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ACRONYMS

AAA	The An Giang AIDS Association
A2	Analysis & Advocacy (A-squared)
AEM	Asian Epidemic Model
BU	Boston University
CDC	Centers for Disease Control and Prevention
CHP	Center for Community Health Promotion
CSOs	Civil Society Organizations
CUP	Condom Use Program
DDM	Data use for Decision Making
DOLISA	Department of Labor, Invalid and Social Affairs
EEs	Entertainment Establishments
FHI	Family Health International
GF	Global Fund
HAPSAT	HIV/AIDS Program Sustainable Analysis Tool
HCMC	Ho Chi Minh City
HCMNAPA	Ho Chi Minh National Academy of Politics and Administration
HPI	Health Policy Initiative Vietnam
HVOP	Other Prevention activities
IDUs	Injecting Drug Users
ISD	Innovative Soft Development
LCs	Legal Clinics
MARP	Most At Risk Population
MMT	Methadone Maintenance Treatment
MOCI	Ministry of Communication and Information
MOCST	Ministry of Culture, Sport and Tourism
MOF	Ministry of Finance
MOH	Ministry of Health
MOJ	Ministry of Justice
MOLISA	Ministry of Labor, Invalids and Social Affairs
MOPS	Ministry of Public Security
MSM	Men Who Have Sex with Men
M&E	Monitoring and Evaluation
NGO	None Government Organization
NHA	National Health Account
NIHE	National Institute of Hygiene and Epidemiology
OVC	Orphans and Vulnerable Children
PAC	Provincial AIDS Center

PATC	Provincial AIDS and Tuberculosis Center
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PHAD	Institute of Population, Health and Development
PHR	Partners in Health Research
PLHA	People Living with HIV/AIDS
PP	Positive Prevention
PSI	Population Services International
RNE	Resource Need Evaluation
SI	Strategic Information
SP	Sexual Partner
SSGs	Self-help and Supported Groups
SWs	Sex Workers
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
VAAC	Vietnam Administration of HIV/AIDS Control
VCT	Voluntary Counseling and Testing
VNP+	Vietnam Network of People Living with HIV/AIDS

ANNUAL PERFORMANCE REPORT

INTRODUCTION

Health Policy Initiative Vietnam (HPI) is a five-year project that works with government, civil society and other stakeholders for the development and implementation of evidence-based and best practice-driven laws, policies, plans and programs for HIV/AIDS prevention, care and treatment, and impact mitigation in Vietnam. Initiated in October 2008, HPI completed its third year of implementation on September 30, 2011. The following are the three key interlinked results areas for the project:

- 1) Adoption and implementation of national and local HIV/AIDS policies, plans and programs based on international best practices;
- 2) Strengthening of 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 line with the objectives of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) phase 2 and the Partnership Framework with the Government of Vietnam, HPI has placed increased emphasis on sustainable approaches, local country ownership, and capacity building for Vietnamese agencies and organizations. HPI's implementation strategy to advance these objectives includes the following:

- Working with multiple ministries, Party bodies, CSOs, and other stakeholders for long-term harmonization of the legal and policy framework on HIV/AIDS, drug use, sex work and other related areas, emphasizing their basis in evidence and attention to human rights;
- Developing sustainable programming scenarios with local stakeholders for the new national- and seven provincial-level HIV/AIDS strategic plans thereby advancing country ownership and sustainability of HIV/AIDS programs;
- Building long-term institutional capacity of civil society organizations (CSO) and increasing the number of legally registered CSOs;
- Localizing work by providing resources to numerous NGOs and other local organizations: 91% of HPI subcontracted funds went to local organizations this year;
- Providing HIV/AIDS legal services in six provinces and integrating these services into existing general-purpose legal aid centers for long-term sustainability;
- Implementing multiple adaptations of HIV prevention interventions to identify the most sustainable and effective delivery models;

- Documenting best practices for HIV prevention interventions (e.g. the Sexual Partners intervention, the Positive Prevention intervention, and the 100% Condom Use Program), standard service packages, and lessons learned so that government or NGO partners can take over intervention implementation—contributing to local country ownership of programs;
- Transitioning HIV/AIDS policy and planning training from international to local faculty and integrating elements of the training into the regular curricula of the Ho Chi Minh National Academy for Politics and Administration and the regional sub-Academies; and
- Supporting seven provinces to establish a culture of data use for decision making and assisting local counterparts to develop and mobilize data to inform better decisions on HIV/AIDS programming, policy, and budget allocations.

An overview of HPI’s strategy for years 4 and 5 is presented in the “Way Forward” at the end of this report.

All of HPI’s activities contribute to at least one of the project’s three result areas. In year 3, these activities were categorized into 13 tasks, organized by result area. The sections below describe task-specific strategic objectives for the year and progress made in achieving these objectives through project activities. See Annex I for an overview of progress based on PEPFAR indicators.

RESULT 1: Adoption and Implementation of National and Local HIV/AIDS Policies, Plans and Programs Based on International Best Practice

In year 3, result area 1 included four main tasks, all contributing to the creation, adoption and/or implementation of evidenced-based HIV/AIDS policies, plans and programs.

This year, through our work on these tasks, HPI has brought greater consistency to the Vietnamese HIV/AIDS legal and policy frameworks; made progress towards the evidence-based revision and implementation of national and provincial HIV/AIDS strategic plans; and further strengthened and documented two proven HIV/AIDS prevention programs: the 100% Condom Use Program (CUP) in An Giang Province and the program targeting female sexual partners of injecting drug users (IDUs).

Task 1. Promoting Greater Consistency in the HIV/AIDS Legal and Policy Frameworks in Vietnam

Task Strategy, Priorities, and Progress for Year 3

In year 3, HPI focused legal and policy harmonization efforts on the nexus between HIV/AIDS and drug use. Vietnam’s National Law on HIV/AIDS Prevention and Control and

the associated implementing Decree 108 provide a very strong basis for rights- and evidence-based responses to the epidemic. However, inconsistencies between the HIV/AIDS Law and other legal documents as well as gaps in specification of implementation details continue to pose problems for HIV prevention efforts in Vietnam.

HPI's strategy regarding drug control policy operates on two parallel tracks. On one hand, the project is engaging in advocacy to end the system of compulsory drug detention centers (06 centers) and develop and substitute a system of voluntary, community-based and evidence-based substance abuse treatment. To do this, HPI is building evidence of the ineffectiveness of and human rights violations inherent in the system of 06 centers. On the other hand, HPI recognizes that an end to the present system will take time to achieve. Therefore, the project is working to improve the current system so that fewer people are subjected to confinement, the length of stay is reduced, and better HIV/AIDS and substance abuse treatment services are provided to those who are placed in the centers.

Although it is still too early to quantify the impact of our legal and policy development and advocacy efforts, detailed below are the efforts and progress made on priority documents for the year. Due to the dynamic nature of the Vietnamese policy environment and the Government of Vietnam priorities, the project's priority documents identified in the year 3 work plan differ slightly from the documents actually addressed in year 3. This adjustment was made to ensure the inclusion of emerging documents that advance the achievement of our overall policy objectives.

HPI's successful advocacy efforts are rooted in the mutual trust and respect HPI has built with the Ministry of Health (MOH); the Ministry of Labor, Invalids and Social Affairs (MOLISA); and the Ministry of Justice (MOJ). Because of this trust, these ministries provide HPI early drafts of legal and policy documents for review and request and accept technical input from HPI staff.

1.1. Harmonization of the Implementing Decrees, Circulars Under the HIV/AIDS Law and National Technical Guidelines to Implement the 2015 National HIV/AIDS Strategy

- *Inter-ministerial circular guiding the Decree on Sanctioning Violations of the HIV/AIDS Law:* HPI worked closely with the MOH to produce a circular detailing specific penalties and sanctions for violations of the HIV/AIDS law. The circular is an important step in ensuring the consistent implementation of the HIV/AIDS law. HPI provided multiple rounds of technical input to the MOH on violations involving different forms of HIV/AIDS-related discrimination; interference with authorized HIV prevention programs (including harm reduction); and marketing or sale of fake, unlicensed, and/or adulterated pharmaceuticals or commodities for use in HIV/AIDS prevention and treatment.

1.2. Harmonization of the Implementing Decrees and Circulars Under the Drug Control Law and National Action Plan to Implement the National 2020 Drug Control Strategy

- Circular guiding the establishment of an opioid substitution treatment program: HPI's technical comments on the opioid substitution circular were incorporated in the final draft of the document by the Vietnam Administration of HIV/AIDS Control (VAAC). HPI's contributions included the identification of innovative and sustainable models of Methadone Maintenance Treatment (MMT) in Vietnam and expanding the circular so that not only government-run clinics but also private health facilities are eligible to provide MMT, thus potentially making this treatment more widely available.
- Law on Handling Administrative Violations: In year 3, at the request of the MOJ, HPI reviewed and provided comments to the MOJ and other ministries on multiple drafts of a new Law on Handling Administrative Violations which will replace the current ordinance. HPI advocated for the removal of current procedures for committing people to 06 centers. This would be an important first step in reducing compulsory commitment to 06 centers but it may not be adopted despite our best efforts. The law on Handling Administrative Violations is expected to be approved by the National Assembly in May/June, 2012.

HPI will now need to ensure that the proposed new Law on Drug Addiction Treatment reduces the country's reliance on 06 centers and shifts the focus to voluntary, community-based substance abuse treatment.

- Inter-ministerial circular guiding home- and community-based detoxification: At the request of MOLISA, HPI provided technical input on multiple drafts of a circular authorizing community-based substance abuse treatment (beyond center-based detoxification). MOLISA is incorporating HPI comments into the third draft of the document. This circular, which encourages voluntary, community based substance abuse treatment, lays the groundwork for a new Law on Drug Addiction Treatment that HPI will assist MOLISA to develop during years 4 and 5.

1.3. Harmonization of Other Legal Documents

- Revision of Decree No. 124, implementing the Law on Corporate Income Tax: The current version of the Law on Corporate Income Tax includes a provision for tax exemptions for businesses whose workforces include at least 51% people living with HIV/AIDS (PLHA), people with disabilities, and/or recovering drug users. In year 3, HPI assisted the Ministry of Finance (MOF) to revise Decree No.124 on Corporate Income Tax Law implementation to reduce the threshold for tax exemption from 51% to 30% as well as to provide tax deductions for businesses providing HIV/AIDS services. HPI advocated a pro-rated tax exemption based on the actual percentage of a workforce composed of PLHA, people with disabilities, and recovering drug users.

The reduction in threshold to 30% was included in the revised decree and, although MOF staffs were highly supportive of a pro-rated tax exemption, the modification to include pro-rating was not included in the decree but deferred for further discussion in 2012-2013 when the Corporate Income Tax Law will be revised.

1.4. Revisions/Updates to Policy Briefs

- In year 3, HPI developed policy briefs designed to focus attention on key issues in the development and improvement of HIV/AIDS laws, policies, and programs including drug control, sex work, the role of CSOs, and the rights of orphans and vulnerable children. The project also summarized the results of HPI's national survey on the existence of prohibited HIV/AIDS-related discrimination. Following review and approval by USAID, these documents will be disseminated to legislators, policy makers at all levels, health care service providers, legal service providers, and other audiences as appropriate.

Lessons Learned/Constraints

Gaining ministerial consensus and buy in for modifications to legal and policy documents,—particularly in sensitive areas such as drug control, sex work, and civil society—is a lengthy and complicated process. HPI's input to policy documents and continued efforts to effect policy change will be realized over the next five years (beyond the life of this project) as new policies work their way through the government structures. In year four, HPI will intensify and focus its efforts on promoting three key legal/policy aims, as specified in our policy blueprint submitted to USAID and detailed further in the "Way Forward" section of this report. By identifying and selecting specific legal and policy objectives the project will be better positioned to utilize and target activities under multiple tasks to advance achievement of these goals.

Task 2. Assisting with Adoption and Implementation of National and Provincial HIV/AIDS Strategic Plans

Task Strategy, Priorities, and Progress for Year 3

Utilizing data to inform the development of HIV/AIDS strategic and action plans enables decision makers to target HIV/AIDS resources towards activities that are more likely to have a greater impact on mitigating the HIV epidemic. HPI works at the national and provincial levels to assist government officials in applying data to strengthen strategic and implementation plans for HIV/AIDS. In year 3 HPI worked closely with the Vietnamese government to generate and utilize key data to inform the development of strategic plans.

2.1. Utilization of Data to Strengthen the National HIV/AIDS Strategy

- As Vietnam graduates from developing to middle-income status, the country will need to transition away from its reliance on international donor funding for public health interventions. For HIV/AIDS programming, this is particularly pertinent; Vietnam depends on international donors for 73% of HIV/AIDS spending. Leaders of the Vietnamese government and international organizations are proactively strategizing how to maintain HIV services as donor funds taper off. HPI and Health Systems 20/20, in collaboration with the Center for Community Health Research and Development (CCRD), completed a nationally representative survey of 1,200 PLHAs in 17 provinces to estimate out-of-pocket expenditures related to HIV/AIDS. Also with co-funding from Health Systems 20/20, the project conducted a health facility survey of HIV/AIDS spending in 17 provinces and coordinated with UNAIDS to conduct an institutional survey of HIV/AIDS funding levels.

The preliminary results of the PLHA survey were disseminated at a stakeholder workshop in January, 2011. Results from all three surveys were used to construct the HIV/AIDS subaccount of the NHA (a retrospective look at resource flows through the HIV sector) and to populate the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) model (which projects financial and human resource gaps for a variety of policy scenarios to inform the sustainable implementation of HIV/AIDS programs) in order to inform the national HIV/AIDS strategic planning process.

- HAPSAT results produced by Health Systems 20/20 and HPI were presented at a national sustainability workshop in Ho Chi Minh City (HCMC) in May, 2011 and used to inform the National HIV/AIDS Strategic Plan for 2011-2020, which is currently being finalized. In addition to HPI providing analysis and projections for the government, HPI provided input on multiple drafts of the strategy, particularly the sections on HIV prevention and health systems strengthening.

2.2. Evidence-informed Development of Provincial HIV/AIDS Action plans

Provincial level strategic plans for HIV/AIDS programs in Vietnam have, historically, suffered from a lack of customization to the unique needs of the individual provinces. HPI is working with provincial staff to move away from this trend towards a strategic plan development process which is driven by evidence and enables government officials to optimize resources.

- HCMC: In year 3, HPI provided extensive technical support to the HCMC Provincial AIDS Committee (PAC) to complete its 2011-2015 HIV/AIDS strategic plan, utilizing information generated through HPI's tasks 10 and 11.

The HCMC PAC organized a dissemination workshop on December 21, 2010 for programming scenarios produced by the HPI-supported Resource Needs Estimation (RNE) model (to estimate the resources needed for varying levels of program

coverage). This workshop drew the participation of international organizations, related provincial departments/ agencies and district authorities. The RNE scenario analysis was extremely influential in the development of HCMC's new HIV/AIDS strategic plan.

HPI also supported the Directors of the Hanoi, Hai Phong, Quang Ninh, Can Tho, An Giang, and Nghe An PACs to attend the HCMC workshop to learn from their colleagues' experiences. Based on input from the December 2010 workshop, HPI revised the RNE results and presented these on March 30, 2011 to PEPFAR's Strategic Information (SI) team. In September 2011, through a Data Use for Decision Making (DDM) (HPI Task 10) coaching trip, HPI and other technical partners supported the HCMC PAC to monitor the first six-month implementation period of the new strategic plan 2011-2015 and use the results to inform the new plan.

- *Hai Phong*: HPI and FHI have supported the Hai Phong PAC to apply the Asian Epidemic Model (AEM) and the RNE for exploring HIV policy and program alternatives. Initial results were presented to the PEPFAR SI team on March 30, 2011 along with those from HCMC. These data are being used by Hai Phong to develop its next HIV/AIDS strategic plan, with technical assistance from HPI.
- *Can Tho, An Giang, Nghe An and Hanoi*: PACs in four other provinces have committed to developing five-year strategic plans for 2011-2015 which are customized to their province and based on evidence. Additionally, the provincial Data Use for Decision Making (DDM) core teams, trained by HPI under Task 11, have taken responsibility for writing key components. HPI coaches have been working with provincial DDM teams to develop their provincial strategic plans. These plans are in various stages of development but should all be completed by the end of 2011.

Lessons Learned/Constraints

- HPI works for evidence-based planning by strengthening the data use capacity of PAC staff in developing their strategic plans. In order to do this we are not only working with the DDM teams but also with other key staff of relevant PAC departments (e.g. harm reduction, VCT, PMTCT, and Care and Treatment). This is a complicated process and the need to coordinate across multiple departments has caused some delays.
- The success of this work depends on the commitment of PAC leaders, so HPI actively urges PAC leaders to support and participate in working sessions and requests that all PAC departments be involved in development of the provincial strategic plans. This is challenging, but we have been able to secure the involvement of top PAC leaders in several sessions focusing on the provincial strategic plans.

Task 3. Continuing the 100% Condom Use Program (CUP) Implementation

Task Strategy, Priorities, and Progress for Year 3

The 100% CUP is an important harm reduction strategy being applied in An Giang province to reduce the transmission of HIV and STIs at entertainment establishments, including hotels/guest houses, Karaoke bars, and massage parlors.. The program, which began in 2009, uses a classic 100% CUP design, which has been informed by best practices from similar programs implemented in Cambodia and Thailand, to encourage and facilitate a more supportive legal environment for harm reduction interventions at the local level. It is a collaborative program between local authorities (health, police and provincial government) and “entertainment establishments” (owners/managers and sex workers) that promotes the use of condoms in 100% of commercial sex acts in 100% of the establishments in intervention sites.

In year 3, HPI focused its 100% CUP efforts to improve the monitoring and supervision of project activities in the two intervention sites (Long Xuyen and Chau Doc); document best practices, standard service packages, and lessons learned; and advocate for the development and issuance of an inter-ministerial circular promoting the widespread application of 100% CUP in Vietnam.

In year 3, the 100% CUP in An Giang continued to achieve success by:

- Maintaining coordination with other partners, including FHI, PSI, Life-Gap, the An Giang AIDS Association (AAA) and the An Giang Provincial AIDS and TB Center (PATC) to streamline the implementation of the 100% CUP in Long Xuyen and Chau Doc, identify areas for collaboration and partnership and facilitate open communication among project teams.
- Conducting monthly monitoring visits to entertainment establishments participating in the program and completing monthly M&E reports, demonstrating that 100% of the entertainment establishments participating in the program have condoms available either at the establishment’s reception or in the rooms¹.
- Utilizing data from monthly M&E reports to inform programming decisions. For example, the data from both HPI and PSI revealed early in the program that distribution of free condoms at entertainment establishments was undermining the sale of socially marketed and non-subsidized condoms. HPI and PSI assessed whether we could move away from free distribution at these outlets and found that removing free condoms increased sales of partially subsidized (socially marketed) condoms and non-subsidized (retail sale) condoms, which contributes to program sustainability. (This activity is documented further under the Success Stories in Annex III).

¹ Information based on M&E information and interviews conducted for the 100% CUP qualitative evaluation.

- Organizing four quarterly coordination meetings with participation from PEPFAR partners and all local authorities. A major outcome of these meetings was the consensus to stop providing free condoms at entertainment establishments and, instead, focus free distribution to MARPs (IDUs, street sex workers); socially marketed and retail sale condoms would then become the major source for all entertainment establishments in An Giang Province.
- Conducting a qualitative assessment of the 100% CUP (under task 11.4). Results from this assessment are being used to document key 100% CUP elements in Vietnam with participation from all partners.
- Drafting a manual for 100% CUP implementation. HPI has worked closely with USAID and other partners including UNFPA, WHO, and UNAIDS to document the key elements of the 100% CUP in Vietnam as guidance for the expansion of the program by other partners.
- Obtaining agreement from the director of An Giang PATC to assume responsibility for implementation of the 100% CUP once support from HPI and other partners ends. This will ensure sustainability of the intervention over the long term.

Lessons Learned/Constraints

- The project has provided training to both senior provincial health staff and the Long Xuyen and Chau Doc police that has created positive changes in the attitude and practices of the police toward the 100% CUP. However, there is a high turnover rate of police in An Giang Province. In order to sustain the positive changes in attitude and practices, new police officers need to receive appropriate training on the program and the philosophy of harm reduction.
- As noted above, the analysis of M&E data led to the conclusion that free condom distribution has influenced the social marketing program in An Giang. Because of this, free condoms are now only distributed to street sex workers and IDUs and no longer in the entertainment establishments. This situation requires continued monitoring; however, to ensure that progress made in condom promotion is sustained.
- The selection of provinces in which to expand 100% CUP has been delayed pending the results from the rapid assessment study being conducted by the PEPFAR team in October-November 2011.

Task 4. Enhancing and Expanding Interventions for Female Sexual Partners of

IDUs Task Strategy, Priorities, and Progress for Year 3

Abt Associates began implementing HIV prevention interventions for sexual partners of former and current residents of 06 centers and prisons in Hanoi in June, 2008 with funding

from Pact. This component was integrated into HPI beginning in January 2009. Subsequently the target population was expanded to include sexual partners of IDUs in the community who had never been in 06 centers or prisons.

This intervention is important to the evolving epidemiology of HIV in Vietnam (increasing sexual transmission and increasing proportion of female cases) and targets a hitherto neglected group: primary sexual partners of IDUs. The intervention uses peer educators to reach female primary sexual partners of IDUs in four districts of Hanoi.

The results from four cross-sectional surveys of sexual partners (including the 36-month follow up survey conducted in year 3) showed that in addition to promoting consistent condom use, HPI needs to communicate other safer sex methods (such as non-penetrative sex), and emphasize ARV treatment and adherence as a strategy for preventing transmission to sexual partners. In year 3, HPI utilized the survey results to sharpen the focus of the prevention strategies implemented in Hanoi for serodiscordant and unknown status couples, supported expansion of interventions to HCMC and, implemented a formative assessment in HCMC and baseline surveys in HCMC and Dien Bien province, to collect needed data, document the need for this intervention, and support the new PEPFAR prevention strategies for new target populations (including sexual partners).

4.1 Strengthened Implementation of Sexual Partner Interventions in Hanoi

HPI was pleased to discover the 36 month sexual partners follow-up survey (conducted under task 11.2) showed incremental increases in self-reported frequency of condom use (up from 38% at 24 months to 44.6% of sexual partners reporting condom use at last sex) Additionally, in year 3, there was only one reported HIV seroconversion among clients. This indicates that the interventions have been effective.

- As shown in Table 1, in year 3, the project reached almost 1,600 clients, only slightly short of the 1,700 annual target.
- Due to significant turn-over in the project's peer educators, two training courses were held for peer educators and district coordinators to improve their group discussion skills, knowledge of reproductive health and lower-risk sexual practices.
- The project focused behavior change communication activities

Table 1. Service Indicators for the Sexual Partners Intervention

Sexual Partner Indicators	
Number of individual clients	1,561
Number of client contacts	14,490
Number of VCT referrals	1,267
Number of other service referrals (STI, methadone, OPC etc.)	619
Number of client attended regular client meeting.	1,410
Number of condoms provided	41,803

and couples counseling on serodiscordant and unknown-status couples. On average, each client was visited once a month by peer educators; this increased to at least two to three times every month for serodiscordant couples. Besides the regular activities, HPI organized additional outside activities to reach both members of serodiscordant and unknown-status couples at the same time, and then conducted behavior change communication during the activities.

4.2 Extension of Sexual Partner Interventions to HCMC

This promising and beneficial HIV prevention intervention has now been expanded to Ho Chi Min City, where it is being implemented with Global Fund (GF) support, and to Dien Bien, where it is being implemented through FHI with support from PEPFAR.

4.3 Enhanced Monitoring and Evaluation and Advocacy

Enhanced routine program monitoring and evaluation (under task 11) provided evidence to strengthen program effectiveness and document the need for continued program interventions. HPI used this information in its comments on drafts of the new national strategic plan to advocate for the explicit inclusion of Sexual Partner programs and targets (under tasks 1 and 2), and sexual partners of MARPs are identified as key target populations for prevention interventions in the latest draft plan.

4.4. Creation of a Sexual Partner Intervention Implementation Manual

An “Implementation Manual for Sexual Partners Interventions in Vietnam” is under development by HPI and is expected to be completed by December, 2011. After the Sexual Partners implementation manual is available, in March 2012, HPI will provide technical assistance to other implementing partners applying the model.

Lessons Learned/Constraints

- There is a high turnover of peer educators which was reflected by a 50% drop out rate among peer educators in all four intervention districts in Hanoi in year 3. By training additional peer counselors, the project can better accommodate staff fluctuations.
- For reaching serodiscordant couples, our peer educators need to be provided with additional couples counseling skills.

RESULT 2: Strengthened and Supported Effective Public Sector and Civil Society Advocates and Networks to Assume Leadership in the Policy Process

Activities under Result 2 aim to build a more sustainable, local base for HIV/AIDS policy development and advocacy in Vietnam. In year 3, HPI advanced this goal by enhancing the capacity of Civil Society Organizations (CSOs) to advocate on their own behalf, offering

quality legal aid to PLHA facing stigma and discrimination, strengthening networks of PLHA by utilizing peer educators to deliver Positive Prevention program interventions, engaging party and government leaders to promote effective public sector HIV leadership, and improving the accuracy and tone of HIV stories in the media.

Task 5. Building the Capacity of PLHA Groups and Other

CSOs Task Strategy, Priorities, and Progress for Year 3

In year 3, HPI completed the innovative three-tiered competitive capacity building program to improve the organizational capacity of self-help and supported groups (SSGs) (This program is documented further under the Success Stories in Annex III.). This entailed implementing the most advanced stages of the training, mentoring, and coaching for SSGs that were selected to move forward in the program and working with the strongest SSGs (which were selected for the final round of training) to achieve legal registration. This program has not only built the capacity of the SSGs to act on their own behalf but it has also created a growing network of trained SSGs, five of which achieved legal registration in Vietnam, almost doubling the number of legally registered grass-roots CSOs involved in the HIV/AIDS response.

5.1. Finalization of the Institutional Capacity Building for SSGs

- Year 3 SSG efforts included two rounds of on-site supervision and coaching for 15 SSGs in eight provinces. Progress in strengthening the institutional capacity of these SSGs is reflected in their improved records management, development of group operation manuals and group regulations, the ability to conduct SWOT analysis, and substantially improved project management and proposal writing capacity.. Ten of these 15 SSGs were chosen to advance to the next stage of the HPI-supported capacity building program and participated in an advanced training in proposal writing (30 total participants).
- As a direct result of HPI capacity building and institutional strengthening activities four of the final 15 groups developed and submitted proposals to other donors and all of these groups received funding ranging from 2,000 to 40,000 USD.
- HPI coached the five top SSGs to develop their own specific business plans during a specially developed “start your own business” training and provided modest funding to each group to jump-start their social enterprises. This innovative model will promote SSG sustainability as well as HIV/AIDS program sustainability because each of these groups will use a portion of their business revenues to support HIV/AIDS services.

- The project finalized and implemented training curricula in advanced proposal writing, “start your own business,” and advanced project management (financial & human resource management) which will be made available (in the program’s documentation) to the Pathways project and other partners looking to implement similar training programs.

5.2. Established Legal Registration and Enhanced Policy Dialogue

- HPI successfully supported five SSGs to successfully obtain legal registration including as cooperatives, cooperative groups, household businesses, and limited companies.
- As requested by USAID/Vietnam, HPI and UNAIDS updated and reprinted the legal registration handbook for civil society organizations and disseminated it to SSGs through policy dialogue workshops jointly organized with UNAIDS in Can Tho and An Giang provinces as well as at the GF round 9 meeting for the civil society track in Hanoi.
- The project also organized the 5th SSG stakeholder coordination meeting to share experiences and update activities and plans between different capacity building partners.

Lessons Learned/Constraints

Two SSGs withdrew from the capacity building program during this year due to the instability of their management boards. To minimize this risk, management board stability needs to be considered as one of key selection criteria for advancing through the capacity building program. In addition, when becoming legal entities, the grassroots groups have encountered difficulties in financial management. To address this, apart from providing a training course in this area, HPI will also conduct on-site coaching on effective financial management.

Task 6. Offering Quality Legal Aid to Adults and Children Facing HIV Stigma and Discrimination

Task Strategy, Priorities, and Progress for Year 3

HPI supports the provision of legal aid services to adults and children facing HIV stigma and discrimination in six provinces/cities in Vietnam (Hanoi, Quang Minh, Hai Phong, Nghe An, An Giang, HCMC). These activities were initiated under the previous HPI project and are now being transitioned to a more sustainable, integrated model of legal aid service provision to improve the likelihood that services will remain in place after the end of the HPI project.

In year 3, HPI improved outreach, expanded mobile legal services, and enhanced the quality of HIV/AIDS legal services and service referrals. Keeping in mind the institutionalization of

sustainable approaches, HPI began the¹⁶ process of transitioning two of the existing

standalone HIV/AIDS legal clinics into a general purpose legal aid center (This work is also discussed under the Success Stories in Annex III.).

6.1 Strengthened Legal Clinic Staff Capacity

HPI strengthened the quality of the legal services being provided by organizing a legal aid experience sharing workshop in July 2011, during which lawyers and peer counselors from the six legal clinics exchanged the most up-to-date knowledge and skills on HIV/AIDS legal documents and legal aid.

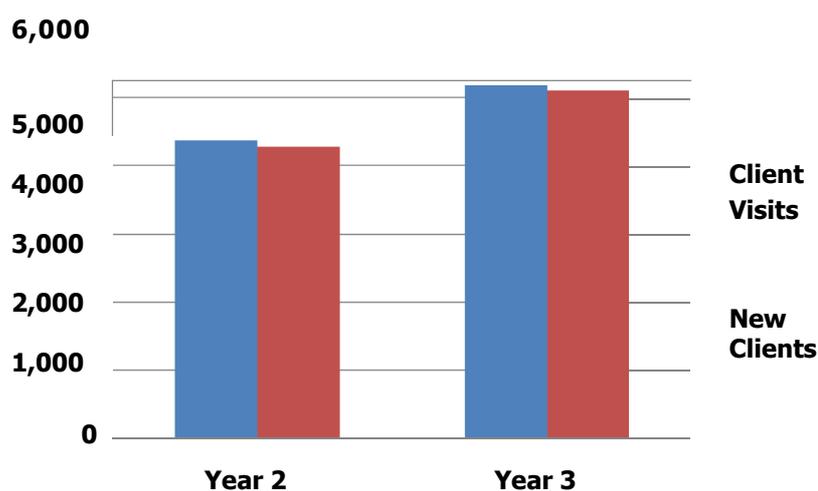
6.2 Strengthened Legal Referral Network and Updated Mapping of Local Service Providers

HPI strengthened the legal referral network in the six target cities by mapping local service providers and distributing this information during HPI's Sexual Partners and Positive Prevention program interventions.

6.3. Extended Legal Outreach Services to Reach 06 Center or Prison Residents

In year 3, the six HPI-supported legal clinics carried out 144 mobile legal outreach visits to PLHA groups, service providers, 06 centers/prisons and other settings. By enhancing outreach and mobile legal services, HPI increased the use of the legal clinics and the national legal hotline by 20.9% and 21.7% respectively between years 2 and 3 of the project (Figure 2).

Figure 2: Number of Client Visits and New Clients Accessing the Legal Clinics and Legal Hotline in Year 3 as Compared to Year 2



6.4. Enhanced Service Provision through Increased Monitoring and Application of Data from Client Satisfaction Surveys

HPI conducted regular program monitoring and client satisfaction surveys to inform the content shared during the legal clinic experience sharing workshops. By collecting and sharing this data with program staff, HPI was able to enhance service provision and address identified problems and challenges in the provision of legal services.

6.5. Integration of HIV/AIDS Legal Services into the Current Legal System

Based on HPI’s sustainability goals, the six legal clinics submitted proposals to transition their current HIV/AIDS legal assistance services to sustainable, integrated models. After two rounds of grading and interviews, HCMC and Quang Ninh legal clinics were selected to pilot the sustainable models in year 4 by integrating their services into current state legal aid networks managed by the MOJ. While we are only funding the transitions in two provinces, we are providing limited technical assistance and/or some limited transitional funding to help the others maintain their services through other facilities or other funding support.

Table 2 provides a breakdown of the clients served by the legal clinics during year 3 by subject area. Almost all clients were new.

Table 2: Service Indicators for the Legal Clinics and the National Hotline in Year 3

Client Visits	New Clients	HIV/AIDS Legal Counseling by Subject					
		Work place	Marriage/ family	Education	Social protection	VCT, care treatment	Civil, criminal issues & others
5281	5201	162	421	97	439	864	1439

6.6. Expansion of HIV/AIDS Legal Services

In year 3 HPI expanded legal services to a sixth Vietnamese province, Nghe An through the law faculty of Vinh University.

Lessons Learned/Constraints

Ensuring the sustainability of HIV/AIDS legal aid services after international funds are no longer available is the biggest challenge for this task. In fact, USAID reduced HPI’s funding for this task for year 4 and asked that we cease the funding of stand-alone HIV/AIDS legal clinics in favor of a more sustainable model. HPI has sought solutions by developing a model which will integrate HIV/AIDS legal services into current state legal aid networks at grassroots levels.

Task 7. Continuing Positive Prevention Interventions

Task Strategy, Priorities, and Progress for Year 3

HPI has implemented a Positive Prevention interventions in four provinces: HCMC, Hanoi, Haiphong, and An Giang. The program uses peer educators (paid in HCMC and Hanoi and volunteer in An Giang and Haiphong) to deliver HIV prevention messages, counseling, and service referrals to networks of PLHA and individual clients identified through these networks, thereby strengthening the networks of PLHA. In year 3 HPI advanced this work by:

- Evaluating multiple models of the program to determine the most sustainable model (under task 11);
- Developing an implementation manual on Positive Prevention interventions;
- Linking the Positive Prevention program/networks to other HIV services; and
- Advocating for the inclusion of Positive Prevention programs and targets in the new national and provincial HIV/AIDS plans (under tasks 1 and 2).

To ensure the quality of the interventions, HPI gives special emphasis to capacity building for peer educators through frequent technical assistance, training, and monitoring.

7.1. Continued Program Improvement and Implementation in Four Provinces

- As shown in Table 3, HPI conducted HIV prevention discussion-based interventions with PLHA groups and individuals, reaching 3533 individuals in year 3.
- Organized more than 800 group discussions based on HIV prevention topics (Table 3).
- Distributed large numbers of condoms and leaflets providing specific risk reduction strategies for different scenarios relevant to HIV prevention (Table 3).
- Designed, pretested, and implemented four new scenarios for facilitating group [discussions.re](#).
- Provided two advanced training courses on communication and peer

Table 3. Positive Prevention Interventions in Year 3	
Number of individual clients:	
Outreach	3,533
Attend group discussions	4,544
Number of client contacts:	
Outreach	5,351
Attend group discussions	11,972
Number of group discussions organized	878
Number of referrals	2,288
Number of condoms distributed	109,085
Number of leaflets distributed	15,780

outreach in HIV prevention to project staff and peer educators as well as improved the monitoring and reporting system for PP interventions in four provinces.

7.2. Enhanced Linkages to Other HPI Activities

HIV services were mapped in the four provinces to help peer educators know where they can refer clients to suitable counseling and legal aid services.

Lessons Learned/Constraints

- Safer sexual practices must be encouraged and supported through individual and couples counseling (which is also used as a strategy in the Sexual Partners program interventions, Task 4) as well as through condom provision in order to overcome the challenge of convincing stable couples to adopt condom use. Therefore, health care facilities need to be linked with counseling services in order to strengthen referrals and assist PLHA to make accurate risk assessments regarding their sexual behaviors.
- Integrating the Positive Prevention program into existing prevention services is essential to ensure the inclusion of the Positive Prevention program as a sustainable component of the HIV/AIDS continuum of care. Establishing parallel or vertical prevention programs for PLHA may increase stigma and discrimination towards PLHA.
- Peer educators may encounter stresses in their challenging daily work. Hence, stress coping skills should be included in trainings for peer educators.

Task 8. Implementing Policy and Planning Trainings for Party and Government Leaders to Advocate for Effective Public Sector Leadership

Task Strategy, Priorities, and Progress for Year 3

During the first two years of project implementation, HPI worked with Boston University and the Ho Chi Minh National Academy of Politics and Administration (HCMNAPA) to develop a sustainable model for delivery of HIV/AIDS policy and planning training at provincial and district levels. In year 3, HPI furthered the transition from international to local institutions by integrating portions of the existing policy and planning training into the regular curricula of the Ho Chi Minh National Academy and the sub-Academies and supporting the implementation of district-level HIV/AIDS policy and program training, being conducted by HPI-trained trainers from HCMNAPA.

In year 3, HPI also continued to work with the Central Party Commission on Popularization and Education to provide focused seminars on harm reduction interventions for HIV prevention for newly elected provincial Party leaders.

8.1. Localized Implementation of District Trainings

HCMNAPA conducted two-day training sessions on comprehensive HIV/AIDS programming for district leaders in Dien Bien and Lao Cai Provinces. Each session was attended by approximately 45 officials from key departments, including health, DOLISA, and public security, in three districts of the province.

8.2. Sustainable Capacity Building through Curriculum Integration

HPI coordinated with HCMNAPA and Boston University to carry out the following tasks:

- Held a four-day workshop on the HIV/AIDS integrated curriculum plan with the faculty of four institutes responsible for specific lectures for integration - Economic Development, Scientific Socialism, Human Rights and Sociology. Elements of the HIV/AIDS policy and planning training have been integrated into the regular curricula of the four institutes, which are part of a required nine-month course for all new provincial and senior district leaders. HPI and international faculty from BU provided extensive comments on the draft curriculum integration modules.
- Held a 4-day seminar to pilot the integrated curriculum and finalized eight integrated modules. The curriculum integration materials will take effect in the next 9-month course, which starts in November, 2011.

8.3. High-Level Policy Seminars with Central Party Commission

HPI coordinated with the Central Party Commission on Popularization and Education to hold policy advocacy workshops on harm reduction interventions in Son La, Dien Bien, and Lao Cai for newly elected provincial Party leaders and leaders of relevant sectors. The participation of the leader of the Central Party Commission and the leader of the Provincial Party Committee showed strong political commitments for implementation of harm reduction interventions. Key leaders of three provinces, especially Son La's who had for a long time resisted the harm reduction approach, seemed to change their views during these workshops and committed to strengthening harm reduction interventions in their provinces. Leaders asked for assistance from the national government and donors to implement comprehensive harm reduction measures and expand the coverage of programs. The changing views are evidenced by the fact that all of these provinces have subsequently expanded harm reduction interventions.

Lessons Learned/Constraints

- The integration of HIV into the Academy's curriculum required the innovation and flexibility of the faculty. Integrated lectures also require a final review to ensure the smooth integration and sequencing of the HIV contents to avoid repetition.

- The harm reduction seminars brought progress in acceptance of these interventions by party and government leaders, particularly in Son La, but the process is not complete and more advocacy will be necessary.

Task 9. Developing and Implementing Journalists'

Training Task Strategy, Priorities, and Progress for Year 3

In April of 2011, HPI conducted a three-day training for 31 journalists and editors in chief working at either the Voice of Vietnam and/or Central newspapers in Hanoi and Hai Phong cities. The training, developed in close collaboration with the Ministry of Culture, Sport, and Tourism (MOCST) and Ministry of Communication and Information (MOCI), educated participants on the HIV/AIDS epidemic, HIV/AIDS national strategy and key issues related to HIV/AIDS policy and legal framework and HIV prevention interventions, especially harm reduction programs, in Vietnam in order to improve the accuracy and tone of the HIV/AIDS-related articles and broadcasts (This program is documented further under the Success Stories in Annex III.).

HPI worked closely with MOCST and MOCI to carry out the following sub-tasks:

9.1. Application of Knowledge of Journalists' Needs to Address Communication Gaps

Reviewed existing information and surveys conducted by other organizations and conducted a quick survey to identify gaps in knowledge and capacity of journalists regarding HIV/AIDS reporting.

9.2. Enhanced HIV Communication through Editor in Chiefs Seminars

In year 3, HPI integrated HIV/AIDS into a monthly seminar for editors in chief. The important achievement in this seminar was that an official letter with specific plan for HIV/AIDS communication and policy advocacy requested by Vice Minister of MOCI was disseminated to all mass media. The specific plan of each agency will be submitted to MOCI in April, 2012 for their review, monitoring and evaluation.

9.3 & 4. Enhanced HIV/AIDS Messages in Party and Public Communications through Enhanced Journalist Capacity to Report Accurately on HIV/AIDS Issues

HPI conducted a journalists' training in Hai Phong April 22-24, 2011. After the training, participants were able to understand the trends of the epidemic; the challenges, solutions and priorities for HIV/AIDS prevention; particularly harm reduction programs; and select and prioritize topics to address in their own writing on HIV/AIDS. Three months after the training, 56 articles had been produced and published/broadcast by participants focusing on the following subjects: (1) the HIV/AIDS legal and policy framework and the implementation of

the HIV/AIDS Law; (2) the use of harm reduction interventions in the prevention of HIV transmission; and (3) stigma and discrimination related to HIV/AIDS.

RESULT 3: Development and Deployment of Timely and Accurate Data for Evidence-Based Decision Making

In line with results 1 & 2, HPI works with provincial leaders to increase the timely availability and use of accurate data for evidence-based decision making. The project achieves this goal by supporting targeted data analysis and use for HIV/AIDS in seven PEPFAR provinces; developing and deploying institutional capacity building on data use to increase the demand for quality information at the provincial level; conducting research on the effectiveness of prevention interventions; monitoring HIV/AIDS discrimination to inform the scale-up of anti-discrimination programs; and facilitating the generation of evidence for programs targeting orphans and vulnerable children through the development and implementation of an M&E system.

Task 10. Expanding the Use of Analysis and Advocacy (A2) and RNE

Task Strategy, Priorities, and Progress for Year 3

HPI's A2 and RNE work provides training, coaching and mentoring to support stakeholders in the HIV/AIDS strategic planning process to use epidemiologic and resource needs data to plan more effectively for the HIV/AIDS response. This work is closely linked to the DDM program implemented under task 11.

In year 3, HPI focused this work on translating the results of model applications into appropriate policies and programs, and advocating for the use of available data to formulate appropriate responses to and resource allocation for HIV/AIDS (under task 1).

- Within the scope of Task 10, HPI provided training to 43 participants from VAAC, PACs of 7 PEPFAR provinces, the National Institute of Hygiene and Epidemiology (NIHE), the Regional Pasteur Institutes, FHI 360, Hanoi School of Public Health, UNAIDS and the Institute of Population, Health and Development (PHAD) on applying the Resource Needs Estimation (RNE) model in developing the 2011-2015 HIV/AIDS action plans and in their regular planning, monitoring and evaluation process.
- During regular on-site coaching visits, HPI helped PACs of seven PEPFAR provinces (+2 new provinces – Lao Cai and Dien Bien – joining DDM program in June 2011) to learn more advanced costing skills and updated their RNE knowledge and skills.
- HCMC, Can Tho, An Giang, Hai Phong and Nghe An completed their action plan costing exercises; Hanoi has made good progress and will complete the resource needs estimation by the end of 2011.

- HPI cooperated with FHI 360 to complete the process of linking the RNE with the Asian Epidemic Model (AEM) to generate policy scenarios for HIV/AIDS responses of HCMC and Hai Phong.
- FHI 360 and HPI completed the AEM for Can Tho and will work on AEM for An Giang. Additionally, HPI will link the RNE with AEM to recommend HIV/AIDS policy scenarios for Can Tho and An Giang by the end of 2011.

Lessons Learned/Constraints

Applying A2, including combining AEM and RNE required great effort and strong commitment from both international and local partners, experts and donors. Therefore, HPI participated in various dialogues with local PACs/agencies, FHI 360 and other PEPFAR partners to acquire consensus and commitment before selecting provinces for A2 implementation.

Task 11. Mobilizing Evidence for Policy Changes and Program Adoption/Scale-up

Task Strategy, Priorities, and Progress for Year 3

HPI is supporting institutional capacity building and embedded staff at the provincial level to develop and use data for decision making on HIV/AIDS programming and funding allocations. Consistent with its role to implement, evaluate, and document pilot interventions for scale-up and replication, HPI also evaluated the Sexual Partners, Positive Prevention, and 100% Condom Use Program interventions in year 3.

11.1. Enhanced Provincial Institutional Capacity and Human Resource Development in Data Use for Decision Making (DDM)

HPI is fostering a culture of data use at all levels in order to create a higher demand for and application of high quality data. In year 3 HPI continued to work with FHI 360, USAID and CDC to implement the DDM program.

- In year 3, HPI continued collaborating with key partners including FHI 360, UNAIDS, PHAD, Innovative Software Development (ISD), PHR, VAAC and the PACs in 7 PEPFAR focus provinces to implement DDM program activities according to the approved work plan.
- Since July 2011, HPI has expanded DDM support to two new provinces Lao Cai and Dien Bien.
- The initial DDM assessment report was finalized in November 2010 and HPI organized a dissemination meeting to present the results of the assessment to USAID, CDC and other related partners such as FHI 360, UNAIDS, and HSPH. Following recommendations from the assessment, the DDM technical team (including

USAID SI, HPI, FHI 360, and ISD) developed the DDM master plan, which includes a series of 11 training courses with follow-up coaching and mentoring after each training. The master plan has been divided into 2 phases: Phase I supports the development of provincial HIV/AIDS strategic plans for 2011-2015 while Phase II focuses on Institutional Capacity Building for DDM at central and provincial levels.

- DDM core teams were established at central and provincial levels: Since October 2010, HPI has supported two central level DDM staff working at VAAC (one in the M&E department and one in the Planning and Finance department). Five provincial level DDM staff were selected and supported in Hanoi, Hai Phong, Nghe An, Can Tho, and An Giang PACs. All PACs have showed their commitment to the DDM program by establishing DDM core teams, which consist of at least three key staff (one staff member from the M&E department, one staff member from the P&F department, and one DDM staff member).
- With assistance from HPI, each province has set up and populated a DDM master file consisting of key elements of available data to be used for decisions on HIV/AIDS programs. HPI and the DDM team developed the template for the master files.
- HPI (in collaboration with FHI 360) has organized four DDM training courses and four rounds of on-site coaching and mentoring in nine PEPFAR provinces.

v' DDM1 training course (Introduction to Data Analysis and Synthesis for HIV/AIDS epidemic characterization, estimates and projection: implications for decision making) was conducted from September 27 to October 1, 2010 in Hanoi. This training course was co-facilitated by East West Center, FHI 360 and HPI. There were 56 participants from VAAC, seven PEPFAR provinces, NIHE, Regional Institutes, USAID, CDC, FHI 360, Hanoi School of Public Health (HSPH), and UNAIDS.

v' DDM2 training course (RNE for Decision Making) was organized from December 13 to December 17, 2010 in Can Tho. There were 43 participants from VAAC, seven PEPFAR provinces, NIHE, Regional Institutes, USAID, FHI 360, HPI, HSPH, UNAIDS, and PHAD.

v' DDM3 training course (Log Frame and Strategic Planning Approaches) was organized from March 7 to 11, 2011 in HCMC. There were 65 participants from VAAC, seven PEPFAR provinces, NIHE, Regional Institutes, USAID, CDC, FHI 360, HPI, HSPH, UNAIDS, and PHAD. We invited seven PAC Directors to attend the first three days.

v' DDM4 training course (Basic Epidemiology) was organized from June 27 to July 1, 2011 in HCMC. There were 45 participants from VAAC, nine PEPFAR provinces, NIHE, Regional Institutes, USAID, CDC, FHI 360, HPI, and PHAD

- v' In September 2011, HPI and FHI 360 also organized an extra-training course for DDM staff on the Epi-Info application. This training provided very useful skills for DDM staff in using Epi-info software to analyze available data at PACs
- v' After each DDM training, the DDM technical teams (HPI, FHI 360, ISD, PHR) supported PACs in practicing their newly acquired skills. There were four rounds of DDM coaching in 9 provinces conducted from October 2010 to September 2011. Through coaching trips, HPI and FHI 360 team are now supporting PACs to use data to evaluate the 2006-2010 strategic plans and develop the new five-year strategic plans.
- A new DDM data sharing website (www.ddm.info.vn) has been developed. This functional website enables sharing of DDM project data across PACs and registered users with highly configurable user-authorization to control access to each module. The content on the website will be added gradually, including training materials, DDM technical documents DDM Master Files, and related national and provincial data, information. A separate email system using Google cloud computing will be set up and functional for all DDM staff.

Lessons Learned/Constraints

- PHR was selected to be the new DDM partner to replace ISD after ISD withdrew due to insufficient human resources to continue the subcontract.
- Level of data use capacity varies from province to province so we need to take this into account when designing DDM training and coaching activities.
- PAC staffs are involved in many other projects making it challenging to maintain core DDM staff. The project has worked to get commitment from PAC leaders to keep the same DDM team over multiple years.
- One HPI-supported DDM staff member in Hai Phong was fired because of poor performance; HPI and the Hai Phong PAC recruited a replacement.

11.2. Evaluation of HIV Prevention for Primary Sex Partners of Injecting Drug Users

Cross sectional surveys of sexual partners implemented in Hanoi between 2008 and 2010 provided valuable findings on HIV prevalence among the target population as well as sero-discordance rates, and data on trends in behaviors and engagement with the project. HPI conducted a fourth cross sectional survey in Hanoi in year 3 and conducted the baseline surveys in HCMC and Dien Bien province. Currently, analysis is being performed on the survey data. It is expected that findings will be disseminated in November, 2011.

11.3. Evaluation of Positive Prevention Services

In order to identify the most sustainable approach for providing positive prevention services in Vietnam, HPI has been implementing two versions of the Positive Prevention program interventions (discussed under task 7) in four cities: Hanoi, HCMC, Hai Phong and An Giang. The two approaches contain significant differences in peer educator compensation, relative time commitments of the peer educators and varying levels of technical assistance and supervision provided. Thus, during year 3 the project conducted a qualitative assessment of the two approaches and their relative effectiveness in reaching the target populations and delivering the interventions. Adjustments based on the findings will be recommended for future implementation. Additionally, the evidence will help inform the integration of this service into the HIV/AIDS continuum of services in order to ensure its sustainability.

This evaluation has completed the data collection phase and the data are being analyzed. It is expected that these findings will be disseminated to stakeholders in December, 2011.

11.4. Evaluation of 100% CUP and Recommendation for National/Provincial Policies

In year 3, HPI carried out a qualitative and process assessment of the 100% CUP in An Giang. This included interviews with key stakeholders and participants as well as analysis of program process data. A short report of this assessment was developed and submitted to USAID in September, 2011. Following review and approval the report will be disseminated and used to inform the expansion of 100% CUP to additional provinces in year 4.

11.5. Proposed Cost-effectiveness Study of Methadone Treatment v. 06 Center System

Pursuant to the year 3 work plan, HPI developed a protocol for this task but USAID decided that it should not be carried out.

Task 12. Strengthening the System for Monitoring Implementation of the HIV/AIDS Law and Incidents of HIV/AIDS-related Discrimination

Task Strategy, Priorities, and Progress for Year 3

In year 3, HPI completed a national survey of PLHA and disseminated the resulting national estimates of prohibited acts of discrimination. HPI also developed a protocol to assess another important aspect of the implementation of the HIV/AIDS law, namely the extent of scale-up and multi-sectoral support of harm reduction interventions.

12.1. Estimates of HIV/AIDS Discrimination

Taking advantage of ongoing activities, the same survey employed to gather data on PLHAs' out-of-pocket health expenditures (Task 1) included questions on PLHAs' experience with discrimination. The survey data were used to generate the first national estimates of such

discrimination in Vietnam. It concluded that at least half of PLHAs experience some form of discrimination. In addition to the survey, focus groups with male and female PLHA were conducted in seven PEPFAR focus provinces. HPI partner Boston University prepared a final report based on the survey and focus group data, a Policy Brief summarizing the results, and a manuscript for submission to a peer-reviewed journal.

12.2. Assessment of Implementation of Harm Reduction Interventions

HPI prepared and submitted to USAID a protocol for assessment of the implementation of harm reduction interventions required under the HIV/AIDS law. Following review of the protocol, it was decided to focus initially on a gap analysis of needle/syringe procurement, supply, and distribution to inform PEPFAR's new funding of needle/syringe programs. This gap analysis will be completed during the first quarter of project year 4.

Lessons Learned/Constraints

The harm reduction assessment was delayed because USAID decided that it should be re-focused on a gap analysis of needle/syringe procurement, supply, and distribution.

Task 13. Supporting the Development of the OVC M&E Framework

Task Strategy, Priorities, and Progress for Year 3

HPI has worked closely with MOLISA, the PEPFAR Orphans and Vulnerable Children (OVC) team, and other PEPFAR partners to support MOLISA to develop an OVC M&E framework.

- In October 2010, HPI completed a literature review of international best practices on OVC M&E frameworks and recommended OVC M&E indicators. The findings and recommendations were presented in the PEPFAR OVC Partners Workshop in Nha Trang in November 2010.
- The HPI and PEPFAR OVC team also organized several meetings with MOLISA to discuss the list of key indicators for the national M&E framework. MOLISA is now developing the new 5-year National Plan of Action for 2011-2015. HPI will work closely with them to revise the M&E framework in accordance with strategies/activities of the National Plan of Action.
- HPI completed the first draft of new M&E reporting forms, which will be applied by all PEPFAR supported OVC programs. In March, the new M&E reporting forms were presented to USAID and key OVC partners including FHI 360, CDC, and Pact. The OVC forms were tested with the OVC program in Thu Duc, HCMC and Vinh city in April.
- HPI collaborated with PHR to design and implement baseline and periodic follow up OVC surveys that applied the proposed M&E framework and indicators to measure the

outcomes that the OVC program supported by USAID/FHI 360 in Thu Duc, HCMC. The protocol and tools were developed and submitted for IRB review. PHR will conduct data collection in Thu Duc in November and December 2011.

Lessons Learned/Constraints

Working with MOLISA posed some challenges. In development of the next 5-year OVC National Plan of Action for 2011-2015, MOLISA does not have a clear roadmap and has delayed some steps. This has affected our effort to support them in the development of a national M&E framework that serves the new National Plan of Action. We will continue following up closely with them to push the process forward.

WAY FORWARD

USAID has asked HPI to focus our year 4 work on three key areas: legal and policy development; data use for decision making; and expansion of the 100% CUP. Our year 4 work plan details our activities in these areas. In addition, HPI has submitted to USAID a “blueprint for policy development” in which we propose to mobilize activities in multiple HPI tasks to work towards three key legal and policy objectives:

- 1) A new drug addiction treatment law that would de-emphasize compulsory commitment of drug users to 06 centers and switch the focus to voluntary, community- and evidence-based substance abuse treatment;
- 2) A new law on sex work that would emphasize a public health approach focusing on harm reduction interventions, including 100% CUP; and
- 3) Revisions to the budget law that would allow direct Vietnamese government funding of civil society organizations.

These are all very ambitious objectives and depend to at least some extent on factors beyond our control. However, we are determined to make as much progress as we can toward their achievement. To do this, HPI will mobilize and focus a number of tasks, including the following:

- Legal/policy framework: HPI will continue to work with key ministries and entities to develop the legal documents needed to effectuate the above objectives. The process of working with relevant ministries and other government bodies for these legal documents will include consensus meetings with lead ministries on emphases, provisions and contents of documents, technical assistance and review of draft documents by HPI and other stakeholders, consultation meetings with relevant ministries and stakeholders on draft documents, and consensus meetings with lead ministries to finalize documents. Because of the trust and relationships with government officials built up over the first three years of the project, HPI is uniquely placed to achieve important improvements in legal and policy documents.

- Data Use for decision making: HPI will assist PACs to use data developed under DDM to advocate for needed policy changes with Provincial People's Committees, People's Councils, key departments including DOH, DOLISA, DOPS. At national level, HPI will assist VAAC to advocate for key legal and policy changes with National Assembly Social Affairs Committee, government office, committee on HIV/AIDS, drug and prostitution control, and key ministries. DDM data elements to be used will include size estimation for IDU and SW populations, numbers of IDUs in 06 centers, relapse rates for returnees from centers, coverage and outcomes of interventions for IDUs and SWs, such as MMT, other community-based substance abuse treatment programs, NSP, 100% CUP and other condom provision, and scope and results of programs implemented by CSOs.
- Analysis and Advocacy (A2): HPI will use full A2 results in the applicable provinces and its component Resource Needs Estimation (RNE) model in all provinces to generate data in support of budget and resource allocation sections of new or revised laws. Gap and scenario analysis will be used to generate estimates of resources needed to scale up harm reduction programs for HIV prevention among IDUs and sex workers that could inform the resources appropriated to support implementation of proposed new laws on drug addiction treatment and sex work. Estimates of CSOs' abilities to fill service gaps could inform budget allocations for implementation of proposed revision of the Budget Law that would authorize government funding of CSOs. Performance-based budgeting exercises at the provincial level could also be used to advocate for increased resources to fill service gaps according to the priorities of each PAC.
- People's Voice: HPI will use three channels to advocate for key legal and policy changes: (1) People's Councils, in order to promote their role in policy making; (2) Mass media; and (3) training by HCMNAPA for Provincial People's Councils and National Assembly Social Affairs Committee.
- HCMA curriculum integration: HPI will ensure that material to support the needed legal and policy changes is included in the curriculum integration modules being developed by HCMA for the central Academy, sub-Academies, and Provincial Party Schools.
- Policy briefs and policy dialogues: HPI will prepare and update focused summaries of key issues identifying needed changes in legal documents and policies on drug control, sex work, and the roles for CSOs. Policy briefs on these key topics have already been drafted and submitted to USAID for review. They will be widely disseminated to mass media, placed on key websites, and summarized in articles in Party and government publications. HPI will sponsor national and regional policy dialogue meetings on key policy issues and the need for the proposed new laws. These documents and sessions will help build support for important legal and policy

changes and increase the transparency and understandability of the often complicated debates on these issues.

- Capacity building: This is not currently a specific task in HPI's work plan but it will be an integral part of our strategy to develop a long-term, sustainable approach to policy advocacy and policy development. HPI will build the capacity of Vietnamese partners to take on increasing roles in policy advocacy during the remaining two years of HPI and to take over these activities once HPI ends. Potential partners include: CSOs (NGOs such as PHAD [HPI subcontractor] and HSPI, as well as SSGs and MARP groups); quasi-government organizations (e.g. HIV/AIDS Associations [several of which are already HPI partners], mass organizations); Party bodies (e.g. Central and Provincial Party Commissions on Popularization and Education [already HPI partners]); and government organizations (e.g. networks of HCMNAPA-trained provincial and district officials). HPI will coordinate its efforts in capacity building of local partners with RTI's Pathways project.

PROJECT

ADMINISTRATION Overview

1. Partners

Based on result of reviewing and assessing the effectiveness of current legal service provision models in Viet Nam, the integration of the current legal clinic services models with existing state legal Aid Centers is required in order to maintain more sustainable legal aid system. Among our six current legal clinic offices funded by HPI, two offices, Quang Ninh and Ho Chi Minh City, were selected to be funded by HPI in year 4 for integrated models. The 3 remaining offices, Hanoi, Hai Phong, Nghe An and An Giang will be closed in year 4 with transition time of 3 months extension. An Giang legal clinic office is completely closed by September 30, 2011.

With the withdrawal of ISD who was in charge of DDM task in year 3 due to their shortage of human resources, PHR was selected through a competitive process to be ISD's replacement in year 4.

2. Staffing



3. Budget

See Annex II for information on budget expenditures.

ANNEX I. MONITORING OF PEPFAR INDICATORS

Sub-Area / Indicator / 1st Disaggregation	Gender/ Program	Age	Achieved in first 6 month	Achieved in year 3	Annual Target	Percent Of Target Achieved	
P7: PwP							
P7.1.D - Number of People Living with a minimum package of interventions	with HIV/AIDS (PLHIV) reached Prevention with PLHIV						
Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	All	All	1,800	3,533	3,500	101%	
	PLHI		1,389	2,708	-		
	V		228	477	-		
	All male MARP (unknown status)		183	378	-		
	All female MARP (unknown status)						
P8: Sexual Prev							
P8.3.D - Number of individuals reached outreach that promotes HIV/AIDS behavior change beyond being faithful condoms correctly and consistently	through community prevention through other with a partner or use						
Sexual Partner Prevention Intervention		All	966	1,561	2,900	54%	
P8.4.D - Number of targeted condom service outlets							
Number of targeted condom service outlets	All	All	37	37	37	100%	
	Sexual Partner Prevention Intervention		4	4	4	100%	
	Positive Prevention Intervention (PP)		33	33	33	100%	
C01: Umbrella							
C1.1.D - Number of eligible adults with a minimum of one care service	and children provided (Legal Clinic)						
PLHA	Male	All	2,483	5,201	5,120	102%	
		All	1,434	3,027	2,560	118%	
		<18	54	65	60	108%	
		18+	1,38	2,962	2,500	118%	
		Female	All	0	2,174	2,560	85%
		<18	1,04	67	60	112%	
	18+	957	2,107	2,500	84%		

Sub-Area / Indicator / 1st Disaggregation	Gender/ Program	Age	Achieved in first 6 month	Achieved in year 3	Annual Target	Percent Of Target Achieved
H02: HRH						
H2.3.D - Number of health care workers completed an in-service training program	who successfully	All	167	306	32	95%
03-HVOP Sexual Prevention: Other sexual prevention	All	All	52	72	3	58%
	Sexual Partner Prevention Intervention		0	20	12	
	Positive Prevention Intervention (PP)		52	52	4	
08-HBHC Care: Adult Care and Support	All	All	12	33	20	103%
	Legal Clinic		12	33	10	103%
17-HVSI Strategic Information	All	All	58	63	4	197%
	Data use for Decision Making (DDM)		58	63	22	197%
18-OHSS Health Systems Strengthening	All	All	45	138	135	102%
	Self-help and Supported Groups (SSGs)		45	47	45	104%
	Policy analysis and system strengthening		0	91	90	101%

ANNEX II. INFORMATION ON BUDGET EXPENDITURES

Financial Report for HPI Vietnam Through September 30.2011

	A	B	C	D	E	F
Budget items	Total Obligated Amount To Date	Total Funds Expended to Aug 26_11	Accruals of expenditure of September, 2011	Total Expected Expenditures through Sep 30, 11	Total unexpended funds through Sep. 11	Pipelines
Labor (including Fringe)	████████	████████	████████	████████	████████	██
Other Direct Costs	████████	████████	████████	████████	████████	██
Indirect Costs	████████	████████	████████	████████	████████	██
Total Costs	████████	████████	████████	████████	████████	██
Fee:	████████	████████	████████	████████	████████	██
Salary CAP		████████			████████	
TOTAL	████████	████████	████████	████████	████████	██

ANNEX III. SUCCESS STORIES

1. Maximizing Resources for Greater HIV Prevention Impact in Vietnam

Utilizing data for decision making in policy and practice is one the cornerstones of the HPI project in Vietnam. Working alongside implementing partner PSI, the 100% Condom Use Program in An Giang Province has developed and implemented an M&E system to assess condom availability, visibility and source (free or social marketing) in participating Entertainment Establishments.

In the first quarter of the second year of project implementation, the projects analyzed and discussed the M&E data to optimize resources for condom programs, rationalizing resources for free and socially marketed condoms. The data showed that free condoms were generally too readily available in entertainment establishments and by scaling back on the free distribution; customers would more readily seek out condoms being sold through social marketing programs. This meant that more resources for free condoms could be redirected for use with street sex workers and other MARP groups, who are not as able to purchasing socially marketed condoms.

Generally social marketing is a more sustainable approach to condom promotion in HIV prevention programs. Therefore, after the 100% CUP management team discussed this issue with the Director of PATC, the decision was made by the PATC to eliminate the distribution of free condoms to entertainment establishments and maintain free distribution only to MARPs, including street sex workers and IDUs.

Implementing this, however, in a province with many partners and varying performance targets, required an extra level of coordination and cooperation, which was accomplished through a consensus building partners meeting with all An Giang Implementing partners and the PATC where it was agreed that free condoms will only be distributed during trainings and/or for MARPs such as injecting drug users and street sex workers.

After piloting this program, monitoring information indicated that when free condom distribution decreased, sales reports for socially marketed condoms increased significantly and supplies were adequate.

2. Competitive Capacity Building Program for Vietnamese Civil Society Organizations

Self-help and supported groups for people living with HIV/AIDS have developed rapidly in Vietnam in terms of quantity, capacity, scope and areas of work. As reported in the 2008 UNGASS report, the years 2006-2007 have seen a strong improvement in involvement and participation of civil society organizations in HIV/AIDS prevention, treatment, care and support, behavioral change communication, counseling and testing, reducing stigma and discrimination, promoting harm reduction, livelihood support, and in general improving the quality of life of people living with

Significant reduction of Vietnam's international development funding, due to the country's graduation to middle income status, has heightened the need for strengthening local ownership and capacity of civil society organizations and PLHA groups to deliver HIV/AIDS programs and services.

HIV/AIDS (PLHA)¹.

The USAID funded Health Policy Initiative Vietnam (USAID/HPI) works with government, civil society and other stakeholders for the development and implementation of evidence-based and best-practice driven laws, policies, plans and programs for HIV/AIDS prevention, care and treatment, and impact mitigation in Vietnam. Among the key USAID/HPI tasks is to provide capacity building support to self-help and supportive groups (SSGs), including groups of people living with HIV/AIDS, in order to empower them to become well-functioning entities, qualified to obtain legal registration and able to combat HIV/AIDS-related stigma and discrimination. With PEPFAR funding, USAID/HPI is conducting a multi-stage institutional development capacity building program for SSGs interested in operating independently and obtaining legal registration in Vietnam.

HPI's innovative approach to building the capacity of SSGs is one that progressively intensifies and adds an element of competition to focus project resources on the strongest



Picture 1. A facilitator from local partner, CHP, captures the progress of the SSG's small project progress at an SSG workshop (Photo credit: NOI Pictures)

groups, which have the highest likelihood of being able to obtain legal registration. HPI's structured, stepped, and transparent approach has narrowed a group of 65 SSGs down to 32, then 20, then 15 and finally, 5 groups (including PLHA and MSM groups) which are receiving support to practice skills learned in the training by running their own businesses and assistance in filing for legal

registration. The final 5 SSGs have all received legal registration as small enterprises or cooperative

groups, thus almost doubling the number of grass-roots

HIV/AIDS service groups that have achieved legal registration in Vietnam. These groups have also received small contracts from USAID/HPI to implement the business plans they have developed and will use the revenues from their enterprises to fund their HIV/AIDS services in the community.

This carefully designed and comprehensive approach used a broad solicitation for applicants; transparent evaluation and selection of SSGs at each stage of the process; and comprehensive training to ensure transparency and program effectiveness. During the course of the program, participating SSGs have undergone a series of training sessions on organizational development topics such as group facilitation, proposal writing and project management, paired with systematic supervision and virtual and on-site coaching to reinforce training. Additionally, SSGs have received support and guidance in legal registration through a registration handbook and policy dialogue workshops jointly developed by HPI and UNAIDS.

¹ HIV/AIDS Policy in Vietnam: A Civil Society Perspective. Public Health Watch-Open Society Institute. New York: November 2007.

USAID/HPI's program has produced significant improvement in the institutional capacity of the participating groups, which is reflected in their application of project management skills and successful records in proposal submissions. USAID/HPI has supported 4 groups to develop and submit proposals to other donors—all of which received funding ranging from 2,000 to 40,000 USD. USAID/HPI's SSG capacity building program directly contributed to these groups' ability to successfully obtain outside funding. Participating SSGs have greatly appreciated the USAID/HPI program and look forward to more such opportunities in the future.

USAID/HPI is documenting the SSG program's training curricula, procedures for on-site coaching, and other materials so that it may be replicated more widely.

3. HIV/AIDS Legal Services

HPI has supported HIV/AIDS legal clinics to provide legal assistance to people living with or affected by HIV/AIDS who suffer discrimination or other problems associated with their status. One area in the legal clinics have achieved success is in helping seriously ill residents of 06 centers secure early release, as provided for in several legal documents (e.g. Decree 135/2004/ND-CP and Decree 94/2009/ND-CP). While this is an arduous and complicated process requiring multiple levels of approval, HPI-supported legal clinics in Hanoi and HCMC have assisted 55 06 center residents to win early release. The following is an example of such a case handled by the Hanoi legal clinic.

A 31-year-old male client came to Hanoi legal clinic on April 4th, 2011 to consult with the lawyer on how to get an official release decision from government. The man received a mandatory decision to come to 06 center for detoxification 3 year ago. However, he ran away from home during that year. Now he returns home and the local police request him to follow the decision to enter the 06 center, even though he has now stopped using drugs.

The clinic lawyer provided the following supports to the client:

- Identify and verify information related to the man;
- Explain relevant legal documents needed to the client to get official release off 06 centers; he needs a letter from government certifying his success in community-based detoxification;
- Help the client write a letter to send to authorities such as local Police, People Committee at district level to stay at home with the supervision of local authorities;
- Follow up the process.

At the end of April 2011 the man received a letter from People Committee officially allowing him to stay at home with the supervision of local authorities. The client greatly appreciates the assistance from Hanoi legal clinic, which helped him overcome challenges and continue to live with his family.

4. Journalists' training

In April 2011, the USAID-funded Health Policy Initiative (HPI/Vietnam) conducted a 3-day journalists' training in Hai Phong for 31 journalists and editors in chiefs working at either the Voice of Vietnam and/or Central newspapers in Hanoi and Hai Phong cities. The project, in close collaboration with the Ministry of Culture Sport and Tourism (MOCST) and Ministry of Communication and Information (MOCI), educated participants on the HIV/AIDS epidemic, HIV/AIDS national strategy and key issues related to HIV/AIDS policy and legal framework in Vietnam in order to improve the accuracy and tone of the HIV/AIDS-related articles being published or discussed in their publications and productions.

HPI/Vietnam is a five year project that promotes key legal and policy changes necessary to support HIV/AIDS harm reduction implementation and protect PLHA from stigma and discrimination. The project approaches these changes by targeting the four major influences on policy making in Vietnam: the government, civil society, mass media and the People's Councils. The journalists' training represents one angle Vietnam/HPI uses to strengthen the peoples' voice for improved harm reduction by improving the accuracy of the HIV communication to the public.



Group's Feedback on field visits

The training was designed to specifically target HIV/AIDS issues which had been identified in an assessment of HIV/AIDS knowledge gaps among Vietnamese journalists. Sessions included presentations on HIV/AIDS in Hai Phong, Hanoi and more broadly in Vietnam; group discussions to share experiences; and individual and group exercises to think through the current Vietnamese HIV/AIDS policy and legal framework and the future of HIV in Vietnam. Sessions exposed the participants to

key HIV/AIDS terminology and issues critical to harm reduction such as stereotyping and stigma.

The project also arranged site visits to local HIV programs to uncover the realities of HIV/AIDS in the community and the programs being implemented to prevent the spread of HIV, care for those infected and affected by the virus, and mitigate the epidemic's impact. Journalists met both clients and staff of the HIV programs and were provided opportunities to write-up their experiences and ask questions about aspects that remained unclear. During and after the training, participants prepared print and broadcast stories for distribution.

As of July 20, 2011, 56 unique HIV articles had been released through mainstream and government papers and radio shows as a result of the training--all of which had been reviewed by MOCI, MOCST and project staff to ensure the accuracy of the information being provided to the public. Articles ranged from analyses of the content and implementation of

HIV/AIDS laws and policies to narrative pieces retelling the experiences of community members. Seventeen of the 56 articles were selected to receive recognition for their use of accurate, up to date information on HIV/AIDS and program implementation, ensured confidentiality and privacy and attention to gender and children issues.

In the fourth year of the five year project, HPI will continue to use journalists training to promote people's voice in the law development and monitoring process and advocate for key legal and policy changes to reduce the spread of HIV in Vietnam.