

VIETNAM FINAL REPORT

September 1997–September 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



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Final Report
for the
IMPACT Project
in Vietnam



September 1997 to September 2007



Vietnam Final Report

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By Family Health International

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GLOSSARY OF ACRONYMS

A ²	Analysis and Advocacy Project
ANE	Asia Near East Bureau, USAID
ART	Antiretroviral therapy
ARV	Antiretroviral
BCC	Behavior change communication
BSS	Behavioral surveillance survey
COC	Continuum of care
COHED	Center for Community Health and Development
DHC	District health center
FSW	Female sex worker
HCMC	Ho Chi Minh City
IBBS	Integrated bio-behavioral survey
ICEHA	International Center for Equal Healthcare Access
IDU	Injecting drug user
IEC	Information, education, and communication
INGO	International nongovernmental organization
MARP	Most-at-risk population
MOH	Ministry of Health
MOU	Memorandum of understanding
MSM	Men who have sex with men
NASB	National AIDS Standing Bureau
NCADP	National Committee for AIDS, Drugs and Prostitution Control
NGO	Nongovernmental organization
NIHE	National Institute for Hygiene and Epidemiology
OI	Opportunistic infection
OPC	Out-patient clinic
OVC	Orphans and other vulnerable children
PAC	Provincial AIDS Committee
PASB	Provincial AIDS Standing Bureau
PEPFAR	President's Emergency Plan for AIDS Relief
PHS	Provincial health service
PLHA	People living with HIV/AIDS
QA/QI	Quality Assurance/Quality Improvement
S-CODE	Center for Sustainable Community Development
STI	Sexually transmitted infection
TB	Tuberculosis
THC	Township Health Center
VCT	Voluntary counseling and testing

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EXECUTIVE SUMMARY

The IMPACT (Implementing AIDS Prevention and Care) Project, managed by Family Health International (FHI), is recognized by the Government of Vietnam for its direct technical assistance and its extensive contribution to capacity strengthening at national and provincial levels. As one of the first international nongovernmental organizations (NGOs) to work with the Vietnamese Government on HIV issues, IMPACT/Vietnam had the opportunity to assist the government with strategic information and implementation capacity building and development, including the entire prevention-to-care continuum.

When FHI was invited to Vietnam in 1998, there was a dearth of reliable data. Consequently, one of the first IMPACT/Vietnam contributions was to assist the government to appreciate, collect, analyze, and use data for policy and planning. In 2000, IMPACT/Vietnam provided technical and financial support for the Vietnamese government's first behavioral surveillance survey (BSS). Today, IMPACT/Vietnam-trained staff at the National Institute for Hygiene and Epidemiology (NIHE) lead integrated bio-behavioral surveys (IBBSs).

Concurrent with that first BSS seven years ago, IMPACT/Vietnam initiated prevention interventions injecting drug users (IDUs) and female sex workers (FSWs), populations who were practicing what the government termed "social evils." FHI was the first NGO to model outreach approaches for both populations by establishing drop-in centers under provincial health service management. With increased funding from USAID, IMPACT/Vietnam was also able to scale up and cover more provinces, while simultaneously developing similar targeted prevention and care programming for men who have sex with men (MSM) and clients of sex workers.

As the epidemic advanced and prevention and care needs increased, IMPACT/Vietnam's next challenge was assisting the government in establishing voluntary counseling and testing (VCT) sites and training HIV counselors. IMPACT/Vietnam takes pride in the fact that the first two and most well-attended sites and training centers in the country were supported by IMPACT/Vietnam. In all, 635 new Vietnamese counselors were trained.

In 2005, the President's Emergency Plan for AIDS Relief (PEPFAR) and the Vietnam Ministry of Health (MOH) planned to significantly scale-up HIV care and treatment across Vietnam, including the roll-out of antiretroviral therapy (ART) new to Vietnam. In partnership with district hospitals, IMPACT/Vietnam led the development of the continuum of care (COC) model for HIV care, treatment, and support. This model consisted of a system of linked facility, community, and home-based care for people living with HIV/AIDS (PLHA) and their families. The COC approach was adopted by the MOH and applied across the country. IMPACT/Vietnam also supported the MOH to develop HIV care and treatment policies, procedures, guidelines, and job aides to support the roll-out of ART.

By 2007, IMPACT/Vietnam and its partners counted many significant accomplishments:

- *Launch of a branded, innovative mass media and outreach initiative.* The campaign "Be a Real Man" focused on reducing commercial sex, and was a collaborative effort between IMPACT, the MOH, the Ministry of Culture and Information, the Youth Union, and provincial departments of health.

- *Analysis of the epidemic.* IMPACT/Vietnam partnered with Health Policy Initiative and Ho Chi Minh City Provincial AIDS Committee (PAC) to implement the A² Project, analyzing trends and characteristics in the HIV epidemic to inform strategic planning and resource allocation.
- *Provision of HIV care for those in need.* Through the COC, the project reached more than 5,000 PLHA and about 1,000 orphans and other vulnerable children (OVC) with essential HIV care, treatment, support, and prevention services.
- *Development of a national palliative care policy.* IMPACT/Vietnam supported the MOH to assess palliative care needs and develop national palliative care guidelines for people with HIV and cancer. The process included regulatory reform to increase access to opioids to treat pain and other conditions.
- *Introduction of ART.* IMPACT established the first integrated district hospital HIV outpatient clinic in Vietnam, managed the first shipment of US Government-funded antiretroviral (ARV) drugs into the country, and established the first US Government-supported ART site in Ho Chi Minh City (HCMC).
- *Development of an adherence support system.* IMPACT prepared an ART adherence counseling training curriculum, standard operating procedures (SOPs) and patient tools. This package was adapted and adopted by the MOH. By the end of the project it was used nationwide.
- *Development of case management for former IDUs.* IMPACT developed the first case management/addiction counselor network in Vietnam to assist with the reintegration of former IDUs released from rehabilitation centers in HCMC to their home communities. In the pilot phase, case managers were placed in four PEPFAR-focus districts. They provided addiction counseling, referral to services, relapse prevention services, and advocacy for former drug users, as well as providing them with links to other support services available in the community.
- *Assistance for pilot project on access to opioid-substitution therapy.* IMPACT provided advocacy, evidence, and institutional support to the MOH to approve a pilot project that incorporated methadone-substitution therapy for IDUs in Hai Phong. IMPACT/VIETNAM worked closely with other PEPFAR partners and the MOH to facilitate the implementation process. The first two sites in Le Chan and Hai An District are expected to be launched in September 2007.
- *Development of the Quality Assurance/Quality Improvement (QA/QI) system.* This system, was developed with IMPACT/Vietnam's implementing partners to assess and strategically improve the quality of IMPACT programs.

PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

In 1998, IMPACT/Vietnam opened a small office managed from the Asia Regional Office in Bangkok with two local staff and a part-time expat resident advisor. Because Vietnam was a non-presence country for USAID, the initial funding came from its Bureau for Asia and the Near East (USAID/ANE) and from funding for FHI's Asia Regional Program.

Project funding for FY 1997 through FY 2001 was \$3,426,197. In FY 2002, Vietnam received direct funding from USAID, which became a PEPFAR-focus country in 2005. Total funding for IMPACT/Vietnam was \$15,300,921. IMPACT/Vietnam implementation activities concluded at the end of September 2006, although operational costs were still incurred, as approved by USAID/Vietnam. Project activities during FY 2007 were funded through a separate USAID mechanism.

During its first few months of operation, IMPACT/Vietnam and local partners conducted assessments to determine the areas where IMPACT funds could best be employed. Throughout the nine years of IMPACT/Vietnam, the government was the primary partner, and the project had memoranda of understanding and partnership agreements with both national and provincial government entities. Few local NGOs operate in Vietnam, but IMPACT/Vietnam worked with these nascent organizations to the extent possible.

IMPACT/Vietnam's work initially focused on prevention interventions with those most at risk: FSWs, their clients, and IDUs. Over time, MSM became another focus of prevention interventions. A major change in IMPACT/Vietnam programming occurred when funding for care and treatment was made available. Integrated prevention and care programs became the norm, and target beneficiaries were broadened to include a much wider segment of the population—PLHA, their families, and caregivers; healthcare professionals; HIV counselors; and home-based care teams.

Country Context

Epidemiology

HIV/AIDS spread rapidly in Vietnam, from one HIV infection detected in December 1990 to the 116,565 cases officially reported 16 years later. Of these, 84.28 percent are reported to be males, and injection drug use accounts for 52 percent. Numbers cited of people living with HIV/AIDS range from 234,280 to 326,260, with an estimated figure of approximately 280,000 in 2006. Projections calculated by the MOH, with assistance from IMPACT/Vietnam, put the number at 311,500 by 2010. Using WHO criteria, the epidemic in Vietnam remains "concentrated," as it is below 1 percent of the general population.

Injection heroin use drives the HIV epidemic, and so does commercial sex. By October 2004, at least 60 percent of reported HIV/AIDS cases were due to injecting drug use. Drugs are in transit

from the coastal cities of Vietnam and South China to North America and Australia, making heroin widely available and inexpensive.

Epidemiology and behavioral data indicate that most-at-risk populations (MARPs) are IDUs, FSWs, MSM, and clients of sex workers. As of 2005, the Government of Vietnam estimates that there were 59,103 drug users in Vietnam, of whom a high proportion are thought to be injectors. The government also estimates that there are 30,000 FSWs, although it admits that the actual number may be many times higher.

The behavioral link between IDUs and FSWs is of greatest concern to IMPACT/Vietnam and the Government of Vietnam. According to the MOH, average HIV prevalence among sex workers is approximately 4.2 percent nationally, and infection levels are even higher in Hai Phong, HCMC, Hanoi, and Can Tho.¹ A high percentage of street-based sex workers also use and inject drugs—for example, 24.36 percent of FSWs in Hanoi are IDUs, according to the 2006 IBBS. Among those who inject drugs, about half to three-quarters had shared needles and syringes during the previous month.²

IDUs in Vietnam are young: their mean age is 19.5 in Quang Ning Province and 21 in Hanoi. Among reported HIV cases, there is a noticeable trend toward a younger average age. In 1994, approximately 10 percent of reported cases were people ages 15–24. Five years later, just over 40 percent of all newly reported HIV cases were found within this age group.

In Vietnam, HIV infection is detected through several means, including diagnostic procedures, counseling and testing services, serosurveillance programs, and blood-donor screening. HIV testing is compulsory for IDUs and FSWs in rehabilitation centers. Serosurveillance focuses on six target groups, including IDUs, FSWs, patients with sexually transmitted infections (STIs), tuberculosis (TB) patients, pregnant women, and new military recruits.

The Government of Vietnam's Response

The national response to the HIV epidemic began in 1987 with the establishment of the AIDS Prevention Committee within the MOH. Since then, institutional arrangements have been revised several times to enlarge administrative and programmatic functions and include other ministries and parastatal organizations such as the Vietnam Women's Union, the Vietnam Youth Union, and the Vietnam Red Cross. These organizations became focal points for planning and delivering HIV/AIDS-related services.

HIV/AIDS prevention is currently directed by the multisectoral National Committee for AIDS Prevention and Drugs and Prostitution Control (NCADP), which also functions as a coordinating body. Within the NCADP, there are three core members: the MOH; the Ministry of Public Security; and the Ministry of Labor, War Invalids, and Social Affairs. Within this structure is the Vietnam Administration of HIV/AIDS Control, the MOH department with which IMPACT/Vietnam worked most closely.

¹ UNAIDS, AIDS Epidemic Update, December 2005.

² National Committee for Population, Family and Children, 2002, reported in United Nations Country Team MDG Progress Report, 2003

Vietnam's HIV/AIDS National Strategy for 2005–2010 provides the vision and guidance for a comprehensive national response, and calls for the mobilization of the government, the Communist Party, and community-level organizations across multiple sectors. The strategy takes a progressive and proactive stance on reducing drug-related HIV transmission. It calls for efforts to diminish HIV/AIDS-related stigma, including delinking HIV/AIDS from such “social evils” as drug use and prostitution. The strategy encompasses nine action plans that cover behavior change communication (BCC), harm reduction, care and support, surveillance, monitoring and evaluation, access to ART, prevention of mother-to-child transmission, STI management and treatment, blood supply safety, HIV/AIDS capacity building, and international cooperation.

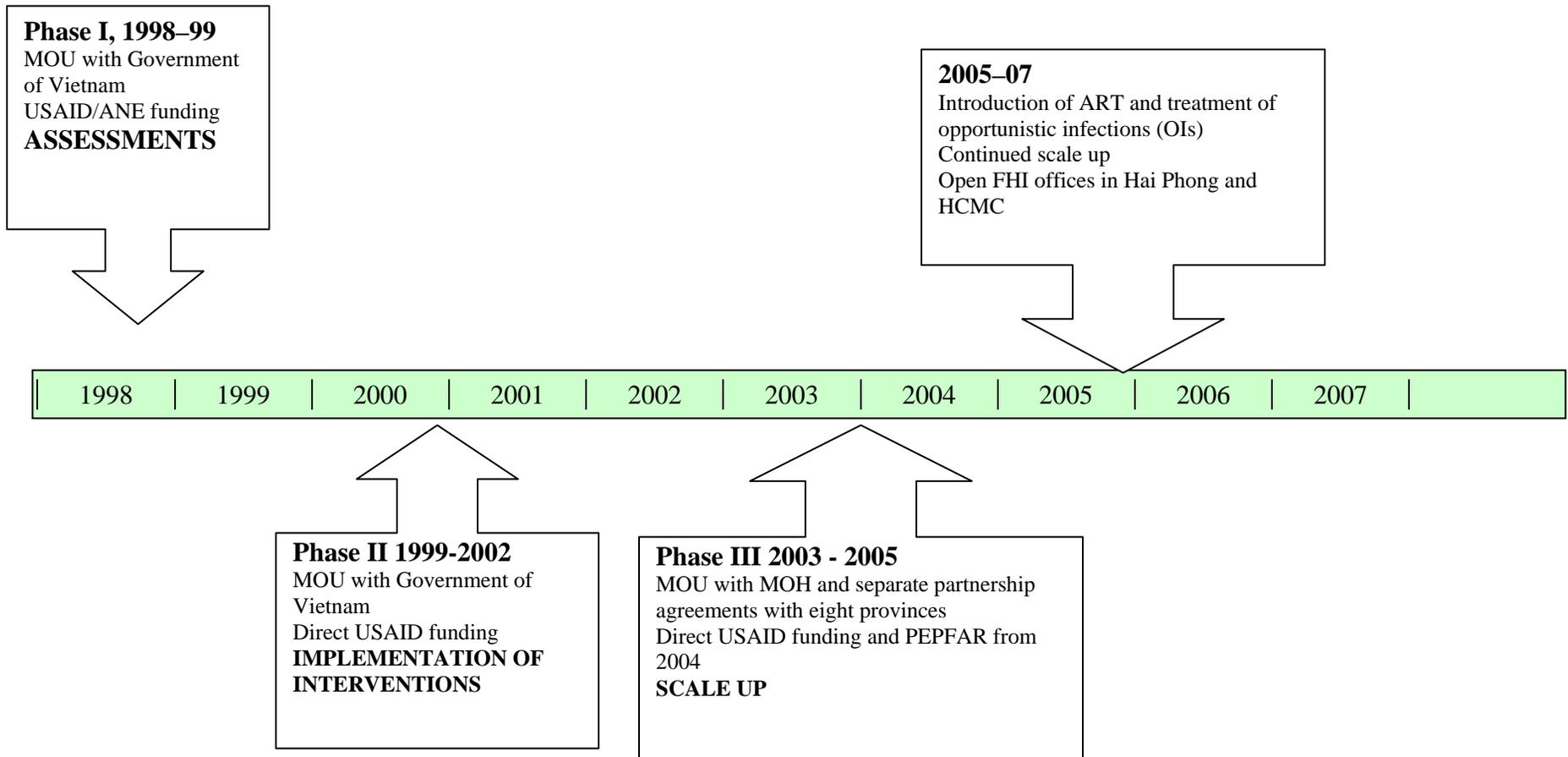
Implementation and Management

Vietnam was a non-presence country for USAID in 1998, when FHI was first invited in. Consequently, IMPACT began with funding from USAID/ANE through FHI's Asia Regional Program. The funding (totaling \$3,426,197) supported the project until direct funding from USAID began in October 2002. PEPFAR funding began in 2005. IMPACT/Vietnam opened its office with a staff of two and a part-time resident coordinator. By the end of the project, IMPACT/Vietnam had 44 staff members and offices in Hanoi and HCMC.

Initially, one of IMPACT's key strategies was to “promote a public health approach” to HIV/AIDS. This strategy was important for establishing a counterbalance to government thinking at the time, which held that HIV was attributable to “social evils,” and that the most appropriate prevention approach was to find and punish those who practiced behaviors such as prostitution and drug use. With time, however, the government relented. While control of “social evils” continues to be a governmental consideration, public health approaches now guide the overall strategy. With this positive change, IMPACT/Vietnam turned its attention to other programmatic gaps, such as the fact that financial resources and properly trained health workers continue to be in short supply in Vietnam's otherwise improving healthcare system.

(See also attachment 1.)

IMPACT/Vietnam Timeline



Program Objectives, Strategies, and Activities

From a small program that was focused on assessment and capacity building and funded by the USAID/ANE and managed from the FHI regional office in Bangkok in 1997, IMPACT/Vietnam grew to a multimillion-dollar, prevention-to-care program funded through PEPFAR. (See attachment 1 for details of IMPACT/Vietnam's expansion of strategies, activities, partners, and project sites over the nine-year period.)

Targeted prevention intervention: IDU strategic approaches and achievements

IMPACT/Vietnam's HIV prevention interventions for IDUs aimed to reduce HIV transmission among IDUs and other drug users and their sexual partners through the operation of drop-in-centers, community outreach work, and peer education, as well as drug addiction counseling services that were linked with existing VCT, home-based care, and ART services. With interventions in nine sites, 99 trained peer educators, 35 trained health educators, and 20 trained case managers, IMPACT/Vietnam reached a population of some 22,265 drug users by September 30, 2006.

IMPACT/Vietnam worked with its partners³ to provide integrated services that addressed the multiple issues faced by IDUs, including risk reduction, substitution therapy, drug addiction treatment, counseling, family therapy, and job placement. Collaboration with the US Centers for Disease Control, the UK Department for International Development, and other donors offering different services allowed for more effective programs and potential impact. One key piece of the program was the community peer outreach to drug users and their families that was integrated into the drop-in center services. By September 2006, the number of outreach contacts reached 22,979, and the number of visits to the drop-in centers surpassed 73,000. That meant that IMPACT/Vietnam had reached more than 60 percent of the estimated IDU in all nine sites with prevention information relating to both drug and sexual transmission of HIV.

The commitment of the peer educators and partner staff remained high throughout the project, and it was regularly reinforced through capacity building. For example, 16 training courses were conducted over five years that covered skills-building on outreach, drug-related HIV interventions, VCT, and drug-addiction treatment counseling. To ensure continuation and scale-up of drug-related HIV/AIDS interventions, IMPACT/Vietnam trained a team of national trainers who will be able to train future drug addiction counselors at other sites.

IMPACT/Vietnam's focus on care and treatment for IDUs led to other achievements. In Hai Phong, counseling services reduced drug-addiction-related problems and enabled drug users to lead drug-free lives. An even more ambitious undertaking was the initiation of a case management approach for IDU clients and their families. This approach provided emotional support, drug addiction treatment counseling, VCT, and primary healthcare services, all of which prepared the groundwork for the introduction of methadone substitution therapy and ART.

IMPACT/Vietnam piloted two new programs—a methadone treatment program in Hai Phong and a community reintegration/transitional program in HCMC. The reintegration program

³ The partners were the HCMC Provincial AIDS Committee, Hai Phong Provincial Health Service, Cam Pha Health Center, Van Don Health Center, Can Tho Provincial Health Service, An Giang Center for Preventive Medicines, and The Burnet Institute.

provided supportive services, such as support group and individual or family counseling, job placement, and housing assistance for IDUs released from government rehabilitation centers.

Targeted prevention intervention: MSM strategic approaches and achievements

With funding from PEPFAR, IMPACT/Vietnam broke new ground by focusing prevention and care interventions on MSM. Implementing a comprehensive program between 2004 and 2006, IMPACT/Vietnam sought to reduce HIV transmission among MSM and their sexual partners through the following strategies:

- advocacy with local authorities, stakeholders, and community people
- community peer outreach
- drop-in center services and activities
- increased access to “MSM-friendly” services for STIs, VCT, and HIV care and treatment through an integrated and linked services network
- improved availability and use of condoms and water-based lubricants
- capacity building for MSM to manage the program

With these strategies in mind, IMPACT/Vietnam signed a sub-agreement with the HCMC PAC in late 2003. IMPACT/Vietnam then conducted a formative assessment. The immediate next steps were: selection of peer outreach workers; development of the training curriculum; six-day training for peer outreach workers and drop-in center staff; development of MSM-focused information, education, and communication (IEC) prevention materials; the opening of the drop-in center; and, by May 2004, the start of active outreach.

The intervention in HCMC was greeted with enthusiasm by MSM and with great interest from local authorities, health workers, and international organizations. As a result, both UNESCO and the Ford Foundation asked to use the IMPACT/Vietnam-developed research protocol and training curriculum to start their own MSM-focused interventions. And although MSM issues were not yet mentioned in the National HIV/AIDS Plan, members of the National Assembly became actively interested and supportive. Significantly, the MOH’s 2005–06 IBBS (conducted with support from IMPACT/Vietnam) included MSM for the first time. IMPACT/Vietnam’s advocacy work also increased the interest of other provinces. As a result, IMPACT/Vietnam expanded similar MSM programs to Hanoi, Can Tho, and Khanh Hoa. In all cases, the implementing partners were governmental organizations.⁴

In less than two years, IMPACT/Vietnam helped bring MSM-prevention issues into the open, where they were publicly acknowledged by various officials and intervention specialists. By September 2006, this work had reached 13,225 MSM with HIV-prevention messages and had referred 1,244 to VCT and STI services. In addition, 34,240 IEC materials had been disseminated and 14,126 condoms distributed. Trainings were also conducted. From these, 121 project staff directly benefited, including 68 peer outreach workers, 13 health educators, 21 counselors, four club managers, and four project assistants. The program also oriented 25 service providers and 20 STI physicians to MSM issues.

Coverage also increased—it reached 40 of 44 sites in HCMC, 35 of 35 sites in Can Tho, 30 of 48 sites in Hanoi, and 38 of 40 sites in Khanh Hoa as of September 2006.

⁴ The implementing partners were the Provincial AIDS Committee and Binh Thanh Health Center in HCMC, the STD/HIV/AIDS Prevention Center in Hanoi, Provincial Health Service and Provincial AIDS Center in Can Tho, and the Center for Health Education and Communication in Khanh Hoa.

IMPACT/Vietnam’s comprehensive approach set it apart from other MSM interventions in Vietnam. While peer outreach was a staple in many HIV prevention programs, it was still rare in Vietnam to find outreach combined with a drop-in center that provided both STI and VCT services, such as the Blue Sky Club in HCMC. Even rarer was the cadre of “MSM-friendly” physicians who IMPACT/Vietnam identified and trained so that MSM could have access to well-trained and understanding doctors in many areas of the city.

The design of this male health program required and delivered integrated and linked services. From the peer outreach (friendship, education and awareness, IEC distribution, condom and lubricant distribution, and referrals) that linked with the drop-in center services (psychosexual counseling, edutainment, socializing, and referrals) to services (STI clinics, VCT, outpatient clinics for OI/ART, home-based care services, and PLHA peer support groups), MSM were assured a friendly welcome.

Targeted prevention interventions: FSW and male partners, strategic approaches, and achievements

IMPACT focused on risk-reduction interventions for FSW and their male partners from the earliest days of its work in Vietnam. The approach of in-depth prevention and behavior change interventions, targeted to both FSW and their potential clients, created a synergy that helped to make safer sex negotiation the norm. Initially, IMPACT/Vietnam worked with the Can Tho Provincial Health Service to create the women’s health club, a drop-in center for FSWs that provided health education, STI and primary healthcare services, as well as relaxation and child care areas. Trained peer educators reached out to the FSW community and encouraged them to consider the women’s health center as their own.

As the sex workers learned about safer sexual practices, it was important that clients also gain a similar appreciation. Consequently, the Provincial Health Service undertook a multifaceted men’s ABC intervention,⁵ comprising peer education in local factories, motorcycle and shoeshine “educators” who distributed information, and the well-known “condom tunnel”— the two-mile stretch of road leading directly to a brothel area. A series of billboards, banners, poems, and artwork urging condom use lined this “tunnel,” and men who reached the end of it were met by parking-lot attendants who further emphasized the message. Once in restaurants, bars, and karaokes, potential FSW clients were often treated to street theater productions with the now common theme of safer sex. The aim was to sensitize prospective clients to safer sex issues and change social norms.⁶

⁵ ABC is abstinence, be faithful, and condom use. The intervention was based on the HIV/AIDS prevention approach in Uganda.

⁶ The aim was similar in the barbers’ communication program in Hai Phong, which trained outdoor barbers and provided them with communication tools to discuss HIV and other sexual health matters with men in their barber chairs. The barbers are credited with “normalizing” the discussion of HIV and sexual health. No longer were STIs just a medical issue, and men didn’t have to go to a doctor to get information. Rather, since nearly all men get haircuts, discussion of sexual issues in public became normal.

An Enthusiastic Response to Health Information in Entertainment Venues

IMPACT/Vietnam staff had extensive experience working with peer educators and outreach workers, and they were well aware of both the knowledge and skills needed to help the new health promoters. However, they were also aware that approaching men at entertainment venues might be problematic. Men looking forward to a night of fun and laughter with their friends may not welcome talking to a health promoter about abstinence, faithfulness, or use of condoms.

To help them think through the problem, IMPACT/Vietnam enlisted the help of insurance salesmen—people whose jobs require that they make “cold calls” to strangers and quickly get their messages across. These professionals trained the health promoters on how to approach their “target,” how to engage them in friendly conversation, how to bring up a sensitive topic, and how to deal with difficult situations.

Though the health promoters learned the lessons well, they found that the major issue was ending the conversation, rather than approaching patrons or initiating conversations. Nearly 100 percent of men approached wanted to continue conversations and ask questions. They were eager to learn more about HIV and other STIs under these informal and friendly conditions. Although this was ultimately a positive response, health promoters did not have time to reach as many men as they wanted to each night. The project then brought the insurance salesmen back to provide more training. This time, they demonstrated how to exit gracefully, leaving the men wanting more information and knowing where they could get it.

Experiences from the FSW program in Can Tho became the inspiration for IMPACT/Vietnam’s expansion, which included five drop-in centers (women’s health clubs) in five provinces by the end of the project. The emphasis on capacity building of health educators, peer outreach workers, and club managers remained a key aspect in all of IMPACT/Vietnam’s work, and consisted of both formal lifeskills training and onsite mentoring. Counseling and testing services were added in two provinces. Implementing partners included the provincial women’s unions, as well as provincial health services. With their regular supportive supervision, the number of contacts soared, reaching 30,158 FSW in 67,307 contacts as of September 2006

Male client interventions also changed over time. Given the nature of the epidemic in Vietnam, they began to focus on men thought to be at higher risk than general factory workers or men getting haircuts or their shoes shined. The revised strategy, undertaken by the Vietnam Youth Union in four provinces, used health promoters who reached out to potential male clients at entertainment establishments and sites, where “mobile men with money” often congregate. The health promoters educated, entertained, made referrals to government VCT sites, and promoted the dedicated hotline for men. In less than two years, these 37 well-trained health promoters contacted 11,429 potential male clients at high-risk venues and distributed more than 24,000 BCC materials.

Recognizing that no single approach could provide the coverage needed to change attitudes and behaviors, the work of the health promoters was complemented by the mass-media campaign “Live Like a Real Man.” It was an important component of IMPACT/Vietnam’s overall program, targeting men at high risk of becoming infected with HIV through sexual transmission. The program, based on extensive qualitative formative research, included a three-pronged

communication strategy of integrated mass media, small media, and interpersonal communication.

The campaign encouraged men to be more thoughtful about sexual decisionmaking, peer pressure, and unsafe sex. Positive decisionmaking was modeled in TV, radio, and print ads that showed groups of friends making responsible decisions and promoting healthy behaviors among their peers. “Saying no to risky sex means saying yes to protecting yourself and your loved ones” was one campaign slogan. The multifaceted media plan included air time for TV and radio spots on both national and provincial channels and print ads in newspapers with high male readership. A write-in contest encouraged men to share their thoughts about men’s responsibilities, and postcards based on the print ad images were distributed by the health promotion outreach teams, along with other support materials distributed to entertainment establishments. The mass media campaign also emphasized messages promoting abstinence and faithfulness.

Care, treatment and support interventions: Strategic approaches and achievements

IMPACT/Vietnam, with PEPFAR and USAID support, worked in partnership with government district hospitals, PLHA groups, the Women’s Union, and NGOs to implement outpatient clinical care, including ART, TB and HIV adherence support, psychological care, and HIV case management. Assistance for orphans and other vulnerable children and with home-based care and self-care support was also provided. IMPACT/Vietnam also provided national-level technical assistance and support to develop a national palliative care policy and guidelines; ART clinical guidelines, job aids, and adherence protocols; a plan of action on care and treatment; and multiple training curricula.

Subagreements were designed around seven overarching strategies and the need to develop the following:

- A COC service system, including the development of COC coordination committees and a functioning referral system.
- A “one-stop” out-patient clinic (OPC), where many of the essential services needed by PLHA are located at one site. The OPC was to be the hub of the COC, linking all other needed services to PLHA and families.
- Home-based care services with teams, mostly based in the OPC.
- Active involvement of PLHA, including development and nurturing of PLHA support groups.
- Close links with TB diagnosis and treatment services.
- Community involvement and multisectoral approach for OVC care, income-generating activities, and spiritual support.
- Linkages with prevention services and integration into existing healthcare facilities.
- Partnerships with other international NGOs and local organizations.

Highlights: Palliative care

Palliative care included in-patient, out-patient, and home-based care. IMPACT/Vietnam supported district health centers (DHCs) to provide HIV clinical care services for adult and pediatric PLHA in HIV OPCs, which were integrated into an existing DHC services linked to community- and home-based care services.

Clients of HIV OPC services received confidential clinical care and counseling, including health checkups; free laboratory services, including CD4 count; TB screening and referral; inpatient care support; diagnosis and management of OIs; Cotrimoxazole prophylaxis; and nutrition and psychological support. PLHA were involved in the development and staffing of the clinics and home-based care services. Their visible and active involvement contributed to the high level of client satisfaction regularly reported.

Community-level care included regular home-care follow-up for all PLHA who requested home services, the establishment and support of PLHA support groups, nutrition and self-care counseling, spiritual guidance, and harm reduction assistance for IDU with AIDS. Home-care and PLHA groups worked with health center staff and linked with the DHC for clinical supervision, coordination of supplies, and reporting.

The project also established and supported PLHA groups at several sites. PLHA and their supporters received training in self-care, healthy positive living, nutrition, spiritual guidance, and harm reduction. In several sites, this was supported by case managers who provided support for PLHA and their families and linked them with available services. IMPACT/Vietnam developed curricula for HIV case management and home-based care training. In partnership with PLHA, IMPACT/Vietnam also developed a self-care manual that is now used throughout the country by PLHA and their family members, home-based care teams, and OPC staff.

COC coordination committees provided leadership and coordination to the clinical and home-based care services. These committees had a multisectoral membership, and met regularly to discuss comprehensive HIV service delivery in their district. They identified gaps in service and supported strong linkages and referral between services in a district.

IMPACT/Vietnam supported the development of seven outpatient clinics and multiple home-based care teams across the six focal provinces. As of September 2006, this work had reached approximately 5,941 PLHA with palliative care services. General HIV-related palliative care training was conducted for 1,625 individuals, and general HIV-related palliative care was provided by 63 service outlets and programs—seven outpatient clinics and 56 home-based care services.

In 2005, IMPACT/Vietnam and other US Government partners supported the MOH to conduct a situational analysis in preparation for the development of national palliative care guidelines. The assessment involved more than 400 healthcare workers, PLHA, and opinion leaders from five provinces. IMPACT/Vietnam assisted the MOH in developing and disseminating National Palliative Care guidelines and subsequently aided in implementing the guidelines.

Highlights: Palliative care/TB

In Vietnam, TB services were provided by the vertically directed National TB program—Isoniazid prophylaxis was not permitted. IMPACT/Vietnam was not able to directly support or implement treatment and prevention of TB programs. Therefore, IMPACT/Vietnam's strategy was to improve the care and treatment of HIV and TB co-infection by supporting the referral of all PLHA for both free screening of TB and for the clinical management and treatment of PLHA with TB. Mentoring and on-the-job training was provided to ensure that both ART physicians and TB physicians have the appropriate level of knowledge and can manage HIV and TB co-infection. Home-care teams supported the TB program and assisted with adherence for both ART and TB medication.

As of September 2006, IMPACT/Vietnam-supported programs had referred 700 PLHA for screening and clinical management of TB and had trained 240 health workers in HIV-TB co-infection.

Highlights: OVC

By linking with many partners,⁷ IMPACT/Vietnam could provide a variety of care services for vulnerable children. Through the Women's Union and the home-based care teams, assistance was provided for:

- nutrition, healthcare, and material needs
- future planning and counseling for parents and caregivers
- therapeutic play and group activities
- reduction of stigma and discrimination

IMPACT/Vietnam established a number of family-centered OPCs where health workers, alongside home-based care teams, provided pediatric HIV clinical care in the form of health check-ups, management of OIs, and ART, where appropriate. Psychological support and case management were also important aspects of this care. Strengthening referral and linkage specifically for families, children, and infants to the relevant community, district and provincial services was a priority in these sites.

Support groups for HIV-positive mothers focusing on self-care and care for their infected or affected children were developed, as was a program involving Buddhist pagodas for care, support, and protection of OVC. As of September 2006, 929 children were receiving OVC care, while 245 people had been trained to provide such care. Four service outlets and programs provided general HIV-related palliative care for children.

Highlights: ART

ART was provided by six outpatient clinics in DHCs that also provided clinical care, TB treatment, and support services to PLHA. These district outpatient services were integrated into existing DHC service (except in HCMC, where the PAC implemented a model of stand-alone HIV day-care centers). By September 2006, 1,004 individuals had been provided with ARV drugs through PEPFAR, and another 561 through other sourced ARV drugs. IMPACT/Vietnam trained 345 health workers to provide ART services.

Eligibility for ART was based on clinical criteria, as set out in the draft national guidelines. PLHA underwent an extensive six-week ART readiness process which consisted of three group education sessions and three individual counseling sessions. These participatory sessions involved the adherence counselor working with the client to identify barriers to adherence and ways of overcoming them. Following the commencement of ARV, a client saw the adherence counselor on a regular basis. Home-care and PLHA groups worked with health center staff to promote ART adherence. Adherence aids, such as pill boxes, calendars, and ART literacy materials, were provided.

⁷ Vietnam Ministry of Health, Vietnam Women's Union, MCNV, NAV, Hanoi Fatherland Front, UNICEF, and Clinton Foundation

PLHA—Visible, Empowered, and Influential!

When FHI invited a few PLHA from their support groups to attend a COC satellite symposium at the 2nd National HIV-AIDS Conference in HCMC, they expected no more than 30 to attend. But word spread, and the satellite session was packed with more than 350 people of whom fully one-half were PLHA. After the satellite presenters spoke, the floor was opened for questions. Many PLHA had the opportunity to ask questions and voice their fears, frustrations, and real-life experiences. Many asked the MOH leaders about access to health services and questioned the quality of services they receive. Many told stories of horrific stigma and discrimination. It was a sobering moment for the service providers and policymakers present, but an extremely important milestone that empowered PLHA and gave them a voice.

Similarly, in March 2006, the FHI SBC unit conducted training for television journalists. In one session, two PLHA told stories of being “near death” and without hope. They told the audience how their lives had changed since being on ARV drugs and part of a community of caring providers at the out-patient clinic. They described feeling well and happy, and loving life. They described their feelings of responsibility for other PLHA and how involved they are in volunteer work to help others. The journalists listened avidly, and when the PLHA gave them a quiz about ART, the journalists realized that they knew very little. The PLHA were the experts!

“My family was preparing for my death. I had no reason to continue my life anymore. My body weight was only 24 kg. But, at that very moment, my family heard about and brought me to the out-patient clinic in Binh Thanh. Doctors, nurses, and staff saved my life with love, care, and sympathy. I am now alive and weigh 50 kg. No words can express my sincere thanks and gratitude.” — ID400

“At Binh Thanh OPC, I was greeted and treated as a patient who really needed help and guidance. The nurse, doctor, and even the cleaner guided me about the procedures. They listened and answered my queries and eased my worry about the disease. There is really no discrimination for me here at the OPC. Now, I feel better and my CD4 is increasing. I am now a volunteer, helping patients who come to the OPC. I also do outreach and support. Once my friend was depressed and wanted to go to Mai Hoa Centre to live until he leaves this life. However, my support helped him stop that intention, and he now accepts that he is positive and he follows the treatment.” - ID171

IMPACT/Vietnam provided adherence counseling training for teams of adherence counselors, pharmacists, doctors, PLHA volunteers, and home-based care team members. Training for healthcare workers was extensive, and was supported by practicum sessions, on-the-job training, clinical mentorship, and study tours. IMPACT/Vietnam’s model of adherence was adopted nationwide and the MOH asked IMPACT/Vietnam to develop the adherence counseling section of the national ART training curriculum.

Highlights: Counseling and testing

With funding from PEPFAR through USAID, IMPACT/Vietnam supported VCT programming and services beginning in 2003. As of September 2006, IMPACT/Vietnam had served 16,449 clients, 23 percent of whom were HIV positive. IMPACT/Vietnam provided counselor training for many organizations, including Global Fund recipients, hospitals, and NGOs, and trained 815 people using the VCT training curriculum developed by the project. IMPACT/Vietnam also developed VCT client-management software, a VCT Quality

Assurance/Quality Improvement (QA/QI) system,⁸ and numerous materials used in VCT settings.

The aim of IMPACT/Vietnam counseling sites was to provide high-quality services that were integrated with other services. The VCT sites were successful in reaching this objective, and served as internship, study tour and training sites for other organizations. Bach Mai Hospital in Hanoi and the anonymous testing site in HCMC were particularly well-known as training sites. Other IMPACT/Vietnam-supported counseling services were in Hai Phong and Quang Ning.

Strategic information interventions: Strategic approaches and achievements

From its early days in Vietnam, IMPACT supported the MOH and provincial AIDS authorities to collect, analyze, and use strategic information to inform their decisions. Beginning in 1999, IMPACT/Vietnam supported the MOH to undertake a BSS.

The first BSS was soon underway, with technical and financial assistance from IMPACT/Vietnam. Since then, the National Institute of Hygiene and Epidemiology (NIHE), IMPACT/Vietnam's early partner, has been the focal point for the expanded IBBS conducted in seven provinces. And IMPACT/Vietnam continued to provide capacity building until the end of the IMPACT Project.

IMPACT/Vietnam's strategic information unit supported the government in a variety of ways:

- In addition to supporting NIHE for the IBBS, IMPACT/Vietnam, in partnership with the POLICY Project and the East-West Center, worked with local organizations and NIHE to interpret epidemiologic and behavioral data to better formulate policy responses that led to improved prevention, care and treatment interventions (the A² Project).
- IMPACT/Vietnam supported international training of government staff to strengthen their knowledge and skills in strategic information, including use of models developed by Constella Futures.
- IMPACT/Vietnam supported the government's efforts to calculate and publish HIV/AIDS estimates and projections for 2005–10.

Additionally, IMPACT/Vietnam's strategic information unit provided other evaluation-related services: enhanced evaluation of ART and an evaluation of the men's mass media campaign. The enhanced evaluation of ART not only monitored the health of individuals over time, but also quality of life indicators and risk behavior. This evaluation was a cohort study of individuals on ART in project sites in Binh Thanh and District 8 clinic in HCMC. The men's mass media campaign was evaluated by tracking responses to a hotline and by a follow-up survey of men in four major cities that measured their exposure to the campaign.

⁸ The Quality Assurance/Quality Improvement (QA/QI) system includes a checklist to document issues such as facility standards, staff management, filing system, universal precautions, confidentiality, and education materials available. Other elements of the system are a mystery client program and telephone follow-up after each supervisory visit.

Program Results

IMPACT/Vietnam's achievements over nine years have been many and varied. Highlights include

- establishing the first ART sites in the country in 2005
- establishing two VCT sites in 2002 that have become national models and training sites
- establishing the first prevention interventions and drop-in centers for IDUs in 1999
- providing impetus and technical assistance for the first BSS in 2000
- scaling up from four provinces to seven provinces—IDU interventions from two to eight sites; VCT from two to six sites; care and treatment from zero to five sites; and services for MSM from one to three sites

Program and service outputs are very numerous, given the 124 subagreements and other funding arrangements (task orders, contracts and rapid response funds) and 48 implementing partners over nine years.

Program Outputs

Attachment 1 provides a comprehensive list of publications, presentations, reports, studies, prevention and care support materials, and media products, such as quality assurance checklists, prevention and motivation IEC materials, and materials for patients and caregivers.

The following are some of the notable publications produced:

- Self-care Manual for PLHA
- First- and second round BSS publications
- Reaching Men who Have Sex with Men in Ho Chi Minh City: Sexual Identities and HIV-Prevention Opportunities
- Behind the Pleasure: A Study of Decision-Making by Men About Commercial Sex in Urban Areas of Vietnam
- I've Tried to Quit But Can't: Drug Use Networks in Hai Phong and Cam Pha
- HIV Integrated Bio-Behavioral Surveillance in 7 Provinces
- Lessons Learned from the FHI/IMPACT Project (1998–2003)
- Introduction to HIV Care and ARV Drugs Curriculum for District Health Center Staff
- Community and Home-Based Care Training Package
- ART Fact sheets
- A Thirst for Life: Video from Binh Dinh 05-06 Center Intervention with PLHA and IDU.

Since the first days of IMPACT/Vietnam, capacity building for local organizations and individuals had been a primary focus. All major activities—prevention, care, and treatment—included initial training, refresher and reinforcement training, and ongoing mentoring and supportive supervision. Additionally, with the assistance of FHI's Asia Pacific Department, this work was presented at international meetings and seminars.

By September 2006, the number of people trained in prevention was more than 5,400, in VCT over 800, in palliative care over 1,600 and in ART nearly 350. And over the course of the IMPACT Project, the number of Vietnamese who benefited from formal and informal training

and mentoring opportunities, study tours, conferences, and self-learning materials was much higher.

These opportunities included

- VCT training
- various strategic information trainings (sampling, protocol development, East-West Center, estimates and projections, interviewing, analysis, A²)
- peer education and outreach worker training, including life skills training, communication training, and outreach skills for FSW, MSM, IDU, and health educators
- STI training for formal-care providers and pharmacists
- ART training for clinicians
- home-based care training
- training for journalists
- training for Vietnamese military officers.

Service Outputs

By the end of the IMPACT Project, the estimated number of individuals reached with mass media promotion of abstinence (A) and being faithful (B) was 18,000,000.

The following main indicators are accumulated from the beginning of the IMPACT Project until September 2006.

Program area	Cumulative to Sept. 2006
Prevention/abstinence and being faithful	
Number of individuals reached through community outreach promoting A and B	749,261
Number of individuals trained to promote HIV prevention through A or B	1,127
Prevention/other behavior change (IDU, MSM, FSW, partners of MARPs and others/general)	
Number of individuals reached through <i>community outreach</i> that promotes HIV prevention through other behavior change (beyond A or B)	303,296
IDUs	22,265
FSWs	30,158
MSM	13,225
Others (sex partners of MARPs, mobile)	237,648
Number of people trained to promote HIV prevention through other behavior change beyond A or B	2,816
Counseling and testing	
Number of individuals who received counseling and testing and received their test results	16,449
Number of individuals trained in counseling and testing	815
Palliative care (including TB/HIV care)	
Number of individuals provided with general HIV-related palliative care	5,941
Number of individuals trained to provide HIV palliative care services	1,625
ART	
Number of individuals who ever registered and received ART	1,574
Number of health workers trained to deliver ART services	345

Orphans and vulnerable children	
Number of OVC served by OVC programs	929
Number of providers/caretakers trained in caring for OVC	245
Strategic information and others	
Number of individuals trained in strategic information	909
Number of individuals trained in HIV related capacity building	679

Outcomes: IBBS

In 2005-06, NIHE and IMPACT/Vietnam conducted IBBS among MARPs in Quang Ninh, Hai Phong, Da Nang, HCMC, An Giang, Can Tho, and Hanoi, with funding from PEPFAR. This consisted mainly of HIV/STI and risk-behavior data from IDUs, FSW, and MSM in Hanoi, Hai Phong and Quang Ninh. The results of the IBBS reveal a positive contrast to a 2001 BSS; although sampling and methodology between the two may affect the comparison, they suggest that risk behaviors have reduced in several sites and that HIV may be stabilizing or decreasing.⁹

Sample figures comparing 2001 BSS data and 2005-06 IBBS data

- In 2001, needle-sharing among IDUs in Hai Phong was 23 percent; in 2005, it was 6 percent.
- In Da Nang among FSWs, consistent condom use with one-time clients jumped from 54 percent to 91 percent.
- In Hanoi and Hai Phong among FSWs, consistent condom use with one-time clients jumped 43 percent and 50 percent, respectively.
- In Hanoi and Hai Phong, injecting FSWs reporting needle-sharing in the previous month dropped 42.6 percent and 43.9 percent, respectively.

But the figures still bear concern. The IBBS data as a whole indicate that HIV prevalence among IDUs was the highest of all groups measured and varied across provinces. IDUs were also still engaged in high-risk sexual behavior. The IBBS also found inconsistent condom use and drug injection among FSWs, and over 10 percent were HIV-positive in five out of seven areas surveyed. MSM demonstrated higher rates of STIs and multiple risks, and HIV prevalence among them was still 5 percent in HCMC and 9 percent in Hanoi.

While the IBBS pointed to increased coverage of intervention programs, there was still room for improvement, since over three-quarters of PLHA in high-risk population groups did not know they were HIV-positive.

⁹ Because the BSS in 2001 and the IBBS in 2005–06 were methodologically different in several respects, comparisons between the two should be viewed with discretion. While the former was solely a behavioral survey, the latter requested blood samples from respondents (and sometimes urine samples, depending on the population group). Furthermore, the sampling frames of the two surveys were constructed using different method; this may have affected the final characteristics of each sample.

LESSONS LEARNED AND RECOMMENDATIONS

Over nine years, lessons—large and small—were incorporated into the expanding IMPACT program in Vietnam. The practices that IMPACT/Vietnam established and were instrumental in its success are the following:

1. Fully Engage National and Local Authorities in all Phases of Implementation

- In 1998, USAID-funded cooperating agencies were still new in Vietnam and considered somewhat suspect by the government for historical reasons. The HIV epidemic was not yet fully appreciated or understood in the country, and, therefore, IMPACT/Vietnam spent considerable effort to inform and sensitize government and community leaders. The process of gaining trust and respect of the government was a lengthy process and was repeated with each new partner. IMPACT/Vietnam also had to adopt new budgeting and operating mechanisms since its major partners were government agencies and not NGOs.
- Working with national leaders was the first step toward gaining trust and ensuring collaboration. For the first three years of the project, the national AIDS authorities had a subagreement allowing them to monitor all IMPACT/Vietnam-supported projects. This gave them the opportunity to become actively involved in the program and see first-hand IMPACT/Vietnam implementation approaches in action. It also provided IMPACT/Vietnam the valuable opportunity to learn, listen to, and appreciate the government's concerns.
- In addition to national-level authorities, it is crucial to involve the local community. In the early phase of IMPACT's work in Vietnam, the proposed interventions were perceived as potentially disruptive by local leaders. For example, harm reduction with IDUs, opening drop-in-centers for sex workers, and de-stigmatizing PLHA were new ideas that were not initially accepted in most communities. It is imperative that community authorities and members are invited to be part of the project team, philosophically, physically and emotionally. Continuous discussion and open-minded consideration of all ideas and needs are necessary. Communities are only as accessible and involved in any sensitive HIV/AIDS project as far as their local authorities feel comfortable. When the authorities invest in the work, the community reduces its opposition and successful projects can break new ground!

2. Ensure Adequate Human Resources

- Capacity building is key to successful implementation, and HIV programming generates the need for new skills in technical and program management areas (such as planning, community outreach, STI management, pharmacist information, IDU counseling, healthcare services, data collection, and analysis). HIV prevention and care are long-term needs, and the requisite skills in these new areas must be created within the local community. NGOs must take their training and skill-building responsibilities very seriously; they must provide formal training, on-the-job training and mentoring, state-of-the art curricula, self-learning materials, refresher/reinforcement opportunities, supportive supervision, and community access to international meetings. Capacity building requires a conscious commitment, ample financial resources, and a considerable amount of time.

- The human resources of an organization providing technical and programmatic support must be adequate. As a program expands, human resources must be expanded proportionately to ensure that needed monitoring and technical support is provided to implementing partners.

3. Ensure Integrated Care, Treatment, Support, and Prevention Services

- The design of the male health program illustrates successful integrated services. Peer outreach activities provided friendship, education and awareness, IEC materials, condom and lubricant distribution, and opportunities for referrals to services. The peer outreach service was closely linked with the drop-in center, which provided psychosexual counseling, edutainment, and other opportunities for referrals. Both the peer outreach activity and the drop-in center were closely linked to services: STI clinics, VCT sites, outpatient clinics for OI/ART, home-based care services, and PLHA peer-support groups.
- In some subprojects, IMPACT/Vietnam integrated STI services, VCT services, and outreach/health education activities into the same drop-in center location. In other subprojects, IMPACT/Vietnam integrated HIV services into existing government healthcare facilities, thus building the capacity of MOH staff and avoiding duplication of services. In all cases, IMPACT/Vietnam ensured that necessary complementary referral services for prevention, care, support, and treatment were available.
- Linkages with other donors and organizations are critical to supplying all necessary services. Where IMPACT/Vietnam could not support a necessary and complementary service such as needle exchange, the project would link and collaborate with other donors.
- Active PLHA involvement in the development and staffing of clinics and home-based care services contributes to an appropriate, friendly and satisfying service.

4. Involve Families, Communities, and Professionals in Risk-reduction Interventions for IDUs

- Drop-in centers provide a venue for peer outreach and community building among IDUs. The participation of family members at drop-in centers can strengthen understanding, support, and community.
- A professional case manager for IDU clients and their families can provide emotional support, drug addiction treatment counseling, VCT, and primary healthcare services.

HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

No.	Implementing Partner	Programs/Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates		Remarks
								From	To	
HAI PHONG										
1	Hai Phong Provincial Health Service (PHS)	Drop-in center for harm reduction project in Hai Phong	Government agency	Hai Phong	IDUs	62,633	Prevention	15 Aug 00	31 Dec 02	Completed
2	Haiphong PHS	Communication campaign	Government agency	Hai Phong	Street barbers	47,913	Prevention	1 May 00	31 Jul 02	Completed
3	Hai Phong PHS	STD skills training	Government agency	Hai Phong	Private practitioners (e.g.: pharmacists and drug sellers)	20,944	Prevention	1 May 00	31 May 01	Completed
4	Hai Phong PHS	IDU intervention in Hai Phong	Government agency	Hai Phong	IDUs	105,625	Prevention	15 May 03	31 Oct 05	Completed
5	Hai Phong PHS	Men's intervention in Hai Phong	Government agency	Hai Phong	Men at risk	107,790	Prevention	1 Jun 03	31 May 05	Completed
6	Hai Phong PHS	Care and support in Hai Phong	Government agency	Hai Phong	PLHA and families	81,863	Care and treatment	15 Aug 04	30 Jun 06	Ongoing
7	Hai Phong PHS	Women's intervention in Hai Phong	Government agency	Hai Phong	FSWs	49,962	FSWs	1 Nov 04	30 Jun 06	Ongoing
8	Hai Phong PHS	VCT in Hai Phong	Government agency	Hai Phong	MARPs	21,790	VCT services	1 May 05	30 Apr 06	Ongoing
9	Hai Phong Youth Union	Men's Health Project in Hai Phong	Government agency	Hai Phong	Men at risk	20,861	Prevention	15 Dec 06	30 Jun 06	Ongoing
10	Hai Phong PHS	IDU intervention in Hai Phong	Government agency	Hai Phong	IDUs	22,175	Prevention	1 Nov 05	30 Jun 06	Ongoing
11	HCMC PAC, Hai Phong PHS, and Hanoi Provincial AIDS Standing Bureau (PASB)	Assessment for mass media campaign targeting men at risk		Hanoi, Hai Phong, HCMC	Men at risk	16,519		1 Jan 05	30 May 05	Completed

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates		Remarks
								From	To	
HANOI										
12	DKT (an international NGO)	Condom social marketing for HIV/AIDS prevention for IMPACT targeted provinces	INGO	Hai Phong, Quang Ninh, Hanoi, Can Tho, Binh Dinh, Dong Nai, Tay Ninh, Quang Tri	General population	475,227	Prevention	3 Jan 00	30 Jun 02	Completed
13	National AIDS Standing Bureau (NASB)	BSS in Vietnam, round I	Government agency	Hanoi, Hai Phong, Da Nang, HCMC, Can Tho	IDUs, street-based SWs, karaoke-based SWs, long-distance truck drivers, migrant workers	74,851	Surveillance	1 May 00	31 Dec 00	Completed
14	NASB	BSS in Vietnam, Round II	Government agency	Hanoi, Hai Phong, Da Nang, HCMC, Can Tho	IDUs, street-based SWs, karaoke-based SWs, long-distance truck drivers, migrant workers	80,160	Surveillance	15 Jul 01	31 May 02	Completed

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates		Remarks
								From	To	
	HANOI									
15	Hanoi PHS	Men's Intervention in Hanoi	Government agency	Hanoi	Male mobile population	17,639	Prevention	1 Mar 02	30 Apr 03	Completed
16	DKT	HIV/AIDS prevention	INGO	Hai Phong, Can Tho, HCMC, Hanoi, Quang Ninh, Thai Binh, Binh Dinh, Dong Nai	MARPs	499,225	Prevention	1 Jul 03	31 Aug 05	Completed
17	Center for Community Health and Development COHED	Home care training	Local NGO	Hanoi, Hai Phong, Thai Binh, HCMC, Can Tho	PLHA and families	106,696		1 Jul 03	30 Jun 05	Completed
18	Burnet Institute	Community outreach skills training for health educators of IDU Intervention Project in Hai Phong	INGO	Hai Phong	IDU	13,158		20 Jan 05	8 Feb 05	Completed
18	Hanoi PAB	Men's Intervention in Hanoi	Government agency	Hanoi	Men at risk	96,358	Prevention	5 Jan 04	31 Dec 05	Completed
19	Bach Mai Hospital	VCT Center at Bach Mai Hospital	Government agency	Hanoi	MARPs	98,283	VCT Services	15 Aug 02	30 Apr 05	Completed

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates		Remarks
								From	To	
	HANOI									
22	NIDV	Strengthen STI Management in Vietnam	Government agency	National	NA	49,928	Policy	23 Mar 05	30 Jun 06	Ongoing
23	MCNV	Community-based Care and Support for Seropositive Mothers and Newborns	INGO	Hanoi	Seropositive mothers and newborns	142,626	Care and treatment	21 Mar 05	30 Jun 06	Ongoing
24	Bach Mai Hospital	VCT Center at Bach Mai Hospital	Government agency	Hanoi	MARPs	45,200	VCT services	4 May 05	30 Apr 06	Ongoing
25	MOH	Supporting capacity building and project management and coordination	Government agency	National	Stakeholders	119,189	Capacity building	11 Apr 05	30 Jun 06	Ongoing
26	Hanoi Women's Union	Women's health intervention in Hanoi	Government agency	Hanoi	FSWs	49,736	Prevention	15 Sep 05	30 Jun 06	Ongoing
27	STDs/HIV/AIDS Prevention Center	Male sexual intervention in Hanoi	Local NGO	Hanoi	MSM	73,073	Prevention	12 Apr 05	30 Jun 06	Ongoing
28	Center for Sustainable Community Development (S-CODE)	Enhancing the national response to prevent HIV/AIDS in Vietnam	Local NGO	Hanoi	NA	50,895	Capacity building	7 Sep 05	30 Jun 06	Ongoing

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates <i>From To</i>		Remarks
HANOI										
29	Burnet Institute	Reducing risk of HIV transmission amongst IDU, and improving the quality of life of PLHA in Vietnam	INGO	Thanh Hoa, Bac Giang, Hanoi	IDUs	293,430	Prevention	1 Jun 05	30 May 06	Ongoing
30	Vietnam Nurse Association	National palliative care guidelines development project	Government agency	National	Stake holders	38,418	Care and treatment	25 Aug 05	30 Jun 06	Ongoing
31	Hanoi Youth Union	Men's health project in Hanoi	Government agency	Hanoi	Men at risk	21,770	Prevention	15 Dec 06	30 Jun 06	Ongoing
32	Hanoi Buddhism Association	Buddhist's involvement in care and support for PLHA in Hanoi	Government agency	Hanoi	PLHA	13,023	Care and treatment	3 Jan 06	30 Jun 06	Ongoing
33	PATH US	HIV/AIDS home-care manual pretest	INGO	Hai Phong, HCMC	NA	12,000	Capacity building	4 Apr 05	6 May 05	Completed
34	Save the Children US	Assistance for designing a national campaign targeting high-risk men in Vietnam	INGO	Hai Phong, HCMC	Men at risk	1,500	Research	4 Apr 05	13 May 05	Completed

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates		Remarks
								From	To	
HANOI										
35	Howard Delafield	Technical assistance for mobile youth intervention in Thai Binh	Private sector	Thai Binh	Men at risk	13,762	Prevention	15 Oct 03	30 Sep 05	Completed
36	Hanoi PASB	Social event on WAD '04	Government agency	Hanoi	General population	4,996	Prevention	20 Dec 04	19 Jan 05	Completed
37	Community Health Development Organization LIGHT	Counseling hotline for IMPACT/Vietnam-supported media campaign and other men's interventions in Vietnam	Local NGO	Hanoi	Men at risk	11,797	Prevention	15 Mar 06	31 Aug 06	Ongoing
QUANG NINH										
38	Cam Pha Township Health Center (THC)	Drop in center for IDUs (Friendship Club)	Government agency	Cam Pha, Quang Ninh	IDU	49,778	Prevention	15 Aug 00	30 Jun 02	Completed
39	Quang Ninh PHS	BCC communication campaign	Government agency	Quang Ninh	Men at risk	38,224	Prevention	1 Jun 01	31 Jul 02	Completed
40	Cam Pha THC	IDU intervention in Cam Pha, Quang Ninh	Government agency	Cam Pha, Quang Ninh	IDUs	59,787	Prevention	15 May 03	30 Jun 05	Completed
41	Cam Pha THC	Treatment, care, and support in Cam Pha, Quang Ninh	Government agency	Cam Pha, Quang Ninh	PLHA and families	52,622	Care and treatment	8 Jul 05	30 Sep 06	Ongoing

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates From To		Remarks
QUANG NINH										
42	Cam Pha THC	IDU Intervention in Cam Pha, Quang Ninh	Government agency	Cam Pha, Quang Ninh	IDUs	30,372	Prevention	8 Jul 05	30 Jun 06	Ongoing
43	Van Don District Health Center (DHC)	IDU Intervention in Van Don, Quang Ninh	Government agency	Van Don, Quang Ninh	IDUs	29,844	Prevention	1 Jun 05	30 Jun 06	Ongoing
44	Mong Cai THC	VCT in Mong Cai, Quang Ninh	Government agency	Mong Cai, Quang Ninh	MARPs	22,850	VCT services	1 Jun 05	31 May 06	Ongoing
45	Van Don DHC	Care, support and treatment in Van Don, Quang Ninh	Government agency	Van Don, Quang Ninh	PLHA	33,093	Care and treatment	3 Jan 06	30 Jun 06	Ongoing
THAI BINH										
46	Thai Binh Provincial AIDS Standing Bureau (PASB)	Mobile Youth Intervention in Thai Binh	Government agency	Thai Binh	Mobile youth	93,359	Prevention	15 Oct 03	30 Sep 05	Completed
47	Thai Binh PASB	Women's Health Intervention in Thai Binh	Government agency	Thai Binh	FSW	44,424	Prevention	1 Jun 05	30 Jun 06	Ongoing
HUE										
48	Nordic Assistance to Vietnam	Community support for PLHA and OVC in Hai Phong	INGO	Hai Phong	PLHA, orphans and other vulnerable children	11,859	Care and treatment	1 Mar 05	30 Jun 06	Ongoing

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates		Remarks
								From	To	
KHANH HOA										
49	Khanh Hoa PHS	Male sexual health intervention in Khanh Hoa	Government agency	Khanh Hoa	MSM	25,014	Prevention	6 Feb 06	30 Jun 06	Ongoing
BINH DINH										
50	Binh Dinh PASB	Binh Dinh 05-06 Campaign	Government agency	Binh Dinh	MARPs	34,548	Prevention	15 Jul 00	31 Jul 02	Completed
51	Binh Dinh PASB	Communication Campaign	Government agency	Binh Dinh	MARPs	37,169	Prevention	15 Jul 00	30 Aug 01	Completed
52	Binh Dinh PASB	Binh Dinh Men's Campaign	Government agency	Binh Dinh	Men at risk	37,619	Prevention	15 Jul 00	31 Jul 02	Completed
53	Binh Dinh PASB	STD skills training in Binh Dinh province	Government agency	Binh Dinh	Private practitioners (e.g., pharmacists and drug sellers)	20,797	Prevention	1 Dec 01	31 Dec 02	Completed
54	Magic Threes Int'l Consulting	Technical assistance for making a documentary film on PLHA in Binh Dinh Province	Private sector	Binh Dinh	PLHA	18,084	Prevention	21 Sep 05	26 May 06	Ongoing
55	Binh Dinh Television and Broadcasting Agency	Documentary film on people living with HIV/AIDS (PLHA)	Government agency	Binh Dinh	PLHA	4,963	Prevention	15 Aug 05	20 May 06	Ongoing

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates		Remarks
								From	To	
HO CHI MINH CITY										
56	HCMC PAC	Men's intervention in HCMC	Government agency	HCMC	Men at risk/MSM	185,269	Prevention	3 Nov 03	30 Jun 06	Ongoing
57	HCMC PAC	Anonymous testing site in HCMC	Government agency	HCMC	MARPs	85,360	VCT	5 Jan 04	30 Jun 06	Ongoing
58	HCMC PAC	Care and treatment in Binh Thanh and Dist. 8, HCMC	Government agency	HCMC	PLHA and families	208,897	Care and treatment services	1 Sep 04	30 Jun 06	Ongoing
59	HCMC PAC	Women's intervention in HCMC	Government agency	HCMC	FSW	112,938	Prevention	1 Nov 04	30 Jun 06	Ongoing
60	HCMC PAC	Training and research Center in HCMC	Government agency	HCMC	Stakeholders	40,964	Capacity building	4 May 05	30 Jun 06	Ongoing
61	HCMC PAC	VCT integrated with care and support in Thu Duc, HCMC	Government agency	HCMC	PLHA and families	63,445	Care and treatment, VCT services	8 Jul 05	30 Jun 06	Ongoing
62	HCMC PAC	Men's health project in HCMC	Government agency	HCMC	Men at risk	24,070	Prevention	15 Dec 06	30 Jun 06	Ongoing
63	HCMC PAC	VCT integrated with women's intervention in HCMC	Government agency	HCMC	MARPs	16,183	VCT services	15 Aug 05	30 Jun 06	Ongoing

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates From To		Remarks
HO CHI MINH CITY										
64	Stormeye Creative Communication	Media placement for the media campaign targeting at-risk men in Vietnam	Private sector	Hanoi, Hai Phong, HCMC, Can Tho	Men at risk	390,886	Prevention	1 Nov 05	30 Jun 06	Ongoing
65	Stormeye Creative Communication	Development of media campaign targeting at-risk men in Vietnam	Private sector	Hanoi, Hai Phong, HCMC, Can Tho	Men at risk	109,162	Prevention	20 Oct 05	30 Jun 06	Ongoing
CAN THO										
66	Can Tho PHS	Women's health club	Government agency	Can Tho	FSWs	55,714	Prevention	15 May 00	31 Dec 02	Completed
67	Can Tho PHS	Intervention to support men	Government agency	Can Tho	Men at risk	48,224	Prevention	15 May 00	30 Sep 01	Completed
68	Can Tho PHS	STD skills training	Government agency	Can Tho	Private practitioners (e.g., pharmacists and drug sellers)	11,980	Prevention	15 May 00	31 Jul 01	Completed
69	Can Tho PHS	Men's intervention in Can Tho	Government agency	Can Tho	Men at risk	148,663	Prevention	1 Jun 03	31 May 05	Completed
70	Can Tho PHS	Women's health club and peer outreach in Can Tho	Government agency	Can Tho	FSW	112,561	Prevention	10 May 03	31 Dec 05	Completed

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates		Remarks
								From	To	
CAN THO										
71	Can Tho PHS	IDU intervention in Can Tho	Government agency	Can Tho	IDU	42,361	Prevention	1 Apr 05	30 Jun 06	Ongoing
72	Can Tho PHS	Care and support in Can Tho	Government agency	Can Tho	PLHA and families	58,634	Care and treatment	1 Jul 05	30 Jun 06	Ongoing
73	Can Tho Youth Union	Men's health project in Can Tho	Government agency	Can Tho	men at risk	21,441	Prevention	15 Dec 06	30 Jun 06	Ongoing
74	Can Tho PHS	Male sexual intervention in Can Tho	Government agency	Can Tho	Men at risk	48,416	Prevention	12 May 05	30 Jun 06	Ongoing
AN GIANG										
75	An Giang Preventive Medicine Center (PMC)	IDU intervention in Chau Doc, An Giang	Government agency	Chau Doc, An Giang	IDU	30,220	Prevention	15 Apr 05	30 Jun 06	Ongoing
76	An Giang PMC	Care and treatment in Tan Chau, An Giang	Government agency	Tan Chau, An Giang	PLHA and families	76,955	Care and treatment	12 May 05	30 Sep 06	Ongoing

No.	Implementing Partner	Programs/ Projects	Organization Type	Geographic Location	Target Population	Budget	Intervention Type	Project Dates		Remarks
								From	To	
DONG NAI										
77	Dong Nai PASB	Dong Nai 2005–06 Center HIV/AIDS Capacity building and peer education	Government agency	Dong Nai	FSWs, IDUs	23,283	Prevention	1 Mar 02	29 Aug 03	Completed
78	Abt Associates	Abt Associates, 2006 centers transitional intervention	Private sector	HCMC	IDUs	98,944	Prevention	1 Jun 05	30 Nov 05	Completed
79	International Center for Equal Healthcare Access (ICEHA)	ICEHA HIV/AIDS clinical mentoring program	INGO	HCMC, An Giang, Quang Ninh, Hai Phong, Can Tho	Vietnamese physicians and healthcare providers	177,458	Treatment	7 Mar 05	30 Apr 06	Ongoing

ATTACHMENTS

1. Country Activities Timelines

Phase I: Assessment and Intervention

MOU signed between IMPACT/Vietnam and National AIDS Committee on May 11, 1998 for the period 1998–99

Activities

Assessments

- 1) High-risk behavior groups such as FSWs, IDUs
- 2) The availability and quality of STI services
- 3) The potential roles of the private sector in the efforts against HIV/AIDS
- 4) The initiation of condom social marketing for HIV/AIDS prevention

Capacity building

- 1) US study tour for high-ranking personnel from major partners of National AIDS Committee, Ministry of Planning and Investment, Government Office, Tay Ninh PAC, Can Tho PAC, Quang Ninh PAC
- 2) Thailand study tour for delegates from Vietnam Union of Friendship Organization, Government Commission on Organization and Personnel, Quang Ninh PAC, Hai Phong PAC, Quang Tri PAC, Can Tho PAC, Tay Ninh PAC, NAC, MOH
- 3) Strategic planning workshop for Phase II of IMPACT/Vietnam Intervention in Vietnam held in HCMC

Project sites

Can Tho
Quang Ninh
Hai Phong
An Giang
Tay Ninh
Quang Tri

Major partners

National AIDS Committee
National Institute of Dermato-Venereology
DKT International
Population Council
Center for Family and Women's Studies
Population Development International

Phase II: Implementation of Interventions

MOU signed between IMPACT/Vietnam and National AIDS Committee on December 6, 1999 for the period 1999–2002

Activities

Intervention

- 1) IDU intervention in Cam Pha and Hai Phong, with the implementation of ECHO model
- 2) Communication campaign in Hai Phong, Can Tho, Quang Ninh, Binh Dinh, and Hanoi with the target population of high-risk men, through barbers, shoe shine vendors, *xe om* drivers
- 3) STI skills training for private pharmacists and physicians in Hai Phong, Quang Ninh, and Binh Dinh
- 4) Intervention targeting FSWs in Can Tho
- 5) Intervention targeting 2005–06 center residents in Binh Dinh and Dong Nai
- 6) Intervention targeting at mobile populations in Thai Binh
- 7) Condom social marketing for HIV/AIDS prevention in Quang Ninh, Hai Phong, Quang Tri, Can Tho, Tay Ninh, and Binh Dinh
- 8) Establishment of VCT center at Bach Mai Hospital
- 9) BSS, round I and II

Capacity building

- 1) Program monitoring for MPI, NAB, PACCOM to monitor IMPACT/Vietnam/USAID-supported projects
- 2) Journalist training in Hai Phong
- 3) Various international conferences, such as ICAAP Conference in Melbourne, Australia; International AIDS Conference in Barcelona, Spain; VCT study tour to Hong Kong; harm reduction international conference in India; and several training workshops in BSS, VCT, and care and support in the region
- 4) A series of training workshops in project design and management, BCC, peer education, training of trainers for IMPACT/Vietnam implementing partners

Project sites

Can Tho
 Quang Ninh
 Hai Phong
 Binh Dinh
 Hanoi
 Thai Binh
 Dong Nai
 Quang Tri
 Tay Ninh

Major partners

National AIDS Committee, National AIDS Standing Bureau
Ministry of Health
Bach Mai Hospital
Can Tho PAC/PASB
Hai Phong PAC/PASB
Binh Dinh PAC/PASB
Quang Ninh Health Service
Center for Dermatology Control of Quang Ninh
Cam Pha Township Health Center
Dong Nai PASB
Thai Binh PASB
DKT International
Hanoi PASB
NIDV
CIHP

Phase III: Implementation of Interventions and Scale-up

Separate partnership agreements with Hai Phong, Can Tho, HCMC, Hanoi, Thai Binh, An Giang, Cam Pha, and Quang Ninh for provincial-level interventions in respective city or province.

MOU signed between IMPACT/Vietnam and MOH for central-level interventions on October 5, 2004 for the period 2004–06

Activities**Intervention**

- 1) Expansion of IDU intervention to new project sites of Van Don, Can Tho, An Giang, Bac Giang, Thanh Hoa, and Hanoi, while maintaining two IDU interventions in Cam Pha and Hai Phong
- 2) Advocacy and preparation for methadone program
- 3) Initiation of transitional program for 05–06 center releasees in HCMC
- 4) Maintenance of VCT center at Bach Mai Hospital, opening new VCT sites in HCMC, Hai Phong, Mong Cai/Quang Ninh
- 5) FSW interventions in Thai Binh, HCMC, Hai Phong, Hanoi, in addition to the existing FSW intervention in Can Tho
- 6) New male client interventions in Hanoi, Hai Phong, Can Tho and HCMC
- 7) Assessment of high-risk men and mass media campaign
- 8) Interventions targeting MSM in HCMC, Ha No and Khanh Hoa, and Can Tho
- 9) A series of care and treatment interventions in HCMC, Can Tho, An Giang, Hai Phong, Cam Pha, and Van Don of Quang Ninh. First patient on ARV drugs on September 1, 2005.

- 10) Involvement of Buddhists in care and support in Hanoi. (and care and treatment of OVC-NAV/Hai Phong)
- 11) Community-based care and support for seropositive mothers and newborns in Hanoi
- 12) First ARV drug procurement for US Government-supported sites in Vietnam
- 13) Condom social marketing for HIV/AIDS prevention in the focal provinces of Hai Phong, Can Tho, and HCMC and in the secondary provinces of Hanoi, Quang Ninh, Thai Binh, Binh Dinh, and Dong Nai

Surveillance and research

- 14) IBBS
- 15) Integrated analysis and advocacy
- 16) ART-enhanced evaluation

Capacity building

- 1) Support for capacity building and project management and coordination with the MOH
- 2) Home care training by COHED
- 3) HIV/AIDS clinical mentoring by ICEHA
- 4) Enhancing the national response to HIV/AIDS by engaging the NGO S-CODE to monitor and assess IMPACT/Vietnam ongoing programs
- 5) International conference, training, and study tour: Short course on ARV drugs in Belgium, Study tour to Russia on PDI model, drug and HIV, Methadone workshop in Hong Kong, 15th HR conference in Melbourne/Australia, 16th HR conference in Belfast, Ireland, International AIDS conference in Bangkok/Thailand, 7th ICAAP in Kobe/Japan, Mekong Regional IDU training in Kunming, China, and various training workshops in the region on MSM clinical management, Estimation and Projection, Sampling and Analysis, VCT etc.
- 6) Local training workshops: PDI trainings, drama workshops, life skills training, VCT trainings, ART adherence trainings, A² meetings, surveillance workshops for IMPACT/Vietnam implementing partners in Vietnam.

Project sites

HCMC
 Hanoi
 Can Tho
 An Giang
 Thai Binh
 Hai Phong
 Quang Ninh

Major partners

MOH, Vietnam Admin. for HIV/AIDS Control
 National Institute of Hygiene and Epidemiology
 National Institute of Dermatology and Venereology
 Bach Mai Hospital
 HCMC PAC
 Can Tho PHS
 An Giang Preventive Medicine Center

Hanoi PASB

Hanoi Buddhist Association

Hanoi Women's Union

Youth Unions in HCMC, Hanoi, Hai Phong, and Can Tho

Hai Phong PHS

Health centers of Cam Pha, Mong Cai, Van Don of Quang Ninh province

Thai Binh PASB

Local NGOs—including STDs/HIV/AIDS Prevention Center, COHED, S-CODE, Community Health Development Organization – LIGHT

INGOs—DKT International, Burnet Institute, ICEHA, Path/US, SCF/UK

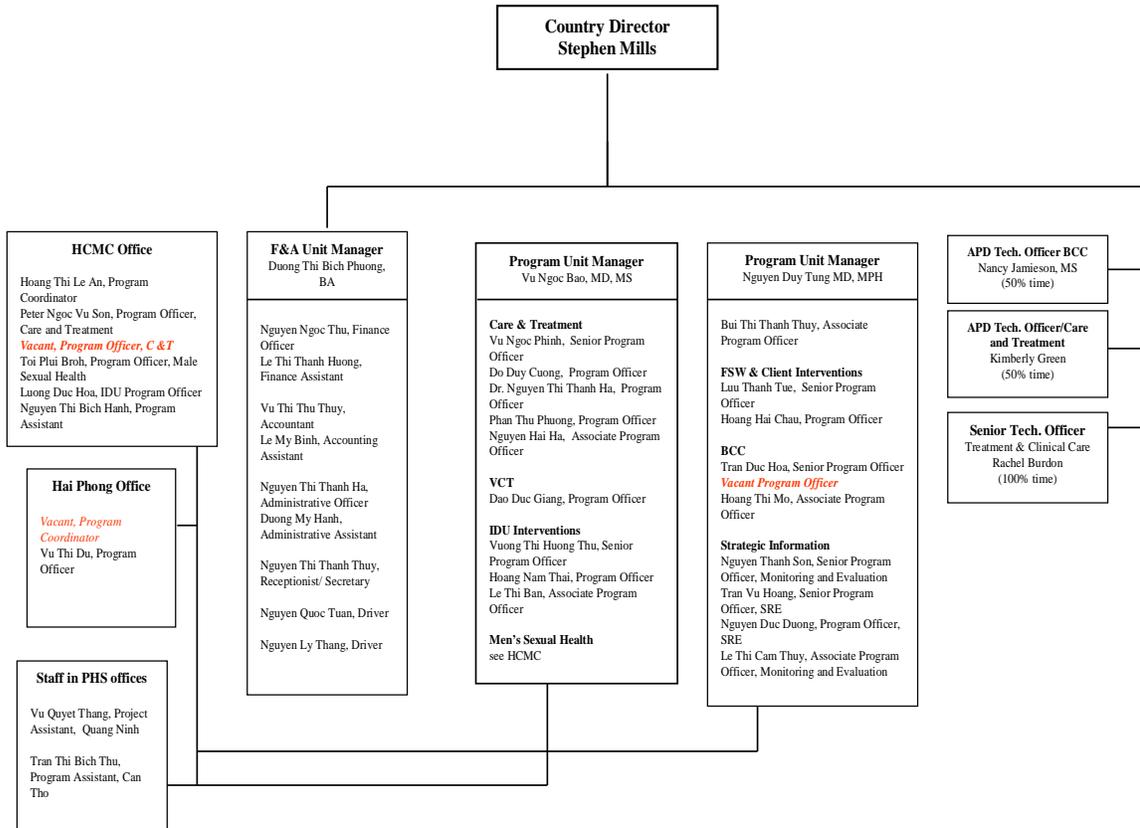
International companies—Abt Associates, Magic Three International, Howard Delafield International

2: Publications, Reports and BCC Materials

- “I Want to Quit But Can’t”: Drug Addiction Networks and HIV Risks in Hai Phong and Cam Pha (working papers on HIV prevention, care, and treatment in Vietnam), March 2006
- What Can We Do to Control the HIV epidemic in Vietnam: Using Behavioral Surveillance Results from High-risk Groups, Oct. 2004
- Reaching Men who have Sex with Men in Ho Chi Minh City: Sexual Identities and HIV Prevention Opportunities, June 2005
- HIV/AIDS Estimates and Projections 2005–2010, August 2005
- Risky Business: Female Sex Work Lifestyle and Networks in Ho Chi Minh City and Implications for HIV Prevention, Nov. 2005
- Frequently Asked Questions (leaflet), FY 04
- MSM cards (a set of nine cards for outreach), FY 04
- Leaflet for men’s intervention project in HCMC, FY 04
- Leaflet for men’s intervention project in Can Tho, FY 04
- Story booklet for Men’s intervention project in Chan Tho, FY 04
- Female condom booklet, FY 04
- Home care manual, FY 04
- Patient record book, FY 04
- TV spot, DKT project, FY 04
- Introduction to HIV care and ARV drugs curriculum for DHC staff
- Introduction to HIV Care and ARV drugs curriculum for case managers
- ART adherence curriculum
- ART adherence facilitators guide for adherence counselors
- Introduction to HIV care and ART booklet
- Side effects booklet
- ARV drugs prescribers’ guide
- ARV drugs wall chart
- ARV drug regime booklet
- ARV drugs fact sheets
- TV spots, radio spots, advertisements in newspapers, small booklets, CDs, for potential male clients of FSWs

3: Organizational Chart

FHI/VN Organizational Chart – FY 2006



4: Financial Information IMPACT/Vietnam

	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06
IMPACT budget	820,385	1,117,731	1,488,081	1,488,464	2,293,263	2,854,486	3,587,773	\$3,691,241
PEPFAR budget							1,500,000	\$1,374,158
Total budget	820,385	1,117,731	1,488,081	1,488,464	2,293,263	2,854,486	5,087,773	5,065,399
Total Phase I budget	820,385							
Total Phase II budget				4,094,276				
Total Phase III budget								15,300,921



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