

# USAID SUSTAINABLE MANAGEMENT OF THE HIV/AIDS RESPONSE AND TRANSITION TO TA PROJECT (SMART TA)



FY12

Quarter 2 and SAR Performance Report  
(January – March 2012)



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**ACRONYMS AND ABBREVIATIONS**

ANC	Antenatal Care
ART	Antiretroviral therapy
ARV	Antiretroviral
CA	Cooperative Agency
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CMT	Clinical Management Training
CoP	Chief of Party
CoPC	Continuum of Prevention-to-Care
CSO	Civil Society Organization
CUP	Condom Use Program
DST	Department of Science and Training
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, TB and Malaria
GIS	Geographic Information System
GVN	Government of Vietnam
HCMC	Ho Chi Minh City
HPI	Health Policy Initiative
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
HMU	Hanoi Medical University
IBBS	Integrated Biologic and Behavioral Surveillance
ICT	Information and Communications Technology
IDU	Injecting Drug User
IMF	International Monetary Fund
IPT	Isoniazid Prevention Therapy
KNCV	Dutch TB Foundation
MARP	Most-at-Risk Population
MF	Ministry of Finance

MMT	Methadone Maintenance Therapy
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids and Social Affairs
MPI	Ministry of Planning and Investment
MSM	Men who have Sex with Men
OI	Opportunistic Infection
OPC	Outpatient clinic
OR	Operational Research
PAC	Provincial AIDS Center
Pathways	Pathways for Participation
PEPFAR	The President's Emergency Plan for AIDS Relief (includes USAID, CDC, SAMHSA, DoD)
PHR	Partners for Health Research
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV
PLP	Pathways Lead Partners
QI	Quality Improvement
SAMHSA	Substance Abuse and Mental Health Services Administration
SI	Strategic Information
SMART TA	Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TA	Technical Assistance
TAB	Transition Advisory Board
TB	Tuberculosis
TMA	Total Market Approach
VAAC	Vietnam Administration for HIV/AIDS Control
VNIS360	FHI 360 Vietnam Information System

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# SMART TA

## QUARTER 2 AND SAR PERFORMANCE REPORT (JANUARY – MARCH 2012)

### PROGRAM OVERVIEW

The USAID *Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance Project* – or “SMART TA” – is a five-year, 45 million USD initiative that strives to ensure the provision of quality comprehensive and sustainable HIV services through a strengthened national response. It is designed to contribute directly to the targets identified in the *National Strategy on HIV/AIDS Prevention and Control in Vietnam* and the *Partnership Framework Between the Government of the United States of America and the Government of the Socialist Republic of Vietnam for HIV/AIDS Prevention and Control*.

FHI 360 works in collaboration with the Government of Viet Nam (GVN), PEPFAR, other key stakeholders and over 30 local agencies to implement SMART TA and deliver results across three main strategic objectives: (1) delivery of quality HIV services within the Continuum of HIV Prevention and Care (CoPC); (2) transitioning of financial, administrative and technical ownership of CoPC services to the GVN and other stakeholders; and (3) strengthening of technical capacity and country ownership to sustain quality HIV services. The guiding principles of SMART TA are country ownership, sustainability, participation and accountability, quality improvement, and coordination and collaboration.

Over a five-year period, SMART TA will work towards the following key results:

- 100% of SMART TA-supported CoPC interventions, partners and sites transitioned to the GVN and local partners, with resources coming from the government, other donor sources, and efficiency gains
- Sustainable CoPC models for medium and low resourced provinces operationalized, with innovative, efficient, evidence-based approaches extended across the country
- Quality improvement (QI)/technical capacity building assistance provided, with local institutions identified and strengthened to deliver this assistance
- Strengthened country ownership of the HIV response, including an enhanced profile of CSOs and MARP networks (in partnership with the Pathways for Participation initiative)

- Direct service provision (prior to transitioning USAID-financially supported implementation through SMART TA) estimated to reach the following beneficiaries:
  - 32,338 female sex workers (FSWs), 5,000 male clients, 30,740 people who inject drugs (IDUs) and 17,751 men who have sex with men (MSM) reached with HIV prevention services in targeted PEPFAR provinces;
  - 5,035 IDUs received MMT across 20 sites, 5 of which will be fully integrated with HIV care and treatment services;
  - 35,511 PLHIV and family members received umbrella care, including 19,062 adults and children living with HIV enrolled in HIV care and treatment services across 35 CoPC sites, of which 11,525 received antiretroviral therapy (ART).

SMART TA will assist the GVN to transition strategic information efforts and core and supplementary packages of HIV prevention and care services in focus provinces and beyond. Over the course of the initiative, SMART TA will (a) assess the capacity of the GVN and civil society organizations (CSOs) [the latter in collaboration with Pathways] to implement individualized CoPC interventions for each province and develop annual capacity-building plans; (b) collaborate on the development of cost-effective CoPC models and service packages that can be replicated using local resources; (c) integrate services that maximize existing resources and meet clients' needs; (d) strengthen national, provincial and district CoPC referral networks; (e) strengthen data use for program planning and revision; and (f) ensure quality across implementing sites and implementing agencies.

The transition of financial, administrative and technical responsibilities for the implementation of HIV CoPC programs supported by SMART TA will require national and provincial consensus-building, capacity assessment, standardization of models and service packages, development of individual provincial transition plans, technical support, and ongoing monitoring and quality assurance/improvement. SMART TA will work with USAID, the Ministry of Health (MOH) and the Vietnam Administration for HIV/AIDS Control (VAAC), the Ministry of Labor, Invalids and Social Affairs (MOLISA), the Ministry of Planning and Investment (MPI), the Ministry of Finance (MF), Provincial AIDS Centers (PACs), CSOs, Pathways partners, PEPFAR and other stakeholders to transition 100% of the current FHI 360 implementation portfolio to the GVN and relevant CSOs by Year 5.

This document constitutes SMART TA's FY12 Quarter 2 Performance Report for the period 01 January to 31 March 2012, and includes performance indicators from the Quarter 2 and semi-annual period. The following sections outline:

- Progress Towards Strategic Objectives and Program Indicators
- Project Management and Personnel Requirements
- Information on Cost Over runs
- Next Reporting Period Technical Assistance and International Travel Priorities
- SMART TA Success Stories

## PROGRESS TOWARDS STRATEGIC OBJECTIVES AND PROGRAM INDICATORS

### Figure 1: SMART TA Technical Approach

SMART TA strives to achieve results across three main strategic objectives:

1. *Deliver quality HIV services within the CoPC.* SMART TA will collaborate on the development of efficient and cost effective core and supplementary service packages that can be replicated in medium and low resourced provinces. The program will ensure quality across implementing programs while transitioning full ownership to the GVN and CSOs.
2. *Transition financial, administrative and technical ownership of CoPC services.* SMART TA is working with USAID to incrementally transition all financial and technical responsibility for CoPC programs to the GVN and local partners over five years, based on systematic assessments of capacity, resources and effective implementation models that match local HIV epidemic needs. Throughout the life of the agreement, SMART TA will provide the MOH, line ministries, PACs/PHS and CSOs with support to guarantee the success of this transition and will work to harmonize transitions processes with CDC-Lifegap, as appropriate.
3. *Strengthen technical capacity and country ownership.* SMART TA will strengthen the institutional capacity and develop the human capital of targeted GVN and CSOs (particularly those supported by Pathways) to manage, implement and sustain the HIV response. Technical assistance, capacity building measures and QI processes will be increasingly led and delivered by local organizations, institutions and providers.

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## I. Deliver Quality HIV Services Within the CoPC

### Figure 2: SMART TA Objective 1 Interventions Strategy

SMART TA is working with the GVN, PEPFAR and other key stakeholders to operationalize sustainable, efficient and evidence-based CoPC models in medium and low resourced provinces across the country. Three specific foci underpin Objective 1:

1. Reduce acquisition and transmission of HIV: strengthen the focus on MARPs
2. Reduce morbidity and mortality of PLHIV and improve quality of life
3. Provide targeted support for the generation and use of HIV-related strategic information (SI)

#### 1.1 Reduce Acquisition and Transmission of HIV

Coverage of prevention interventions has increased dramatically in Viet Nam over the past few years. Critical gaps in the prevention response, however, threaten the success of these achievements, including difficulties measuring and extending HIV prevention reach; the lack of segmented approaches to address clients with overlapping risks; and deficiencies in the structural and policy environments. SMART TA will address these gaps with an intensified approach to:

- Ensure coverage of evidence-based prevention interventions and establish efficient, cost-effective models for a sustainable prevention response
- Ensure access to, and use of, critical commodities

- Strengthen demand for, and uptake of, comprehensive health and social services
- Improve the enabling environment for MARP-focused HIV prevention and care

### Ensure Coverage and Establish a Sustainable Prevention Response

In year 1, SMART TA will provide financial, programmatic and technical support to GVN and CSO implementing agencies to reach 32,338 female sex workers, 30,740 people who inject drugs, and 17,751 men who have sex with men with HIV prevention interventions. To prepare for transition to GVN and CSO ownership, the current prevention service package and model of service provision in SMART TA-supported sites will be extensively reviewed and SMART TA will work with PEPFAR, GVN and others to develop a cost effective, core package of prevention services. SMART TA will also analyze and critique current intervention strategies and suggest new approaches that better respond to the specific needs of MARP sub-populations.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 1 | Coverage and Sustainability Performance**

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards required	<b>80,829 by Q4</b> <ul style="list-style-type: none"> <li>▪ 30,740 PWID</li> <li>▪ 17,751 MSM</li> <li>▪ 32,338 FSWs</li> <li>▪ 600 PSP (PWID)</li> </ul>	<b>33,510 in Q1</b> <ul style="list-style-type: none"> <li>▪ 9,534 PWID</li> <li>▪ 6,274 MSM</li> <li>▪ 17,305 FSWs</li> <li>▪ 397 PSP (PWID)</li> </ul>	<b>27,657 in Q2</b> <ul style="list-style-type: none"> <li>▪ 7,501 PWID</li> <li>▪ 7,601 MSM</li> <li>▪ 12,002 FSWs</li> <li>▪ 553 PSP (PWID)</li> </ul>	<b>45,491</b> <ul style="list-style-type: none"> <li>▪ 13,484 PWID</li> <li>▪ 11,153 MSM</li> <li>▪ 20,301 FSWs</li> <li>▪ 553 PSP</li> </ul>
Province CoPC reviews completed in SMART TA-supported areas	11 provinces by Q2	8 provincial reviews completed in Q1	All 11 province CoPC reviews completed	<b>11</b>
CoPC core/supplementary service packages drafted with all relevant stakeholders	Drafted by Q4	Review of current interventions undertaken by FHI 360 technical teams	Draft service package documents initiated	
Peer-driven interventions trialed in at least 2 sites	Report with results by Q4	Consultations in HCMC; FHI 360 is preparing document with suggestions for different approaches	Draft document prepared (PWID interventions)	
Digital interventions (MSM) implemented and assessed	Report with recommendations by end of Q2	Report in preparation	Presentation prepared and presented (HCMC MSM consultation)	
Prevention TA and capacity building plan developed and	Plan developed by end of Q2	Initial TA priorities articulated during	Process for articulating TA priorities included	

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Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
implemented		provincial consultations	in new sub-agreement template	
Prevention components of SMART-TA supported subagreements revised as per efficiency gains	Revised sub-agreements by end of Q2	22 bridge sub-agreements prepared; new sub-agreement template in preparation	Bridge sub-agreements extended to July 2012; new sub-agreement template prepared and in negotiations	

### *Programmatic Strategies: Achievements*

- Over six months of programming, FHI 360's implementing partners reached **45,491 MARPs** with individual and small group-level interventions, or approximately **56%** of the targeted annual total of 80,829 individuals. The numbers reached of MSM and primary sexual partners of people who used drugs rose from quarters 1 to 2, as FHI 360 worked with implementing agency partners to more clearly articulate reach targets on a quarterly basis.
- FHI 360, in collaboration with USAID/PEPFAR, completed three additional **provincial consultations** in HCMC, Khanh Hoa and Da Nang, bringing the total to 11 consultations and completing this important preliminary planning task. The consultations provided an opportunity to (a) consolidate and discuss CoPC interventions mapping data, with the intention of elucidating a "snapshot" of CoPC implementation across targeted provinces, irrespective of funding agency; (b) identify and discuss programmatic overlaps, inefficiencies, gaps and priorities in the provincial HIV response; and (c) foster and support collaboration across funding agencies and program implementers in HIV CoPC programming.

Data generated from provincial consultations is informing the development of **CoPC core and supplementary service packages** for medium and low burden provinces. It also forms the basis of **new sub-agreements** developed by USAID/FHI 360 and implementing partners that come into effect on July 1, 2012. SMART TA recognizes that the articulation of core/supplementary service packages is a collaborative exercise across GVN, funders, multilateral organizations and CSOs. In an effort to actively participate in these upcoming discussions, FHI 360 prevention technical units have begun analyzing existing service packages and identifying areas that could be modified and streamlined for greater efficiency and impact. New sub-agreement narrative templates – finalized this quarter – will provide a mechanism to develop these core/supplementary packages and trial new approaches at the provincial levels.

- In partnership with PEPFAR/USAID and the HCMC PAC, FHI 360 has been actively engaged in the development of **alternative outreach models for people who inject drugs**. FHI 360 is currently developing a draft strategy for further feedback which seeks to (a) link previously vertical aspects of the drug use programmatic response (e.g. the restructured transitions/case management component, harm reduction, methadone and HTC/HIV care and treatment); (b)

facilitate collaboration between GFATM, CDC-Lifegap and USAID-supported harm reduction interventions and implementers; (c) extend reach and target those drug users at highest risk for contracting and transmitting HIV; and (d) introduce efficiencies into the system through streamlined staffing, the use of mobile technologies, strategic communications, etc. Following further consultations with PACs, PEPFAR/USAID and other key stakeholders, FHI 360 hopes to introduce this new strategy in two selected two sites: Le Chan in Hai Phong and Binh Thanh

- While work on **prevention core/supplementary service packages** begins in earnest in quarter 3, FHI 360 has participated in numerous external and internal consultations over quarter 2 to discuss development processes, primary service components, and key strategies for intensified/streamlined MARP HIV prevention. Included among these consultations was the February 16-17 MSM HIV Program Action Plan Workshop held in HCMC and attended by representatives of MSM community groups, PEPFAR, PEPFAR implementing agencies, multilateral organizations and PAC. The workshop exposed numerous understandings in articulating core prevention service components, but did result in the development of a five-year **action plan for MSM programming in HCMC**, with technical assistance provided by FHI 360.
- FHI 360's Deputy Director, Caroline Francis, and Strategic Behavioral Communications Officer, Hanh Nguyen Thu, are currently enrolled in TechChange's online educational course titled "**Mobiles for International Development.**" This 4-week program brings together mobile technology experts from across the globe to discuss ways in which to best harness mobile and digital technologies in health and development programming. FHI 360 will be using the results of this learning to further articulate creative and cost-effective CoPC communications across the MARP portfolio.

#### *Programmatic Strategies: Challenges*

- While the numbers reached of MSM and primary sexual partners of people who use drugs increased from quarters 1 to 2, the **numbers of PWID and FSWs reached declined**. Possible explanations for these declines include the following: (a) outreach interventions were limited during the period leading up and following the Tet holiday; (b) street-based drug users and sex workers were rounded up during Tet and could not be reached; (c) the expansion of MMT in strategic areas (e.g. Hai Phong City) reduced the numbers of those targeted in harm reduction initiatives; and (d) efficiency modifications made in the program over the first six months are adversely affecting outreach efforts. FHI 360 will be closely monitoring all prevention initiatives while it introduces changes in prevention service delivery to ensure that any declines in reach and service uptake are temporary.

#### *Plans for Next Quarterly Period*

- Negotiation of 18-month sub-agreements, in consultation with implementing partners, USAID/PEPFAR and the GVN. These sub-agreements come into effect on July 1, 2012
- Articulation of MARP prevention core/supplementary service package preparation tools and draft components. Participation in at least one consultation to discuss the development of

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prevention core and supplementary service packages with relevant GVN, CSO, multilateral and donor agencies

- Sharing of draft peer-driven and social network approaches for PWID and MSM; identification of potential programmatic sites; and discussions with USAID/PEPFAR and GVN on ways to measure and compare outcomes with more traditional outreach models
- Work with Pathways to identify prevention service delivery recipients across PEPFAR priority provinces

### Ensure Access to, and Use of, Critical Commodities

SMART TA is committed to moving from extensive free distribution of commodities (condoms, lubricant and needles and syringes) to more sustainable social marketing and private sector purchase efforts. In each targeted province, SMART TA will work closely with PSI and others to support implementing agencies and the private sector to develop, implement, manage and monitor commodity social marketing and total market approach (TMA) plans. Selective free distribution – based on agreed-upon criteria for specific most-at-risk population segments – will be utilized as a means to normalize these products and to stimulate consumer purchase behaviors. SMART TA will utilize commodity communications and monitoring tools developed by PSI to ensure consistency of efforts across programs and sites.

SMART TA will work closely with HPI, PSI and other key stakeholders on the management, implementation, monitoring and scaling up of the 100% CUP. Collaboration here includes work on the articulation of 100% CUP key components, support for on-the-ground implementation, monitoring the availability/accessibility of condoms at entertainment establishments (through peer educators), and advocacy efforts among GVN ministries for scale-up and sustainability.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following key results:

**Table 2 | Commodity Access/Use Performance**

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Commodity availability/accessibility reviews carried out (or existing data triangulated)	11 reviews by Q2 (part of province reviews)	Commodity analyses conducted as part of 8 provincial reviews	Commodity analyses conducted as part of 11 provincial reviews	11
Commodity distribution, social marketing and TMA plans developed with PSI and PACs	Plans/process articulated in subagreements (end of Q2)		Free distribution plans articulated with support from PSI/PACs	
100% CUP interventions expanded in 2 provinces	Report with results by Q4	SMART TA staff participated in 2 100% CUP	Consultations to advocate for inter-ministerial circular	

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
		provincial assessments		
Number of needles and syringes distributed to people who inject drugs during individual or group-level interventions		<b>Total: 420,337</b> MSM: 540 FSW: 3822 PWID: 415,975	<b>Total: 344,346</b> MSM: 407 FSW: 2,637 PWID: 341,302	<b>764,683</b>
Number of pharmacies involved in needle and syringe programming		456	468	<b>468</b>
Number of needles and syringes sold by designated pharmacies or other sales points		173,960	124,534	<b>298,494</b>
Number of fixed boxes with N&S and condoms		156	162	<b>162</b>
Number of condoms distributed to PWID, MSM and FSWs during individual or group-level interventions		<b>Total: 349,533</b> MSM: 48,946 FSW: 177,362 IDU: 123,225	<b>Total: 219,458</b> MSM: 46,017 FSW: 113,546 IDU: 59,895	<b>568,991</b>
Number of condoms sold in SMART TA-supported entertainment establishments		6,912 (An Giang only)	2,460 (An Giang only)	<b>9,372</b>
Number of lubricant sachets distributed to MSM during individual or group-level interventions		<b>Total: 11,554</b> MSM: 6178 FSW: 5376 PWID: 0	<b>Total: 10,818</b> MSM: 5,519 FSW: 5,299 PWID: 0	<b>22,372</b>

### Programmatic Strategies: Achievements

- While the commodity data reflected in the table above continue to indicate an over-reliance on free distribution, FHI 360 is supporting our partners to emphasize social marketed and private purchase options. The numbers of pharmacies involved in the **“Safe Pharmacies”** initiative continues to increase from 140 one year ago, to 456 in the first quarter, and to 468 today. Approximately **298,494 needles and syringes** have been sold to PWID through these safe, non-stigmatizing settings, approximately 25% of the total disbursement.
- FHI 360 has worked with PSI and PACs to articulate the totals of **freely distributed condoms** needed for each province. The number of free condoms disbursed through FY12 Quarter 2/SAR Performance Report

USAID/FHI 360-supported programs has declined from 1,250,300 (last fiscal year) to 1,174,761 (current fiscal year). It reflects extensive negotiations with PSI and PACs to rationally plan for condom distribution needs across targeted provinces.

- Together with other PEPFAR partners (such as USAID, HPI and PSI) and multilateral organizations, FHI 360 has played an advocacy role in the advancement of an inter-ministerial circular, which could see the national scaling up of the **100% CUP**.

#### *Programmatic Strategies: Challenges*

- Provincial partners continue to struggle with the transition from a primarily free commodity distribution platform to a **total market approach (TMA)**. Particularly difficult is the targeting of those receiving free products and the tracking of purchased goods, particularly commercially sold commodities. FHI 360 plans to work closely with PSI to better understand and support their efforts to operationalize the TMA in targeted provinces.
- The numbers of socially marketed condoms disbursed through SMART TA-supported peer educators in **An Giang declined** as PSI concluded their commission policy.
- In an effort to scale up the 100% CUP, PEPFAR partners, UNAIDS, WHO and others have been working with the Ministry of Health to prepare and advocate for an inter-ministerial circular. While signs indicate positive movement towards this aim, such **advocacy efforts are complex** and may take significant time.

#### *Plans for Next Quarterly Period*

- Consultation(s) with PSI to operationalize condom TMA planning, implementation and tracking in SMART TA-supported sites/interventions
- Develop (if unavailable) demand creation communications for PWID and other MARPs on needle, syringe and condom purchase benefits, as part of alternative PWID/MARP outreach strategy
- Follow up on the 100% CUP expansion plans jointly with USAID, HPI, PSI, WHO, particularly the advocacy meeting with the legislation departments of MOH, MOCST, MOPS, MOLISA, and development for 100% CUP inter-ministerial circular

### **Strengthen Demand and Uptake of Services**

SMART TA will work with GVN and CSO implementing agencies to strengthen service referral linkages and consumer demand to ensure that MARP subpopulations avail critical health and social services. Depending on the vulnerable group, epidemic burden and provincial resource setting, essential services may include HIV testing and counseling (HTC), MMT, HIV care and treatment, STI screening, addictions case management, sexual and reproductive health, and relevant social services. Specific MARP service

delivery packages will be articulated in CoPC core and supplementary models developed in the course of SMART TA.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 3 | Service Access and Uptake Performance**

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Number of clinics offering opioid substitution therapy (MMT)	17	13	14	<b>14</b>
Number of people who inject drugs on opioid substitution therapy	3200	3231	3380	<b>3380</b>
Number/percentage of MMT sites where PITC/mobile HTC is integrated	14/82%	2 sites (Le Chan and Thuy Nguyen in Hai Phong)	2	<b>2</b>
Number of individuals who received testing and counseling services for HIV and received their test results	71,500	12,933	12,482	<b>25,415</b>
Number of service outlets providing counseling and testing according to national or international standards	Reduction of current sites by 5%	33 (32 fixed with 50% offering mobile services; 1 exclusively mobile service)	34 (33 fixed with 50% offering mobile services; 1 exclusively mobile service)	<b>34</b>
Service uptake targets revised across MARP prevention portfolio	Revised in new sub-agreements	Sub-agreement template drafted with service uptake targets	Discussions initiated with provinces on service uptake targets	
Service referral and uptake incentive schemes trialed in selected areas	HIV uptake increased by 10% in designated areas/subpopulations	Sub-agreement template drafted with service uptake targets	Discussions initiated with provinces on service uptake targets	
Number of people who use drugs availing HIV workplace interventions	60	87	82	<b>87</b>

*Programmatic Strategies: Achievements*

- FHI 360 and its partners continue to increase the numbers of drug users accessing **MMT** services, exceeding our annual target of 3200 individuals. In an effort to support the

GVN's national MMT scale up strategy, FHI 360 is collaborating with USAID and SCMS to introduce a **MMT Hub+Satellite model** in Hai Phong (An Duong/An Hung). The Hub+Satellite model allows for “stable” MMT patients – those who (a) receive a stable dose; (b) have controlled their illicit drug use; (c) model cooperative behaviors; and (d) have negative toxicology tests – to receive their MMT doses at a satellite clinic, thereby facilitating another 200 individuals to receive MMT at the hub. In the development of this model, special emphasis will be placed on integrating dispensing operations with HIV services.

- FHI 360 provided support to the Quanh Ninh PAC to prepare for the **integration of MMT, ART and HTC services** in Van Don. FHI 360 also worked with our Hanoi implementing partners to prepare for the opening of an additional **MMT clinic** in Dong Da district, which is expected to be operational in quarter 3.
- The HCMC People's Committee committed 8 billion VND to expand **microfinance and livelihood services** for vulnerable MARPs (originally implemented by Chemonics, VBSP and FHI 360) across three districts over a five-year period.

#### *Programmatic Strategies: Challenges*

- **Tracking of HTC uptake** remains an issue across targeted provinces and sites, as the HTC referral systems across different donor-supported sites remain non-operational. Over the coming quarters, FHI 360 will provide technical assistance to targeted PACs to strengthen referral networks and collect referral slips across sites.

#### *Plans for Next Quarterly Period*

- FHI 360 will be working with provincial implementing partners in Quarter 3 to develop creative strategies that generate demand for HTC and track uptake across targeted provinces and sites.
- Work with PACs in Hai Phong, Quang Ninh, Hanoi, Bac Giang and Lao Cai to prepare for MMT implementation in five new MMT clinics: Dong Da MMT clinic in Hanoi; Van Don clinic in Quang Ninh; the An Hung/An Duong dispensing site in Hai Phong; and two new clinics in Bac Giang and Lao Cai. These clinics will be ready to open and receive patients in Quarter 4, bringing the total of USAID/SMART TA supported MMT clinics to 19.
- Work with the HCMC and Dien Bien PACs to discuss MMT and ART service integration in District 8 in HCMC and Tuan Giao district in Dien Bien.
- Work with MOH/VAAC and partners to discuss and finalize the SOPs on MMT-HTC-ART integrated clinics and satellite models.
- Work with the HTC PEPFAR team to initiate PITC at all SMART TA-supported MMT clinics.
- Organize one advocacy meeting in Son Tay (Hanoi) with the Department of Public Security to enhance the access to MMT treatment.

**Improve Enabling Environment for MARP HIV Prevention and Care**

SMART TA recognizes that profound policy and structural barriers make it difficult for MARPs to access and utilize the information, products, services and support they need to remain free of HIV or to live positively with the virus. HPI highlights three key legal/policy areas where partners must work collaboratively and consistently to make a difference:

- *Drug use and HIV:* New or revised drug legal framework reducing emphasis on (looking towards closure of) 06 centers and substituting a system of voluntary, evidence- and community-based substance abuse treatment (including methadone treatment and other modalities) and harm reduction interventions for HIV prevention (including needle/syringe and condom provision).
- *Sex work and HIV:* New law on sex work and inter-ministerial circular on condom provision that shift focus from “social evils”/punitive approach to sex work (prohibition, arrest, confinement in 05 centers) to a harm reduction approach (total market-based condom provision, expansion of 100% CUP).
- *Expanded role for civil society in HIV response:* Revision of Budget Law and/or use of procurement process to enable CSOs to receive direct funding from the government to provide HIV services.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 4 | Enabling Environment Performance**

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Number of policy/advocacy tools prepared, in collaboration with key stakeholders	2	1 position paper and 7 policy briefs drafted (with support from Atlantic Philanthropies)	8	8
Number of press releases prepared and provided to media	2			
Number of stories related to SMART TA work publicized in different media channels	2		1 (SMARTgirl blog)	1
Number of provinces where GVN has sub-contracted CSOs to carry out CoPC interventions through SMART TA sub-agreements	1		Sub-agreement negotiations	

*Programmatic Strategies: Achievements*

- Together with Pathways, SMART TA is working with provincial implementing partners to explore the possibility of **sub-contracting to CSOs** under the sub-agreement mechanism. Over the coming months, SMART TA will work with HCMC PAC and Pathways towards accrediting Blue Sky as a CSO and moving it out of the GVN system.
- With support from Atlantic Philanthropies, SMART TA will use a position paper on drug use policy and strategy, along with seven policy briefs arising out of the paper, to support the development and scaling up of voluntary, **community-based drug addictions care and treatment** services. These documents build upon the materials developed by HPI and will be used together to advocate for the dismantling of current detention-focused initiatives.

*Programmatic Strategies: Challenges*

- Experience and legal mechanisms for **PAC subcontracts with independent CSOs** remains limited. In Hanoi, SMART TA engaged in unsuccessful negotiations with the PAC to subcontract the Center for Community Health Promotion (CHP) for MSM HIV prevention programming. The negotiations were influenced by a variety of factors: (a) the sustainability of CHP in question (following the imminent departure of its director); (b) the PAC's expressed need to continue its own work following the completion of MDM funding for MSM interventions in Tay Ho; and (c) the unrecognized "value added" of CSO contributions to the GVN HIV response. SMART TA must work intensively with Pathways to create and foster more enabling conditions for CSO engagement as the response transitions to country ownership.

*Plans for Next Quarterly Period*

- Use of positions paper and policy briefs supported by Atlantic Philanthropies; articulation of community-based drug addictions care and treatment advocacy strategy
- Work with Pathways and HCMC PAC to develop Blue Sky as an independent CSO
- Develop a CSO engagement strategy with Pathways that facilitates and supports PAC subcontracts to the civil society sector, particularly for groups with no formal legal status

**1.2 Reduce Morbidity and Mortality of PLHIV and Improve Quality of Life**

While HIV care and treatment services have been scaled up rapidly in Viet Nam, continuing barriers include access to services; retention in, and quality of, care; and sustainability of the current HIV response. SMART TA will address these barriers through the following strategies:

- Improve access, quality of care, coordination and referral linkages within the CoPC
- Create a sustainable CoPC through integration of services and improved efficiency

### Improve Access, Quality of Care, Coordination and Referral Linkages within the CoPC

In year 1, SMART TA will support hospital and community-based HIV care, support and treatment services in 35 sites for 19,062 PLHIV, including 11,525 on ART (3 sites provide care and support services only). It is currently estimated that just 60% of PLHIV in Vietnam are accessing HIV care and treatment services. Some of these persons have never been tested and do not know their status while others know their status, but have not accessed services or have dropped out of care. During year 1, SMART TA will work with GVN and other partners to ensure that MARPs and their sexual and injecting partners have increased access to a range of counseling and testing options and that once they know their status, are immediately enrolled in an HIV care and treatment service or followed up until enrollment has taken place.

To prepare sites for transition to GVN over time, the current service package and model of service provision in SMART TA-supported sites will be extensively reviewed and SMART TA will work with the GVN and PEPFAR to develop a package of core services for adult and pediatric PLHIV at both facility and community levels. Efficiency and service component costs will also be examined during this review. Coordination and referral linkages within the CoPC will be strengthened to mitigate loss to follow up and ensure PLHIV and their families receive the services they need by linking them to other services provided by the GVN health system, CSOs and mass organizations. Clinical mentoring and QI will ensure that services that are being delivered in a manner consistent with MoH guidelines.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 5 | CoPC Access, Care, Coordination and Referral Linkages Performance**

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Number of HIV-positive adults and children receiving a minimum of 1 clinical service	15,540	14,610	15,662	<b>15,662</b>
Number of adults and children with advanced HIV infection receiving antiretroviral therapy	12,950	11,041	11,525	<b>11,525</b>
Number of adults and children newly enrolled on ART		730	725	<b>14,55</b>
Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	85%	Aggregated annually		85%
Percentage of newly diagnosed PLHIV enrolled in	60%	Aggregated annually		

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
care and treatment within six months of diagnosis				
Number of eligible children provided with psychological, social or spiritual support		1699	1689	1699
Number of SMART TA-supported care and treatment sites receiving clinical mentoring and QI	36	32	32	<b>32</b>
Province CoPC reviews completed in SMART TA-supported areas	11 provinces by Q2	8 provincial consultations completed	11 provincial consultations completed	<b>11</b>
CoPC core/supplementary service packages drafted with all relevant stakeholders	Drafted by Q4	Review of current interventions undertaken by FHI 360 technical teams	Consultative framework for core package drafted	
Early enrollment from HTC-HIV OPC interventions piloted	2-3 sites	Interventions strategy drafted; SMART TA in consultation with GVN and other stakeholders on pilot planning	1 consultation meeting with HTC TWG, 1 consultation meeting with HCMC PAC to develop SOPs and identify sites. This pilot has now been reformulated to include pre-ART loss to follow up	
TB infection control site assessment and improvement plan undertaken with KNCV	Developed by Q4	Initial consultation with USAID to review collaboration plans	Draft Infection Control plan developed with KNCV	
Coordinated TA plan developed and operational	Developed by Q4	Initial consultations conducted to coordinate and synergize TA; initial TA priorities articulated during provincial consultations (see Objective 3)	TA coordination consultations with HAIVN, CHAI and SCMS. Proposals for coordinated TA incorporated into provincial TA plan development	
M&E and QI tools revised to be consistent with core service package and	Revised by Q4	Initial consultations conducted to coordinate and	M&E: Draft QPIR developed based on harmonization with	

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
harmonized with GVN HIV care and treatment program		synergize M&E and QI tools (see component 1.3)	<p>NGI and other partner indicators. QPIR will be refined in next quarter based on monitoring and reporting needs prior to initiating implementation across SMART TA sites.</p> <p>QI: FHI 360 QI plan in development including incorporation of tools from existing VAAC national tools</p>	

*Programmatic Strategies: Achievements*

- Over the first two quarters of implementation, FHI 360’s implementing partners have reached **15,662** HIV positive adults and children with a minimum of one clinical service, with **11,525** of these individuals also receiving ART. It is expected that SMART TA will exceed the annual targets of 15,540 and 12,950 in the upcoming quarter.
- In an effort to ensure **loss to follow up from HTC to OPC services**, FHI 360 developed a pilot model that was approved by VAAC and the National HTC working group this quarter. However, in subsequent discussions between USAID and FHI 360’s prevention and care teams, it was decided to expand upon this model to ensure reduced loss to follow up from pre-ART to ART, and to identify HIV positive individuals who have not registered for HIV care and treatment. Work on this expanded model will continue into the 3<sup>rd</sup> quarter of programming.
- The FHI 360 HTC technical team worked with VAAC and other key stakeholders in revising **CITC guidelines and developing PITC guidelines**. We will continue to be actively involved in finalizing CITC guidelines that are expected to facilitate expanded uptake.
- SMART TA has formulated a consultative framework for moving forward development of the **clinical care core package** of services and its implementation plan. We have formulated a consultative framework to seek input from various technical assistance and program delivery agencies with the objective of having consensus across implementing partners before the end of the fiscal year.
- The majority of care and treatment sites have received technical assistance from FHI 360 staff to maintain and improve service management and quality of services. SMART TA, in consultation with technical partners, has developed a **standardized clinical mentoring**

**form** (which will be field tested in the coming quarter) and operationalized a **joint clinical mentoring calendar** with potential input from all TA providers.

- In order to assist with transition of services at former PACT sites (Ba Vi, Linh Xuan/Tam Binh2 and Mai Hoa), SMART TA assumed technical support responsibilities in September (2011). In addition to focusing on provision of quality care and clinical management as part of regular TA and monitoring visits, SMART TA is helping these sites to link with local organizations to provide continuity of care and support. The program co-conducted a consensus-building meeting with USAID and WWO in January (2012) to clarify roles and responsibilities, and to agree on a system for ongoing regular support using local technical assistance providers and in-country international consultants for Ba Vi and Linh Xuan. FHI 360 project monitors have visited regularly and maintain phone contact with staff at all three centers. The two sites in HCMC also receive visits from clinical doctors from neighboring OPCs and children's hospitals, and those doctors in turn receive clinical support from FHI 360 clinical mentors. Details for these sites are as follows:
  - **Mai Hoa Center:** SMART TA worked with local care networks to provide palliative care, nutrition, developmental, and social, psychological and spiritual support to the 20 children at the center. For long term sustainability clinical care and ART are now additionally provided by nearby FHI 360-supported OPCs (Binh Thanh and Hoc Mon).
  - **Linh Xuan:** SMART TA provided limited care for 141 HIV-positive children, including blood tests, vaccinations, dental care, nutrition support, capped inpatient care, and clinical consultations with doctors at Children's Hospitals 1 and 2.
  - **Ba Vi:** SMART TA monitored and reviewed ARVs and OI drugs provided through SCMS and LIFE-GAP to the 72 HIV-positive clients (60 on ART), and ensured provision of nutrition support, medical examinations, basic health care, routine tests, and transport of specimens to labs outside the facility. The program provided clinical support in Q1, but was not able to provide a visit in Q2 due to limited staff availability. SMART TA will conduct a second visit to review patient ART in lieu of recent changes in drug availability, and continue support as outlined above in Q3.
- SMART TA has developed a close working relationship with **KNCV**. SMART TA has provided technical assistance to KNCV and other TB Care partners on the framework for TB Care 2 implementation, the geneXpert evaluation protocols and the TB HIV referral mechanism assessment protocols. KNCV has provided technical support to SMART TA in reviewing the HIV TB component of the provincial capacity building and technical assistance plans.
- SMART TA is working with provincial implementing partners to operationalize a **revised CHBC approach** that provides tailored care and support to high-needs PLHIV and family members through a 3-person CHBC team (2 PLHIV and 1 OPC health worker). Support services for **OVC** are slowly being transitioned to GVN bodies. In particular, the new-sub-agreements see the removal of financial support for school enrollment, children's

playgroups, unfocused nutritional support, special children's events and social support payments of more than 1,000,000 VND per hospital admission.

*Programmatic Strategies: Challenges*

- Developing the **consultative framework for the clinical care core package** of services is strategically complex. Move too slow and the process potentially falls behind schedule. Move too fast and SMART TA is potentially seen as operating too independently. Overcoming this challenge will involve intensive consultation with partners and support from USAID at the PEPFAR levels.
- Challenges in **TA coordination** come from different methodological and management approaches to provision of direct technical assistance at sites and the fact that different organizations have different priorities in TA provision and also different evaluation priorities depending on the phase of their cooperative agreement. The participation of the different organizations to the joint scheduling of TA visits will be an indication of their commitment to this process.
- This quarter was a short working quarter, which explains the lower than usual site **clinical mentoring** visits.

*Plans for Next Quarterly Period*

- Develop and propose a consultative framework for the articulation of the clinical care core package.
- Develop a joint work plan with KNVC on TB/HIV interventions. Work with KNCV and Partners for Health Research on the HIV TB referral research to be conducted this year. SMART TA will provide technical input to the protocol development, which should be finalized during the 3<sup>rd</sup>-4<sup>th</sup> quarters.
- Develop and use new SOPs, job aides and tools (including SMS) in revised and cost efficient CHBC approaches. Introduce revised CHBC guidelines in all amended sub-agreements for greater efficiency gains and explore the longer-term feasibility of transferring CHBC roles and responsibilities to civil society organizations and support groups.
- Review OVC strategies in an effort to transfer the operation and implementation of these interventions to relevant GVN Ministries/Departments (MoLISA, DoLISA) and CSOs. Transition components of OVC work (e.g. child protection, school support, etc) to other GVN departments in new sub-agreements
- Work with provincial counterparts to conduct detailed technical/efficiency reviews in selected sites and in one entire province (e.g. Dlen Bien). These reviews will examine patient outcomes, care and treatment service delivery, and will inform aspects of the service delivery model and capacity building approaches.

- Review referral mechanisms across the CoPC and present preliminary processes/tools that can be used for referral tracking, adherence tracking and loss to follow up tracking

### Create a Sustainable CoPC through Service Integration and Improved Efficiency

There is an urgent need to improve the efficiency and cut costs of providing HIV care and treatment services to ensure the sustainable transition of services to GVN as PEPFAR funding reduces over time.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 6 | CoPC Sustainability Performance**

Performance Indicator/ Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Implementation of PMTCT program transferred to GVN support	Achieved by Q4	Sub-agreement template drafted with transfer consultation/processes	Provision of complementary PMTCT services (before and after delivery) at Lao Cai and Dien Bien only	
HTC, MMT and HIV services integrated in selected sites	2 sites	1 site (Van Don, Quang Ninh)	2 sites (Van Don, Tuan Giao)	<b>2 sites</b>
CHBC and OVC interventions reviewed and revised as per needs of PLHIV and efficiency gains	Revised and reflected in new sub-agreements (end Q2)	Sub-agreement template drafted with revised CHBC/OVC strategies	Bridge sub-agreements extended to July 2012; new sub-agreement template prepared and in negotiations	
Care and treatment components of SMART-TA supported sub-agreements revised as per efficiency gains	Revised sub-agreements by end of Q2	Sub-agreement template drafted with efficiency gains (or processes for efficiency gains)	Bridge sub-agreements extended to July 2012; SMART TA sub-agreement negotiations have incorporated efficiency gains	
Number of consultative meetings undertaken to reach consensus on integration of HIV services and alternative, more efficient service delivery models	4	8 provincial consultation meetings conducted, including discussions on integrated models	Additional consultative meetings to reach agreement on integration at District 8, Tuan Giao and Van Don completed	

*Programmatic Strategies: Achievements*

- SMART TA continues to work with provincial implementing partners on site co-location and **service integration**. From July 1, 2012, District 8 in HCMC will see HTC-MMT-OPC service integration; HTC-MMT services will be co-located in Thuy Nguyen, Hai Phong; and HTC-IDU outreach-OPC will be linked in Hoang Mai, Hanoi. The consolidation of these services is expected to facilitate client flow and uptake, and generate cost savings through reductions in infrastructure and operations costs.
- SMART TA, HCMC PAC and **Mai Hoa Center** have been working together to mobilize additional social contribution/support to Mai Hoa Center. As a result, SMART TA successfully transitioned all expenses for Mai Hoa Center to community contributions. SMART TA continues to provide technical support.
- SMART TA has made recommendations to enhance **efficiencies in MMT**, which will allow for greater numbers of clients served by existing numbers of staff. Recommendations include (a) personnel recommendations to make more effective use of physicians and pharmacists; (b) the provision of take home privileges for stable patients; (c) streamlining dispensing procedures and administrative scheduling; and (d) the piloting of revised group counseling modules. SMART TA will further discuss these recommendations in the MMT TWG during the upcoming quarter.

*Programmatic Strategies: Challenges*

- Integrating services – while important in terms of patient access and uptake – may reduce quality of care and provider motivation/satisfaction. SMART TA will continue to closely monitor its integration strategy to ensure that these interventions do not adversely affect the delivery of services and compromise patient outcomes.

*Plans for Next Quarterly Period*

- Work with GVN to integrate PMTCT services into the government system using health insurance and other social payment mechanisms for transition and sustainability
- Introduce InTACT (Integrated Testing, Addictions, Care and Treatment models) at District 8, Van Don and Tuan Giao; introduce other co-located services at Thuy Nguyen and Hoang Mai

### **1.3 Provide Targeted Support for Generation and Use of HIV-Related SI**

SMART TA will address gaps in HIV-related SI by strengthening epidemic and outcome/impact monitoring; improving programmatic data quality and use; identifying and initiating priority research studies; and improving SI coordination and communications between VAAC, PACs, CSOs and other key stakeholders.

### Strengthen Epidemic and Outcome/Impact Monitoring

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 7 | Epidemic and Outcome/Impact Monitoring Performance**

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Number of surveillance activities carried out with technical and/or financial assistance from SMART TA	3	Finalization of FY11 size estimations exercise; development of IBBS protocol	Work on 3 surveillance activities (IBBS, Size Estimation and Comparison study	3

#### *Programmatic Strategies: Achievements*

- Completed data analysis of the **MARP Size Estimation** study in Dien Bien, Can Tho and Ho Chi Minh City
- Completed data collection in Hai Phong of the **TLS – RDS Comparison** study
- Finalized protocol for **IBBS** round III and prepared IRB submission
- Finished 24 month follow-up **MMT** report; document sent out for internal and external comments

#### *Programmatic Strategies: Challenges*

- IBBS and HIV sentinel surveillance surveys currently **overlap** and collect the same behavioral and biologic data in the same populations at very similar time periods. SMART TA will continue to work with VAAC and the TWG to consolidate these surveys into a smaller and more efficient set that serves multiple needs
- There remains a lack of systematic **MARP size estimation** data that has led to misunderstanding of intervention penetration and impacts.

#### *Plans for Next Quarterly Period*

- Submit IBBS III protocol to VAAC and IRBs for approval
- Use lessons learned from FY11 size estimation exercise to identify targeted MARP subpopulations, size estimation methodology, and research locations for follow-on size estimation exercises
- Continue the RDS round in the Ho Chi Minh Comparison study

- Disseminate the results of MMT 24 month evaluation and Size Estimation study

### Improve Programmatic Data Quality and Use

While FHI 360 and other organizations have piloted QI systems, there remains a lack of consensus on QI tools and techniques. The MoH has yet to embrace and institutionalize a QI system that they jointly offer to, and operate with, the PACs. This is paired with the need for MoH VAAC SI capacity strengthening in analysis and communication to stakeholders of cogent summaries of the epidemic, HIV testing trends, and models in prevention, care, and treatment. Health Management Information Systems (HMIS), similarly, have neither been systematically developed nor kept pace with program expansion. The MoH and its local partners still need an HMIS that is simple, fast, and capable of providing key data to inform policy-making and decision-making at the national and local levels.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 8 | Data Quality and Use Performance**

Performance Indicator/ Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
QI tools revised and harmonized for HIV care and treatment	Drafted, Q4	National QI data collection tool for care and treatment drafted and piloted	Work with VAAC on National QI system and its eventual incorporation into SMART TA	
DQA tool and processes/protocols finalized	Tool/protocol developed in Q3	Pilot preparation (to commence in Q2)	DQA tool has been piloted in 4 provinces	
Site-level cost data generated in SMART TA-supported provinces (program reviews)	10-11 provinces, Q2	8 provincial consultations conducted	3 provincial consultations conducted	11 provincial consultations
HIV MIS reviewed	4 meetings/year			
Data use and decision making improved at provincial levels	4 DDM Workshops and 4 DDM on-site coaching visits/year (with HPI)	1 workshop and 1 coaching visit conducted	1 workshop conducted	2 workshops, 1 coaching visit

#### Programmatic Strategies: Achievements

- SMART TA works closely with the **National Care and Treatment Quality Improvement Program (HIVQUal)** and provides technical assistance to VAAC and to sites in the pilot as part of this program. SMART TA has developed a plan for incorporating the national QI program into SMART TA sites in advance of the expansion of the national program
- SMART TA continues to work with HPI on the **Data Decision Making (DDM)** initiative. In Quarter 2, SMART TA and HPI provided technical assistance for one DDM workshop on

data use, data triangulation and data presentation for targeted DDM provincial staff. SMART TA also participated in the development/completion of epidemic updates (using the Asian Epidemic Model) for Can Tho, which has already been used for the development of a 5-year strategic plan. DDM data were also used as the starting point for discussions during the eight provincial consultations.

#### *Programmatic Strategies: Challenges*

- Data are readily available on many levels and many areas but they have not been **collected, integrated and analyzed in a comprehensive manner** to improve programs and guide responses. There seems to be insufficient coordination across programs/projects managed by PACs, which make available data less accessible and transparent.
- The DDM data – while useful at a provincial level – can be **difficult to interpret** at district levels. Data interpretation is also compromised by the fact that funders emphasize different indicators, unit designations, and data interpretation methods.
- The Asian Epidemic Model is a **complicated model** that requires a significant amount of data inputs (e.g. size estimation, HIV/STI data, behavioral data, program data, financial data), time, and technical assistance to process. Given the lack of local capacity to perform such models by themselves, technical assistance could only be provided to a few focused provinces up to this point.

#### *Plans for Next Quarterly Period*

- Commence expansion of the QI program to SMART TA-supported care and treatment sites
- Harmonize SMART TA care and treatment indicators and tools with national QI system
- Work with VAAC, PEPFAR and others to finalize the national DQA tool after piloting
- Work with provincial partners to identify areas where further costing data/analysis is needed
- Work with all relevant partners to develop the HIV MIS protocol
- Continue to provide technical assistance on data use for targeted DDM provincial staff
- Provide support for PACs in developing their 5-year strategic plan
- Link DDM initiative with SMART TA response team programming to ensure that SI and program strategies are synergized

### Support a Set of Priority Research Topics

SMART TA will work with MoH and other key partners to articulate key research priorities and to implement a series of operational research (OR) studies that inform the national response and respond to gaps in the Vietnam evidence base.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 9 | Priority Research Performance**

Performance Indicator/ Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Number of operational research studies conducted with technical and/or financial assistance from SMART TA	4	Co-pay model evaluation plan initiated; review of international journals to further articulate priority research ideas	The first draft of MMT staffing efficiency study protocol developed	<b>1</b>
Number of community research projects generated through competitive grants process	3-4		RFA developed	
Number of articles submitted to peer reviewed journals	3	1	6 abstracts accepted at IAS; 1 paper submitted and accepted in a peer reviewed journal	<b>2 articles, 6 abstracts</b>

#### Programmatic Strategies: Achievements

- SMART TA developed the first draft of the **MMT staffing efficiency study** protocol. It is expected that the protocol will be finalized in the upcoming quarter.
- SMART TA completed the following research **reports**: (a) “Piloting Strategies for the Recruitment of Male Clients of Female Sex Workers in Hanoi;” (b) “HIV/AIDS Infection, Risky Behaviors and their Associated Factors among Long-Distance Truckers and Freelance Seasonal Migrant workers in Ho Chi Minh City; ” (c) IBBS II; (d) qualitative research to examine the facilitators/barriers to PLHIV enrolling/being retained in HIV care and treatment services.
- SMART TA developed a request for application for funding **community-based operational research** in Vietnam.

#### Programmatic Strategies: Challenges

- The **articulation of priority research topics** involves strategic information specialists and program implementers across PEPFAR and GVN, necessitating time and delaying the introduction of these studies.

*Plans for Next Quarterly Period*

- Work with VAAC, PEPFAR and key stakeholders (including CoPC technical/programmatic representatives) to finalize list of FY12 priority research topics and make plan for initiation of research
- Articulate RFA process for community research grants (following finalization of priority research topics)

**Improve SI Coordination and Communications**

Inefficient coordination and communications between SI stakeholders and those implementing programs have hampered the effective use of SI in Vietnam.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 10 | SI Coordination and Communications Performance**

Performance Indicator/Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Number of annual epidemic bulletins and technical updates developed and disseminated in collaboration with GVN and stakeholders	4	1	1	1

*Programmatic Strategies: Achievements*

- FHI 360 worked with VAAC, UNAIDS and other key partners on the preparation of the **HIV epidemic overview section** in the national AIDS report to the United Nations.

*Programmatic Strategies: Challenges*

- FHI 360 has been in **discussions with VAAC** on the key dissemination areas which VAAC requires support. The discussion has taken time and affected the completion of the technical updates and epidemic bulletins referred to above.

*Plans for Next Quarterly Period*

- Work with PEPFAR, VAAC and others to identify topic for upcoming technical update and the process for preparation of this document

## II. Transition Financial, Administrative and Technical Ownership of CoPC Services

### Figure 3: SMART TA Objective 2 Interventions Strategy

SMART TA will incrementally transition all financial and technical responsibility for CoPC programming to GVN and CSO partners, based on systematic assessments of capacity, resources and effective implementation models that match local HIV epidemic needs. Three components underlie the transitioning process:

1. Preparing GVN and CSO partners for transition
2. Undertaking and supporting the transitioning process in targeted locales
3. Assessing the effectiveness and efficiency of transitioned services and providing technical assistance as per the needs of the implementing partners

#### 2.1 Prepare GVN and CSO Partners for Transition

In Year 1 of the program, the focus will be on understanding the GVN transitions “context” and preparing SMART TA GVN and CSO partners for transitioning, through the following interventions:

- Conduct comprehensive mapping and provincial analyses that provide a “snapshot” of CoPC implementation in targeted provinces; identify transitions priorities; and assess partner programmatic, technical and financial capacities
- Work with GVN and PEPFAR to prepare CoPC core and supplementary service packages and gain consensus on their use
- Work with VAAC and PEPFAR to establish and/or identify transitions oversight structures at the national and provincial levels which can help contextualize the transitions environment; outline transitions opportunities and challenges; and set transitions roadmaps at the national and provincial levels
- Make programmatic (direct implementation) efficiency gains of approximately 20% across all SMART TA-supported sub-agreements

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 11 | Transitioning Performance**

Performance Indicator/ Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Province CoPC reviews completed in SMART TA-supported areas	11 provinces by Q2	8 provincial consultations conducted	11 provincial consultations conducted	<b>11</b>
Provincial data interface created and used	Created, Q2	SMART TA provincial interface drafted		
CoPC core/supplementary service packages drafted with all relevant stakeholders	Drafted by Q4	Review of current interventions undertaken by FHI 360 technical teams	Preliminary service package drafts initiated	
PEPFAR working groups established and operational	Established by end of Q2		PEPFAR to lead development	
Transitions bodies established and operational	Up to 11 (throughout year)		PEPFAR and VAAC to lead establishment	
Sub-agreement efficiency gains made	20% across each sub-agreement	Sub-agreement efficiency gains/processes outlined in sub-agreement templates	Sub-agreement narrative and budgets drafted (operational in Q3)	

*Programmatic Strategies: Achievements*

- **Eleven provincial consultations** – in the Northwest Region (Lao Cai, Dien Bien); the North (Hanoi, Hai Phong, Quang Ninh and Nghe An); the Central region (Da Nang, Khanh Hoa), HCMC and the Mekong Delta region (An Giang and Can Tho) – were facilitated in collaboration with USAID/PEPFAR, Pathways and provincial health authorities. The consultations provided an opportunity to (a) consolidate and discuss CoPC interventions mapping data, with the intention of elucidating a “snapshot” of CoPC implementation across targeted provinces, irrespective of funding agency; (b) identify and discuss programmatic overlaps, inefficiencies, gaps and priorities in the provincial HIV response; and (c) foster and support collaboration across funding agencies and program implementers in HIV CoPC programming. Results from these provincial consultations were shared with all PEPFAR partners during a one-day consultation and later provided in hard copies.
- SMART TA, in collaboration with USAID, organized an one-day consultation workshop titled **“Know Your Systems – Furthering our Understanding of Key Systems in the Vietnamese Government.”** The objective of this consultation was to provide necessary information on how health care prioritization/financing/budgeting is carried out at both central and provincial levels. The workshop was conducted in Hanoi on 10 February 2012. Guest speakers were Madam Do Thuy Hang, Vice Director General of the Public Finance Department of the Ministry of Finance; Dr. Nguyen Hong Son from the Personnel Department of the Ministry of Health; and Dr. Hoang Van Ke – Former Vice Chairman of the Hai Phong People’s Committee. These guest speakers are high-ranking government staff and have great influence on personnel and financing issues for HIV programming in Vietnam.
- FHI 360 technical teams, together with the PEPFAR, have continued reviews of SMART TA-supported CoPC interventions in an effort to inform the preparation of **CoPC core/supplementary service packages**. SMART TA emphasizes three major components to advance this work: (a) collaboration with key partners to articulate the fundamentals of the service packages; (b) the establishment of processes and, where necessary, additional data collection, to ensure that the quality of services and patient outcomes are not significantly adversely affected by changes to the service model, and we can demonstrate the effectiveness and safety of the core package; and (c) the delivery of the core and supplementary service package across sites and provinces, as per the epidemic and resource realities of particular areas.
- SMART TA has drafted CoPC narratives and budgets that will be used as a basis for developing new **sub-agreements** with GVN and CSO implementing partners. These sub-agreements – that come into effect on July 1, 2012 – will differ from previous agreements in a number of substantial ways: (a) there will be greater focus on the broader provincial response; (b) sub-agreement time frames and reporting will be aligned with GVN processes; (c) sub-agreements will outline efficiency gains and/or processes for efficiency gains over time; and (d) sub-agreements will outline processes for development of core/supplementary CoPC service packages.

- SMART TA has begun consultations with CDC Lifegap and the CDC HCMC program to develop **harmonized transitioning strategies and to consolidate services** in targeted districts.

#### *Programmatic Strategies: Challenges*

- Together with PEPFAR and GVN, SMART TA continues to outline processes by which to identify or develop CoPC **transition oversight structures** at the national and provincial levels. The establishment of these bodies is crucial for (a) ensuring a consistent PEPFAR response (e.g. internal PEPFAR transitions working groups); and (b) fostering ownership of transitioning processes and troubleshooting issues that threaten the success of the initiative.
- Consolidation of services and the **transitioning of interventions** from one partner (e.g. SMART TA) to another (e.g. CDC Lifegap) may be premature and take time and energy from more important work, such as developing/trialing core service packages. Core service packages may stress different program elements and different implementers that will take time to actualize.

#### *Plans for Next Quarterly Period*

- Negotiation of new sub-agreements, which come into effect on July 1, 2012
- Preparation of draft CoPC core and supplementary service packages; at least 1 PEPFAR consultation to discuss CoPC core and supplementary service package components
- Work with PEPFAR to actualize internal transitions working groups and support the development/operationalization of national and provincial GVN coordination bodies
- Work with PACs and other relevant partners to prepare MoUs with targeted provincial People's Committees
- Work with USAID, CDC Lifegap and provincial partners to consolidate operation of FSW interventions in Can Tho, An Giang and Hai Phong

### III. Strengthen Technical Capacity and Country Ownership

#### Figure 4: SMART TA Objective 3 Interventions Strategy

SMART TA will strengthen technical capacity of the GVN to manage a coordinated and effective national HIV response. The Program will provide national GVN and CSO (particularly Pathways) partners with requisite financial, technical and administrative assistance to institutionalize knowledge and capacity building that enables them to deliver quality programs and services, and which ultimately facilitates the provision of local technical assistance. Strategic Objective 3 has three main components:

1. Assess capacity of targeted GVN and CSO partners and together identify technical assistance priorities
2. Provide tailored technical assistance to GVN and CSOs beyond PEPFAR-supported initiatives
3. Transition technical assistance capacity provision to local bodies, institutions and/or providers

#### 3.1 Access TA Capacity, Identify TA Priorities and Provide TA

While Vietnam's capacity to respond to HIV prevention, care and support, drug treatment and SI needs has grown substantially in the past 20 years, there remains significant gaps in ownership and provision of technical leadership and capacity building.

SMART TA will work with the GVN, Pathways and CSO partners, building their capacity to provide technical assistance and capacity building and promoting sustainable country ownership of HIV technical assistance over the medium to long term.

In the second quarter of SMART TA implementation, SMART TA partners have achieved the following results:

**Table 12 | TA Performance**

Performance Indicator/ Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
Number of technical capacity assessments undertaken		Initial technical assistance gaps articulated in 8 provincial consultations; plans for further technical capacity assessments planned for selected care and treatment sites	Initial consultations with HAIVN conducted; technical assistance calendars, tools and processes outlined for care and treatment	
Number of SMART TA-supported provinces with provincial annual TA plans		Process for articulating TA priorities to be outlined in new sub-agreements	Draft provincial TA plan template developed	
Number of implementing partners provided with minimum package of technical and management capacity development assistance	36	Care and treatment mentoring visits undertaken in 32 sites	24 sites	<b>32</b>
Number of Pathways-supported civil society organizations that received TA from SMART TA	5	SMART TA participating in selection of Pathways PLPs	5 PLPs selected	<b>5</b>
Number of health care workers who successfully completed an in-service training program	1000	Aggregated semi-annually	1055	<b>1055</b>
Number of community health and paraprofessional social workers who successfully completed an in-service training program	3000	Aggregated semi-annually	638	<b>638</b>
Number/type of coordinated TA provision		Processes discussed for coordinated care and treatment TA provision; coordinated NSP TA provided in Dien Bien	Clinical TA Google calendar implemented for SMART TA, HAIVN, CHAI and SCMS. Partners are updating TA schedules for next quarter	
Number of institutions that have received SMART TA technical assistance providing technical assistance to GVN or CSOs at the				

Performance Indicator/ Output	FY12 Target	Q1 Achievement	Q2 Achievement	SAR Totals
national, provincial or district levels				

#### *Programmatic Strategies: Achievements*

- As a member of the Pathways Project Advisory Committee, SMART TA was involved in the selection of five **Pathways Lead Partners (PLPs)**. SMART TA will work closely with these PLPs and Pathways to further articulate PLP workplans and support PLP capacity building efforts.
- SMART TA provided a number of **targeted capacity building measures** this quarter. In prevention, trainings/consultations focused on developing the safe and friendly pharmacy networks and providing technical support to UNODC's outreach ToT for drug use program peer educators. In HTC, SMART TA carried out basic and advanced training for 66 HTC and other specialized counselors (e.g. MMT, drug adherence). SMART TA's care and treatment program delivered 2 training courses in PMTCT for 82 Dien Bien OPC doctors, OB-GYN doctors and midwives and district/village health workers; and one training on basic ART adherence for 23 HCMC commune health staff. In Strategic Information, capacity building focused on quality improvement measures in care and treatment and DDM.
- SMART TA carried out **clinical mentoring visits** at the majority of SMART TA care and treatment sites during the past two quarters.
- SMART TA worked with VAAC, PEPFAR and other partners to **coordinate technical assistance** through the development of a standardized technical assistance provider form (which will be piloted in the upcoming quarter) and the introduction of a coordinated technical assistance calendar. SMART TA also continues to support HIVQual QI development and implementation of narrow set of indicator collection.

#### *Programmatic Strategies: Challenges*

- **Challenges in TA coordination** come from different methodological and management approaches to provision of direct technical assistance at sites and the fact that different organizations have different priorities in TA provision and also different evaluation priorities depending on the phase of their cooperative agreement. The participation of the different organizations to the joint scheduling of TA visits will be an indication of their commitment to this process.

#### *Plans for Next Quarterly Period*

- Meet formally with HAIVN during this quarter to finalize a collaborative framework for technical assistance at the provincial and site levels. The first component will be developing

a tool and a process for performing needs and capacity assessments at OPCs and at the provincial level.

- Work with KNCV to finalize the TB-HIV Component of the Provincial Capacity Building Plan and commence its implementation.
- Work with provincial counterparts to conduct more detailed care and treatment technical reviews in selected sites and in one entire province (e.g. Dlen Bien). These reviews will examine patient outcomes, care and treatment service delivery, and will inform aspects of the service delivery model and capacity building approaches.
- Articulate quarterly provincial CoPC TA priorities, as part of sub-agreement reporting guidelines. Such listings will be used to further coordinate and systematize TA provision in targeted provinces.
- Collaboration with Pathways and PLP partners to further articulate joint work plans on the provision of prevention technical assistance and PLP capacity building needs.

## PROJECT MANAGEMENT AND PERSONNEL REQUIREMENTS

FHI 360 informed USAID during this period that Stephen Mills, Chief-of-Party, will resign from this position and transfer to FHI 360's regional office in Bangkok, Thailand. FHI 360 will launch an international search for a replacement for this position and will submit to USAID a prime candidate (or a short list of prime candidates) for USAID review.

## INFORMATION ON COST OVER RUNS

Project spending is in line with SMART TA Quarter 2 expenditure targets.

## NEXT REPORTING PERIOD TA AND INTERNATIONAL TRAVEL PRIORITIES

FHI 360 has provided a listing of international TA and travel plans for SMART TA, which was approved by the AOR and Contracts Officer on March 22, 2012. Any changes or additions to this list will be submitted to the AOR and Contracts Officer for their approval and concurrence.

## SMART TA SUCCESS STORIES

### **1. Know your systems – a success story for health system strengthening**

Smooth and sustainable transition of HIV program planning, implementation and oversight from donor-supported programs to the Government of Vietnam (GOV) necessitates a solid understanding of the Vietnamese health system. To help build shared awareness and understanding among key players, FHI 360 collaborated with USAID to organize a one-day consultation workshop this past February titled: *Know your systems – Furthering our understanding of key systems in the Vietnamese Government*. The consultation aimed to provide important information on the health service and financial systems at both central and provincial levels, targeting over 80 senior staff from PEPFAR programs. Key, high-ranking guest speakers included Madam Do Thuy Hang, Vice-Director General of the Public Finance Department of the Ministry of Finance, Dr. Nguyen Hong Son from the Personnel Department of the Ministry of Health, and Dr. Hoang Van Ke, former Vice-Chairman of the Hai Phong Peoples' Committee.

Each of the key speakers helped to illuminate different facets of the health system. Dr. Son outlined the structure, functions, and management of the health system, from the central to grassroots levels. He provided specific information on the positions and roles of HIV/AIDS prevention and control players at all levels, and their relevance in HIV/AIDS planning. Madam Hang provided a comprehensive overview of the budgeting cycle, and the budgeting procedures for government agencies from central to local levels. The procedural discussion included details on budget plan preparation and health sector allocation, with recommendations on how best to advocate at each administrative level to mobilize more funds for HIV/AIDS programs. Mr. Ke helped attendants to deepen their understanding on budgeting cycles and procedures using a real-life case study from his city, Hai Phong. Participants worked in groups to address questions and concerns, and utilized the guest speakers to validate answers.

A rapid assessment following the workshop demonstrated positive results. Participants enjoyed the workshop and highlighted knowledge they had gained from the discussions. They requested additional workshops on related matters, including the health insurance system, health care fees, and essential medical commodities, equipment and materials. Based on this feedback, FHI 360 will look to develop more regional key player workshops.

### **2. Collaborative transition of leadership, planning, implementation and oversight: the Ho Chi Minh City experience**

Ho Chi Minh City has one of the highest HIV burdens in Vietnam. The leadership requirements in planning, implementation and oversight in this critical province are substantial, as are the resource requirements to address prevention, care and treatment needs. In the past decade, a number of donors and organizations have engaged with HCMC to respond to the epidemic. These have included United States government agencies (USAID, CDC and SAMHSA), the Clinton Foundation, the British Department for International Development (DFID), the World Bank, and the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). However, with recent developments including Vietnam's ascension to middle-income status and the global economic recession, donors are shifting priorities away from Vietnam. This shift has made the US Government-sponsored SMART TA program one of the most critical programs in the

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province to serve PLHIV. It has also increased the necessity for HCMC leadership to plan effectively, given limited resources.

As part of SMART TA, FHI 360 is collaborating with the US CDC to support the HCMC Provincial AIDS Committee (PAC) to take the lead in planning, implementation and oversight of continuum of prevention-to-care (CoPC) programs. This is particularly critical as donors transition out of the country. To ensure the approach is both sustainable and effective, FHI 360 has helped convene stakeholders in group and individual forums to address transition needs around specific themes, including advocacy, efficiency, sustainable quality, and capacity building.

Results are promising. The HCMC PAC has established a Planning and Management Steering Committee (PMSC, or Board) that will review and authorize critical transition steps needed to strengthen the health system and the CoPC, reduce reliance on international donor funding, and gather inputs from technical subcommittees. The Board includes the Vice-Chairman of the Peoples' Committee, Provincial Health leadership (heads of the PAC, personnel, finance, planning and technical departments), representatives from DOLISA, the Women's, Youth and Labor Unions, the Vietnam AIDS Association, the Ministry of Police, and other relevant local partners. In addition, the Board will also include representatives from USAID, FHI 360, CDC, the GFATM, and the World Bank.

The HCMC structure can serve as a model for other provinces to guide and oversee their transitioning efforts. During the coming months, SMART TA stands ready to provide any support needed to ensure that the Board is fully functioning and operational.