding the implementation of a number of articles of the Decree No.94/2009/ND-CP regarding post-detoxification management. We will also work to obtain improvements in the Decree on Family- and Community-based detoxification so that it better specifies decision making on who will receive community-based services and what specific services for substance abuse treatment and HIV prevention, care, and treatment will be offered as part of programs. Our overall objective is to increase utilization of community-based programs and decrease Vietnam's reliance on 06 centers.
- Revise/update policy briefs, as needed.

Task 2: Policy and planning training

Highlights:

HPI coordinated with Boston University and Ho Chi Minh Academy to carry out the following major sub-tasks:

- Adapted existing HIV/AIDS policy and planning curriculum for district leaders. Detailed curriculum modules, presentations, case scenarios, group work exercises, readings, homework assignments and other materials were prepared in time to be sent to the TOT participants for their review and preparation in advance of the TOT session. The following TOT-related activities were carried out in Vietnam in January, 2010.
 - Conducted a two-day faculty meeting. International and national faculty worked together to make final preparation of the materials for the TOT session.
 - Conducted a four-day TOT training. 34 participants of the Central Academy and sub-academies in Ha Noi, Ho Chi Minh City, Da Nang, and Can Tho attended. Most of them had previously attended a policy and planning training session in 2009. The TOT participants were divided into 3 groups for practicing, with observation and technical support by international faculty. CDs with all materials of the training were provided to all TOT participants.

- Carried out a two-day practice district training with a focus on key districts of Hanoi city. TOT participants played key roles in presenting the training with support from the faculty.
- Worked with the Academy to plan district training tentatively scheduled for July, 2010. Province(s) and location have not yet been selected, but Son La is one possibility, depending on outcome of Son La policy advocacy seminars (see below).

HPI coordinated with Central Party Commission to prepare two policy advocacy seminars on harm reduction interventions, which will be held in Son La on April 7 and 8, 2010 for Party and Local leaders with the following plan:

- Purposes of seminars: (1) Convince the top leaders of Son La of the effectiveness of harm reduction interventions for HIV prevention and (2) Promote the implementation of HIV/AIDS harm reduction program in Son La.
- Chairpersons for seminar 1 on April 7, 2010 (for Party leaders): Leaders of Central Party Commission and Provincial Party Commission.
- Chairpersons for seminar 2 on April 8, 2010 (for Local leaders): Leaders of Central Party Commission and Provincial People's Committee.

At these seminars, key points on harm reduction interventions will be highlighted, including the policy and legal framework on harm reduction interventions and evidence of effectiveness of harm reduction interventions in the world and Vietnam.

Lessons learned/constraints:

- Careful and complete preparation before the trainings/workshops often determines their impact. District level training for Hanoi districts was accomplished and achieved its goals. However, some of the planned participants (key district leaders) could not attend because of schedule conflicts. In the future, better planning and follow up to ensure full attendance of all participants will be carried out.

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for next 6 months:

- Work with the Central Party Commission to hold two seminars on harm reduction interventions in Son La for leaders of party and local authorities.
- Continue to coordinate with Ho Chi Minh Academy to hold a one three-day district-level workshop for district leaders in Son La or other provinces.
- Integration of this training with other HPI training components.

Task 3: Journalist training

Highlights

Continued to work through PHAD to carry out the following sub-tasks:

- Coordinated with Central Party Commission and VAAC to publish a series of articles for building public literacy about HIV/AIDS and advocacy on HIV/AIDS policy and legal framework. Five articles have been published so far and of these, three articles: Policy and Legal framework on drug and HIV/AIDS prevention and control; Methadone treatment – international experiences and real situation in Vietnam; Success stories on HIV/AIDS legal services have been published in “AIDS and Community” Magazine of VAAC. The other two articles - Basic provisions of the Decree 94/2009/ND-CP regarding post detoxification management and Effectiveness of implementation of harm reduction interventions have been published in “Reporter” Magazine of Central Party Commission.
- Coordinated with MOCST to plan for the integration of HIV/AIDS policy advocacy into 4 seminars for editors-in-chief and organized one seminar on 23 March.
- Coordinated with MOCST to plan for one journalist’ training workshop, which will be held on May.

Lessons learned/constraints:

- Understanding the role of mass media in policy advocacy, HPI explored and was initial successful in collaboration with the Central Party Commission in publishing and disseminating articles in their publications; all authors are leaders of government and party agencies who have influence in policy making.

Plan for next 6 months:

- Publish 8 more articles regarding policy and strategy for HIV/AIDS prevention and control as well as evidence-based decision making in “AIDS and Community” Magazine of VAAC in the “Reporter” Magazine of Central Party Commission.
- Hold seminars for editors-in-chief of the national media, which will be held in April, May and June, covering key issues on harm reduction intervention programs in Vietnam (advantages, disadvantages and future needs for implementation), the Methadone treatment program (achievements and strategy for expanding the program) and condom promotion for HIV/AIDS prevention and control.

Task 4: Assisting with development of HIV/AIDS strategic plans

Highlights:

- In the first 6 months of this fiscal year, HPI provided technical support to VAAC and HCMc PAC in their evaluations of current strategic plans (to 2010) and development of their new strategy/action plans (to 2015). In coordination with UNAIDS and FHI, HPI focused primarily on the HCMc PAC work while UNAIDS is taking lead in working with VAAC.
- HPI worked with UNAIDS to provide assistance in evaluating the current 2010 national HIV/AIDS Strategic Plan and developing the successor plan. HPI worked with UNAIDS, VAAC and the Futures Institute on the resource need estimation for universal access scenario in Vietnam by 2015. However, we are not fully satisfied with this single universal access scenario, for which Vietnam would require around \$US 1.65 billion for the next 5 years for HIV/AIDS prevention, care and treatment. Instead, we proposed application of HAPSAT (HIV/AIDS Program Sustainable Analysis Tool) to develop more sustainable scenarios for Vietnam -- see below for further information. USAID

has provided additional funding to supplement Abt's Health Systems 2020 resources to enable us to carry out the full linked National Health Accounts (HIV subaccount)/HAPSAT exercise on a schedule to provide results to inform Vietnam's new HIV/AIDS strategic plan.

- Abt/HPI also provided VAAC, UNAIDS and WB the results from Abt's 7-year Cross-Border HIV Prevention Project for IDUs in Lang Son Province for an impact evaluation of harm reduction programs in Vietnam being sponsored by VAAC.
- HPI worked with FHI and UNAIDS to provide assistance in evaluating the current 2010 HIV/AIDS action plan and developing the 2015 successor plan for HCMc. In the first 6 months of this fiscal year, HPI has been involved in:
 - Conducting two consultation meetings with HCMc PAC and other international partners on HCMc PAC sustainable plans, in October and November 2009.
 - Conducting three follow-up technical meetings with Dr. Le Truong Giang, Permanent Vice Chairman of the HCMc PAC and his key staff, in December 2009, January 2010 and early March 2010.
 - Conducted an intensive two and a half day working/training for all key PAC staff in March. This is the first of our planned three intensive sessions for HCMc PAC staff.

Lessons learned/constraints:

- Dr. Le Truong Giang (HCMc PAC) strategically prioritized the development of a sustainable action plan to 2015 for HCMc and requested HPI and FHI to provide technical assistance. HPI and FHI committed to support this work and emphasized that this is firstly PAC's responsibility. We were able to mobilize a high commitment of PAC key staff in this work. Our intensive working/training sessions are responsive to HCMc PAC's urgent need and help to meet HPI's planned targets:
 - Advocate for timely and accurate data to be used for evidence-based decision making, appropriate use of available data to formulate appropriate responses to the epidemic, policy-making and intervention development.
 - Use of information to inform HIV/AIDS policy development and allocation of resources to respond appropriately and effectively to HIV/AIDS.
 - Train PAC key officials to use the results of A2 and other studies, updated IBBS findings on prevalence, behavior and coverage of the minimum package of services for IDU, FSW, MSM to formulate improved policies, programs, and resource allocations.
 - Provide technical assistance to support province-level application of these enhanced strategic information tools.
 - Develop human resource and capacity for a sustainable action plan.

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for next 6 months:

- Work with VAAC to implement NHA/HAPSAT activities. NHA (through the HIV subaccount) shows resource flows through the HIV sector, identifying who is paying for

what, how much, who manages the money, and what services are being paid for. The HAPSAT tool will project financial and human resource gaps for a variety of policy scenarios in order to inform the development of the new five-year national HIV/AIDS strategic plan. This activity is intended to support the Viet Nam government in its HIV/AIDS policy planning, monitoring, and evaluation. In particular, this activity will help inform financing and policy decisions for the National HIV/AIDS Strategic Plan for 2011-2015 as well as several key questions and indicators from the National Monitoring & Evaluation Framework for HIV Prevention and Control Programs. It will also assist PEPFAR and other donors in their planning activities.

- Provide two intensive working/training sessions in June and September 2010 for HCMC PAC staff, finalize first draft technical report “Resource Needs Estimation for implementation of the HCMC HIV/AIDS prevention, care and treatment sustainable action plan”.

Task 5: Intervention for Sexual Partners of former and current residents of 06 centers/prisons

Highlights:

- The intervention for sexual partners (SP) of IDUs who are former or current residents of 06 centers/prisons was continued, building on the success of the previous period. The activities included Behavior Change Communication (BCC) in both one-on-one and group settings. Women clubs were maintained to serve as drop-in centers for counseling and commodities (BCC materials, condoms) distribution and regular client meetings.
- Within the client population, there were spin-off self-help clients’ groups: business group and communication group. The business group shared experiences of the clients that increased their earnings, through the piloting of some microfinance activities, which consequently empowered the women in their families. The communication group, since June 2009, aimed to provide communication sessions on HIV/AIDS in 06 centers. In the last six months, with the limited resources from the SP component, the group carried out one session in 06 center No.1. Based on gained experience, this group applied for further funding to scale up this activity.
- The findings from the 12 month follow up survey contributed to the adjustment of the program. It was significant that among the survey interviewees, clients were more likely to use condoms than non-clients. However, overall, the survey found that it was difficult to improve consistent condom usage so the program should add other prevention methods such as: alternative lower risk sexual activities and encouragement of HIV treatment (with adherence to treatment). Also VCT uptake rate was found to be low and needs strengthened in the coming months.

Table 1: Sexual partners achievements (October, 2009 – March, 2010)

Number of individual clients	1,381
Number of client contacts	7,302
Number of VCT referrals	198
Number of other service referrals	147

- SP collaborated with PSI in promoting PMTCT services among the clients by discussing the need and implementing methods in the next few months.
- In March 2010, our paper on the baseline SP survey was accepted for publication in *AIDS Care* and our abstract on the baseline and 12-month surveys was accepted by the 2010 International AIDS conference for poster exhibition.

Lessons learned/constraints:

- We faced a high turnover rate (30%) among peer educators in the last six months. The turnover occurred in three of the four intervention districts, which required substantial efforts in finding new peer educators, retraining and coaching. Client maintenance was a key challenge due to this high turnover rate.

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for next 6 months:

- Provide refresher training for peer educators
- Carry out PMTCT promotion integration
- Carry out 24 month follow up survey
- Strengthen successful VCT referrals and increase VCT uptake
- Organize a workshop to review the interventions for the last two and a half years
- Prepare to expand SP interventions to HCMC and perhaps several other provinces, depending on funding availability.

Task 6: 100% Condom use program (100% CUP)

Highlights:

The 100% CUP is an integral part of the PEPFAR Vietnam 5-Year Strategy and plan for comprehensive HIV prevention programs. Whereas many outreach programs target either sex workers or potential clients, the 100% CUP is uniquely positioned to join these facets together with the explicit cooperation of law enforcement, health authorities, and other stakeholders. This collaboration assists the PEPFAR team to reach planned COP 09 targets not only through outreach, but by reducing the fear or arrest and stigmatization that causes sex workers and clients to avoid health seeking behaviors. In the first half of year 2, HPI carried out the following activities:

- Worked with other partners, including FHI, PSI, Life-Gap, and with the An Giang AIDS Association and An Giang Provincial AIDS and TB Center to pilot Vietnam's first-ever classic 100% condom use program in Long Xuyen City and Chau Doc district, both in An Giang Province
- Organized a coordination workshop with participation from PEPFAR partners and all local authorities such as DoPS, DOLISA, DoJ, DOH, PACT and AA-AG.
- Assisted provincial police to issue a letter N0 828 / VC-CAT (PC13) dated December 8, 2009. This letter calls for strengthened cooperation on 100% CUP implementation at entertainment establishments (EEs) and hotels/ guesthouses. At first, the police were reluctant to have stand-alone EEs (e.g. karaoke, massage) on the monitoring list but following the issuance of this letter more such EEs have been added to the monitoring.
- Organized two training sessions for police at all levels, chaired by Colonel Le Van Tien, vice director of provincial police, in Long Xuyen and Chau Doc.
- Worked with PACT and AAA to develop the reporting system in order to collect the appropriate indicators for monitoring the outputs and outcomes of the 100% CUP.

- In March, 2010: Police monitored 327 (Long Xuyen city: 182; Chau Doc town: 145) EEs, with the assistance of HPI; In Long Xuyen city, 92% (168/182) owners have signed agreements; in Chau Doc, 68% (99/145) owners have signed agreements.

Lessons learned/constraints:

- Involvement of police to monitor of condom availability is very important to ensure EE's owner follow the 100% CUP.

Explanation/justification where achievements exceeded/fell below target:

- In January 2010, 88 EEs were monitored of which 80 had signed the agreement. In February, the number of EEs increased to 117, and in March to 145, and of these only 99 EEs had signed agreements. A comparison of the January and March data, revealed that the number of EEs in the monitoring list increased by 40%, but most of new EEs that were included in monitoring list have not signed the agreement. An Giang AA will obtain signed agreement from new EEs as they are visited and convinced to sign.
- On the other hand, many EEs' owners did not safeguard the agreement, or the owner did not inform their staff about the signed agreement, thereby making it difficult for them to let the police know about it, when asked for it. Many agreements have already been signed by EEs' owner but are yet to be certified by the local police. All these factors are responsible for the low percentage of EEs having signed agreements.

Plan for next 6 months:

- Continue to implement the 100% CUP in An Giang, coordinating with FHI, PSI and other partners;
- Increase the coverage of EEs with signed agreements to 100% in Long Xuyen and to 90% in Chau Doc;
- Continue monitoring 100% CUP at EEs in An Giang;
- Discuss with PATC and health facilities the STI services/checkups for EE staff; and contract tracking from male client's reports
- Work with VAAC to assist them develop national guideline on 100% CUP;
- Consider expansion of 100% CUP to other districts in An Giang, depending on resource availability.

2. Result 2: Strengthening and support for effective public sector and civil society advocates and networks to assume leadership in the policy process

Overview: HPI completed 7 activities related to Result 2 in the first 6 months of Year II: (1) Organized the third SSG stakeholder coordination meeting with the participation of UNAIDS, Pact, CARE, ISDS, VNP+, Chemonics, FHI, and VICOMC; (2) selected 25 SSG candidates for second round capacity building and legal status assistance; (3) established partnerships with Hanoi HIV/AIDS Association, Ho Chi Minh city HIV/AIDS Association and Institute of Population, Health and Development in implementing the positive prevention interventions in Hanoi, Hai Phong, An Giang and HCMC; (4) developed a manual on positive prevention specifically for peer educators and BCC working tools (sets of stories and pictures for facilitating group discussions); (5) supported Hanoi HIV/AIDS Association in organizing a national workshop of provincial HIV/AIDS prevention associations with positive prevention included in the workshop agenda; (6) worked with 5 Legal Clinics in making detailed plans to improve the promotion of HIV/AIDS legal services and increase the number of clients

accessing the services; and (7) started to facilitate the coordination between the Legal Clinics and Positive Prevention programs in Ho Chi Minh City and An Giang Province.

Task 7: Build the capacity of PLHA groups and other CSOs

Highlights:

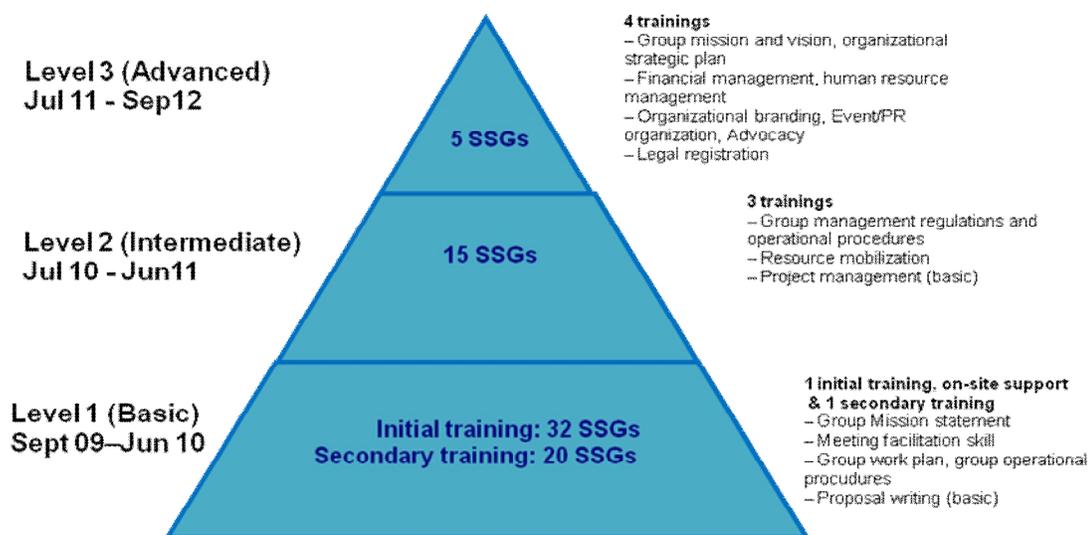
- HPI organized the third SSG stakeholder coordination meeting with the participation of UNAIDS, Pact, CARE, ISDS, VNP+, Chemonics, FHI, and VICOMC. Among local partners on SSG capacity building and Development Program including CHP (Dr. Tran Minh Gioi), DFA/ISDS (Dr. Khuat Thi Hai Oanh), ACP+/VNP+ (Nguyen Quoc Hung).
- After a competitive process, HPI selected and contracted with Center for Community Health Promotion (CHP) to continue providing technical assistance to SSGs after COHED withdrew.
- Following discussions with HPI, UNAIDS committed to support the participation of 3 MSM groups in the SSG capacity building program.
- The announcement for SSG capacity building and selection criteria for the second round of training on project proposal writing was sent out to SSGs for their application in early February 2010. Within one month of the announcement, 65 SSGs applied for this round. HPI in coordination with CHP and UNAIDS developed the evaluation criteria based on a 100-point scale across the following categories: Group Structure, Group Activity, Group Regulations, Participants Registration, and Bonus Points. 25 eligible SSGs were selected through a transparent evaluation process based on the submitted SSG applications and evaluation criteria. Results of this selection were notified to all 65 applicant SSGs, and the 40 SSGs that were not selected were informed of the main reasons, to enable them to learn lessons for the future.
- In collaboration with CHP and UNAIDS, HPI developed an evaluation criteria to choose the final 20 SSGs to receive the second round training from among the 25 previously selected. An on-site technical supervision and coaching plan was also developed and agreed upon between HPI, CHP and UNAIDS. Information regarding this plan was disseminated along with the result notification to the 25 selected SSGs.
- In first half of year two, a draft lesson plan and agenda for the training on project proposal writing was developed by CHP with specific comments from Abt Associates/HPI. The full training curriculum is under development.
- In December 2009, HPI organized a study tour for 9 SSGs from Hanoi, Hai Phong and Quang Ninh to visit a model co-operative group entitled “Hy Vong” in Thai Binh. Out of these 9 SSGs, 6 SSGs applied for the second round of training and were selected to be provided with technical supervision and coaching.

Lessons learned/constraints: N/A

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for the next 6 month:

SSG capacity building and development strategy



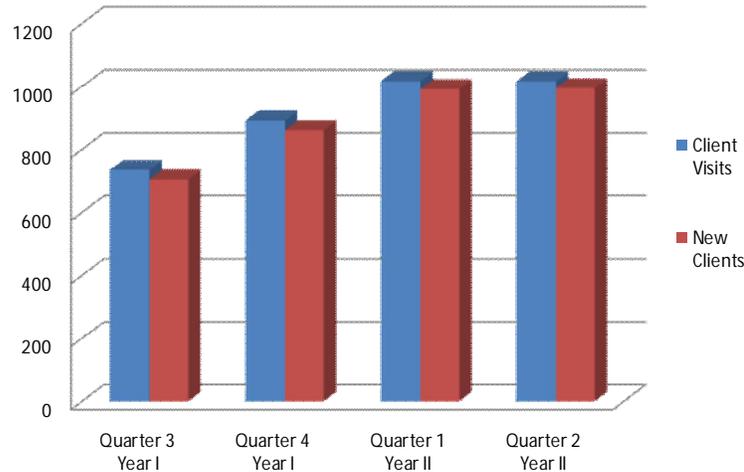
- In the second half of year two, HPI along with CHP, and UNAIDS will conduct on-site technical supervision and coaching for the 25 selected SSGs. During the on-site supervision session at each SSG, group regulations will be discussed and SSGs will complete the regulations and send them back to HPI for documentation. Evaluation criteria will be used to give scores to the supervised SSGs and select 20 SSGs with the highest scores. Assessment of SSGs' development status and participation of SSGs members in various kinds of trainings will also be performed in the supervision and coaching trip.
- HPI will conduct two training courses on proposal writing for 20 SSGs (1 in Hanoi, 1 in HCMc) in May, 2010, with up to a total of 60 participants.
- Among 20 SSGs that participate in project proposal writing training, 15 SSGs will be selected based on evaluation criteria that will be developed to go on to third and final round of the training.
- HPI will conduct two training courses on Project management/basic course (1 in Hanoi, 1 in HCMc) in July, 2010 for these 15 SSGs, with up to 45 total participants.
- HPI will provide 15 small grants (about \$US 300 – 400/each) to the 15 SSG selected to attend the third training round. These small grants will support groups for 6 months from August to January 2011 in group management activities, regular group member meetings and development of group management regulations and operational manuals.
- Training documents on project proposal writing and project management will be finalized and documented.
- In coordination with other stakeholders, HPI will support SSGs to participate in trainings provided by other organizations. The selection of these SSGs will be based on a training needs assessment conducted through the above on-site technical supervision and coaching.

Task 8: Offer quality legal aid to adults and children facing HIV stigma and discrimination

Highlights:

- Improving promotion of HIV/AIDS legal services: HPI staff worked with the 5 Legal Clinics and the national telephone Hotline to design standard-format posters, name cards and leaflets with success stories, which will be made widely available to potential clients as a concrete evidence of the assistance and support they can receive from these services. HPI worked closely with the Legal Clinics and Hotline to increase coordination with HIV/AIDS service providers and PLHA groups. HPI also supported innovative measures such as registering the HIV/AIDS legal services in 1080 telephone directory in HCMC and spreading the information on the HIV/AIDS legal clinic to 06 center releasees in all the districts of HCMC through the email network of the Transitional Program of the Provincial AIDS Committee.
- The Legal Clinic in Ho Chi Minh City moved to the first floor of its building with larger space and more accessibility for clients. A new lawyer with experience in the health field was recruited and will start work in April 2010. Other Legal Clinics in Quang Ninh and An Giang created convenient and private places to provide legal counseling and assistance to clients.
- HPI facilitated coordination between the Legal Clinics and Positive Prevention (PP) programs in Ho Chi Minh City and An Giang. When there were PP group discussions on HIV/AIDS legal topics, the lawyers and PLHA counselors attended the sessions to share with the group members regarding the assistance they can receive from legal services. A similar approach will be applied in Ha Noi and Hai Phong and this will be linked to HPI activities on capacity building and legal status assistance for SSGs in the coming months.
- During regular visits, HPI staff discussed in detail with the lawyers and PLHA counselors the Legal Clinic operation procedures and the quality of legal services provided to clients. Successful cases from a Legal Clinic in one province were shared with others as lessons learnt to improve the service quality.
- The number of client visits and new clients accessing the 5 Legal Clinics and Hotline in Quarter 1 and 2 of Year II increased by 38% and 40% compared to Quarter 3 Year I, and by 14% and 15% compared to Quarter 4 Year I, as shown in Graph 1 below:

Graph 1 - Number of Client Visits & New Clients Accessing 5 Legal Clinics and Hotline



- Detailed data on clients reached by the legal services provided during the past 6 months are shown in Table 2 below. 1,993 new clients were reached, which was 16.2% higher than the number committed by the 5 Legal Clinics and Hotline for this 6-month period (1,715). Total number of new clients committed to be served by the 5 Legal Clinics and Hotline for Year Two is 3,430.

Table 2: Clients reached by Legal service during the past 6 months (October 2009 – March 2010)

Location	Client Visits	New Clients	Age <18	Legal Aid	HIV/AIDS-related Legal Counseling	Referrals to other services
Hotline	909	907	0	0	542	146
Ha Noi	424	418	21	49	260	97
Quang Ninh	171	171	24	21	168	15
Hai Phong	150	144	39	14	143	3
HCMC	147	123	26	39	112	21
An Giang	242	230	21	72	199	115
Total	2043	1993	131	195	1424	397

- Number of clients reached through mobile HIV/AIDS legal dissemination is shown in Table 3 below. The lawyers and PLHA counselors from all 5 Legal Clinics often visited the PLHA groups in their provinces to provide services. An Giang and Quang Ninh succeeded in organizing mobile legal dissemination to 06 centers and prisons. The mobile legal clinic teams in other provinces will try to reach 06 centers and prisons in their areas during the coming months.

Table 3: Clients reached through mobile legal dissemination during the past 6 months (October 2009 - March 2010)

Ha Noi	Hai Phong	Quang Ninh	HCMC	An Giang	Total
1150	369	675	2621	1774	6589

Lessons learned/constraints:

- The Legal Clinics can reach more clients if the staff actively plan and carry out more mobile trips to the community (especially PLHA groups) and 06 centers and prisons. Far fewer clients will access the services if the staff spend most of their time in the office. It is generally accepted that multimedia is expensive and not very efficient in promoting the legal services.
- The quality of legal service and satisfaction of clients are greater and the outcomes are better when the lawyers and counselors actively contact local government agencies, community-based organizations, and individuals who have committed acts of discrimination, rather than just providing instructions to the clients to go to the relevant agencies by themselves.

Explanation/justification where achievements exceeded/fell below target:

- Despite the increased numbers of clients seen in the legal clinics, it remains true that far fewer PLHA access legal services than could potentially benefit from it. This may be because some PLHA are afraid of having their status revealed and this makes some hesitate to seek assistance from the Legal Clinics. Procedures to protect confidentiality of clients need be enhanced at these Legal Clinics.

Plan for next 6 months:

- The lawyers and PLHA counselors from 5 Legal Clinics and the Hotline will attend a refresher training in Ha Noi May 31- June 2. Topics will include: (1) updating new HIV/AIDS related policies and regulations; (2) sharing experiences and lessons learnt on providing legal counseling & assistance to clients; and (3) improving data monitoring on clients accessing Legal Clinics and Hotline.
- All the Legal Clinics will update the mapping of service providers in their local areas and assign concrete responsibilities to each staff person to cooperate with those sites to increase the numbers of clients accessing the legal services. Efforts will be made to ensure wide distribution of the new promotional materials through health service providers, PLHA groups, and other settings and organizations.
- Regular monitoring and quality assurance of the legal services by HPI will continue.
- Each Legal Clinic will work on gathering and distributing more success stories on the legal services, which demonstrate to potential clients the benefits of accessing HIV/AIDS legal clinics.

Task 9: Positive Prevention

Highlights:

- In the first half of year 2, HPI began carrying out positive prevention interventions in the four selected provinces: Hanoi, Hai Phong, An Giang and HCMc with collaboration of peer educators (core collaborators and core trainers). For the first months, we established our support channel with local subcontractors, Hanoi HIV/AIDS Association, Ho Chi Minh city HIV/AIDS Association and Institute of Population, Health and Development, who are responsible for providing daily on-site supervision and support to our peer educators.

- The peer educators were trained in September 2009 on knowledge and skills on Positive Prevention communication. These peer educators work in the community to provide individual counseling, group discussion and HIV/AIDS related service referrals (VCT, PMTCT, OPC, STI clinics, OI clinics, legal clinics). We aim to provide our clients (PLHA and relevant MARPs) with messages on and referrals related to sexual risk reduction, HIV testing, care and treatment, home-based care, family planning and some other social supports. Our peer educators worked with their self-help or supported group based clients (Hai Phong, An Giang) and with clients they have within their own networks (Hanoi and HCMc). The intervention is being implemented using two approaches, as shown in the following diagram; HPI/VN will analyze the relative effectiveness of each.

Two Approaches: One Result

Approach 1: employ an existing network of 12 Core Collaborators (CCs) in HCMc and Hanoi

- Receive stipend
- Contribute significant time for outreach work
- Monitored and managed by HCMc AA and Hanoi AA

Approach 2: employ a network of 30 volunteer PLHA Core Trainers (CTs) in Hai Phong and An Giang

- No stipend, no ongoing management
- Receive training and work on voluntary basis
- TA from HPI
- M&E data collected
- Support provincial focal point in supervising CTs

The dual approach strategy allows assessment of the long-term viability and effectiveness of each approach (stipend and volunteer), and ensures that, at minimum, one strong and effective PP program will be in place.

**Note: Both CCs and CTs are considered "Peer Educators"*

- A manual on positive prevention specifically for peer educators and BCC working tools (sets of stories and pictures for facilitating group discussions) were designed and printed. They serve as useful tools for the peer educators conducting the positive prevention (PP) sessions.
- At the beginning, we had 48 peer educators but have lost several over the last few months. To ensure the quality of the intervention, we focused on capacity building for peer educators via frequent technical assistance plus monitoring and evaluation. We also sent our peer educators to suitable trainings/workshop facilitate by other PEPFAR projects/organizations.
- To promote safer sex, condoms were freely distributed in a suitable number to the population in need. However, there was a delay in delivery from PEPFAR condom focal point that affected our distribution process.
- Collaboration with local stakeholders and service providers is crucial to the PP project. In December 2009, HPI supported Hanoi HIV/AIDS Association to organize a workshop with provincial HIV/AIDS Associations. Part of the workshop was to promote positive prevention interventions and call for buy-in of these current and emerging associations on positive prevention. Additionally, we prepared for coordination meetings to enhance the

linkage of HPI services, notably positive prevention, capacity building for SSGs, and services provided by legal clinics.

Table 4: Positive prevention achievements (October 2009 – March 2010)

Number of individuals reached	3,631
Number of group communication sessions	267
Number of contacts (client/times)	4,777
Number of service referrals	1,532

Lessons learned/constraints:

- The large geographic coverage of the program needs tight supervision, especially in Hai Phong and An Giang.
- It is necessary to provide special support to peer educators working in An Giang who are short of training and have to do much travel.
- To investigate and persuade PLHA in need of ARV treatment in a timely manner is a challenging task because of the self-stigma of these PLHA and their families along with the risk of status disclosure.

Explanation/justification where achievements exceeded/fell below target:

- The achieved results greatly exceeded the target for the six-month period by 224% (3,631 vs. 1,404). COP 09 is the first year in which HPI is carrying out positive prevention with a modest quota of 2,808 clients for the whole year. Also, this year is for piloting the program and our peer educators have been trying their best to reach as many individual clients as possible.

Plan for next 6 months:

- Provide refresher training for peer educators in May 2010, focusing on group discussion facilitation skills.
- Enrich topics for group discussion via developing additional stories and pictures as BCC tools.
- Preparation for comparative evaluation of the two approaches (paid core collaborators vs. volunteer core trainers).
- Assist USAID/PEPFAR to organize a PP coordination meeting among PEPFAR partners.

3. Result 3: Development and deployment of timely and accurate data for evidence-based decision making

Overview: In result 3, over the last two quarters, HPI has implemented parts of three major tasks: 10) expand use of A2 and GOALS model in Hai Phong and Ho Chi Minh City; 11) mobilize evidence for policy change and program adoption/scale up; and 12) develop a system for monitoring implementation of the HIV/AIDS law and incidents of HIV/AIDS-related discrimination. In these activities, HPI worked closely with the PEPFAR SI team, FHI, East West Center, UNAIDS, Boston University and the national M&E technical working group to ensure that resources are used most cost-effectively and duplication with the activities of other organizations is avoided.

Task 10: Expand use of A2 and GOALS model

Highlights:

- Over the last two quarters, HPI held several meetings with Hai Phong PAC leaders to validate the data inputs for the GOALS Model in Hai Phong and completed the GOALS Model draft data input report. The completion of the whole A2 project in Hai Phong has been delayed because the PEPFAR SI team, HPI and FHI agreed that it would be better to wait until IBBS II data were available for Hai Phong. When IBBS II data are available, FHI is supposed to complete Asian Epidemic Model (AEM) to be ready for linking with the GOALS model to generate policy scenarios for Hai Phong's HIV response.
- In the first half year, HPI was able to initiate an important exercise of estimating resource needs for Ho Chi Minh City HIV programs during the next 5 years in the Analysis & Advocacy (A2) project. In March 2010, 26 staff from 6 sub-committees in HCMC PAC participated in a three-day training in HCMC on basic components of HAPSAT for HIV/AIDS resource needs estimation.

Lessons learned/constraints:

- Taking the lessons learnt from the previous A2 in HCMC, the HPI team has divided the HAPSAT excel sheets for 6 sub-committees in HCMC and this strategy is working well. All PAC staffs participated in working with the HAPSAT model and made their best efforts to collect the realizable data to put in the model. That exercise significantly helped PAC staff in their strategic planning, monitoring and evaluation process.

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for next 6 months:

- Work closely with FHI to finalize the A2 project in Hai Phong using the new IBBS data.
- Cooperate with FHI and UNAIDS to provide a follow-up training on HIV/AIDS resource needs estimation for key staff from PEPFAR focus provinces in July 2010. We will prioritize this training for staff from HCMC, An Giang, Can Tho and Hai Phong.
- If funding is available, consider starting A2 exercise in An Giang.
- Consider the introduction of resource needs estimation tool for other PAC staff in PEPFAR provinces.

Task 11: Mobilize evidence for policy changes and program adoption/scale up

Highlights:

- In the first two quarters, HPI has completed the review of economic evaluations of HIV prevention in Vietnam. A short list of intervention for potential cost-effectiveness studies has been prepared for discussion with USAID.
- Upgrade the VAAC website: The VAAC website has completed the testing phase and is now officially launched with an upgraded outlook at www.vaac.gov.vn. HPI team has completed the migration of all contents from previous VAAC website into the new upgraded website. Data and scientific reports in both English and Vietnamese have been collected and posted in the website of VAAC as official source of information for readers, policy makers, journalists, and researchers.

- All relevant legal documents were also collected and posted on the website of the VAAC (Legal documents). More than 10 legal documents have been translated from Vietnamese into English and posted on the VAAC website.

Lessons learned/constraints: N/A

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for next 6 months:

- Discuss with USAID/SI team the selection of the cost effectiveness study and designing the study. If the funding is available, we will implement the cost effectiveness study.
- Continue to collect the data and research papers to post in the VAAC website. HPI team will work to make the data more easy to use. Many news and other materials on the website are out of date and not reliable. It is recommended that VAAC staff sit down together with PHAD to remove the outdated and unscientific information and replace it with updated information.

Task 12: System for monitoring implementation of the HIV/AIDS law and incidents of HIV/AIDS-related discrimination

Highlights:

- This task has evolved significantly over the last few months. The focus has shifted from developing provincial “report cards” on compliance with the HIV/AIDS law to developing national estimates of key types of prohibited HIV/AIDS-related discrimination.
- These estimates will be based on a nationally representative survey of PLHA, which will combine questions regarding types of discrimination experienced (e.g. in education, health care, employment, HIV testing, unauthorized disclosure of HIV test results/HIV status) with questions on out of pocket health expenditures, which are needed for the NHA/HAPSAT exercise (see Task 4 above).
- The survey will have a total sample size of 1,200 and be carried out in 17 provinces. The discrimination portion of the survey will be repeated in at least two successive years to obtain a time series and help assess the effects of the soon-to-be promulgated Sanctions decree and other efforts aimed at reducing stigma and discrimination.
- We are also planning 2 focus group discussions (1 with men and 1 with women) in each PEPFAR focus province to gather more in-depth information on the types and patterns of stigma and discrimination experienced by PLHA.
- HPI is collaborating with our partner Boston University and two local partners on designing and implementing the PLHA survey and focus groups.
- Data from the PLHA survey and focus groups will be supplemented with data on numbers and types of matters brought to HPI-supported legal clinics.

Lessons learned/constraints:

- Based on feedback from several experts, it appears that the plan to develop provincial “report cards” on HIV/AIDS-related discrimination is problematic. We have therefore shifted to focusing on developing national estimates of discriminatory acts. We will,

however, do some provincial-level analysis to assess differences in frequency and patterns across provinces included in the survey.

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for next 6 months:

- Finalize the PLHA survey questionnaire and focus group discussion guide. We will incorporate questions from ICRW's stigma index as appropriate.
- Select partners for PLHA survey and focus groups.
- Obtain IRB approvals from Abt, Boston University, and Hanoi School of Public Health.
- Carry out the data collection.
- Conduct data analysis (BU to analyze discrimination data, which will incorporate statistics from legal clinics) and Abt to do analysis of out-of-pocket expenditures in support of NHA/HAPSAT work.
- Prepare report on national and provincial levels and patterns of prohibited HIV/AIDS-related discrimination.

4. Project Administration and overarching tasks

Highlights:

- During the last 6 months there were several staffing changes. We recruited two new staff to replace departing staff, namely a new senior program officer and an administrative and accounting officer. The former administrative and accounting officer was promoted to the position of administrative and finance officer. Both new staff started working with HPI on the 1st of March, 2010. With their experience and skills we hope they can bring significant contribution to the success of HPI.
- Relating to the Subcontractors, COHED dropped out after year one and the Center for Community Health Promotion was the successful candidate to handle SSG in year 2. We have expanded the scope of work for our subcontract with PHAD to include Positive Prevention and work with the Central Party Commission on the Son La policy advocacy seminars and development of policy advocacy articles and with the Ministry of Culture, Sports, and Tourism on the journalist training. We have also entered into Professional Services Agreements with the HIV/AIDS Associations of Hanoi and HCMC for management of Positive Prevention in those two cities.

Lessons learned/constraints:

- Due to the number of the changes of staff during 3 months from December 2009 to March 2010, the workload of those staff was transferred to the remaining staff while waiting for the new staff to be on board. With our strong commitments and hard work, we kept maintaining the expected progress on activities as well as disbursements and administrative performance.
- Forward funding actions require the project to bring on new staff. However, these additional salary obligations will increase the project's expenditure rate and reduce the available pipeline of funding thereby moving up the date by which we will need our Year 3 obligation and the obligation of additional funds committed for year 2.

Explanation/justification where achievements exceeded/fell below target: N/A

Plan for next 6-month:

- As our mini work plan on Strategic Information (Data Use and NHA/HAPSAT) was approved, we will recruit a new Senior Project Officer who will be in charge of this task. We hope that he/she can start working in early June, 2010. We will also be recruiting for recently vacated junior administrative position in HCMc.

5. Monitoring of PEPFAR's indicators:

PROGRAM AREA	Achieved in 6 month	6 month target	Annual target	Percent of target achieved
5.1. Number of targeted condom service outlets	45	45	55	100%
5.2. Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,012	2704	4308	185%
5.2.1 Sexual Partner Prevention Intervention	1,381	1300	1500	106%
5.2.2 Positive Prevention Intervention	3,631	1,404	2808	258%
5.3. Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	20	61	0%
5.3.1 Sexual Partner Prevention Intervention	0	20	20	0%
5.3.2 Positive Prevention Intervention	0	0	41	N/A
(6) Palliative Care (Basic Health Care including TB/HIV)				
6.1 Number of service outlets providing HIV-related palliative care (including TB/HIV)	5	6	6	83%
6.2 Number of individuals (including family members) provided with HIV-related palliative care (including TB/HIV)	1993	1050	4200	190%
6.3 Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	9	24	34	38%
(8) Orphans and Vulnerable Children				
8.1.A Number of OVC served by OVC programs	131	159	630	82%
8.2 Number of providers/ caretakers trained in caring for OVC	0	24	34	0%
(13) Strategic Information				
13.1 Number of local organizations provided with technical assistance for strategic information (M&E and/or surveillance and/or HMIS)	0	2	3	0%
13.2. Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	0	4	4	0%
(14) Other policy analysis and system strengthening				
14.1. Number of local organizations provided with technical assistance for HIV-related policy development	13	15	15	87%
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	13	15	15	87%
14.3 Number of individuals trained in HIV-related policy development	31	48	138	64,5%
14.4 Number of individuals trained in HIV-related institutional capacity building	31	48	138	64,5%

14.5. Number of individuals trained in HIV-related stigma and discrimination reduction	150	120	160	125%
# Legal documents developed	2	3	7	67%
# HIV/AIDS policy and planning curriculum for district leaders	1	1	1	100%
# Policy trainers at National and sub-academy	39	39	39	100%
# EE owners sign commitment on 100% CUP	317	325	350	90.57%
# technical report on national strategy and HCMC strategy	0		2	N/A
# SSG supported on capacity building and legal registration	0	90	90	0
# provinces implementing PP interventions				
# provinces using GOALS model	2	2	3	66.7%
# province to incorporate GOALS data (Resource Needs Estimation) into provincial planning & resource allocation	2	2	3	66.7%
# surveillance tools to monitor trends in stigma & discrimination	0	1	1	0%
# policy material, policy brief, success stories, summary with evidence data summarized in easy-to-use formats	4	10	30	40%

II. PROBLEMS ENCOUNTERED OR BARRIERS TO IMPLEMENTATION, IF ANY, AND THEIR SOLUTIONS

N/A

III. INFORMATION ON BUDGET expenditures and burn-rate

This information is provided in a separate financial report.

IV. SUCCESS STORIES

Task 5: SP of IDUs

A woman named H was living in Hoang Mai district of Hanoi with a drug addicted husband and two school-aged children. They lived in terrible conditions due to the husband's consistent drug use and were isolated by family and relatives who were afraid that this family was going to borrow money from them.

H was first contacted by our SP peer educator in August 2008 and since then has received continuous support from the peer educator. The peer educator did succeed in convincing the husband to go for VCT and unfortunately he was diagnosed with HIV infection. The threat of becoming infected was a big concern for H since she lacked knowledge and skills regarding prevention. Finally, with the support of the peer educator, H went for VCT and she received a negative result. This was good news for H and she was grateful to the peer educator because of the useful communication regarding HIV transmission and counseling on ways to protect herself from acquiring HIV from her husband.

H continues to remain negative but, desperate to save her family, she got involved in drug dealing and along with her husband was arrested by the police. This was a hard situation for the two children and our peer educator, in such a difficult situation, helped take care of the two kids and did an amazing job to get H out of police custody to return home to be with the kids. This was a testimony to our peer educator's tremendous level of commitment and persistence in providing help and support to her client, through extremely challenging and difficult situations.

Task 8 - Legal Clinic Helps Positive Child Access Education

Mr. Nguyen Nhan N. lives in a village of Mao Khe town, Dong Trieu district, Quang Ninh province. His daughter is living with HIV and has a three year old son who is HIV positive as well. She sent her son to a nursery at Vinh Xuan area in Dong Trieu district. By accident, the teacher and some parents of the children at that nursery learned the positive status of the mother and son and dismissed the son, giving the reason that other parents would not accept the boy being in the same class with their children. This discrimination against the little boy, made the grandfather and the mother sad and angry and they decided to contact the Legal Clinic for help.

On 15 March 2010, Mr. N. telephoned the Quang Ninh legal clinic to seek the advice from the lawyers. After listening carefully to his story, the lawyer provided a thorough legal counseling to him on his grandson's case. The lawyer helped Mr. N. understand the Law on HIV/AIDS prevention and control in 2006 (article 4 item 1, article 8 item 3 and article 15 item 2); Education Law in 2005 (article 10); Law on Children Protection, Care and Education (article 7 item 8 and article 16 item 1); MOET's Instruction No. 61/2008/CT-BGDĐT; the Government's Decree 36/2005/NĐ-CP; and Decree No. 45/ 2005/ NĐ-CP in 2005 (article 14 on administrative sanctions in the health sector). The lawyer advised the man to talk to the teachers at the nursery regarding his grandson's case. The lawyer also advised the man on how to collect evidence of discrimination against his grandson if the school continued to violate the child's right to attend school.

The following day, Mr. N. went and talked to the teachers at the nursery as instructed by the Legal Clinic lawyer. His strong arguments on the right of his grandson to attend school convinced the teachers and a day later, the nursery staff called Mr. N. to bring the child back to school. This was a great example of the Legal Clinic and the client communicating very closely to solve the case, which led to a positive resolution in only a few days. This is also a good example of how cases involving HIV discrimination can be resolved successfully if the Legal Clinic staff provide quality and prompt legal counseling and assistance to clients.

Task 9- Positive Prevention

Fear of stigma and discrimination often lead PLHA to conceal their status, which consequently limits their opportunities for good health care and living a long and healthy life. Mien, an injecting drug user (IDU) and PLHA from Hai Phong has been living in bad conditions for years and is in denial of his HIV+ status. Long, a peer educator in HPI's positive prevention project, has shown tremendous perseverance and commitment in helping Mien have a more positive life.

Mien was living with his parents who loved him dearly and isolated him from the surrounding community to avoid any kind of stigma. The parents did not admit that their son was HIV infected. Meanwhile, Mien's health was impaired by the disease and its effects. His parents continued to resist the approaches of the peer educator Long to meet with Mien and discuss his condition.

With a persistent intention of helping PLHA in difficulties, Long decided to pursue this client until he succeeded. The parents finally accepted Long's request to meet with their son because they admired his commitment and patience. An experienced peer educator, Long made continuous referrals for Mien and accompanied him to the OPC and OI clinic. Mien began ARV treatment and his situation has improved substantially, as a result of Long's efforts. Mien's family has also begun to trust Long and are grateful for his enthusiastic and committed effort to help Mien lead a healthy life.

Task 10 – A2 and GOALS

Ho Chi Minh City resource needs estimation for HIV/AIDS planning

Ho Chi Minh PAC is working to develop its 2011-2015 HIV/AIDS action plan. A critical part of the plan is the resource needs estimation and the plan must be submitted to HCMC People's Committee by the end of 2010. Despite the fact that the GOALS model was used in HCMC for the previous 5 year work plan, no current staff has the capacity to use the model to estimate the resource needs.

In this situation, HCMC PAC and HPI decided to apply the basic parts of Abt's HAPSAT (HIV/AIDS Program Sustainability Analysis Tool) to estimate the resource needs for implementing the HIV/AIDS action plan for 2011-2015. After receiving HPI training on the use of the model in March 2010, each departmental team in PAC worked on their dataset. All PAC staff had the chance to practice the basic parts of HAPSAT and present their results to all participants for discussion. The training workshop was completed with outcomes satisfactory to both HPI staff and PAC leaders. The work that PAC staff produced in three days included essential data to build the next five year work plan of the HIV/AIDS response in Ho Chi Minh City. Although some additional data verification needs to be conducted, the training results indicated the PAC staff's ownership of the data and their use of the data in planning. This is considered a success story because all the PAC staff worked together with HPI to achieve a positive result in gathering essential data for HIV/AIDS planning, which is very difficult to accomplish even with a group of consultants working over a few months. This is a strategy that we recommend for other provinces if they would like to make use of HAPSAT for their HIV/AIDS resource needs estimation with assistance from the HPI team.