

# **Leadership Management and Governance – Transition Support Project, Vietnam.**

## **End of Project Report with No Cost Extension Addendum, December, 2014**

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Author: Project team

Date: December, 2014

5 key words: Leadership, Management, Governance, Civil Society, HIV/AIDS, Transition Support, PEPFAR

The following document is an End of Project Report with an Addendum for the No Cost Extension period for submission to USAID under the agreement OAA-A\_11-00015.

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number OAA-A\_11-00015. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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# Leadership, Management & Governance Transition Support Project (LMG-TSP) Viet Nam

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End of Project Report  
October 1, 2012 – December 31, 2014  
Submitted to USAID 31 December 2014

**USAID Cooperative Agreement No. AID-OAA-A-11-00015:**  
Leadership, Management & Governance Project (LMG)  
Implemented by Management Sciences for Health (MSH)

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## ACRONYMS

ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention
COP	Country Operational Plan
DOD	U.S. Department of Defense
GVN	Government of Viet Nam
HCMC	Ho Chi Minh City
HR	Human Resources
HRH	Human Resources for Health
HSPI	Health Strategy and Policy Institute
JPT	Joint PEPFAR/VAAC Provincial Transition Planning Team
LMG	Leadership, Management and Governance Project
LMG-TSP	Leadership, Management and Governance – Transition Support Project
MER	Monitoring, Evaluation, and Research
MOH	Ministry of Health
MSH	Management Sciences for Health
OPC	Out-patient Clinic
PAC	Provincial AIDS Center
PCO	PEPFAR Coordination Office
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PIAT	PEPFAR Interagency Team
SAMHSA	Substance Abuse and Mental Health Services Administration
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
TWG	Technical Working Group
VAAC	Viet Nam Administration for HIV/AIDS Control
WISN	Workload Indicators of Staffing Need

## EXECUTIVE SUMMARY

PEPFAR and the Government of Viet Nam signed a Partnership Framework agreement in 2010 that included mutual commitments to strengthen the country's HIV and AIDS program by shifting from an emergency response approach to one that is more sustainable and institutionalized. The need for increased country ownership, an ongoing focus on effectiveness and sustainability, has been mutually acknowledged.

LMG-TSP was established to serve as a resource to the PIAT, VAAC, and other country stakeholders through a complex period of changing roles and responsibilities in the country's HIV program. During the first project year, a number of avenues were pursued to facilitate discussion around transition, to improve human resource planning, and to explore issues related to country financing. Building a vision and creating a roadmap for transition at national level remained an ongoing challenge and process, which led to a shift in focus for the project in its second year to place a greater emphasis on the development of tools and capacity at provincial level for evidence-informed planning.

Some of the key accomplishments of the project include, but are not limited to, the following:

### *Project Year 1 (PY1)*

- Helped facilitate key discussions on transition with PEPFAR and the broader donor community, including a national-level donor coordination meeting in August 2012 and ongoing transition discussions with UNAIDS and USAID implementing partners.
- Conducted a communications and knowledge exchange assessment and developed a communications strategy to support the transition process.
- In collaboration with UNAIDS, helped develop data collection tools for the Viet Nam Administration for HIV/AIDS Control (VAAC) to use in comprehensively mapping the country's HIV/AIDS program in terms of HR, financing and service delivery in preparation for more detailed transition planning.
- Designed an improved human resource (HR) database for PEPFAR's annual Country Operational Plan (COP), as well as to capture data for more in-depth HR analysis. Managed and analyzed the resulting data on over six thousand health workers supported by PEPFAR funding, producing HR and cost summaries by province, by implementing partner, and by other parameters as requested by PEPFAR.
- Supported the launch of a PEPFAR Human Resources for Health (HRH) Working Group, including developing the Terms of Reference and participating in a series of meetings on how to move forward with the HR transition planning process.
- Together with GVN representatives, attended a regional workshop on "Financing of AIDS, TB and Malaria programs under Universal Health Coverage" in Indonesia.
- Produced background papers on antiretroviral (ARV) financing and supply chain management for a USAID-sponsored satellite session at the International AIDS Society conference in Malaysia.

### *Project Year 2 (PY2)*

- Implemented two major planning tools in Hai Phong:
  - World Health Organization's (WHO) Workload Indicator of Staffing Needs (WISN) method to determine how many health workers per cadre are required to deliver the HIV and AIDS services that are currently offered in that province.

- System Dynamics HIV/AIDS Simulation Planning & Budgeting Tool to support comprehensive provincial-level stakeholder planning of limited resources for HIV and AIDS services through use of computer-based modeling to forecast different scenarios based on available budget and HIV treatment service delivery needs.
- Commissioned Vietnamese research institutions to develop a series of strategy papers to contribute to the evidence base for decision-making on the following specific areas around the transition, and developed a Policy Brief for each paper, including:
  - Integrating HIV Outpatient Clinics into State Hospitals in Viet Nam: Feasibility, Challenges, and Policy Issues
  - Human Resources in the HIV/AIDS Prevention and Control System and Supporting Needs for Improving Human Resource Management
- Continued to support PEPFAR with its annual HR inventory of HIV program staff supported by PEPFAR funding, and reviewed and improved the data collection tool for the 2014 annual data call
- Helped transfer current HR data collected in February 2013 to the revised template to ease the data collection in 2014. A number of data analyses were also conducted and reports developed, at the request of PEPFAR.

Key lessons learned from the project were shared at the LMG-TSP Dissemination Meeting in Ha Noi on 24 September 2014. In his opening speech, the USAID Mission Director remarked, *“The US Government is very proud of their work in Vietnam and we want to take transition to the next level.”* High level representatives from the Ministry of Health’s Department of Organization and Manpower and VAAC remarked on the usefulness of the two tools implemented in Hai Phong this year: WISN and System Dynamics HIV/AIDS Simulation Planning & Budgeting Tool to support them with identifying the needs to sustain HIV and AIDS services.

MSH and LMG are proud to have been invited to play a strategic role in the transition of the Viet Nam HIV/AIDS program to greater country ownership. It is our intent to maintain the relationships developed in Viet Nam, and in Hai Phong in particular, to support stakeholders in the application of the System Dynamics tool in planning for the 2015 HIV and AIDS program. LMG also would like to provide opportunities for other countries to use the powerful tools developed under the Viet Nam program for transition planning and budgeting at national and local levels. At the global scale, LMG has received support from USAID’s Office of HIV/AIDS in Washington, DC to conduct a multi-country review PEPFAR sustainability plans. LMG’s experiences and learnings in Viet Nam will help provide insight to a broader global audience that helps to inform transition planning in other countries.

## PROJECT OVERVIEW

### Country Context

Viet Nam has been praised as a development success story. Within a quarter of a century, it has gone from being one of the poorest countries in the world, with a per capita income below US\$100, to a lower-middle income country, with a per capita income of \$1,260 by 2011.<sup>1</sup>

This success has been reflected in Viet Nam's health care system, in particular by the success in addressing the HIV and AIDS epidemic. There are approximately 250,000 people living with HIV in Viet Nam, and the adult prevalence rate is 0.4%.<sup>2</sup> The epidemic in Viet Nam is concentrated, primarily affecting injectable drug users (IDU), female sex workers (FSW), and men who have sex with men (MSM) and their sex partners.

The country's new status as a lower-middle income country, and joint United States Government (USG) and Government of Viet Nam (GVN) commitments to increasing country ownership, have spurred a phase of transition for the country's HIV and AIDS program. This includes shifting from an emergency response approach to one that is more sustainable and institutionalized, with a focus on ensuring continued effectiveness, increased efficiency, and decreased dependence on external assistance.

*“Through the Partnership Framework, PEPFAR Viet Nam is working with GVN to develop a transition plan... As PEPFAR Viet Nam gradually moves from direct service delivery to a technical assistance model, careful planning and continual advocacy for financial national ownership will be a critical element to a smooth transition and sustainability. PEPFAR Viet Nam identifies a five to ten year window of opportunity to have a significant impact on capacity development of national health systems. The support we can provide now will have a great multiplier effect given Viet Nam's increasingly robust technical and economic capacity and the continually improving bilateral relationship, due in large part to U.S. health diplomacy efforts through PEPFAR.”*

PEPFAR Viet Nam Operational Plan Report 2011

In this period of transition, a supportive, harmonized, and coordinated approach among donors, the GVN, and civil society is needed to ensure progress under the “National Strategy for HIV/AIDS Control to 2020 with a Vision to 2030.” Transparent planning and continued advocacy for political, technical, financial, and social ownership are critical elements for a smooth transition, and an effective and sustainable HIV and AIDS response. Processes and systems must be strengthened to enable this sustainable response in the long-term.

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<sup>1</sup> <http://www.worldbank.org/en/country/vietnam/overview>

<sup>2</sup> <http://www.unaids.org/en/regionscountries/countries/vietnam/>

## Project Design

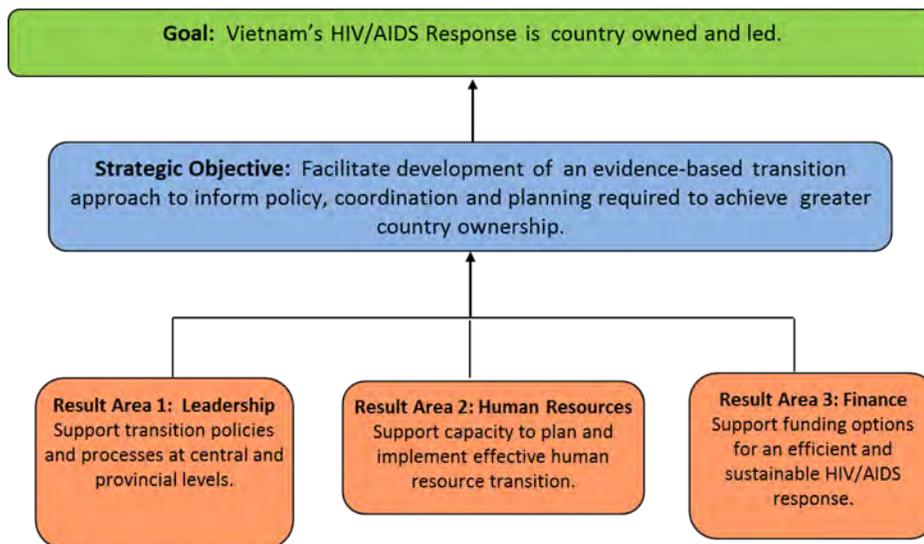
As part of its support for this strengthening process of the HIV response, in early to mid-2012 the USG initiated the Leadership, Management & Governance - Transition Support Project (LMG-TSP), funded by PEPFAR through USAID and implemented by Management Sciences for Health (MSH). LMG-TSP was designed as a field support project under the global Leadership, Management and Governance project.

In the first year, the project collaborated with and complemented other PEPFAR partners in Viet Nam in order to help foster an effective and successful transition process. The project's first year work plan was based on an initial Results Framework (Figure 1) that focused on three key results areas: Leadership, Human Resources, and Health Financing.

*Empowering governments and civil society to lead, prioritize, implement, and be accountable for [the] country's HIV response...[is] a shared responsibility...focusing on effectiveness and sustainability of country-led efforts.*

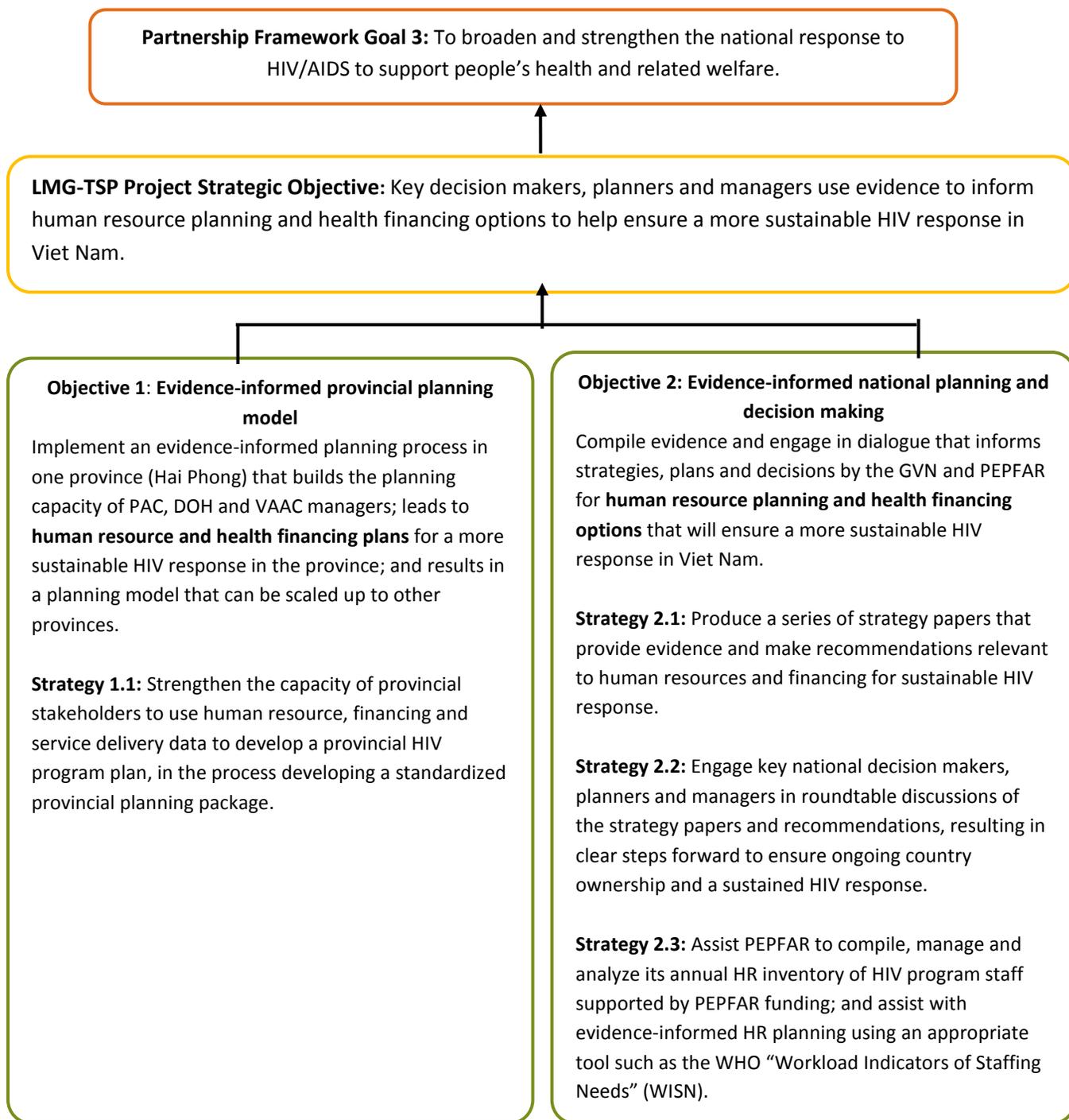
PEPFAR briefing to the MOH  
August 2012

**Figure 1: Project Year 1 (PY1) Results Framework**



Based on the achievements and lessons learned during the first year of the project, the Results Framework for the project's second year (Figure 2) was refocused, placing a greater emphasis on provincial level planning, and contributing to an evidence base for national level planning and decision making.

**Figure 2: Project Year 2 (PY2) Results Framework**



## Key Technical Approaches

The LMG-TSP technical approach embodied the following core principles:

- **Developing skills, competencies, and practices for the future.** LMG-TSP aimed to develop good models that provide direction for the future of HIV programming, including HIV human resource planning in Viet Nam. The project focused on developing sustainable management skills and practices for planning a more sustainable HIV response, especially as changes occur related to financing and staffing.
- **Managing for results.** LMG-TSP ensured systematic monitoring of program implementation and achievement of results. As a part of managing for results, the project continually reviewed progress, adopted corrective actions, and adapted plans as necessary.
- **Engaging in strategic partnerships.** LMG-TSP viewed all stakeholders—including donors, implementing partners, government officials—as partners in a common endeavor. The project engaged key stakeholders in all phases of the planning process in order to ensure a strong sense of ownership, an investment in reaching targets, and a commitment to mobilizing needed resources.
- **Utilizing contextually responsive technical assistance.** LMG-TSP had a strong team of local professional staff which guided and implemented the project on a day-to-day basis. In addition, global technical expertise was utilized based on local needs, and responsive to local demands for technical assistance. The combination of local and global expertise ensured strong programming that was appropriate and feasible within the local context.

## Project Management

A unique management structure was set up within the PEPFAR Interagency Team (PIAT) to oversee LMG-TSP for the life of the project. This included an “Activity Manager” from USAID/Viet Nam to provide day-to-day oversight and liaison with PEPFAR, and an LMG Core Team comprised of representatives of the PEPFAR Coordination Office (PCO) and each of the four PIAT agencies in Viet Nam—namely USAID, CDC, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Department of Defense (DOD). Additional oversight, as required, came from the PIAT Management Team which is comprised of the PEPFAR Coordinator and heads of agencies.

The project was led by an expatriate Project Director in its first year, and included a majority Vietnamese project team including a Deputy Director, three Technical Advisors, and two support staff. A Technical Advisor from the MSH home office also resided in Viet Nam to assist with project start-up during the project’s first seven months.

At the start of the second year, the expatriate Project Director concluded his one year assignment and the national Deputy Director was promoted to Acting Project Director. The Acting Project Director then concluded his assignment in May to pursue a doctoral degree. Two support staff and a Technical Advisor also left in the third quarter of the second year. To complete the project’s final quarter, LMG-TSP was led by an Acting Project Director cum Technical Advisor, and one Technical Advisor. Despite the shortage of staff, the team functioned well with close technical and management support from the LMG global Project Director Dr. James Rice, and other MSH home office staff. All remaining activities planned for the last quarter were completed in a timely manner.

Throughout its two years, LMG-TSP staff maintained regular coordination with the USG Core Team via email and meetings to solicit their inputs, help ensure their buy-in, and obtain approval for project activities and documents.

### **Partnerships**

In addition to the relationships built with the PIAT and Core Team, throughout its two years, LMG-TSP also fostered relationships with key GVN counterparts such as the Viet Nam Administration of HIV/AIDS Control (VAAC), which is the entity of the Ministry of Health (MOH) that coordinates the national HIV and AIDS response. Other national partners with whom LMG-TSP formalized partnerships were research institutions such as the Health Strategy and Policy Institute (HSPI) and the Hanoi Medical University (HMU), which developed a series of strategy papers in PY2. LMG-TSP also stayed in communication with local NGOs that provide services to people living with HIV.

At the provincial level, LMG-TSP provided support for the first three Joint PEPFAR/VAAC Provincial Transition Planning Team (JPT) visits to Can Tho (December 2012), Da Nang (January 2013), and Hai Phong (March 2013). The province with which LMG-TSP ultimately worked most closely was Hai Phong during PY2, which hosted the piloting of two planning tools, described further in this report. At this level, relationships were strengthened with local stakeholders in the response to HIV and AIDS, such as the People's Committee, Department of Health (DoH), Department of Labor Invalids and Social Affairs (DOLISA), Department of Finance (DoF), Department of Home Affairs (DoHA), Police, Department of Planning and Investment (DoPI), Hai Phong technical working group (TWG), and representatives of key populations affected by HIV and AIDS.

Throughout the life of project, LMG-TSP also collaborated and maintained close contact with other international partners such as UNAIDS, and PEPFAR implementing partners including FHI360 (SMART TA project), Abt Associates (Health Policy Initiative Project), and the VAAC-CDC (former LifeGap) project.

### **Monitoring and Evaluation**

A Performance Monitoring Plan (PMP) was refined and submitted to USAID at the end of November 2013, and approved by USAID in January 2014. It is based on the PY2 work plan (a PMP was not approved in PY1). LMG-TSP has been following the PMP to track project progress and targets. The project activities were implemented as planned and all relevant indicators and targets were met. A detailed report of the PMP was included in the PY2 Annual Report.

## KEY RESULTS

The LMG-TSP PY1 and PY2 annual reports detail the accomplishments of each project year. This report highlights the following key results throughout the life of the project.

### Project Year 1

#### ***Result Area 1: Leadership***

Among the project's key accomplishments in its first year were that LMG-TSP helped to facilitate key discussions on transition with PEPFAR and the broader donor community, including a national-level donor coordination meeting in August 2012 and ongoing transition discussions with UNAIDS and USAID implementing partners. The project also conducted a communications and knowledge exchange assessment and developed a communications strategy to support the transition process. The project produced and disseminated a paper under the banner "Transition Forward" that presented interviews with two national leaders living with HIV. In collaboration with UNAIDS, the project helped develop data collection tools for the Viet Nam Administration for HIV/AIDS Control (VAAC) to use in comprehensively mapping the country's HIV/AIDS program in terms of HR, financing, and service delivery in preparation for more detailed transition planning.

At provincial level, LMG-TSP collaborated with the Ho Chi Minh City (HCMC) Provincial AIDS Committee (PAC) to prepare a case study on their transition experience to date. The project also supported PEPFAR's provincial joint planning team (JPT) process by helping to prepare data packages for Can Tho, Da Nang, and Hai Phong prior to PEPFAR team visits, and developing a checklist and presentation template for these visits. Following these visits, the project facilitated a PIAT review of the provincial planning process and recommended steps to further facilitate the transition planning process.

#### ***Result Area 2: Human Resources***

At the time of the start of the project, PEPFAR funding supported the salaries or partial salaries of over 6,000 health care workers in Viet Nam to provide HIV and AIDS services. Information on this work force was gathered through an annual PEPFAR Human Resources Data Call. LMG-TSP was invited to design an improved human resource database to provide data for PEPFAR's Country Operational Plan (COP), as well as to capture data for more in-depth HR analysis. LMG-TSP managed and analyzed the resulting data, producing HR and cost summaries by province, by implementing partner, and by other parameters as requested by PEPFAR.

LMG-TSP also supported the launch of a PEPFAR Human Resources for Health (HRH) Working Group, including developing the Terms of Reference and participating in a series of meetings on how to move forward with the HR transition planning process.

At a local level in HCMC, working closely with the Centers for Disease Control and Prevention (CDC), LMG-TSP carried out a review and discussion of workload analysis in HIV service delivery facilities in HCMC to identify next steps for HR transition planning. The review showed that more in-depth technical assistance would be required for the planning process, with effective use of internationally available planning tools. This led to the decision to implement the World Health Organization's (WHO) Workload Indicator of Staffing Needs (WISN) in PY2, focusing on one province initially (see below under PY2 for more detail).

### ***Result Area 3: Health Financing***

Together with GVN representatives, LMG-TSP staff attended a regional workshop on “Financing of AIDS, TB and Malaria programs under Universal Health Coverage” in Indonesia. A senior colleague from MSH, who was a key convener and facilitator of the workshop, facilitated a special session with the Viet Nam delegation to discuss experiences and lessons learned from other countries in the region on financing of HIV and AIDS services; and areas of interest for further study or exploration. Following the meeting, back in Ha Noi, a debrief session was chaired by VAAC's Deputy Director, with USAID, LMG-TSP and others, to share and discuss knowledge gained, and issues which emerged during the workshop.

USAID added an activity to LMG-TSP's work plan, related to knowledge exchange on financing options. This was to develop a presentation on international experience on financing of HIV/AIDS programming, which USAID presented at a workshop in Ha Noi organized by the Health Insurance Department in May 2013.

LMG-TSP was also requested by USAID to prepare a paper on ARV sustainability, as background material for a satellite session of the International AIDS Society (IAS) conference in Malaysia in June 2013. The paper was further developed after the June meeting and resubmitted to USAID in September 2013 with the title "Options and Challenges for the Financial Sustainability of Antiretroviral Medicines in Low and Middle Income Countries".

Lastly, LMG-TSP remained in touch throughout the year with VAAC and the Health Insurance Department regarding financing the HIV response. This collaboration included working meetings with the Health Insurance Department to discuss ways of improving access to health insurance for marginalized people, particularly those living with HIV/AIDS.

### **Project Year 2**

***Objective 1: Implement an evidence-informed planning process in one province (Hai Phong) that builds the planning capacity of PAC, DOH, and VAAC officials; leads to human resource and health financing plans for a more sustainable HIV response in the province; and results in a planning model that can be scaled up to other provinces.***

LMG-TSP's approach consisted of two major approaches which were piloted in Hai Phong. Hai Phong was selected because it is one of PEPFAR's priority provinces in Viet Nam, it was one of the initial three provinces to launch a provincial transition process, and provincial authorities in Hai Phong requested LMG-TSP's support for developing and testing a planning process there.

The first strategy focused specifically on human resources (HR) workforce planning: LMG-TSP piloted the World Health Organization's (WHO) Workload Indicator of Staffing Needs (WISN) method to determine how many health workers per cadre are required to deliver the HIV and AIDS services that are currently offered in that province.

The second approach was the development of a tool for comprehensive planning of limited resources for HIV and AIDS. LMG-TSP developed a Stakeholder Engagement Planning Tool to support provincial-level planning of HIV and AIDS services through use of computer-based modeling to forecast different scenarios based on available budget and HIV treatment service delivery needs.

This section describes the key results achieved under each approach:

### *WHO Workload Indicators of Staffing Need (WISN) method*

LMG-TSP assisted Hai Phong to successfully pilot WISN from December 2013 to May 2014 in all 12 OPCs in Hai Phong and used the outputs to develop a human resource transition plan for HIV treatment services in the City. This pilot followed the process and steps outlined in the WHO's 2010 WISN user's manual, which was translated into Vietnamese.



28-30 March 2014. Provincial stakeholders actively engaged in the WISN consensus-building workshop in Hai Phong province.

Key findings included:

- WISN provided reliable results that were accepted by all stakeholders involved in the process or introduced with the process and steps.
- It was found that there is no workload pressure<sup>3</sup> for HIV services in all 12 OPCs, except one pharmacist in a high patient volume hospital with almost 500 patients.
- WISN results showed exactly what staffing is required for the HIV treatment services. Where health workers provide other health services, the staffing required for these services can also be easily calculated.
- For staff working in more than one position, WISN helped identify which position requires more time and consider it as a key position.
- WISN was found to be simple to use and easily understandable. It is a transparent process with clear steps—anyone can review the results.

The following deliverables from the pilot are now available:

- WISN User's Manual (Vietnamese)
- Excel spreadsheets of the WISN tables (Vietnamese)
- A technical report that documented the pilot process, steps in implementing WISN, lessons learned, and recommendations (English)
- A draft HR transition plan for the HIV treatment program in Hai Phong (English and Vietnamese)
- A factsheet of the WISN tool and pilot (English and Vietnamese)

Based on the positive experience with the WISN pilot, VAAC requested technical assistance from LMG-TSP in further training on WISN to the national HR TWG team at VAAC during the final months of the project. Nam Tu Liem OPC was selected as the practice site for the training. The training took place on 19 – 20 September 2014.

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<sup>3</sup> The ratio of the actual to the required number of staff is a measure of the workload pressure with which the staff is coping.

### *System Dynamics (SD) HIV/AIDS Simulation Planning & Budgeting Tool*

The tool is based on a System Dynamics (SD) approach, which is a mathematical modeling approach used to help understand and inform discussion around complex systems. The System Dynamics approach has been applied to a wide variety of health problems including HIV and AIDS in both developed and developing countries. SD enables users to assess multiple scenarios and see the interactions of key variables as they respond to various interventions. In doing so, SD models also promote increased stakeholder ownership and engagement.



19 February 2014. Participants convene in Hai Phong for the first Design Studio to test out different scenarios and their implications on the HIV epidemic in the province.

The System Dynamics (SD) HIV/AIDS Simulation Planning & Budgeting Tool was developed by LMG-TSP together with local stakeholders in Hai

Phong involved in the planning of resources for the HIV and AIDS response. The tool provides comprehensive and insightful data to both develop plans and make a compelling case for a given strategy. Involving the end user in the design process built a greater sense of country ownership. The tool was developed in Hai Phong with the intention of scaling it up for national use.

The development of the tool was done through a series of two design studios with Hai Phong stakeholders in 2014, including representatives from the Hai Phong DOH, DOLISA, DOPI, Department of Internal Affairs (DOIA), DOF, PAC, community-based organization (CBOs), VAAC, PEPFAR implementing partners, and representatives of key populations. At these design studios, stakeholders were able to use the tool to:

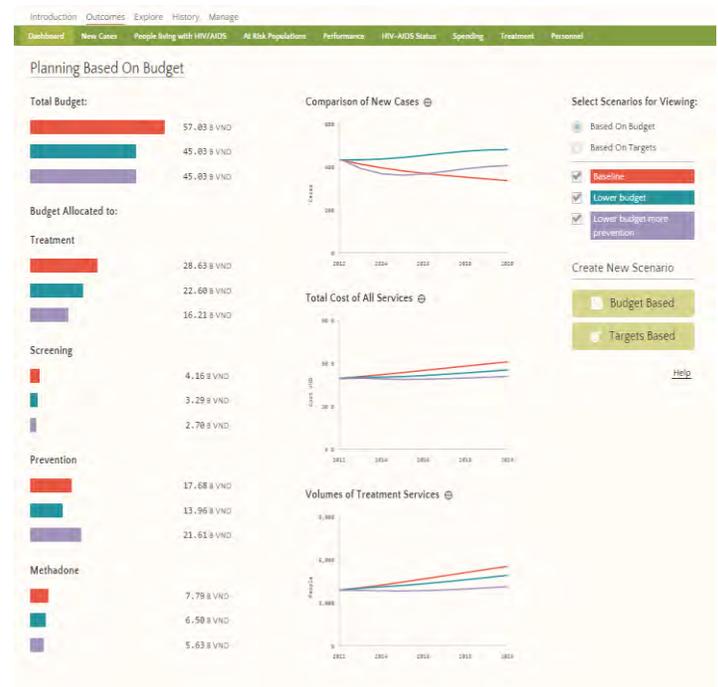
1. Set realistic goals for changing the course of HIV and AIDS, including reducing the numbers of new cases in different population groups, and expanding the appropriate types of programs to achieve those goals.
2. Estimate anticipated funding and resource levels, level of funding needed, and how that funding will impact intervention strategies; adjust strategies to reallocate resources in response to changing budget levels.
3. Produce reports and export as spreadsheet data, generated by running simulations.

Stakeholders provided feedback on how to improve the tool, which continued to undergo refinement in 2014. The tool that was developed is a computer-based application with an intuitive user interface that allows multiple stakeholders to simulate different scenarios and consider the effects of changes in budgets, staffing, treatment and preventive services, and other variables that affect the spread and consequences of HIV.

The tool has been migrated to a user-friendly web-based platform that can easily be scaled up for use in other provinces in Viet Nam and adapted for use in other countries.

The following deliverables are available:

- The final SD planning tools (English and Vietnamese)
- User Guide (English and Vietnamese):
  - Volume 1: User Guide to be used with Provincial Planning and Simulation Modeling Tool
  - User Guide Volume 2: User Guide to the Tool and its Data Sources and Assumptions
  - Volume 3: A Strategy and Planning Process for HIV and AIDS
  - Frequently Asked Questions (FAQ) for Provincial Scenario, Stakeholder and Simulation Tool
- An example of a Provincial Plan (English and Vietnamese)
- A factsheet on the SD tool (English and Vietnamese)



**Objective 2: Compile evidence and engage in dialogue that informs strategies, plans, and decisions by the GVN for human resource planning and health financing options that will ensure a more sustainable HIV response in Viet Nam.**

### Strategy Papers

LMG-TSP commissioned Vietnamese research institutions to develop a series of strategy papers to contribute to the evidence base for decision-making on the following specific areas around the transition:

- (1) Investigate the possibility of integrating HIV and AIDS outpatient clinics (OPC) into state hospitals (Health Strategy and Policy Institute (HSPI)).
- (2) Present solutions, an organization model, and resources for sustaining community-based outreach workers' activities during HIV and AIDS program transition (HSPI).
- (3) Explore the current policies of the government on HR systems and HR management in light of Decree 41 (Decree No 41/2012/ND-CP, dated 8 May 2012, which promulgates job position identification in public professional career units). The paper analyzes the current status of human resources in the HIV/AIDS program; the impact of these policies on HR management in the HIV/AIDS program; and suggests conditions, procedures, and processes to sustain needed human resources for the HIV/AIDS prevention and control system. (Hanoi Medical University)



LMG-TSP followed by developing a Policy Brief for each paper. At the time of this report, the full papers are currently under review by USAID. The policy briefs were distributed at the project dissemination meeting on 24 September 2014.

### Annual PEPFAR Human Resources Inventory

In PY2, LMG-TSP continued to support PEPFAR with its annual HR inventory of HIV program staff supported by PEPFAR funding, and reviewed and improved the data collection tool for the 2014 annual data call. LMG-TSP also helped transfer current HR data collected in February 2013 to the revised template to ease the data collection burden in 2014. A number of data analyses were conducted and reports developed at the request of PEPFAR, such as:

- Data analysis for individual partners such as FHI360, VAAC-US-

CDC project, Da Nang City, Nghe An province, An Giang province, and CDC

- Consolidated database of all PEPFAR-funded partners (14) (English and Vietnamese)
- Generated health care worker salary support (Human Capacity Development) table (as an annual PEPFAR requirement) (English)
- Developed PEPFAR HRH 2014 database presentation (English)
- Analyzed OPC personnel; by service, by partner, by staff category (English)

## LESSONS LEARNED AND RECOMMENDATIONS

PEPFAR and the Government of Viet Nam signed a Partnership Framework agreement in 2010 that included mutual commitments to strengthen the country's HIV/AIDS program by shifting from an emergency response approach to one that is more sustainable and institutionalized. The need for increased country ownership has been mutually acknowledged, with an ongoing focus on effectiveness and sustainability.

LMG-TSP was established to serve as a resource to the PIAT, VAAC, and other country stakeholders through a complex period of changing roles and responsibilities in the country's HIV program. During the first project year, a number of avenues were pursued to facilitate discussion around transition, to improve human resource planning, and to explore issues related to country financing. Building a vision and creating a roadmap for transition at national level remained an ongoing challenge and process, which led to a shift in focus for the project in its second year to place a greater emphasis on the development of tools and capacity building at provincial level for evidence-informed planning.

Lessons learned from the project were shared at the LMG-TSP Dissemination Meeting in Ha Noi on 24 September 2014. In attendance were 47 participants from Ministry of Health, VAAC, Hai Phong (DOH, PAC, and representatives of key populations), PEPFAR and PEPFAR partners, international organizations such as UNAIDS, and Vietnamese research institutions HSPI and HMU.

In his opening speech, the USAID Mission Director remarked, *"The US Government is very proud of their work in Vietnam and we want to take transition to the next level."*



Project dissemination event on 24 September 2014

The Deputy Head, Department of Organization and Manpower, MOH remarked, *"Law on civil service will govern job positions; WISN has many advantages as it can support the need to identify exactly the work that the staff do."*

The Deputy Head, General Planning Department, VAAC remarked, *"A Plan of Action Framework has been issued by the VAAC but currently there are no specific instructions and the provinces have not been able to use [the Framework]. In addition, provinces are required to develop sustainable financing proposals. [Therefore], the [SD] toolkit will be very useful for the development of this proposal."*

Recommendations from developing and piloting WISN and the System Dynamics model in Hai Phong in the project's second year included the following:

### WISN

- Hai Phong should apply WISN to other relevant services provided in health facilities where OPCs are situated to have a more comprehensive evaluation of staff workload within the facility.

- Donors and GVN should support the scale up of WISN in other provinces/health services to have a common way to plan for workforce needs, allowing for aggregation of data and informing central level decision making on human resources.
- Provinces undergoing a transition in human resources should apply WISN with technical support from Hai Phong staff that now have experience with implementing it and can teach others.
- The GVN should collaborate with other government agencies to develop standard health worker job descriptions using WISN information, and that are in line with Decree 41.

WISN results are the only source of evidence currently available in Viet Nam on staffing need based on workload. In the transition context, the application of WISN in a vertical program such as HIV is essential to determine staffing needs for delivering essential HIV services when these services are integrated into the mainstream health system. The WISN process is relevant to the current context of Viet Nam as it is compatible with the requirements of Decree 41 which requires a detailed analysis of workload and workload components, and can be used to develop job descriptions. This tool provides a valuable resource for Viet Nam and other countries undergoing similar vertical health program transitions.

#### *System Dynamics*

The SD HIV/AIDS Simulation Planning & Budgeting Tool is now available for use in Hai Phong and ready to be scaled up in other provinces. It is recommended that Hai Phong use the tool in their actual 2015 planning cycle, which will take place from October to December 2014. Based on that experience, VAAC and PEPFAR can work with other provinces to apply the tool. The global LMG project will continue to follow up on the relationships built in Hai Phong and Viet Nam and be available to provide technical support to local and national stakeholders as needed in the scale up of this powerful planning tool.

## LOOKING AHEAD

MSH and LMG are proud to have been invited to play a strategic role in the transition of the Viet Nam HIV/AIDS program to greater country ownership. It is our intent to maintain the relationships developed in Viet Nam, and in Hai Phong in particular, to support stakeholders in the application of the System Dynamics tool in planning for the 2015 HIV and AIDS program. LMG also would like to provide opportunities for other countries to use the powerful tools developed under the Viet Nam program for transition planning and budgeting at national and local levels, in particular to share these following key benefits of the System Dynamics planning tool:

1. The System Dynamics tool relies on readily available data from provinces on staffing, service utilization and financial information on sources and uses of funds; the science known about HIV and AIDS prevention and treatment; studies on the behavior of high risk populations; and recent innovations in HIV and AIDS program design that are evolving in many nations of the world;
2. Recent software advances and computing power of computers and mobile technologies makes it much easier for local program managers and health professional teams to take advantage of modern simulation modeling techniques and systems to save time, resources and political capital;
3. The tool is designed to actively engage diverse stakeholders in program planning, including representatives from the most at risk populations that in many countries have not had an effective seat or voice at the program planning and budgeting table/process;
4. The complexity of PEPFAR transition planning in many countries makes it difficult for success from traditional planning and budgeting processes to harness the interdependencies among the many variable, risk factors, participants, planning time horizons, and national, provincial, local and international funding sources for an effective HIV and AIDS response; and
5. The tool is designed to enable and support rapid testing of many alternate scenarios about program staffing, service delivery design, alternate sources of funding and variable degrees of behavior change among the most at risk populations.

Also at the global scale, LMG has received support from USAID's Office of HIV/AIDS in Washington, DC to conduct a multi-country review PEPFAR sustainability plans. LMG's experiences and learnings in Viet Nam will help provide insight to a broader global audience that helps to inform transition planning in other countries.

## Annex 1: End of Project Preliminary Financial Report

### Management Sciences for Health

End of Project Financial Report preliminary\*  
 Vietnam  
 Leadership, Management and Governance  
 Transition Support Project (LMG-TSP)  
 AID-OAA-A-11-00015

**Total Estimated Cost:**

Obligated Funds: 2,500,000  
 Future Funding: 0  
 Project Ceiling: 2,500,000

Date Prepared: 26-Sep-14

	Total LMG-TSP
A. Obligated Funds to date:	2,500,000
B. Cumulative Expenditures (as of Sep 30, 2014)*:	2,141,234
C. Accruals (Sep 2014)	196,433
D. <b>Remaining Balance Sep 30, 2014 (Pipeline):</b>	162,334

\* MSH Accounting has not closed books as of 9/26/2014 for the year ending 9/30/2014 as a result this figure is preliminary

## **ANNEX 2: NO COST EXTENSION ACTIVITIES**

### **LMG-Transition Support Project (LMG-TSP) Vietnam No-cost extension (NCE) activities October 23, 2014**

#### **Background**

In Project Year 2, LMG-TSP was contracted to strengthen the capacity of health system leaders, managers, and decision makers in Hai Phong to use evidence and data for human resource and financial planning. Objective 1 of the project's approved work plan was defined as:

**Objective 1: Implement an evidence-informed planning process in one province (Hai Phong) that builds the planning capacity of PAC, DOH and VAAC officials; leads to human resource and health financing plans for a more sustainable HIV response in the province; and results in a planning model that can be scaled up to other provinces.**

LMG prioritized its resources in one province (Hai Phong) in order to develop and test a provincial planning model that is appropriate, feasible and results-oriented in the local setting. The experience and lessons learned from this process will be documented in a "Standardized Provincial Planning Package" that will include a computer-assisted model and set of training materials that can be shared with other provinces, with adjustments and adaptations as necessary.

Through the process of developing the model, the evidence-informed planning capacity of provincial HIV program managers will be built. This capacity building will be focused on the priority province, but to the extent feasible, will also include staff from VAAC who will be engaged in the process in order to increase their acceptance of the model and prepare them for possible future use of the model.

#### **Justification for NCE**

While the new provincial program planning and budgeting tool (System Dynamics Tool) was successfully developed and tested with Hai Phong provincial leaders earlier in 2014, we have invested additional resources to make the tool not only easier to use in Hai Phong, but for other provinces in Vietnam. The model refinements have resulted in some important improvements in user interfaces, data intake, and report generation that LMG-TSP would like to provide to the Hai Phong provincial leadership for their use in their routine planning and budgeting cycle for 2015 which is to occur in November 2014.

In addition to orienting users to the model, LMG will need to respond to annual PEPFAR reporting. This NCE will allow the project to prepare the information needed for these requests.

#### **Planned Activities**

Under a no-cost extension (October 1-December 30, 2014) period, LMG-TSP will implement the following three sets of activities:

##### **1. Supporting annual provincial planning and budgeting using the System Dynamics Model**

- a) **Develop model explorer view:** This new feature of the model would allow users to drill-down into specific variables and see what key variables affect that variable as well as what variables it affects. Users would be able to see the behavior of the variable with a line graph. Users could also click on any variable names that affect the variable and open a new model explorer view for the next variable. That way, users can explore the chain of variables that affect results in the simulation. This work will be completed prior to travel to Vietnam by Forio.

This step includes the following:

- Building one license for Vensim operating system (purchased in PY2) and platform which System Dynamics Provincial HIV and AIDS Program Planning and Budgeting Application uses
- Obtaining one software license for Forio Enhanced User Interface for SD Model

- b) **Model Provincial HIV and AIDS Response for Plan 2015 to 2020:** Conduct a one and a half day workshop to orient Hai Phong provincial leaders to the new model refinements and how it can be used for their annual planning.

This step includes the following:

- Preparation of training materials for use in Hai Phong by Provincial Health Team
- Travel to/from US to Vietnam for Jim Rice (LMG, MSH) and Micheal Bean (Forio)
- Translation costs for training materials
- Costs associated with training event (venue, per diem, printing, interpretation) in Hai Phong
- Assist Hai Phong leaders to use the refined tool in program planning and budgeting that supports development of their plan and budget request to provincial, national, and international HIV/AIDS program leaders in December 2014.
- Following the workshop, provide technical assistance in the use of the analysis from the workshop to finalize Hai Phong's Provincial HIV and AIDS Response for Plan for 2015-2020

- c) **Orientation to SD Model for PEPFAR:** Provide an orientation in Hanoi for USAID and PEPAR leaders

This step includes the following:

- Preparation (including printing) of training materials for use with VAAC and PEPFAR staff in Hanoi

- d) Having oriented stakeholders to and applied the refined model in Hai Phong, LMG will finalize the model.

This step includes the following:

- Incorporating final revisions based on a workshop in Hai Phong and meeting with PEPFAR Vietnam
- Production of a recorded webinar by Jim/Gary/Micheal to orient users to model and its application in Viet Nam hosted on the LMG website ([www.LMGforHealth.org](http://www.LMGforHealth.org)). This webinar will benefit provincial leaders who could not attend the November workshop.

- Production of an enhanced User Guide for Forio SD Model in both English and Vietnamese (includes review and copyediting by LMG Communications Manager)
- Translation costs for webinar and User Guide

## **2. PEPFAR Annual Reporting**

Working closely with MSH Vietnam staff, LMG will prepare information needed for PEPFAR's Expenditure Analysis and Annual Progress Reporting (APR).

## **3. Final close out of LMG-TSP**

LMG will prepare an addendum to the end of project report to document activities and results during the NCE period.

### **Consultants and subcontract**

LMG will engage two former project staff as consultants to support and facilitate the planning and budgeting workshop in Hai Phong along with follow up, as requested. They will also lead LMG's responses to PEPFAR reporting as well as draft LMG's addendum report for the NCE period.

To refine the SD Model, LMG will contract with Forio – a company with expertise in forecasting and data visualization. As explained above, they will refine the usability of the model, orient stakeholders to the revised model in Vietnam and create supporting user materials.

### **Management**

During the NCE period, the project will be managed by a lean support team based in Medford, MA. Kathleen Alvarez will continue to be the mission's main point of contact in the home office.

## **ANNEX 3. END OF PROJECT ADDENDUM REPORT OCTOBER 1, 2014 – DECEMBER 31, 2014 (NO COST EXTENSION PERIOD)**

### **Introduction**

In Project Year 2 (October 2013-September 2014), the Leadership, Management and Governance – Transition Support Project (LMG-TSP) – changed its focus to supporting one province (Hai Phong City) to implement an evidence-informed planning process that led to human resources and provincial plans for a more sustainable HIV response in the province. LMG-TSP prioritized its resources to develop and test a provincial planning model that is appropriate, accessible, and results-oriented in local settings, called the HIV/AIDS Provincial Planning Simulator (HAPPS)<sup>4</sup>. HAPPS is a web-based model and set of training materials that can be shared with other provinces, with adjustments and adaptations as necessary.

HAPPS was introduced to Hai Phong stakeholders in two design studios in March and May 2014, who indicated it would be a useful tool with potential to help them develop a provincial HIV program plan. However, by the end of the project in September 2014, this tool had not yet been applied in the actual planning cycle. Hai Phong authorities planned 2015 health programs, including HIV/AIDS prevention and control activities, from October 2014 to January 2015, during which time they develop a proposal to the Government of Vietnam to secure financial resources for their HIV/AIDS Prevention and Control program to 2020<sup>5</sup>. The Hai Phong Department of Health (DoH) sought support from the LMG-TSP for technical assistance and guidance with program planning tools to develop a Sustainable Financial Plan for the year 2015 and a proposal to secure financial resources for their HIV/AIDS Prevention and Control program, which could be submitted to the People's Committee for approval.

While HAPPS was successfully developed and tested with Hai Phong health leaders in early 2014, the tool needed to be adaptable for planners in other provinces in Viet Nam. The model refinements made in September-October 2014 improved user interfaces, data intake, and report generation. A new feature of the model ('explorer view') allows users to drill-down into specific variables and see what key variables affect that variable as well as what variables it affects. Users are able to see the behavior of the variable with a line graph. Users could also click on any variable name that affects the variable and open a new model explorer view for the next variable. This way, users can explore the chain of variables that affect results in the simulation. LMG-TSP shared this enhanced model with Hai Phong provincial leadership in response to their need for assistance with their routine planning and budgeting cycle for 2015.

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<sup>4</sup> The HAPPS tool is referred to as the System Dynamics (SD) HIV/AIDS Simulation Planning and Budgeting Tool throughout the end of project report (September, 2012 – October, 2014). The name of the tool was revised both for communications purposes but also to better describe the purpose of the tool.

<sup>5</sup> Hai Phong's program is aligned with the goals in *The National Strategy on HIV/AIDS Prevention and Control in Viet Nam until 2010 with a Vision to 2020*.

This report provides a brief summary of activities completed based on the approved no-cost extension (NCE) activities (Annex 2).

### **No Cost Extension Activity Results**

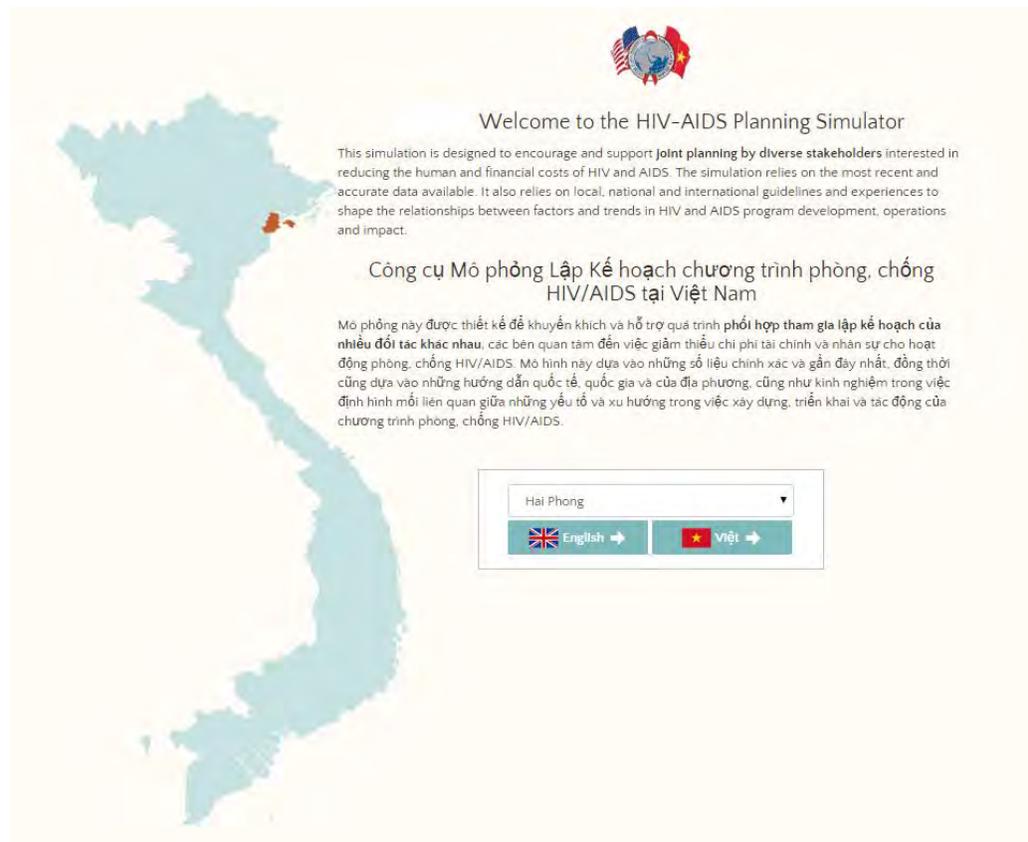
1. Description of the second-generation HIV/AIDS Provincial Planning Simulator – a web-based custom interface tool

In March and May 2014, LMG-TSP introduced the first generation of HAPPS to Hai Phong stakeholders. Foreseeing the need to have a tool that is easily accessible and can be used simply, MSH worked with Forio ([www.forio.com](http://www.forio.com)) extensively in September-October 2014 to enhance the code base and web-based user interface to improve flexibility, usability and administrator control.. More importantly, the second generation of HAPPS is now accessible to any policymaker in any province in Viet Nam with an internet connection, without the necessity of installing specialized software. The new web-based custom interface allows users to familiarize themselves with the budgeting and planning process, better understand how to best interpret critical data to make effective decisions, and explain the impact of their decisions on key metrics. HAPPS is deployed over the web, through a browser, and is run within an intranet hosted by Forio over the web through a SaaS (Software as a Service) arrangement.

The web-based tool is available both in English and Vietnamese is accessible through the following link:

<https://forio.com/app/msh/hiv-simulation/login.html>

The home page of the model is shown in the figure below.



From the simulation and scenarios settings pages, the user is able to set and save various combinations of parameters to virtually recreate scenarios, including funding levels and health outcome targets.

The **Outcome** page (see figure below) is the core of HAPPS. It includes different ways of viewing outcomes based on what scenario is chosen, including the following:

- Dashboard
- New Cases
- People Living with HIV/AIDS
- At Risk Populations
- Performance
- HIV-AIDS Status (Cascade)
- Spending
- Treatment
- Personnel



## 2. Introduction of the updated HAPPS in Hai Phong

From November 10-14, 2014, Dr. James A. Rice of the LMG Project and MSH and Mr. Michael Bean of Forio conducted a planning workshop in Hai Phong using HAPPS. During their visit and prior to the workshop in Hai Phong, the LMG-TSP team planned to meet with various stakeholders in Ha Noi including PEPFAR, the Viet Nam Administration of HIV/AIDS Control (VAAC), and FHI 360 to introduce the new web-based custom interface tool. However, due to the other commitments of these stakeholders, the meeting did not take place as planned. A separate meeting with FHI 360 Health System Strengthening and Strategic Information team took place later on 13 November 13, after the workshop.

On November 10, 2014, the LMG-TSP team met with the Hai Phong Technical Working Group (TWG), including 3 from DOH and 3 from Provincial AIDS Centre, to orient them to the new features of the second generation of HAPPS. The TWG members commented that this new interface was easy to use. The group also suggested some changes in the Vietnamese wording to make it clearer and easier to understand with the local people. The changes were then made by the LMG team prior to the workshop. TWG members then facilitated in their designated group during the workshop, demonstrating the usefulness of the tool.

On November 12, the enhanced HAPPS tool was introduced to stakeholders in a one-day workshop in Hai Phong. The workshop, which was chaired by the Deputy Director of DoH, had 20 participants from Hai Phong DoH, Department of Finance (DOF), Department of Internal Affairs (DoIA), Department of Public Security (DoPS), Provincial HIV/AIDS Center (PAC), representatives of Out Patient Clinics (OPCs), and community-based organization (CBOs). During the workshop, Mr. Bean and Dr. Rice introduced the participants to the new features of the web



*Opening remarks by the Deputy Director of Hai Phong Department of Health at the Provincial Program Planning and Budgeting Tool workshop in Hai Phong City, November 12, 2014.*

based model, walked them through the steps for developing scenarios: one using health outcome targets, and the other using an anticipated budget as starting points. Participants were divided into groups to get familiar with the new features and practice their own strategies and scenarios to achieve the most cost-effective results and highest impact with the “best mix” of financing and human resources. Results of various scenarios were presented and discussed. Participants also provided further comments and suggestions to enhance the logical display of some information. A key point made during the workshop was in relation to Hai Phong’s commitment to achieve the target of 80% people who use drugs to receive MMT treatment. However, the budget from now until 2016 remains fixed. The key question for Hai Phong leaders was how to allocate this fixed budget most effectively to achieve the set target. With this constraint known, HAPPS was useful to help Hai Phong planners generate evidence for their decision making.

At the end of the workshop, all participants interested in practicing further with HAPPS were registered in the system with their email addresses. As a registered user, this allows them to save scenarios and sustain using the tool for future planning cycles.

An enhanced User Guide is now available with the new features of the model included. It is available in both English and Vietnamese. A recorded webinar which explains the model and how to use it is also available to share with other provinces in Viet Nam and elsewhere.

## **Conclusion**

The opportunity to work with Hai Phong planners during their annual planning cycle allowed provincial planners to directly apply HAPPS. Feedback during meetings and the workshop was positive and using scenarios generated from using HAPPS, provincial stakeholders plan to persuade the People's Council to approve the City Financial Sustainable Plan for 2015-2020. Capacity has been built at the provincial level and in LMG's local facilitators who are available to provide further support. VAAC also has requested support in applying WISN with Nam Tu Liem OPC in Ha Noi. There is emerging evidence that LMG-TSP's contributions in sustainability planning appear to be taken up locally – a promising step in Viet Nam's goals to fully lead and manage its HIV/AIDS program with decreasing donor support.