Annual Report

GHN-I-00-09-00006-01, Task Order 01
(or TB IQC Task Order 2015)

October 1, 2011 through September 30, 2012

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Summary

COUNTRY	Vietnam	REPORTING PERIOD	October 1, 2011 - September 30, 2012

FUNDING SOURCE	TO2015 FY10 and FY11 funds

OVERVIEW

PATH has collaborated with the Vietnam NTP and the Hai Phong Provincial Health Department (PHD) to implement a public-private mix (PPM) model for TB control in the province since late 2007, with financial support from USAID. Through the US President's Emergency Plan for AIDS Relief (PEPFAR), we have established and strengthened linkages between pharmacies and private clinics, and public TB and HIV services, to detect, manage, and prevent TB and HIV.

ACHIEVEMENTS

Expanded PPM network results in more TB patients put on treatment

During this reporting period, the PPM referral mechanism was expanded from 15 districts to 23 districts in four provinces—Hai Phong, Nghe An, Ho Chi Minh City, and Can Tho. With this expansion, 238 new private/non-TB facilities were added to the referral system, bringing the total number of private/non-TB facilities to 757 (including 420 pharmacies, 308 private hospitals and clinics, and 29 non-TB services). The efforts of these facilities resulted in the screening of 7,000 TB persons presumed to have TB, of which 1,241 (17.7%) were confirmed with active TB and 694 (55.9%) of those were confirmed smear positive, from October 2011 to August 2012 (with new facilities referring patients starting on January 1, 2012). Within the same period, 1,065 (85.8%) TB patients were tested for HIV (see Table 1 in tab 4 for additional data).

Sustainable transition of the PPM network to local government partners

In Hai Phong, implementation of the PPM referral model was successfully transitioned to the PHD. In the context of decreasing financial assistance, Hai Phong expanded the PPM referral model to two additional districts, while maintaining PPM activities in the seven existing districts. Furthermore, the PHD, TB partners, and all related stakeholders in Hai Phong developed a plan to integrate PPM activities into the provincial NTP annual plan for 2013-2015. The plan provides a pathway for expansion of the PPM referral model to all 16 districts by 2015. The plan is scheduled to be submitted to the City People's Committee in October 2012 during annual planning. At that time, all key stakeholders will advocate for the sufficient budget allocation to implement PPM for TB early detection and care.

Conducted study on the barriers to accessing TB services in Vietnam

A study to identify barriers to access to and use of public TB diagnostic services was conducted during the reporting period. Research was carried out in Thai Nguyen (North Vietnam), Khanh Hoa (Central), and Ho Chi Minh City (South Vietnam). The study subjects were people presumed to have TB, TB patients, and health staff working in TB units at the provincial, district, and commune levels, and in private clinics/pharmacies. The key findings will be shared at a dissemination workshop in November 2012.

CHALLENGES

Challenge	How is PATH addressing this challenge?
Tracking and monitoring PPM data and providing feedback to PPM participants during scale-up: Challenges include: the need to integrate collection and reporting of PPM indicators with established NTP M&E systems, difficulty reporting on patients who were referred to project supported districts from non-project supported districts, and streamlining referral data between district health departments and district NTPs.	PATH has worked to integrate and standardize the M&E activities in both USAID and Global Fund program sites through M&E training courses. A total of 10 staff responsible for reporting in the USAID provinces attended the trainings conducted by the Global Fund-supported project, which provided participants with standardized skills for implementing M&E activities. In addition, M&E training courses were provided in Nghe An, Ho Chi Minh City, and Can Tho for staff reporting at the provincial and district levels. At the national level, PATH has been working with the NTP to standardize and integrate PPM indicators into the NTP M&E system. Moreover, the PPM referral cards have been revised to collect additional information on addresses and telephone numbers of people with presumptive TB for easy tracing and collection of the information on health facility locations where referrals visited or the reason why they did not come for a health check.
Maintaining private-sector engagement: Motivating the private sector remains challenging. During the last year, PATH worked with provincial health departments, particularly in Ho Chi Minh City, to increase the number of private facilities actively referring those presumed to have TB. From July to September 2011, 50% of PPM providers collaborating with the NTP actually referred TB suspects in Ho Chi Minh City, in comparison to 65% in Nghe An and 80% in Hai Phong and Can Tho. During this reporting period, the figure improved to 73% in Ho Chi Minh City. While significant improvements are being made, there is still more work to be done.	To continue to improve referral rates, PATH is working with PHDs in Ho Chi Minh City and other provinces to review criteria for selecting facilities for the referral model, and developing approaches to motivate the private sector, such as accreditation and feedback. A formative assessment was conducted to identify an appropriate incentive system for motivating the private sector to participate in TB control (conducted with Global Fund funds), which will be used to inform USAID supported project efforts. Based on this assessment, appropriate non-financial incentives for the private sector could include: accreditation, feedback, referring non TB confirmed cases to private clinics for treatment, participation in TB workshops, and considering PPM participation as a requirement for working registration with PHD.

MAJOR CHANGES TO WORK PLAN THIS REPORTING PERIOD

Change	Why is PATH making this change?	Approval from USAID
Advocacy and proposal writing workshop was canceled.	PATH planned to invite PPM leaders at the provincial level to a workshop on proposal writing in order to enable them to conduct advocacy and fundraising for PPM activities in the future, targeting not only local donors but also international organizations. However, based on experience with Hai Phong, PATH determined that the most important/appropriate "donor" for the provincial NTP to sustain PPM work was internal: the provincial authorities/government. Due to an anticipated delay in obtaining approval at the provincial level, PATH proposed to change this activity to PPM orientation workshops for two districts in Can Tho, where PPM will be expanded, in order to support implementation in COP 12 (Can Tho).	USAID approved this change on July 27 and agreed that this advocacy workshop would not be the best way forward for the provincial level. Instead, it was agreed that PATH would conduct an orientation workshop for two new districts as proposed.

ENVIRONMENTAL IMPACT STATEMENT

During the reporting period, the main activities undertaken by PATH were support for assessments, training, and provision of supportive supervision. Aside from the impacts of travel, there was no adverse impact of these activities on the environment.

Global Indicators

Note: Data is disaggregated by gender when possible.

NATIONAL LEVEL

Vietnam

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	Male: 37,985 Female: 12, 739 Total: 50,724	Source: The NTP report for period 2007-2011	2011
Smear positive notification rate (new SS+)	57.1/100,000 population	Source: The NTP report for period 2007-2011, new SS+ notification rate	2011
Number of new SS+ TB cases successfully treated	48,149 (47,310 cured + 839 completed)	Source: The NTP report for period 2007-2011, data disaggregated by sex if not available	2010
Smear positive treatment success rate (new SS+)	92.33%	Source: The NTP report for period 2007-2011, data for new SS+ cases	2010
Number of MDR/XDR-TB cases diagnosed	1,010	Source: The NTP report for period 2007-2011 (data disaggregated by sex not available, detected by Hain test)	2010-2011
Number of MDR/XDR-TB cases who initiated treatment	695	Source: The NTP report for period 2007-2011 (data disaggregated by sex not available)	2010-2011
Number of new TB patients tested for HIV	53,179	All new TB patients Source: The NTP report for period 2007-2011 (data disaggregated by sex not available)	2011
Percentage of new TB patients tested for HIV	58.10%	Source: The NTP report for period 2007-2011	2011
Number of TB/HIV patients on ART	47.9%	Only percentage is available. Source: NTP report for period 2007-2011.	2011
Number of health care providers trained in TB elements	Male: 508 Female: 394 Total: 902	PATH report (number of health care providers trained and retrained)	Oct 2011-Sep 2012

Hai Phong			
Indicator	**Value**	**Comments**	**Time period**
Number of new SS+ TB cases notified	Male: 700 Female: 185 Total: 885	Source: The NTP report for period 2007-2011	2011
Smear positive notification rate	47.6/100,000	Source: The NTP report for period 2007-2011	2011
Number of new SS+ TB cases successfully treated	764	Source: The NTP report for period 2007-2011	2010
Smear positive treatment success rate	93.80%	Source: The NTP report for period 2007-2011	2010
Number of MDR/XDR-TB cases diagnosed	n/a	MDR-TB data from NTP	2011
Number of MDR/XDR-TB cases who initiated	n/a	MDR-TB data from NTP	2011
Number of TB patients tested for HIV	2,180 and 991	Source: The NTP report for period 2007-2011 and provincial NTP report	2011 and first 6 months of 2012
Percentage of TB patients tested for HIV	94% and 91%	Source: The NTP report for period 2007-2011 and provincial NTP report	2011 and first 6 months of 2012
Number of TB/HIV patients on ART	44	Source: The provincial NTP report	First 6 months of 2012
Number of health care providers trained in TB elements	Male: 49 Female: 42 Total: 91	Source: PATH	Oct 2011-Sep 2012

Ho Chi Minh City			
Indicator	**Value**	**Comments**	**Time period**
Number of new SS+ TB cases notified	Male: 4,486 Female: 1,591 Total: 6,077	Source: The NTP report for period 2007-2011	2011
Smear positive notification rate	82.5/100,000 population	Source: The NTP report for period 2007-2011	2011
Number of new SS+ TB cases successfully treated	5,442	Source: The NTP report for period 2007-2011	2010
Smear positive treatment success rate	87.20%	Source: The NTP report for period 2007-2011	2010
Number of MDR/XDR-TB cases diagnosed	748	MDR-TB data from HCMC's NTP report; patients from HCMC and other provinces	2011

Number of MDR/XDR-TB cases who initiated treatment	417 and 200	MDR-TB data from HCMC's NTP report; some patients who initiated treatment in 2012 were diagnosed in 2011	2011 and first 6 months of 2012
Number of TB patients tested for HIV	5,918 and 2,468	Source: Provincial NTP	2011 and first 6 months of 2012
Percentage of TB patients tested for HIV	97% and 96.9%		2011 and first 6 months of 2012
Number of TB/HIV patients on ART	792 and 296	Source: Provincial NTP	2010 and first 6 months of 2011
Number of health care providers trained in TB elements	Male: 120 Female: 110 Total: 230	Source: PATH	Oct 2011-Sep 2012

Can Tho

Indicator	**Value**	**Comments**	**Time period**
Number of new SS+ TB cases notified	Male: 920 Female: 333 Total:1,253	Source: The NTP report for period 2007-2011	2011
Smear positive notification rate	104.7/100,000 population	Source: The NTP report for period 2007-2011	2011
Number of new SS+ TB cases successfully treated	1,239	Source: The NTP report for period 2007-2011	2010
Smear positive treatment success rate	91.90%	Source: The NTP report for period 2007-2011	2010

Number of MDR/XDR-TB cases diagnosed	Data not available.	Data not available.	Data not available.
Number of MDR/XDR-TB cases who initiated treatment	47 and 23	MDR-TB data from HCMC's NTP report; some patients who initiated treatment in 2012 were diagnosed in 2011	2011 and first 6 months of 2012
Number of TB patients tested for HIV	1,104	Source: Provincial NTP	2011
Percentage of TB patients tested for HIV	66.10%		2011
Number of TB/HIV patients on ARV	69 and 27	Source: Provincial NTP	2010 and first 6 months of 2011
Number of health care providers trained in TB elements	Male: 83 Female: 41 Total: 124	Source: PATH	Oct 2011-Sep 2012

Nghe An

Indicator	**Value**	**Comments**	**Time period**
Number of new SS+ TB cases notified	Male: 795 Female: 276 Total: 1,071	Source: The NTP report for period 2007-2011	2011
Smear positive notification rate	33.7/100,000 population	Source: The NTP report for period 2007-2011	2011
Number of new SS+ TB cases successfully treated	898	Source: The NTP report for period 2007-2011	2010
Smear positive treatment success rate	93.50%	Source: The NTP report for period 2007-2011	2010
Number of MDR/XDR-TB cases diagnosed	Data not available.	Data not available.	Data not available.
Number of MDR/XDR-TB cases who initiated	Data not available.	Data not available.	Data not available.
Number of TB patients tested for HIV	860 and 1,003	Source: The NTP report for period 2007-2011 and provincial NTP report	2011 and first 6 months of 2012
Percentage of TB patients tested for HIV	35% and 80%	Source: The NTP report for period 2007-2011 and provincial NTP report	2011 and first 6 months of 2012
Number of TB/HIV patients on ART	17 and 11	Source: Provincial NTP report	2011 and first 6 months of 2012
Number of health care providers trained in TB elements	Male: 256 Female: 201 Total: 457	Source: PATH	Oct 2011-Sep 2012

Activity Monitoring: Outcomes

TO2015 FY10 Vietnam Work Plan

Goal Sustain the existing pharmacy and private clinic activities in Hai Phong, and begin pilot implementation of these activities in the high-burden areas of Ho Chi Minh City, Nghe An, and Can Tho.

OUTCOME	OUTCOME TARGETS	RESULTS
Increased number of TB suspects referred, diagnosed, and tested for HIV	75% of participating pharmacies/private clinics refer TB suspects in the project period.	67% of participating pharmacies/private clinics referred TB suspects during the project period.
	3,500 TB suspects identified at pharmacies and private clinics.	3,665 persons presumed to have TB were identified at pharmacies and private clinics.
	1,500 (50%) of TB suspects referred reach evaluation.	2,709 (73%) persons presumed to have TB who were referred reached evaluation.
	450 (30%) of TB suspects evaluated are diagnosed with active TB.	633 (23%) persons presumed to have TB who were evaluated were diagnosed with active TB.
	270 (60%) of PPM-referred TB patients have an HIV test result recorded in the TB register.	502 (79%) PPM-referred TB patients had an HIV test result recorded in the TB register.
	21 (8%) of PPM-referred TB patients test positive for HIV.	18 (3%) PPM-referred TB patients tested positive for HIV.

TO2015 FY11 Vietnam Work Plan

Goal To support the NTP to increase case detection and access to quality TB care services.

Component 1 Expand and strengthen PPM referral mechanisms in three provinces for early detection of TB patients.

OUTCOME	OUTCOME TARGETS	RESULTS	COMMENTS
Increased number of TB suspects referred, diagnosed, and tested for HIV	5,000 TB suspects identified at pharmacies and private clinics.	9,829 persons presumed to have TB were identified at pharmacies and private clinics.	There were 9,829 presumptive TB persons identified at PPM facilities and referred to TB units, almost double the outcome target. This good result could be because the PPM referral system is better functioning in the second year of implementation in Can Tho, HCMC, and Nghe An.
	2,500 TB suspects referred reach evaluation.	7,000 persons presumed to have TB who were evaluated reached evaluation.	Among referrals, 71.2% were received and tested at TB units. This result is good, as expected, and could reflect well on the commitment of PPM facilities and effective communication/counseling skills of PPM service providers.
	500 suspects evaluated are diagnosed with TB.	1,241 persons presumed to have TB who were evaluated were diagnosed with TB.	17.7% of presumptive TB cases were diagnosed with active TB. The total active TB cases contributed by PPM is more than double the outcome target, in accordance with the significant increasing of referrals. However, the percentage of active TB confirmed among referrals is still lower than last year's results (23%). This may suggest the strengthening of TB knowledge, especially suggestive symptoms for TB, during training courses for pharmacies.
	400 TB patients have HIV test result recorded in TB register.	1,065 TB patients had an HIV test result recorded in a TB register.	85.8% of TB patients were tested for HIV. This shows that more TB patients can access HTC sites and know their HIV status.
	32 TB patients test positive for HIV.	13 TB patients tested positive for HIV.	None.

Activity Monitoring: Outputs

TO2015 FY10 Vietnam Work Plan (only reporting on activities that continued into the current year)
Activity 2: National study on inaccessibility and underuse of public TB control services to identify patterns and reasons.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
2.1a	Perform a desk review of information regarding health-seeking behaviors of citizens and accessibility of TB services in both the public and private health sectors.	Data matrix from desk review completed.	n/a	Completed	Review completed. Final report will be available by end of December 2012.
2.1b	Develop a study protocol and tools for data collection.	Research protocol and data collection instruments finalized. Two trainings on data collection, analysis, and presentation.	n/a	Completed	Research protocol finalized and approved by the NTP and reviewed by the Research Determination Committee at PATH. Data collection instruments were developed and translated into Vietnamese and pretested in April 2012.
2.1c	Collect and analyze data and disseminate results and recommendations to key national and international stakeholders.	Research study report finalized, dissemination meeting held, and draft of article for publication completed.	n/a	Ongoing	Final report will be available by end of December 2012.

TO2015 FY11 Vietnam Work Plan

Objective 1.1: Consolidate the PPM referral practice by strengthening the recently established PPM mechanism in the eight currently participating districts in Nghe Le, Ho Chi Minh City, and Can Tho.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
1.1.1	Activity plans developed.	Three provincial activity plans developed for existing provinces and transition plan developed for Hai Phong, as USAID support for this Hai Phong ended in March 2012	n/a	Completed	3 provincial PPM activity plans were developed for supported provinces and agreed upon by PATH, NTP, and provincial partners. A transition plan was developed and shared with local authorities in Hai Phong.
1.1.2	PPM models and existing tools reviewed and adapted.	PPM models and existing tools reviewed and adapted.	n/a	Completed	PPM referral cards, PPM poster, and TB leaflets were revised and updated with information for all PPM sites.
1.1.3	In-service training organized for current PPM participants.	300 PPM participants successfully completed an in-service training program.	n/a	Completed	A total of 391 participants trained in 3 provinces: - Nghe An: Retraining (course 1) on PPM for 85 current PPM participants was conducted in February 2012 and retraining (course 2) on PPM for 81 different current PPM participants was conducted in May and July 2012. - HCMC: Retraining on PPM for 149 staff from current PPM participating facilities was conducted in December 2011. - Can Tho: Retraining on PPM for 76 staff from current PPM participating facilities was conducted in February and March 2012.
1.1.4	Monthly supervision visits to PPM facilities conducted.	At least four visits per PPM facility during the project period.	n/a	Completed	Monthly supportive supervision visits were conducted by PATH, PHD, provincial and district TB departments, and district health departments.

Objective 1.2: Scale up the referral mechanism to six new districts in three provinces (two in Nghe An, one in Ho Chi Minh City, and three in Can Tho).

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE

1.2.1	Rapid assessments in six new districts conducted. List of potential private providers and key stakeholders for PPM in six new districts developed.	Key findings and recommendations for PPM planning defined.	n/a	Completed	A list of potential private providers and key stakeholders for PPM in six new districts was developed. In total, 238 new PPM facilities and six new TB facilities enrolled in the PPM mechanism. - Hai Phong: 18 new PPM facilities and two new TB facilities enrolled through local resource. - Nghe An: 87 new PPM facilities and three TB facilities enrolled in the PPM mechanism. - HCMC: 103 new PPM facilities and one district TB facility enrolled in the PPM mechanism. - Can Tho: 30 new PPM facilities and two TB facilities enrolled in the PPM mechanism.
1.2.2	PPM midterm review workshops held on World TB Day.	Three PPM workshops held on World TB Day, with 260 PPM providers attending.	n/a	Completed	Six PPM workshops were conducted in March 2012 for World TB Day, with 762 participants. - Nghe An: 84 PPM participants attended one PPM review workshop, and 210 Women's Union members attended three different TB and PPM workshops. - HCMC: 106 participants from TB facilities of 24 districts, social organizations, and mass media organizations attended the workshop. Also, 150 participants attended two midterm review workshops at district level. - Can Tho: 135 Women's Union members attended - Hai Phong: 77 Women's Union members attended.
1.2.3	Working group discussions to establish PPM referral mechanism held.	PPM referral mechanism established in new districts.	n/a	Completed	PPM referral mechanism established in six new districts.

1.2.4	Orientation workshop for new PPM pharmacies and private clinics conducted.	Three orientation workshops held, with 220 private providers oriented on PPM activities.	n/a	Completed	A total of 11 orientation workshops were conducted for 483 participants in three provinces. - Nghe An: Three orientation workshops on PPM for 62 key stakeholders in three new districts were conducted in December 2011. - Can Tho: Seven orientation workshops on PPM for 386 key stakeholders in two new districts were conducted in February, May, and August 2012. Among these, five workshops were conducted in the two districts which started PPM activities in FY11, and the other two workshops were conducted in the two new districts (to be implemented in FY12), as approved by USAID Mission. - HCMC: One orientation workshop on PPM for 35 stakeholders and private providers in a new district was conducted in May 2012.
1.2.5	Training workshops for public and private health staff of PPM participating facilities conducted.	300 health care workers successfully completed an in-service training program (H2.3.D).	n/a	Completed	Trainings have been completed in six new districts and refresher trainings have been conducted in existing PPM districts in Can Tho, Nghe An, and HCMC. To date, 329 health care workers have been trained and retrained on PPM. - Nghe An: Trainings on PPM for 107 health care workers in three new districts were conducted in December 2011 and refresher trainings on PPM for 112 health care workers in three new districts were conducted in June 2012. A training on microscopy for ten laboratory staff was conducted in May 2012. - HCMC: Training on PPM for 60 health care workers in the new district was conducted in May 2012. - Can Tho: Training on PPM for 30 health care workers in two new districts was conducted in February 2012.

1.2.6	Training workshops on supportive supervision for provincial and district supervisors conducted.	20 district supervisors completed the training on supervision.	n/a	Completed	To date, a total of 53 district supervisors have been trained on supportive supervision in Can Tho, Nghe An, and HCMC. Due to additional budget for training and the recognized need to involve provincial supervisors, additional participants joined the trainings. - Nghe An: 23 provincial and district supervisors completed the training on supportive supervision. - Can Tho: 18 provincial and district supervisors completed the training on supportive supervision. - HCMC: A supportive supervision training was conducted in May 2012 for 12 supervisors at the district level.

Objective 1.3: Build capacity for local partners by providing in-service training on monitoring and evaluation, and recording and reporting for provincial and district supervisors.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
1.3.1	M&E staff identified and participated in training conducted by the Global Fund.	Four provincial M&E staff completed the training.	n/a	Completed	Five provincial and five district M&E staff completed training on M&E conducted by the Global Fund in December 2011 and January 2012 (two from Nghe An, one from Hai Phong, four from HCMC, and three from Can Tho). After returning to their provinces, these trained staff conducted reporting workshops in their provinces, including: - M&E cascade training in Nghe An in May 2012 for 19 provincial/district reporting staff. - PPM report workshop for 24 reporting staff at provincial and district levels in Can Tho in September 2012. - PPM report workshop for nine reporting staff at provincial and district levels in HCMC in September 2012.

Component 2 **Prepare a transition plan to enable partners to sustain PPM in the future.**

Objective 2.1: Transition PPM responsibilities to Hai Phong partners for sustainability.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
2.1.1	Technical assistance provided to develop transition plan for Hai Phong.	Hai Phong transition plan for 2012-2015 developed.	n/a	Completed	Three workshops with PPM technical working group were conducted in December 2011 and February and June 2012. After the workshops, the PPM transition plan for Hai Phong for 2012-2015 was developed by the PPM working group and PATH. The plan was disseminated to provincial decision-makers and key stakeholders for review and approval.
2.1.2	Dissemination workshop in Hai Phong to report results of five-year project conducted.	70 participants attended the dissemination workshop.	n/a	Completed	The dissemination workshop in Hai Phong was conducted in September 2012 with 100 participants.
2.1.3	Data collected and analysis reported.	Semiannual report submitted.	n/a	Completed	Quarterly PPM data were collected and reported for monitoring results.
2.1.4	Training workshops for PPM public and private health care workers conducted for remaining districts in Hai Phong.	80 health care workers successfully completed an in-service training program (H2.3.D).	n/a	Completed	Three training workshops on PPM orientation for five remaining districts in Hai Phong were conducted in December 2011, with 90 health care workers trained.

Objective 2.2: Prepare for partners in Can Tho, Nghe An, and Ho Chi Minh City to sustain PPM in the future.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
2.2.1	Three planning workshops with PHDs and TB hospital leaders held (one/site in Nghe An, HCMC, and Can Tho).	Provincial PPM work plans for FY12 developed.	n/a	Completed	An annual review workshop for FY11 was conducted on September 19, 2012. A total of 70 participants from the NTP at the national and provincial levels, PHD leaders from Nghe An, Can Tho, and HCMC, USAID representatives, and other key stakeholders as well as performers participated. A planning workshop was conducted following the annual review workshop on September 20, 2012 to discuss FY12 work plan with 24 PPM partners from Nghe An, Can Tho, and HCMC.

2.2.2	Advocacy and proposal writing workshop conducted.	20 provincial partners participated in advocacy and proposal writing workshop.	n/a	Cancelled	This activity has been cancelled and replaced by an orientation workshop for two new districts in Can Tho (reported under 1.2.4).

Component 3 **Support the integration of PPM models in the Global Fund project.**

Objective 3.1: Contribute to the revision of the national PPM plan and guidelines by sharing PPM lessons learned.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
3.1.1	PPM lessons learned documented.	Experiences and lessons learned in USAID sites to promote the PPM model documented.	n/a	Completed	Experiences and lessons learned in four project sites documented and shared.
3.1.2	Workshop to share PPM experiences and lessons learned conducted.	One workshop to share PPM experiences and lessons learned from USAID site conducted. Eight key stakeholders from four USAID-funded provinces attended Global Fund-organized workshop and shared experiences.	n/a	Completed	One workshop under USAID funding to share PPM experiences and lessons learned from USAID sites conducted in October 2011, with participants from Global Fund staff and partners. Eight PPM coordinators from four USAID-funded provinces attended a PPM refection workshop and PPM M&E workshop organized by PATH/Global Fund-supported project in May 2012.
3.1.3	Comments from four USAID provinces on PPM guidelines and tools in meetings or workshops organized by Global Fund recorded in order to contribute to the revision of PPM guidelines and standardized tools.		n/a	Completed	Representatives from USAID-funded provinces participated in several workshops organized by the Vietnam Administration for Medical Services (MOH) to develop national circular on PPM and PPM guidelines in 2012. PPM guidelines, circular, and tools are being finalized/standardized with contributions from USAID-funded project.

Component 4 **Support policy review and development for TB care through research on barriers to access to TB care services (ongoing from FY11; no funding required from COP11 plan as funds**

Objective 4.1: Identify and analyze barriers to access to TB care services.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
4.1.1	Literature review conducted.	Report on barriers to access to and use of TB services in Vietnam.	Dec-12	Ongoing	Literature review conducted. Report from literature review on barriers to access to and use of TB services in Vietnam will be available by end of December 2012.
4.1.2	Research protocol and tools developed and approved, data collected and analyzed, and report written.		Dec-12	Ongoing	Other outputs completed. Report on barriers to access to and use of TB diagnostic services in Vietnam nearly finished, and will be available by end of December 2012.

Objective 4.2: Support policy review and development for TB care.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
4.2.1	Key research findings and recommendations shared.	Dissemination workshop.	n/a	Ongoing	A dissemination workshop to share findings will be conducted in November 2012.

Photos, Graphs, Tables

Table 1. Data stratified by province from October 2011 to August 2012

Indicator	Hai Phong (9 districts)	Nghe An (6 districts)	Can Tho (5 districts)	HCMC** (3 districts)	Total (23 districts)
Number of health workers trained	91	457	124	230	902
Number of PPM participants	115	207	108	327	757
Number of PPM participants referring TB suspects	91 (79.1%)	164 (79.2%)	106 (98.1%)	269 (82.3%)	630 (83.2%)
Number of TB/HIV suspects referred from PPM participants	1,850	2,357	3,689	1,933	9,829
Number of referred TB/HIV suspects received at TB services	1,644 (88.9%)	2,138 (90.7%)	2,533 (68.7%)	685 (35.4%)	7,000 (71.2%)
Number of active TB cases	451 (27.4%)	331 (15.5%)	253 (10%)	206 (30.1%)	1,241 (17.7%)
Number of smear-positive cases	123 (27.3%)	152 (45.9%)	240 (94.9%)	179 (86.9%)	694 (55.9%)
Number of TB cases tested for HIV	393 (87.1%)	242 (73.1%)	253 (100%)	177 (98.9%)	1,065 (85.8%)
Number of HIV-positive cases	6	5	0	2	13
*Estimated number of total TB cases identified throughout the province	2,301	2,431	1,960	2,350	9,042
Percentage contribution of PPM to total TB cases identified throughout the province (see note below for HCMC)	19.6%	13.6%	12.9%	8.8%	13.70%

* Estimated based on data from the 2011-2012 NTP report, and review of the National Tuberculosis Control Programme for the period 2007-2011 and the Development Plan for 2011-2015. Figures represent data from the entire province and are not limited to the PPM districts, with the exception of HCMC.

** Currently in Ho Chi Minh City (HCMC), PPM activities are being implemented in three districts of 24, and PPM referrals are recorded only at district level. The percentage contribution of PPM in HCMC, if calculated for the whole province, does not correctly reflect its value, as the much larger population of 24 districts of HCMC outnumbers the population of the three project support districts. We therefore calculated the percentage contribution of PPM in the three project districts only.

Participants in public private mix project discuss scale up in Vietnam, Photo Credit: PATH

Evaluation and Operations Research

Title	Purpose of study	Evaluation type and method(s)	PATH field contact	PATH DC contact	Partner	IRB status	Status/Results
Barriers to TB diagnosis and treatment in Vietnam: a literature review	To review existing published and unpublished articles and documents on barriers to TB diagnosis and treatment in Vietnam and provide recommendations to develop a research protocol and instruments for identifying barriers to access to and utilization of TB care services provided by the NTP.	Desk study	Le Nga	Kayt Erdahl	n/a	n/a	Final report will be available by end of December 2012.
Barriers to access and use of TB diagnosis service in Vietnam	To assess access to and use of public TB diagnostic services and private sector in Vietnam. To identify and describe individual, provider, or health system barriers to access to and use of public TB diagnostic services in Vietnam.	Cross-sectional study	Vu Bao	Scott LaMontagne	Center for Creative Initiatives in Health and Population	IRB from NTP approved. PATH's Research Determination Committee has determined this protocol does not meet the US federal definition of research.	Final report will be available by end of December 2012.

Deliverables

TO2015 FY11 Vietnam Work Plan

Activity in FY11 work plan	Deliverable	Target date of completion	Status as of September 30, 2012	Name of file	Dissemination
Objective 1.1: Consolidate the PPM referral practice by strengthening the recently established PPM mechanism in the eight currently participating districts in Nghe An, Ho Chi Minh City, and Can Tho.					
1.1.1 PPM activity plans developed.	Four provincial activity plans.	n/a	Completed	Provincial work plans (Can Tho, Hai Phong, HCMC, Nghe An)	USAID, NTP
1.1.2 PPM models and existing tools reviewed and adapted.	Revised and adapted PPM educational materials and referral tools.	n/a	Completed	Referral card folder	USAID, NTP
1.1.3 In-service training organized for current PPM participants.	Training materials revised in May 2012 for HCMC and in August 2012 for Can Tho. M&E training and microscopy training in Nghe An.	n/a	Completed	Training materials folder	USAID, NTP
Objective 1.2: Scale up the referral mechanism to six new districts in three provinces (two in Nghe An, one in Ho Chi Minh City, and three in Can Tho).					
1.2.5 Training workshops for public and private health staff of PPM participating facilities conducted.	List of participants and training reports.	n/a	Completed	Training report folder	USAID, NTP
1.3.1 M&E staff identified and participated in training conducted by Global Fund.	List of M&E-trained staff.	n/a	Completed	List of participants in Global Fund M&E training	USAID
Objective 2.1: Transition PPM responsibilities to Hai Phong partners for sustainability.					
2.1.1 Technical assistance provided to develop transition plan for Hai Phong.	Hai Phong provincial PPM transition plan for 2012-2015.	n/a	Completed	Hai Phong PPM Transition Plan	NTP, local partners
2.2.1 Three planning workshops with PHDs and TB hospital leaders held (one/site in Nghe An, HCMC, and Can Tho).	PPM work plans for 2013.	Q4/COP11	Pending	Will be submitted in the next reporting period.	
2.2.2 Advocacy and proposal writing workshop conducted.	Concept papers.	Q4/COP11	Cancelled	Cancelled	
Objective 3.1: Contribute to the revision of the national PPM plan and guidelines by sharing PPM lessons learned.					
3.1.1 PPM lessons learned documented.	Documentation of experiences and lessons learned.	TBD by Global Fund project	Pending	Pending	
Objective 4.2: Support policy review and development for TB care.					
4.2.1 Key research findings and recommendations shared.	Key research findings.	Dec-12	Pending	Will be submitted in the next reporting period.	
	Trip report.	n/a	Completed	Trip Report – Vietnam, Scott LaMontagne. Attachment 1: Vietnam Site Visit Agenda Attachment 2: Draft protocol – Barriers to access and use of TB diagnostic services in Vietnam Attachment 3: USAID debrief	USAID

Success Story

Public-private partnership increases TB case detection in Vietnam

Mr. N lives in Nghe An Province. He began coughing in May 2012. Like many people with presumptive TB, he thought he only had a sore throat and visited a nearby nurse to get antibiotics. When he did not get better, he suffered through his illness because he had to keep working. One month later, Mr. N coughed up blood and developed a fever and night sweats. He visited the Nam Phu Dien private clinic, a facility supported by USAID's PPM for TB control project near to his home. The clinic is one of the few private health facilities in rural Nghe An. There the doctor informed Mr. N that he might have TB, and referred him to the Dien Chau District TB unit, where, later that day, he was tested for TB. Three days later, Mr. N found out that he had TB and began treatment.

After completing one month of an eight-month long treatment, Mr. N stopped coughing blood and his fever and night sweats disappeared. "*The TB diagnosis and treatment process was very convenient and not expensive,*" he said, and he continues to undergo treatment.

Mr. N's story is not uncommon. In many countries, people often go to the private sector for health care when they fall ill. In Vietnam, almost one-third of health care is provided by the private sector. Many people with presumptive TB visit private pharmacies and clinics for care without realizing they may have TB. Through training private and public non-TB providers on how to identify people with presumptive TB and where to refer them for diagnosis and treatment, TB cases can be identified sooner and proper treatment can be given, thereby making the person better sooner, stopping transmission of TB, and preventing development of drug resistance.

Since 2011, PATH has been implementing the PPM strategy in Nghe An Province to identify more people with presumptive TB and get them tested and on treatment, if needed. Dr. Phan At, owner of the Nam Phu Dien private clinic, has participated in the referral network since May 2011. With project training, Dr. At has the necessary skills to identify people with presumptive TB, like Mr. N, and refer them to public TB facilities for diagnosis and treatment.

From October 2011 to July 2012, 23 active PPM facilities in Dien Chau District referred about 600 people with presumptive TB to public TB facilities for testing. Of those referred, 475 people were tested at TB units and 74 (16%) of them were diagnosed with TB. PPM facilities helped identify 40% of the total number of TB cases in the district. The referral network is also contributing to an overall increase in TB case detection and diagnosis in Dien Chau District. In 2011, 1,124 people were tested for TB compared with 822 in 2010, a 49% increase. This rise in screenings also resulted in a rise in TB cases detected; 236 TB-confirmed cases in 2011 compared to 227 in 2010, a 4% increase, with 116 sputum smear positive compared to 105 in 2010, a 10% increase.

GeneXpert® Procurement

Not applicable for this project.

Inventory

Project commodities costing more than $500 purchased during this reporting period.

No commodities costing more than $500 were purchased during the reporting period.

Acronyms

ART	antiretroviral therapy
CCHIP	Center for Creative Initiatives in Health and Population
COP	Country Operating Plan
FY	Fiscal Year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCMC	Ho Chi Minh City
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
IRB	institutional review board
M&E	monitoring and evaluation
MDR-TB	multidrug-resistant tuberculosis
MOH	Ministry of Health
NTP	National Tuberculosis Program
PHD	Provincial Health Department
PPM	public-private mix
SS+	sputum smear positive
TB	tuberculosis
TB/HIV	tuberculosis and HIV co-infection
USAID	US Agency for International Development
XDR-TB	extensively drug-resistant tuberculosis