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**TB CARE I**

# **TB CARE I - VIETNAM**

**Year 1**

**Annual Report**

**March 30, 2011 – December 31, 2011**

**February 2, 2012**

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## **List of Abbreviations**

ACSM	Advocacy, Communication and Social Mobilization
APA	Annual Plan of Activity
CA	Cooperative Agreement
DTU	District TB Unit
HCMC	Ho Chi Minh City
MDR	Multi-drug resistance
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOPS	Ministry of Public Security
NTP	National Tuberculosis Control Program
OR	Operational Research
SA	Sub-Agreement
TB	Tuberculosis
TBIC	TB Infection Control
VAAC	Vietnam Administration AIDS Control
WHO	World Health Organization

## **Executive Summary**

On the basis of successful implementation of the TB CAP project over the period 2008 - 2010, on March 30<sup>th</sup> 2011 the TB CARE I project in Vietnam was awarded US\$ 4.03M, aiming to reduce the number of deaths due to TB by increasing access to timely and quality assured diagnosis and treatment of TB and MDR TB, with special attention to vulnerable groups (PLWHA, children, prisoners).

KNCV has the lead in this project. During this first year KNCV was the only implementing TBCTA partner, coordinating closely with the USAID mission and WHO, MSH and FHI, each having their own separate USAID funding in support of TB control in Vietnam. Given the size of the project, KNCV established a KNCV Vietnam Country Office at the request of USAID; presently having 5 full time staff.

Most project activities are mainly focused on the 9 provinces (out of a total of 63 in Vietnam) where, based on the National Strategic Plan 2011-2015, MDR diagnostic and treatment centers are being established. Some activities also include 4 high HIV prevalence provinces and the national level is involved especially regarding policy development and policy evaluation.

The KNCV Vietnam Country Office works in close collaboration with the National Tuberculosis Control Program of Vietnam, Tuberculosis and Lung Hospitals/MDR-TB centers and national and international NTP partners to ensure the technical approaches and strategies are harmonized and in line with NTP strategic development directions. The TB CARE I Project in Vietnam covers 8 technical areas, in line with the National Strategic Plan for TB control for 2011-2015, focusing on gaps that the NTP of Vietnam has difficulties to cover: universal and early access; laboratories; infection control; Programmatic Management of Drug-Resistant Tuberculosis (PMDT); TB/HIV; Health system strengthening; M&E, Operational research and surveillance; and ACSM.

While some project activities were seriously delayed by the signing and approval of a Cooperative Agreement (CA) between KNCV and the NTP, based on the good collaboration and goodwill of NTP and other partners and authorities, many project activities were implemented as planned and some results were achieved or are near completion.

### Universal and early access

TB in prisons: No project activities could be implemented in the prisons yet, due to the complexity of the coordination with MOPS. An exposure visit on TB and TB-HIV control in prisons for high level governmental officials (Social Affair Committee of the central Parliament, MOH, MOPS) on the topic of TB in prisons was prepared and is scheduled for February/March 2012 in Indonesia. The activity aims to expose, explore, and learn lessons from a model of integrated HIV/TB/MDR-TB service package in prisons; service linkages inside and outside prisons, especially the psychological/social/economic support to prisoners to continue treatment after release.

TB control in children: The NTP, with technical assistance by the TB CARE project, assessed the practice of management of TB children in Vietnam and reviewed the related NTP guidelines. Adjustments were proposed, in line with the latest WHO recommendations. Training materials were developed and presented at a workshop in Hanoi in October. In November the scientific council of the NTP adopted all recommendations, regarding drug dosage, IPT and diagnostic algorithms at district level for piloting in 2012. What is particularly new and noteworthy in Vietnam is that most pediatric TB can now be diagnosed and managed by general doctors in district hospitals without the need to refer to specialists in provincial hospitals.

### Laboratories

In 5 MDR TB treatment centers, laboratory renovation plans were made including designs and budgets, with technical support from the TB CARE I project; renovation contracts have been

awarded for 3 hospitals and the renovation work has started there. Contracts for the remaining 2 laboratories are expected to be awarded very soon under the extension of the project.

Following needs assessments regarding laboratory equipment in these 5 laboratories, tendering was done and contracts to purchase laboratory equipment with 7 suppliers have been negotiated and finalized for awarding (pending MOH approval of the cooperative agreement for the TB CARE I project (importation and tax exempt)).

Maintenance work for bio-safety aspects and equipment was carried out in 6 MDR TB laboratories which were upgraded under the TB CAP project: Hanoi, Danang, PNTN, Can tho and 2 national hospitals (NRL, K74). Under the project extension, TB CARE I will discuss with the NTP on continuous maintenance planning within the routine NTP budget.

GeneXpert implementation: Final decisions were made by USAID Vietnam Mission, TB CARE I and the partners in September on the GeneXpert implementation plan (3 phase-stepwise approach), quantification and site selection. Seventeen machines (2 TB CAP and 15 TB CARE I) and 7,500 cartridges (2,700 TB CAP and 4,800 TB CARE I) will be procured and they will be installed at 8 MDR treatment centers (8 provinces, 2 districts), 5 HIV clinics (provincial general hospitals) and 2 Pediatrics Hospitals. Due to the pending MOH approval (importation, tax exempt), 2 TB CAP machines and 2,700 cartridges were procured through the WHO procurement mechanism and have arrived in country in December 2011. A GeneXpert initial site assessment took place in 6 sites by NTP, VAAC, MSH, KNCV staff and the USAID Vietnam Mission early in October. A workshop to discuss and finalize the implementation plan, diagnostic algorithms, indicators for follow-up and the operation research protocol was organized in November 2011.

#### TB Infection Control

In 5 MDR treatment centres, renovation proposals (designs and estimated budgets) for MDR treatment wards were made with technical support by a TBIC consultant, who also provided on-the-job training to the national TBIC trainer group. The renovation proposals were approved by the local authorities/MOH according to Vietnamese construction regulations. Renovation contracts for 3 MDRTB wards were awarded in December and renovation has started. Contracts for the remaining 2 wards are expected to be signed very soon under the extension of the project.

A 4-step TBIC facility strengthening program (including training, facility assessment and planning, workshop to develop facility plans, implementation facility plans) was developed with TB CARE I technical assistance, including a training curriculum and training materials. A national TBIC trainer group was established which implemented this program in 4 provinces (Hanoi, DaNang, HCMC and Can Tho), resulting in the development of TBIC facility plans in 50 DTUs and HIV clinics. The implementation of these plans is expected in early 2012.

With technical support from a KNCV research consultant, a design was made for a national TBIC surveillance system, based on 4 indicators selected for routine data collection from provincial TB and lung diseases hospitals and the regional and national referral centers. The surveillance system should ultimately include all HCW in all health facilities in Vietnam; NTP will develop a detailed plan on how to achieve this.

#### PMDT

A TB CARE I consultant provided technical support on PMDT in the roll-out phase. Comments and recommendations were made during 2 missions in May and October 2011 to NTP central and local on different areas for commitment, programmatic management and organization; laboratory (performance and capacity); case detection strategy; case management (regimen, support, side-effects); drug management; human resource management; data management (R&R, e-TB Manager); infection Control and special Groups.

#### TB/HIV:

With TB CARE I Technical support, an assessment of learning needs on TB control among PEPFAR HIV partners was conducted. Based on this assessment NTP and VAAC will develop a training plan.

The baseline survey to measure TB diagnostic and treatment practices for PLWHA was delayed due to difficulties to define the research questions and the many stakeholders involved (VAAC, NTP, PHR, CDC, USAID and KNCV). During the last quarter of 2012 a first draft was produced.

Health system strengthening:

A start-up mission with NTP, VAAC and the MOH Personnel Department identified the steps to develop a human resource development plan for TB/HIV collaboration as follows: 1) Thorough analysis of the current HR situation regarding TB/HIV services, especially from community level up to provincial level, 2) Results can be used in the stakeholders workshop and writing process 3) Members of the working group/write group will be identified after the assessment of TB/HIV collaboration.

M&E, Surveillance and OR

The TB CARE I Project built capacity for operations research. TB CARE I provided technical assistance to ongoing studies and the design of protocols to evaluate the new TB CARE I supported interventions (like introduction of GeneXpert, the TB/HIV baseline survey etc.)

ACSM:

In the face of the funding gaps Vietnam faces for TB control, and the ongoing devolution of budgetary discretion to the provincial level, TB CARE I invested in advocacy for local fundraising. Three high level workshops were organized on TB and TB investment for parliament members of 9 provinces in the North-Western region, 16 provinces in the South Central and Highland regions, and the Red River Delta Region (17 provinces) with total participants of 264 people. Challenges and solutions for TB control activities in these areas were discussed and noted by parliament members at the provincial level and district level (for some selected districts of some provinces) with leaders of National Assembly's Committee for Social Affairs. Next year's provincial budgets will show the eventual success of this approach.

With laboratory development high on the agenda, this year 4 Technical Working Group meetings were organized for coordination, harmonization and information exchange between implementing partners of NTP on laboratory development. Participants were SNRL consultants, NTP partners and laboratory staff, KNCV, USAID, CDC, FHI staff and laboratory consultants from SNRL – Adelaide and Geneva. This was felt to be a very useful approach and will be expanded to other fields (TB/HIV, PMDT etc.) under the project extension.

## **Introduction**

The TB CARE I project in Vietnam aims to reduce the number of deaths due to TB by increasing access to timely and quality assured diagnosis and treatment of TB and MDR TB, with special attention to vulnerable groups (PLWHA, children, prisoners). KNCV has the lead in this project.

The TB CARE I Project in Vietnam has the following foundations: (i) the approval of the Work Plan by the USAID mission in Washington on 30 March 2011; (ii) a MOU dated October 2010 between NTP and KNCV, which describes the framework and scope of involvement of KNCV in TB control in Vietnam and allowing for the registration of KNCV as an international NGO, and the opening of its country office in Vietnam; (iii) a Cooperative Agreement (CA) between the Vietnam NTP and KNCV Tuberculosis Foundation on TB CARE I dated September 2011, laying down the framework and scope, procedures and responsibilities regarding TB CARE I for the period of 2010-2015) (iv) experience from the successful implementation of the TB CAP project 2008-2010 and 25 years of working experience in Vietnam by KNCV, the lead partner.

During this first year KNCV was the only implementing TBCTA partner, coordinating closely with the USAID mission and WHO, MSH and FHI, each having their own separate USAID funding for TB control in Vietnam. KNCV established a KNCV Vietnam Country Office, presently having 5 full time staff: the project director, one financial staff, one technical officer, one procurement officer and one administrative officer.

Most project activities are focused on the 9 provinces where, based on the National Strategic Plan 2011-2015, MDR diagnostic and treatment centers are established. These are Hanoi, Vinh Phuc, Thanh Hoa, Da Nang, Binh Dinh, Binh Thuan, Ho Chi Minh, Can Tho, Tien Giang. Four provinces with high HIV prevalence (Hai Phong, Quang Ninh, Dien Bien, and An Giang) are included in some activities. Activities at national level especially concern policy development and policy evaluation.

The KNCV Country Office closely works with the Vietnamese NTP, TB and Lung Hospitals/MDR-TB centers and (inter)national NTP partners like VAAC and NIHE to ensure the technical approaches and strategies are harmonized and in line with NTP strategic development directions. The TB CARE I Project in Vietnam covers 8 technical areas, in line with the National Strategic Plan for TB control for 2011-2015, focusing on gaps that the NTP of Vietnam has difficulties to cover: universal and early access; laboratories; infection control; Programmatic management of Drug tuberculosis; TB/HIV; Health system strengthening; M&E, Operational research and surveillance; ACSM.

Originally the TB CARE I project planned to follow the same successful implementation approach as used under TB CAP and preferred by the NTP, through subcontracting provincial TB hospitals and the NTP for local project implementation. When in late September 2011 this proved to be not possible under TB CARE I regulations, a different implementation modus was developed. Under this approach KNCV will directly implement all financial transactions, or subcontract NGO's or companies, not being the VN government, in accordance with TB CARE I /USAID rules, while collaborating closely with the national and provincial level NTP's and other partners.

In the absence of approved SAs from the MOH for implementation of TB CARE I in Vietnam, the NTP officially had asked to suspend TB CARE I for the period of 2 months (15 August – 15 October). In September a Cooperative Agreement KNCV/NTP TB CARE I was signed between NTP and KNCV HQ, formalizing the collaboration and implementation of the TB CARE I project. This is the legal document to approve of external aid for implementation of TB CARE I in Vietnam by the MOH. Because it took time before the modus operandi of TB CARE I was finally established, this ministerial approval was only obtained verbally in December 2011 in the MOH appraisal meeting for project implementation in Vietnam, final approval is expected in January/February 2012.

While some project activities were seriously delayed by this administrative issue, like the development of improved TB control in prisons (needing official collaboration with the Ministry of Police and Security) and procurement of equipment (for importation and tax exemption) and limited time remaining for implementation based on the good collaboration and goodwill of NTP and other partners and authorities, many project activities were implemented as planned and project implementation were achieved at 56%.

The total budget for Year I is 4,037,084 USD (March 30 to December 31, 2011). The Project disbursement by December 2011 achieved 27% spending. Additional, the committed amount for renovation contracts, maintenance contract, etc was more than 6% by the end of December.

## Universal and Early Access

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
(1.1)	Strengthening of integrated HIV/TB control services in prisons in project provinces	Access to TB services for prisoners in line with national guidance for TB control in prisons	Number of prisons in project provinces where HIV/TB services are provided in line with national guidance on TB control in prisons	0	1	0/1	Development of new approach was delayed, so no implementation could take place
			Number of TB cases notified in prisons	0	0	0	Collaboration with MOPS has not yet started, resulting in unavailability of data
(1.2)	Introduction of a new approach towards TB control in Children	Access to TB diagnosis, treatment and care in line with national guidance on TB in children	Numerator: Number of provinces where children have access to TB services in line with national guidance on TB control in children Denominator: Total number of project provinces	0/9	3/9	0/9	Piloting expected to start Q1 2012

			Number of TB cases notified in hospitals.	0	0	0	Data collection will begin after start of pilot
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## Key Achievements

### ***Achievements for expected outcome 1.1:***

No project activities could be implemented in the prisons. Nevertheless, TB CARE I has discussed with the NTP, HIV programs and the Ministry of Public Security of Vietnam (MOPS) to develop and implement a comprehensive TB\HIV intervention package in prisons.

As a first step a study tour for relevant stakeholders was prepared, to expose the high level governmental officers (NTP, HIV programs, MOPS, central parliament members, etc.) to a model of integrated TB/HIV/MDR care in prisons that links with civil society, especially the psychological/social/economic support to prisoners to continue treatment after release. The study tour has been scheduled for February/March 2012 in Indonesia.

### ***Achievements for expected outcome 1.2:***

The NTP, with TB CARE I technical assistance, assessed the practice of management of TB in children in Vietnam and reviewed the related NTP guideline. Adjustments were proposed, in line with the latest WHO recommendations. Training materials were developed and presented at a workshop in Hanoi in October. In November the scientific council of the NTP adopted all recommendations, regarding drug dosage, IPT and importantly a new diagnostic algorithm bringing diagnosis of most pediatric TB from the national\provincial level to the district level for piloting in 2012.

## Challenges and Next Steps

### ***Next steps for expected outcome 1.1:***

Delay occurred in communication with the MOPS and NTP on this issue, due to the non approved cooperative agreement for TB CARE I. We expect this to be resolved in February 2012.

### ***Next steps for expected outcome 1.2:***

During the first quarter of the next funding year the pilot is planned to start in 3 provinces. The pilot will focus on clinical diagnosis of pediatric TB at the district hospital level in uncomplicated cases with suspected TB, and on the use of IPT in young child TB close contacts that do not have suspected disease.

## Laboratories

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
(2.1)	Further development of the laboratory network for early diagnosis of drug resistant TB and adequate follow-up of treatment in 12 designated MDR laboratories	Number of laboratories at MDR treatment centers that have adequate biosafety conditions	Numerator: Number of culture labs with adequate safety conditions Denominator: Number of culture labs at MDR treatment centers	4/6	9/9	4/9	3 more laboratories are renovating, 2 additional ones are scheduled to start Q1 2012
(2.2)	Further development of the TB laboratory network to improve diagnosis of sputum smear negative PTB disease, and MDR TB, especially in HIV co-infected people in 10 provinces	Number of laboratories using GeneXpert in diagnostic algorithm for TB and MDR TB	Number of labs applying GeneXpert in diagnostic algorithm of (MDR)TB	0	15	0/15	2 GeneXperts were procured with TB CAP funds using the WHO mechanism, not installed yet
(2.3)	Quality implementation and evaluation of new techniques	Validation of new techniques under different settings (ex. HIV clinic, general hospital, TB clinic etc.)	Documentation re validation of new techniques at the site is available for each pilot site	0	15	0/15	After start of Xpert, scheduled for Q2 2012

### Key Achievements

#### ***Achievements for expected outcome 2.1:***

In 5 MDR TB treatment centers, laboratory renovation plans were made including designs and budgets, with technical support by the TB CARE I project; renovation contracts have been awarded for 3 hospitals and the renovation works have started there. Contracts for the remaining 2 laboratories are expected to be awarded very soon under the extension of the project.

The TB CARE I project negotiated contracts with 7 suppliers to purchase laboratory equipment, which are ready for signing (pending of MOH approval for TB CARE I project).

Maintenance work for bio-safety aspects and equipment was carried out in 6 MDR TB laboratories which were upgraded under the TB CAP project (NRL, K74, Hanoi, Da nang, PNTH and Can tho). Under the project extension TB CARE will discuss with the NTP on continuous maintenance planning within the routine NTP budget.

***Achievements for expected outcome 2.2:***

GeneXpert implementation:

2 TB CAP machines and 2,700 cartridges were procured through the WHO procurement mechanism and have arrived in country in December 2011. A GeneXpert initial site assessment took place in 6 sites by NTP, VAAC, MSH, KNCV staff and the USAID Vietnam Mission early in October. A workshop to discuss and finalize the implementation plan, diagnostic algorithms, and indicators for follow-up and operation research protocol was organized in November 2011.

Final decisions were made by USAID Vietnam mission, TB CARE I and the partners in September on the GeneXpert implementation plan (3 phase-stepwise approach), quantification and site selection. Seventeen machines (2 TB CAP and 15 TB CARE I) and 7,500 cartridges (2,700 TB CAP and 4,800 TB CARE I) will be procured and they will be installed at 8 MDR treatment centers (8 provinces, 2 districts), 5 HIV clinics (provincial general hospitals) and 2 Pediatrics Hospitals.

***Achievements for expected outcome 2.3:***

Validation of new techniques (GeneXpert) could not be done as the equipment was largely not yet available during the year. However protocols and forms for GeneXpert are being developed with TB CARE I support.

**Challenges and Next Steps**

***Challenges and next steps for expected outcome 2.1:***

Due to the pending approval of the TB CARE I CA with the MoH, procurement was delayed as described above. However all contracts can be signed as soon as MOH approval is given, expected in February 2012.

***Challenges and next steps for expected outcome 2.2:***

SOPs for the diagnostic algorithm with GeneXpert will be finalized. Training for lab technicians, managers, clinicians will be conducted in February 2012. The OR protocols will be finalized with the support of a TB CARE I consultant in close collaboration with stakeholders.

***Challenges and next steps for expected outcome 2.3:***

New techniques will be evaluated when the equipment is fully available and operational on site.

## Infection Control

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Comments
<b>(3.1)</b>	Capacity building in TB/IC	Well equipped national trainers group on TB IC	TOT for national trainers group took place and curriculum for training on TB IC is available	No	Yes	Yes	
<b>(3.2)</b>	TB IC measures in MDR treatment and HIV facilities implemented (HN, K74, TH, DN, BD, BT, HCMC, TG, CT)	Application of TB/IC measures in MDRTB treatment ward, TB and HIV facilities in project provinces	Number of TB and HIV facilities with adequate TB/IC measures	24/24	55/55	0/55	5 MDRTB treatment wards and 50 health facilities have adequate plans, implementation planned for 2012
<b>(3.3)</b>	TB/IC surveillance implemented	Application of R&R tools on TB/IC in TB and HIV facilities in project provinces	Numerator: number of TB and HIV facilities applying R&R tools on TB IC Denominator: Number of TB and HIV facilities in project provinces	0	1/10	0/10	The protocol and tools are under development, will be finalized Q1 2012

### Key Achievements

#### ***Achievements for expected outcome 3.1:***

TB-IC trainer group consists of NTP, NIHE, WHO and KNCV staff. Training curriculum and materials are available.

#### ***Achievements for expected outcome 3.2:***

In 5 MDR treatment centres renovation proposals (designs and estimated budgets) for MDR treatment wards were made with technical support by TBIC consultant, who also provided on the job training to the national TBIC trainer group. The renovation proposals were approved by the local authorities/MOH according to Vietnamese construction regulations. Renovation contracts for 3 MDRTB wards were awarded in December and renovation has started. Contracts for the remaining 2 wards are expected to be signed very soon under the extension of the project.

A 4-step TBIC facility strengthening program (including training, facility assessment and planning, workshop to develop facility plans, implementation facility plans) was developed with TB CARE I technical assistance, including a training curriculum and training materials. A national TBIC trainer group was established which implemented this program in 4 provinces (Hanoi, Da nang, HCMC and Can Tho), resulting in the development of TBIC facility plans in 50 DTUs and HIV clinics. The implementation of these plans is expected in early 2012.

***Achievements for expected outcome 3.3:***

With technical support from a KNCV research consultant, a design was made for a national TBIC surveillance system, based on 4 indicators selected for routine data collection from provincial TB and lung diseases hospitals and the regional and national referral centers. The surveillance system should ultimately include all HCW in all health facilities in Vietnam; NTP will develop a detailed plan on how to achieve this.

**Challenges and Next Steps**

***Challenges and next steps for expected outcome 3.2:*** Renovation work of 5 MDR TB wards will be finished early in 2012. TBIC facility plan in 50 DTUs and HIV clinics will be approved by NTP and implemented early in 2012.

***Challenges and next steps for expected outcome 3.3:***

The monitoring system ultimately will include all HCW in all facilities in Vietnam; NTP will prepare a detailed multi-annual plan on how to achieve this.

A first draft of an OR protocol with the primary aim to retrospectively investigate the association between (the level of) IC implementation in a HF and TB notification among HCW will be developed with the support by a TB CARE I consultant.

## Programmatic Management of Drug Resistant TB (PMDT)

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments	
				Y1	Y1		
4.1	Clinical management of MDR patients is harmonized among all treatment units	National clinical council meetings	Number of clinical council meetings per year, well documented and attended by all treatment sites	0	12	2/4	Monthly meetings were too frequent, meetings are now planned to take place quarterly

### Key Achievements

A TB CARE I consultant provided technical support to PMDT in the roll-out phase. The comments and recommendations concerned: 1) Commitment, programmatic management and organization; 2) Laboratory (performance and capacity); 3) Case detection strategy; 4) Case management (regimen, support, side-effects); 5) Drug management; 6) Human Resource management; 7) Data management (R&R, e-TB Manager); 8) Infection Control; 9) Special Groups.

### Challenges and Next Steps:

Laptops will be provided to MDRTB treatment centers in January 2012 for data collection and quarterly meetings (skype).

eTB manager will be further scaled up in all MDRTB treatment centers in order to ensure standardized and proper data collection and reporting, as well as second line drug management in 2012.

## TB/HIV

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments	
				Y1	Y1		
(5.1)	Assessment of access to care	Overview of access to TB care for HIV positive people	Availability of study report on access to TB care for HIV positive people	No	Yes	No	To be completed in APA 2
(5.2)	Capacity building for PEPFAR HIV partners on TB control	Training on TB for PEPFAR HIV partners	Number of people trained on TB	0	200	0	Training needs assessment was done, training scheduled for 2012

### Key Achievements

#### ***Achievements for expected outcome 5.1:***

The background for this study as well as potential research questions were discussed with PHR staff. Because of the multifactorial nature of this problem and because of different ideas of the different partners involved (VAAC, NTP, PHR, USAID and KNCV), the researchers from PHR have difficulties in defining the main research question. In November the TB CARE I research consultant provided input in the protocol development, to help PHR move forward.

#### ***Achievements for expected outcome 5.2:***

A TB CARE I consultant conducted an assessment of the learning need on TB control among PEPFAR HIV partners in September 2011. Training is planned for 2012.

### Challenges and Next Steps

#### ***Challenges and next steps for expected outcome 5.1:***

PHR staff will prepare a study framework and detailed protocol with TA by TB CARE I research consultant in Year 2.

#### ***Challenges and next steps for expected outcome 5.2:***

Training curriculum and materials for trainings will be developed by NTP and VAAC staff.

## Health System Strengthening (HSS)

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
				Y1	Y1	
(6.1)	Joint MOH TB/HIV HRD plan	Joint MOH HIV/TB HRD plan is being implemented	TB/HIV HRD plan strategies and main activities are incorporated into the MOH's 2012 annual plan	No	Yes No	Activity cancelled

### Key Achievements

A start-up mission with NTP, VAAC and the MOH Personnel Department identified the steps to develop a human resource development plan for TB/HIV collaboration as follows:

1. Thorough analysis of the current HR situation regarding TB/HIV services, especially from community level up to provincial level;
2. Results can be used in the stakeholders workshop and writing process;
3. Members of the working group/write group will be identified after the assessment of TB/HIV collaboration.

### Challenges and Next Steps

As requested by the USAID mission, this activity was cancelled because current time is possibly not right for developing a joint TB/HIV human resource development.

## Monitoring & Evaluation, Surveillance and OR

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Comments
(7.1)	Project M&E	Monitoring of project implementation	Number of bi-annual project review meetings held	0	2	0	
(7.2)	Evidence based approaches	Interventions are monitored and evaluated for effectiveness	Availability of TA visit reports describing progress and impact of strategies / interventions under the project	0	2	1	

### Key Achievements

#### ***Achievements for expected outcome 7.2:***

A TB CARE I consultant epidemiologist provided continued support to the NTP to build capacity for research in Vietnam including: 1) Xpert MTB/RIF implementation, monitoring and evaluation; 2) Tuberculosis infection control (TB-IC): indicators and operational research on impact; 3) Provide technical assistance on the currently running research projects with KNCV support; 4) Protocol to assess the effectiveness of LED-FM; 5) Assist PHR in developing a protocol for the evaluation of TB-HIV diagnostic and referral system; 6) To discuss other research and remaining issues by and in the interest of NTP.

### Challenges and Next Steps

#### ***Challenges and next steps for expected outcome 7.1:***

Once CA NTP\TB CARE I is formalized, regular project review meeting will be held with NTP and partners.

#### ***Challenges and next steps for expected outcome 7.2:***

Technical support research will continue in Year 2.

## ACSM

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Base line	Target Y1	Result Y1	Comments
(9.1)	Advocacy for local fundraising	Fundraising by members of parliament in SE regions	Number of SE regions organizing local fundraising workshops	0	4	4	
(9.2)	TWG for Coordination, harmonization and information exchange between implementing partners of NTP	Quarterly meetings of TWG on PMDT, TB/HIV and laboratory network development	Number of meetings per year of the 3 different TWG's with minutes and list of decisions	0	4	4	

### Key Achievements

#### ***Achievements for expected outcome 9.1:***

In face of the funding gaps Vietnam faces for TB control, and the ongoing devolution of budgetary discretion to the provincial level, TB CARE I invested in advocacy for local fundraising: three high level workshops were organized on TB and TB investment for parliament members of 9 provinces in the North-Western region, 16 provinces in the South Central and Highland regions, and 17 provinces in the Red River Delta Region with 264 total participants. Challenges and solutions for TB control activities in these areas were discussed and noted by parliament members at the provincial and district levels (for some selected districts of some provinces) with leaders of National Assembly's Committee for Social Affairs. Next year's provincial budgets will show the eventual success of this approach.

#### ***Achievements for expected outcome 9.2:***

In this year 4 technical working group meetings were organized. Since laboratory development is high on the agenda, 3 Technical Working Group meetings were organized for coordination, harmonization and information exchange between implementing partners of NTP on laboratory development. Participants were SNRL consultants, NTP partners and laboratory staff, KNCV, USAID, CDC, FHI and laboratory consultants from SNRL-Adelaide and Geneva.

### Challenges and Next Steps

#### ***Challenges and next steps for expected outcome 9.1:***

A workshop on TB and TB investment awareness for parliament members at central level is expected to be organized in 2012.