



# VIETNAM COMMUNITY REACH END-OF-PROJECT REPORT

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FROM THE AMERICAN PEOPLE



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## List of Abbreviations

AED	Academy for Educational Development
AHF	AIDS Healthcare Foundation
AIDS	Acquired Immunodeficiency Syndrome
BCCI	Behavior Change Communications Initiative
CESVI	Cooperazione e Sviluppo
CHP	Center for Community Health Promotion
COHED	Center for Community Health and Development
CPSE	Research Center for Population, Social and Environment Affair
CRS	Catholic Relief Services
CSO	Civil Society Organization
FHI	Family Health International
HESDI	Health and Environment Service Development Investment
HIV	Human Immuno-deficiency Virus
ICRW	International Center for Research on Women
ISDS	Institute for Social Development Studies
LPI	Local Partnership Initiative
MARPs	Most-at-risk populations
NGO	Non-governmental organization
OSEDC	Organization for the Support and Education of Disadvantaged Children
PEPFAR	<b>President's Emergency Plan for AIDS Relief</b>
PHAD	Institute of Population, Health and Development
PPC	Pro-Poor Center

PPP	Public- Private Partnerships
PSI	Population Services International
PUSTA	Provincial Union of Science and Technology Associations
REACH	<b>Pact’s global Community Rapid and Effective Action Combating HIV/AIDS</b>
SHAPC	Sexually Transmitted Diseases/HIV/AIDS Prevention Center
TA	Technical Assistance
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAAC	Vietnam Administration of AIDS Control
VCT	Voluntary counseling and testing
VICOMC	Vietnam Community Mobilization Center for HIV/AIDS Control
VNA	Vietnam Nursing Association
VUSTA	Vietnam Union of Science and Technology Associations
WWO	Worldwide Orphans Foundation

## Executive summary

In 2004 the United States Agency for International Development (USAID) provided **Pact with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)** to launch a rapid-response mechanism to strengthen the nascent civil-society response to HIV in Vietnam. This end-of-project report presents key activities and achievements from a 5½-year Associate Award, which was **implemented under Pact's global Community Rapid and Effective Action Combating HIV/AIDS (REACH) Leader with Associate Award** from September 17, 2006, to March 17, 2012. The project goal was to enhance the scale, quality and effectiveness of the civil-society response to HIV/AIDS in Vietnam, through supporting comprehensive prevention, care, support and treatment interventions, and creating a supportive social and policy environment.

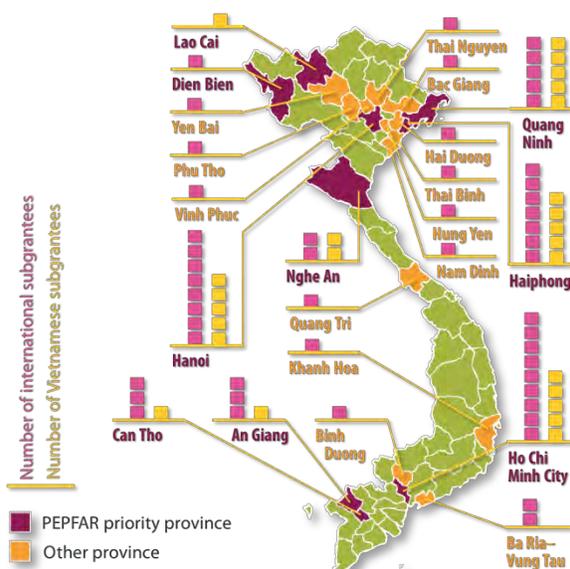
Through this project, Pact provided USAID with a quick, responsive mechanism for new initiatives with 32 widely varied Vietnamese and international subgrantees by delivering fast-track grants, technical assistance and organizational capacity development services to implement 47 projects in 21 provinces. The total award budget was \$43.1 million; in 2008, **at the peak of the project's service delivery, 30% of USAID's PEPFAR investment in Vietnam was allocated to the project.** Vietnamese civil-society organizations grew from 28% to 57% of the subgrantee portfolio by the end of the project, and direct policy advocacy and support became an increasing focus over time.

By 2012 Vietnam's civil-society sector had emerged from obscurity to become an officially recognized stakeholder in the HIV response. The Vietnam Community REACH project helped establish USAID as a leader in

promoting the visibility, voice and importance of this maturing sector, which had proven itself a vital national development partner during a period of dramatic growth and social change in Vietnam.



▲ **The four mutually reinforcing objectives of Vietnam Community REACH.** The organizational development objective was added in 2009. From the start such services had been integral to the project's holistic civil-society strengthening strategy, and the change allowed Pact to offer them more strategically and systematically.



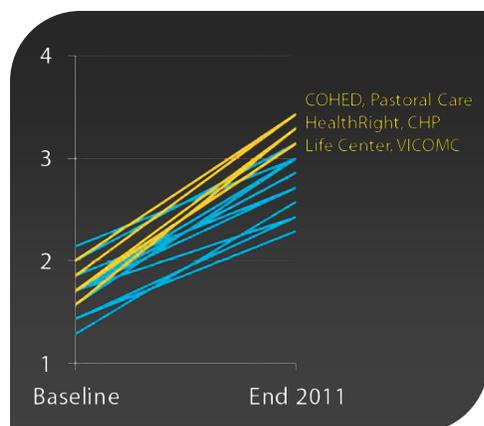
▲ **National coverage.** HIV is present in every province of Vietnam, but it is concentrated in the nine PEPFAR priority provinces (purple on the map): the

country's largest urban centers, busiest ports, and mountain provinces affected by cross-border drug trade. Vietnam Community REACH supported interventions in all PEPFAR priority provinces, plus others where international subgrantees were active. Vietnamese subgrantees operated primarily in the cities where these organizations first emerged, and where HIV gained its earliest and largest foothold. Vietnamese subgrantees also pioneered services in remote mountain regions of Lao Cai, Nghe An and Quang Ninh.

## Pact approach

Together, civil-society organizations demonstrated their capacity to fill gaps in the service landscape by responding to a full constellation of needs for most-at-risk populations, covering almost every PEPFAR program area. Pact achieved its objectives through an interconnected fourfold approach:

1. **Rapid-response grant making** for service delivery was common to all projects under USAID's global Community REACH program, which provided a dynamic funding mechanism to make funds quickly available to non-governmental organizations (NGOs) for scaling up successful initiatives serving those most vulnerable to HIV infection and HIV-related consequences, and for starting up new initiatives with potential for demonstrable impact on the pandemic.
2. Integrated **technical assistance for capacity building**. In response to Vietnamese and international grantees' large need for technical capacity to establish themselves as credible partners in the HIV response, Pact designed a holistic assistance package to strengthen service delivery as well as systems for monitoring and reporting, as part of organizational development. Capacity development for HIV prevention included **Pact's multistage Behavior Change Communications Initiative**, in-depth program reviews and cross-partner seminars, as well as a new monitoring, evaluation and reporting system for outreach; capacity development for care and treatment included a popular training series for homecare workers based on topic-focused tools, and promotion of standardized tracking system for case management.
3. **Policy and advocacy** work were essential to create a supportive environment for civil society in the Vietnamese context. Sustained engagement of national and local government representatives contributed to increasing awareness and acceptance of the contributions made by civil society organizations toward the national HIV/AIDS response, resulting in strengthened collective CSO voice in policy dialogue and technical discussions on future directions for the HIV response in Vietnam.
4. Finally, **flexibility** was at the heart of **Pact's approach**. Pact enabled a variety of grant-making modalities to meet USAID's evolving HIV strategy, efficiently shifting from rapid scale-up of service delivery, primarily via pre-selected international implementers, to investment in emerging Vietnamese NGOs with ties to most-at-risk populations. From 2007, **Pact's** innovative Local Partnership Initiative (LPI) supported this by integrating technical assistance with competitive grant making, offering top applicants pre-award training in program design and proposal writing, **followed by Pact's post-award** technical support services.



**▲Measuring organizational development.** *Pact's pilot Organizational Performance Index is an innovative global indicator designed to measure the impact of capacity-development initiatives. All subgrantees dramatically improved their performance on a set of qualitative indicators measuring results, effectiveness, efficiency, relevance and sustainability; the six top-performing subgrantees at the end of 2011, five of which were Vietnamese, are highlighted yellow.*

### Subgrantee achievements

Vietnam Community REACH was a leader in **expanding Vietnamese NGOs' contributions** to the continuum of prevention and care, focusing on their strategic advantage as implementers of peer outreach, community- and home-based care and services for orphans and vulnerable children.

### PREVENTION

**An estimated 750,000 individuals were served with HIV prevention outreach (41% of the total under USAID during this period), in all priority provinces except Dien Bien and Lao Cai.** As

subgrantees learned to train and retain peer educators from groups most at risk of HIV, Pact phased out general-population campaigns in favor of targeted outreach with most-at-risk populations (MARPs): injecting drug users (IDUs), men who have sex with men (MSM), female sex workers (FSW) and primary sexual partners (PSP) of the other at-risk groups. Pact subgrantees were among the

first organizations to reach female sex workers who inject drugs, primary sexual partners of other most-at-risk individuals, and in particular male sex workers, who had lacked tailored services. A total of 9,971 individuals from these groups sought voluntary testing from 2010.

### CARE AND TREATMENT

**Core care and support services reached an estimated 62,000 adults living with HIV and their family members, as well as 12,000 orphans and vulnerable children (52% of the combined USAID total), through subgrantees working in all priority provinces except Dien Bien.**

In response to the different needs of people living with HIV, Vietnam Community REACH supported a range of care and treatment options, many community-based, to bring services to the most marginalized clients, and others at clinics to offer comprehensive medical services. Such models filled an urgent gap in client trust: Only 30% of clients at one Médecins du Monde clinic wished to transition to government healthcare after the project. Orphans and vulnerable children received services at home, at residential institutions or through the country's first foster care placements. Subgrantees provided antiretroviral treatment to a quarter of the total individuals served under USAID from 2010, and they referred clients to a job training program that secured dignified work for 73% of enrollees.

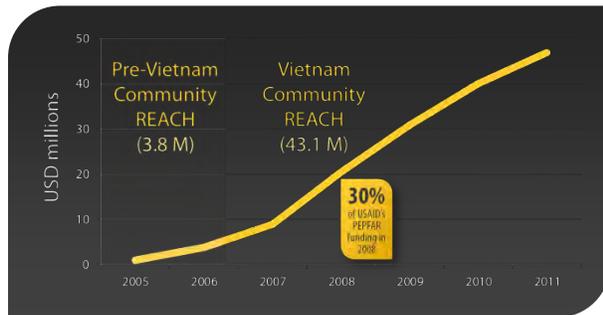
### Recommendations for future programming.

- Grant making processes should recognize areas of comparative advantage that fit **different organizations' respective missions**, building on these to help **develop specialized expertise, manage organizational growth** and

work across boundaries for a networked systems approach. Projects should avoid overburdening a small number of high-capacity NGOs.

- Vietnam Community REACH showed that **civil society can improve clients' uptake of services in the formal healthcare system** by building relationships with testing, care and treatment facilities. Civil society's role in such links should be further accepted, formalized and developed.
- **Capacity building is more than training.** For long-term sustainability, capacity development activities should be customized to meet diverse self-identified needs of various segments of civil society, and integrated and balanced with interventions from the start of a project.
- **Sustainability requires more than resource mobilization.** Projects should also address partners' organizational capacity, clarity of purpose and vision, external relationships and reputation, communication and outreach, and the legal and regulatory environment in which organizations operate.
- **Community engagement can facilitate resource mobilization.** Several subgrantees pioneered efforts to raise public awareness of the value of their interventions with communities, which enabled them to generate further support and raise new funds.
- **Knowledge management systems** should be integrated into projects from the outset. Information sharing and data management informed priority interventions to further improve programming. Partners that conducted in-depth reviews developed useful organizational Quality Improvement Plans.
- **Multiyear agreements** will enable subgrantees to invest more in improving services and work processes. Similarly, a long-term project strategy should allow time to develop key relationships at the beginning of awards, particularly with government and provincial stakeholders.
- Finally, Vietnam Community REACH piloted responses to a **variety of service gaps** that should inform future interventions: engendered services; integration with sexual and reproductive health; tailored services for ethnic minorities; mainstreamed youth programming and mainstreamed HIV programming in youth- and child-focused services, enhancing psychosocial care, foster care and right to school.

## Background



▲ **Cumulative budget, 2005–2011.** American HIV funding to Vietnam surged after the U.S. named it the 15th PEPFAR focus country in 2004. Vietnam Community REACH was central to the rapid release of U.S. funds, accounting for 30% of USAID's total PEPFAR budget at its peak in 2008.

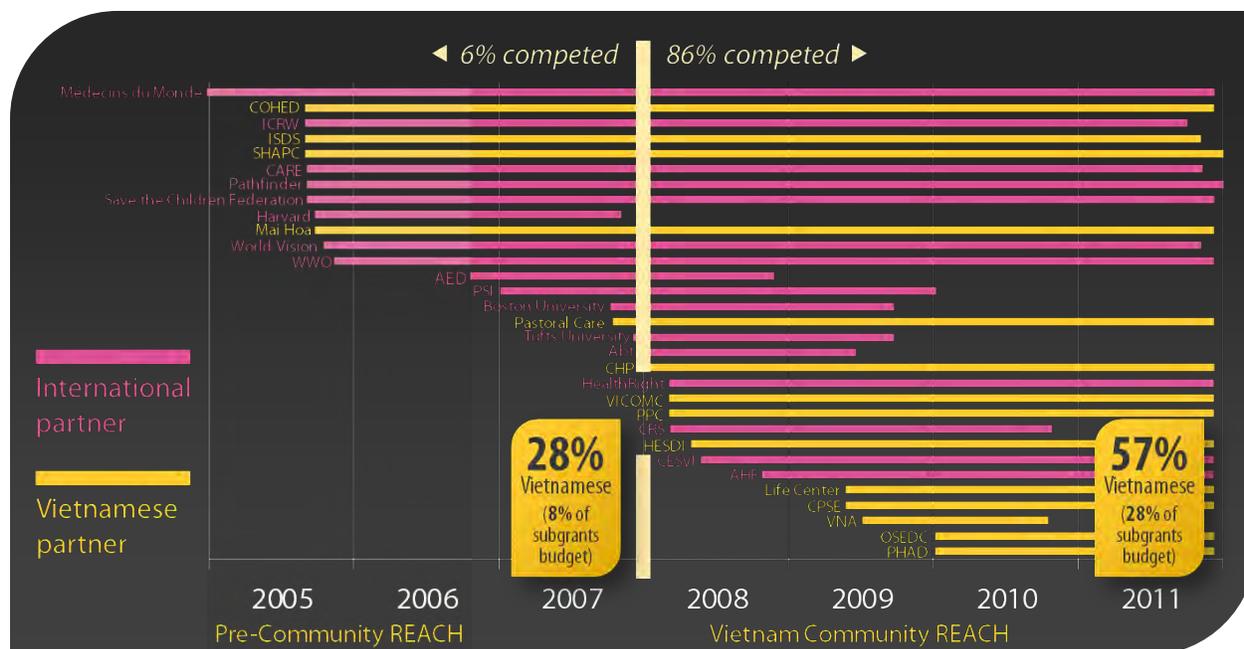
### History

The Vietnam Community REACH project began in response to an exceptionally challenging environment, in which civil society was almost completely absent from the national HIV response and Government had little interest in developing its role. USAID released a historic investment of PEPFAR funds to kick start civil-society action in this uncharted territory, and by **2012, Vietnam's** civil-society sector had emerged from obscurity to become an officially recognized stakeholder in the HIV response, with a strong foundation of skills in HIV technical programming, project management and advocacy, all of which have proven effective in delivering life-saving services to people most at risk of and affected by HIV. These remarkable results helped establish USAID as a leader in promoting the visibility, voice and importance of **Vietnam's** maturing civil society sector, which has positioned itself as a vital national development partner during a period of dramatic growth and social change in the country.

Vietnam was named a PEPFAR focus country in 2004, and in October of that year USAID

requested that Pact reestablish operations in the country through a field-supported project under its Community REACH Leader with Associate program, a Pact-managed initiative designed to rapidly award grant funds to organizations playing valuable roles in the struggle against HIV in Africa, Asia, Latin America and the Caribbean. This initial buy-in **assisted PEPFAR's** then small in-country team to manage its sudden influx of funds (\$27 million in Financial Year 2005) and quickly engage as many partners as possible. **Pact's** Vietnam office received \$3.8 million from 2005 to 2007, which supported eight international and four local civil society organizations, identified by USAID during the PEPFAR Country Operational Planning process, to implement comprehensive prevention, care, support and treatment interventions. On a short turnaround, these subgrants gave tangible results to the U.S. Office of the Global AIDS Coordinator.

As PEPFAR consolidated its team and long-term strategy, in September 2006 USAID transitioned **Pact's Vietnam project** to an Associate Award, the preferred mechanism under Community REACH. The new project (hereafter referred to as REACH), built upon lessons learned and activities initiated under the buy-in arrangement, continuing support to pre-existing subgrantees, while actively expanding the subgrantee portfolio. The Vietnam project incorporated dedicated in-house support staff to provide continuous, tailored technical assistance and training to civil society subgrantees – much needed due to the nascent nature of the sector in Vietnam. This technical team accumulated valuable expertise to increasingly localize service delivery over the life of the project, while maintaining the quality of essential services.



▲ **Subgrantee timeline.** As the project shifted from pre-selected to competed awards beginning in 2008, Vietnamese non-governmental organizations came to comprise a growing share of the subgrantee portfolio. Pink lines, representing international subgrantees, dominate the chart in the early years; yellow lines, representing Vietnamese subgrantees, gradually become the majority.

Given the exceptionally dynamic context of the project – the fast rollout, large budgets, dramatically growing evidence base and profound shift in the scale and role of the Vietnamese NGO sector – USAID and PEPFAR adapted their HIV strategy and programming priorities over time. The project initially served as an umbrella primarily for international subgrantees with pre-existing expertise to scale up services quickly; in 2007, **92% of REACH’s subgrant budget went to international subgrantees** with larger-scale projects. In subsequent years, as PEPFAR and other donors responded to the growing evidence base about the epidemic, REACH shifted away from large-scale service delivery, to concentrate on **developing civil society’s** comparative advantage in bringing community-based HIV services to a set of well-defined, most-at-risk populations: injecting drug users, sex workers, men who have sex with men and, later, sexual partners of the first three groups. **In Vietnam’s**

concentrated HIV epidemic, the general prevalence of HIV is projected to be only 0.5%, but in specific areas the rate of infection among these at-risk populations may reach as high as 65%. As a result, grassroots organizations that work with and are rooted in these hard-to-reach groups are crucial to containing and turning back HIV in Vietnam.

Thus, Pact refocused its management of grants, technical support and capacity building to prioritize support for Vietnamese subgrantees, including an increasing number of less-experienced Vietnamese NGOs with demonstrated potential to expand into community HIV services, and at the same time restructured its relationship with international subgrantees. Several U.S.-based subgrantees transitioned to become major USAID contractors in their own right, to implement separate HIV-related objectives: AED, PSI, Abt Associates, and – as of 2011 – CARE International. REACH retained those

international subgrantees that enhanced grassroots HIV impact by working closely with community- and faith-based organizations, Vietnamese NGOs, government bodies and mass organizations at the national, provincial and district levels. For example, CARE International supported a network of neighborhood self-help groups and other community-based organizations; the Save the Children Federation worked with local partners to organize peer outreach workers for street youth. Several international organizations under separate USAID awards also **provided essential support to REACH's** Vietnamese subgrantees in specific technical areas, such as FHI on quality improvement and PSI on behavior change communications for most-at-risk populations, and Chemonics on income-generating activities. Pact spearheaded and facilitated such links across projects, and the implementing partners eagerly collaborated.

By leveraging the respective strengths of international and Vietnamese subgrantees

throughout the life the project, Pact was able to maintain a high standard of comprehensive HIV service delivery for hundreds of thousands of beneficiaries across the country. Simultaneously, the project intensified the focus of such services on hard-to-reach groups that remained underserved by other government and non-government programs, and worked to ensure that Vietnamese organizations could assume responsibility for such services under future USAID projects and after PEPFAR phases out of Vietnam. It achieved this in a challenging, fast-challenging environment, by working closely with USAID to maximize the impact of PEPFAR resources based on new information and opportunities on the ground. REACH enabled USAID, PEPFAR and Pact, along with Vietnamese authorities and a range of international and Vietnamese NGOs, to transform the profile of civil-society organizations in the HIV sector and official approaches to service delivery for most-at-risk groups, all in a remarkably short period of time.

## Objectives

The technical expertise objective was designed to ensure that grants returned effective results. At Pact, separate teams were dedicated to technical assistance for monitoring and evaluation across all subgrantees, as well as HIV prevention programming and HIV care and treatment programming for relevant organizations.



In the fall of 2009 a separate organizational development objective was added to reinforce REACH's existing strength in technical assistance. From the start such services had been integral to the project's holistic civil-society strengthening strategy, and the change allowed REACH to transition to a more comprehensive, organization-centered approach that responded to subgrantees' self-identified internal management needs and promoted sustainability beyond the project.



To provide program implementers with access to high-quality **technical expertise** to assist in achieving and effectively reporting results

To provide local civil-society organizations with **organizational development** services to enhance current and future engagement in the national response

To ensure effective **coordination and communication** with USAID and other stakeholders engaged in the national HIV/AIDS response

To provide an effective and transparent **grant award and administration** system for responsive, fast-track assistance to civil-society organizations



To maximize the results of REACH projects, Pact played a crucial role in assisting subgrantees to develop a networked civil society response to HIV, with a voice that increasingly influenced the national HIV response. This involved forging effective links between projects and with existing programs in the NGO sphere and under government, for example via skills sharing and two-way referral networks between civil society and the formal health system in major cities; providing technical assistance on communication and advocacy skills; and developing a knowledge management system that fed complex updates from dozens of projects into regular multimedia updates for USAID to facilitate donor monitoring and input.

▲ The grant making objective incentivized entry of civil society organizations into the national HIV response by funding their delivery of prevention and care services. Pact enabled a variety of grant making modalities in accordance with USAID regulations, to meet U.S. objectives with respect to risk level, payment mechanism, etc. Through 2007, 94% of grant recipients were pre-selected by USAID; from 2008, 86% of grants were made via competitive solicitation. Agreements were evaluated for renewal on a yearly basis. Capacity strengthening to absorb and manage funds was integral to the grant making process, from the earliest stages via pre-award grants training, and as of 2007 was integrated with technical program development for prospective Vietnamese NGO subgrantees via Pact's Local Partnership Initiative.

## Project approach

Pact achieved its objectives through an interconnected fourfold approach:

- i. **Rapid-response grant making aimed to develop subgrantees' absorptive capacity** to receive and manage USAID funding, while innovatively integrating this with technical capacity building to respond to heavy need **within Vietnam's** nascent civil society sector. After initially focusing on pre-selected awards to facilitate rapid rollout, in 2007 Pact launched a competitive procurement mechanism, the Local Partnership Initiative, which directly integrated capacity strengthening by offering top applicants pre-award training in program design and proposal writing, **followed by Pact's post-award** technical support and organizational development services. The Initiative attracted 131 applications and resulted in 10 grants to local organizations, **widening REACH's** Vietnamese subgrantee portfolio to promising organizations not previously active in HIV.
- ii. Extensive **technical assistance for capacity building** in response to **subgrantees' acute technical needs** in HIV care and treatment (including adult and pediatric antiretroviral treatment) and prevention outreach (including use of baseline assessments, communication materials and strategies for engaging most-at-risk populations). Pact designed a holistic assistance package to strengthen not only service delivery but also organizational development and systems for monitoring and reporting. Methods combined formal training with ongoing, individualized support from dedicated Pact staff via phone, e-mail and in person. Because complex
- iii. **Policy and advocacy** work were essential to create a supportive environment for civil society in the Vietnam context, where government had not formerly engaged the civil sector in policy dialogue. Sustained engagement of national and local government representatives contributed to increasing awareness and acceptance of the contributions made by civil society organizations toward the national HIV/AIDS response, resulting in strengthened collective CSO voice in policy dialogue and technical discussions on future directions for the HIV response in Vietnam.
- iv. **Flexibility** was the final element at the heart of each of the above approaches, made imperative due to the uncharted and fast-moving environment in which REACH operated. Pact enabled a variety of grant making modalities to meet USAID's **evolving HIV strategy**, PEPFAR technical assistance was initially beyond the capacity of many Vietnamese NGOs (e.g., FHI training for government), Pact gave direct technical support and hired external consultants in specialized areas such as HIV clinical skills. As subgrantees grew able to benefit from more technical training, Pact shifted to higher-level aims such as pediatric psychological support. REACH added dedicated teams (monitoring and evaluation in 2007, organizational capacity development in 2009) to deepen existing support through customized mentoring and applied learning approaches targeting areas for strengthening co-identified with subgrantees, and through implementing **Pact's signature organizational capacity assessment tools**.

efficiently shifting from rapid scale-up of service delivery, primarily via pre-selected international implementers, to investment in emerging Vietnamese

- v. NGOs with ties to most-at-risk **populations. Pact's deep experience** in organizational capacity development and established technical assistance processes permitted an efficient response to the shift in program emphasis to long-term strengthening of nascent Vietnamese organizations.

## Pact activities & achievements

### CAPACITY DEVELOPMENT

Below are key Pact activities and achievements in capacity development for HIV prevention, HIV care and treatment, monitoring and evaluation, grant management and organizational development.

#### *Key capacity development activities, 2010*

*(peak year of project; shift in PEPFAR indicators makes previous years difficult to compare)*

Pact workshops and trainings for subgrantees	Pact site visits to subgrantees	Health workers trained by subgrantees (pre-service)	Health workers trained by subgrantees (in-service)
26	80+	857	4,679

**HIV prevention.** Capacity development for prevention focused on Vietnamese subgrantees, and was based on evidence from seven in-depth program reviews (2007–2011) and a mixed-method peer-outreach evaluation in six PEPFAR provinces. Data from these reviews informed a 2008 National Workshop on Peer Outreach for Program Improvement, organized by Pact and co-hosted by PEPFAR and the Vietnam Administration of AIDS Control (VAAC), as well as **subgrantees'** organizational action plans, and the 2009 launch of REACH's **Behavior Change Communications Initiative (BCCI)**. This multidimensional initiative addressed technical weaknesses related to interpersonal communication, risk assessment, reaching most-at-risk populations, peer educator recruitment and support, and referral linkages through training workshops. It promoted peer-based learning and mentoring between organizations working with the same most-at-risk groups and brokered links with international NGOs, particularly to leverage existing high-quality communication materials. Finally, the BCCI delivered tailored technical support from Pact to support effective programming, particularly through **REACH's** Local Partnership Initiative (LPI) projects for previously un-served male sex workers and primary sexual partners.

According to a coordinator at one subgrantee organization, **"We gained a lot ... With support from Pact, we designed a series of behavior change communication seminars to improve our peer educators' capacity."**

**HIV care and treatment.** At the outset of REACH, most HIV care was facility-based; community/home-based care (including support to orphans/vulnerable children) remained little-known. The project continued support for outstanding facility-based care (e.g., faith-based Mai Hoa Center and Pastoral Care, and orphanages under the Worldwide Orphans Foundation), while enabling civil society organizations to dramatically extend the continuum of care into communities. This was accomplished through technical assistance on services ranging from management of opportunistic infections by community health workers to income generating activities for people living with HIV and their families (e.g., via referrals to a job training program that secured dignified work for 73% of enrollees), defense of the rights of people living with HIV, and palliative care. REACH initially emphasized broad coverage using the standard PEPFAR service package; as subgrantees developed capacity, technical assistance evolved to support individualized, age-appropriate care. The LPI created further

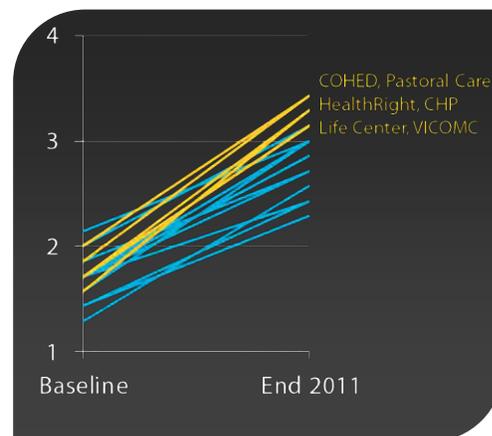
space to support innovative community/home-based care models. Training approaches included a popular “topic-talk” series, high-impact sessions focused on a particular theme accompanied by customized coaching, that promoted accessible, continuous learning for community health workers.

REACH informed its programming with key evaluations of gendered services and referral systems. Capacity development (for prevention as well as care partners) included 2010’s Quality Improvement initiative, which adapted an FHI toolkit and guided subgrantees through its use, and the pioneering application of a case-management approach, which links each client to a dedicated case worker for improved service.

**Monitoring and evaluation.** Pact established a dedicated monitoring and evaluation team in 2007, in response to an expanding subgrantee portfolio, including an increasing number of local NGOs in need of in-depth capacity support to meet monitoring and reporting requirements. Initial monitoring and evaluation training, supported by data audits, focused on reliable reporting of PEPFAR indicators, supplemented with progressive, capacity-appropriate data-quality workshops and coaching. Over time, training expanded to address subgrantee project management needs as well (e.g., data use for program improvement). Pact supported the participatory development of user-friendly data collection tools, which added case-management client-tracking information to the required indicators for community/home-based care. Pact also improved outreach data management by developing and field-testing a standardized electronic monitoring, evaluation and reporting system with three subgrantees.

**Grants.** Pact’s grants team organized five annual trainings on grants management and

USAID rules and regulations for all Vietnamese subgrantees, as well as regular compliance visits that informed capacity-strengthening plans. REACH assisted many subgrantees to develop, improve and consistently apply in-house structures such as personnel and procurement policies, timesheets and property-management systems. Subgrantee financial management skills improved markedly over the life of the project, as evidenced by higher-quality annual budget proposals, financial reports and daily expenditure management. This grant management capacity increases these **organizations’ competitiveness** for new sources of funding and contributes to USAID **Forward’s objective of providing direct funding to more local organizations.**



**▲ Measuring capacity development.** Pact selected REACH in Vietnam as one of the first projects to pilot its *Organizational Performance Index*, an innovative global indicator designed to measure the impact of capacity-development initiatives on individual, organizational or system performance. The index is the mean of eight indicators, each benchmarked on a scale from one to four: effective results and standards, efficient delivery and reach, relevant learning and involvement of target populations, and sustainable resources and social capital.

*This chart summarizes the shift in performance among all international and Vietnamese subgrantees active at the end of 2011. All had dramatically improved their performance. The six top-performing subgrantees at the end of 2011 are highlighted yellow. It is noteworthy that five of these were Vietnamese: The index is designed to gauge the quality of results against an organization’s*

*specific objectives, rather than the quantity of service delivered. Overall, effectiveness and efficiency indicators began from a higher baseline and experienced greater growth than did relevance and sustainability indicators. “Results” showed the greatest mean increase, from 2.0 (clearly defined outcomes) to 3.9 (4 indicates over 75% of outcomes met).*

While organizational development activities were integral to REACH from the start, in the form of compliance-oriented technical assistance and mentoring, organizational development was added as an independent objective in 2009. This new objective brought a more explicit, strategic and systematic focus to this aspect of capacity development and focused on Vietnamese subgrantees engaged under the Local Partnership Initiative. REACH’s organizational development package **drew on Pact’s** 30 years of global experience in capacity building, informing a facilitative, participatory approach to ongoing, demand-driven support that equipped organizations to better sustain service delivery through strong organizational systems.

A centerpiece of organizational development under REACH was the Organizational Capacity Assessment, **Pact’s signature tool for** guided NGO self-assessment. This methodology helps organizations design a custom assessment to identify strengths and weaknesses, analyze results, then select tools and strategies for an organizational strengthening plan with quarterly benchmarks to track progress, which is followed up with Pact support. In 2010 the VAAC recognized the value of this approach by requesting training on it in preparation for its role supporting Vietnamese NGOs under the Global Fund Round 9 Civil Society Track project. Pact also serves as capacity-development provider for the consortium of implementing Vietnamese NGOs under that award.

Other key organizational development support included:

- Pre-award due diligence (**using Pact’s** Management Control Assessment Tool and Program Capacity Assessment Tool)
- Capacity building accounts to enable subgrantees to independently purchase support (e.g., several subgrantees applied funds to defray the cost of foreign professional volunteers for onsite capacity development support)
- A six-part human-resources management mentoring and training series (modules on planning and implementation, policies and procedures, job descriptions, recruitment, performance management and managing people and their work)
- A year-long localized resource-mobilization program to help subgrantees develop and implement tailored resource-mobilization strategies (with a special focus on corporate funding)
- Cross-partner trainings in proposal development
- Informal support for partner-driven strategic planning processes
- Mentoring on project management and operations

Increased awareness of organizational development concepts among subgrantees and within the sector generated interest and demand for this type of support. Six subgrantees in particular undertook multiple organizational-development initiatives in response to previously unmet needs, either directly through REACH or facilitated by it, emerging with organizational management leadership that in several cases was recognized via roles under Global Fund Round 9. Pact also fostered long-term organizational development resources in the community by promoting membership in the NGO Resource **Center’s new Capacity Development Working** Group, serving on the core planning group and providing technical content and facilitation for its sessions.

## COMMUNICATION & COORDINATION

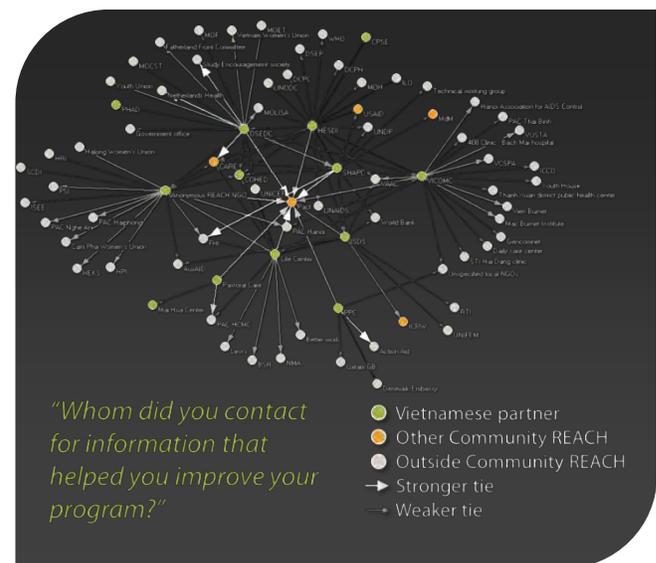
Pact approached REACH's coordination and communication objective via a multipronged strategy that helped leverage the comparative advantage of different partners by maximizing the value of investments through networking, sharing of information and resources, and documentation and promotion of project activities:

**Networking.** Pact facilitated networking among subgrantees and with external stakeholders (government bodies, mass organizations, NGOs, foundations, etc.) to achieve shared programming and policy goals. This multi-partner approach not only secured resources for implementation (e.g., government participation on subgrantee project boards, expertise from USAID's Food and Nutrition Technical Assistance project), but also enabled achievements such as the National Plan of Action on Children and HIV, and Save the Children in Vietnam's HIV curriculum with UNICEF and the Ministry of Education and Training.

**Managing program information.** Pact developed with its partners a system for regular program updates to the donor to facilitate USAID monitoring and feedback on the activities of the project's numerous subgrantees across the country and multiple PEPFAR program areas. As of 2010, dedicated communications staff refined a system to collect activity information from all subgrantees and digest it into multimedia updates, including monthly project highlights, dynamic webpages and media opportunities. Annual subgrantee communications training resulted in high-quality success stories and media events, and ad hoc support improved subgrantee documentation projects such as film clips and photobooks. Improved documentation skills served donor interests

and also strengthened the organizations' sustainability by bolstering awareness of program activities and potential for further funding.

**Resource Exchange.** Pact brokered internal learning among civil-society subgrantees by organizing a range of cross-partner learning opportunities, and also maximized use of resources by reducing overlap (e.g., coordinated distribution of services to Hanoi orphans and vulnerable children between relevant subgrantees in 2010).



### ▲ Organizational network analysis, 2010.

REACH used Pact's Organizational Network Analysis tool to measure Vietnamese subgrantees' coordination with one another and with other HIV stakeholders. Stronger ties, represented by thicker arrows, indicate more shared learning and social capital for sustainability. Results for 2006 had shown only one Vietnamese partner whom more than one other sought for help, but by 2010 this number rose to four as their expertise and connections had grown richer. They also worked with more Provincial AIDS Centers. Pact was an important resource at the center of the diagram; interestingly, when subgrantees were asked to describe their ideal network, Pact remained in a similar position, suggesting the continued value placed on its coordinating function.

## ENABLING ENVIRONMENT

In addition to comprehensive HIV interventions by civil society, REACH also had a goal of facilitating a supportive social and policy environment to enable those interventions. REACH promoted rights-based agendas on women, children and integration of HIV and sexual/reproductive health, while capitalizing on several specific policy windows.

**Women.** In 2007 Pact launched an advocacy effort, based on early evidence of a narrowing of the gender gap in HIV infection rates, to raise attention to **women's** unique vulnerabilities to HIV. Initially funded by the Ford Foundation and then under REACH, Pact and partners, including the Vietnam **Women's Union**, documented **women's** HIV-related needs in Vietnam and existing efforts to respond to those needs. Results were shared at a multi-stakeholder forum cohosted with USAID and UNAIDS in 2011, for high-level discussion on policy, research and programming. Through the Local Partner Initiative, subgrantees pioneered work in gendered harm reduction, sexual and reproductive rights for women living with HIV and HIV prevention among intimate partners. REACH also funded a one-year study of gendered services in Haiphong and Ho Chi Minh City.

**Children.** As a core member of the International Partnership Group, Pact advised on the National Plan of Action on Children and HIV, which was approved by the Prime Minister in 2009, and then supported the development of the Ministry of Labor, Invalids and Social Affairs' next five-year plan by helping identify initial priorities and develop a resource-mobilization strategy. **REACH's** ongoing support of civil-society services for orphans and vulnerable children strengthened the sector's profile.

**Integration of HIV and sexual/reproductive health.** To build evidence on this central issue in preventing and managing HIV infection and improving the quality of life of people living with HIV, REACH conducted small-scale needs assessments among implementing subgrantees, then funded a large-scale needs assessment by the Institute for Social Development Studies (a leading Vietnamese subgrantee), which sought comments from a national network of people living with HIV. REACH used the results to guide incorporation of sexual/reproductive health needs into HIV care and treatment programs, and to draft a 2010 discussion paper for USAID on integration priorities. In 2011, official sexual/reproductive health guidelines incorporated a range of grassroots recommendations from the large-scale needs assessment.

**Specific policy windows.** REACH supported the development of the VAAC's peer outreach training curriculum and HIV service guidelines for men who have sex with men. It also contributed to the Ministry of Labor, Invalids and Social Affairs' five-year plan on sex work prevention, in conjunction with the United Nations, PEPFAR, FHI and Abt Associates. REACH helped subgrantees leverage their effective service delivery, organizational capacity and community of practice by promoting civil-society inputs on a range of national and local HIV policy.

**Highlights of the project's policy contributions** include the first referral protocol between civil society and the formal health system, negotiated in 2012 in Hanoi; HealthRight International's foster care pilot, which led to inputs on a Government social-work Decision; Save the Children in Vietnam's high-school HIV curriculum; and Pathfinder

**International's support to the** VAAC's draft Public–Private Partnerships Stewardship Plan in HIV Prevention and Control, 2011–2015, and pilot mobile-technology health initiative.

**Through USAID's initiative on civil society** programming, the sector transitioned from having no framework for government collaboration to explicit inclusion as partners in the national HIV response, the Partnership Framework Implementation Plan and the Global Fund Round 9 award.

## Subgrantee activities & achievements

### PREVENTION

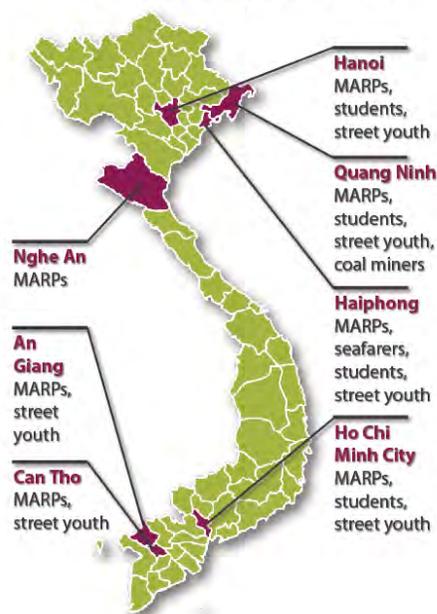
#### Key REACH prevention activities by financial year (service provision ended as of September 2011)

	2007	2008	2009	2010	2011
<b>Individuals reached with prevention outreach</b>	191,760	333,473	478,752	183,183	42,144
<i>percentage of total across all USAID projects</i>	70%	83%	82%	18%	6%
<b>Individuals served with voluntary HIV counseling and testing</b>	2,346	2,150	3,662	4,703	5,088
<i>percentage of total across all USAID projects</i>	17%	10%	8%	7%	7%
<b>Pregnant women screened under prevention-of-mother-to-child transmission project</b>	–	–	–	637	60,331

REACH accounted for 41% of all individuals reached with HIV prevention outreach services under USAID-funded projects in Vietnam from 2007 to 2011. This translates to an estimated 750,000 individuals, assuming a 30% overlap in annual clients among multiyear subgrantees. Until 2009, most USAID prevention outreach (70%–83%) derived from REACH campaigns with the general population (e.g., university students). By 2010, however, with guidance from USAID and REACH and with improved capacity, subgrantees refocused their efforts to reach groups whose behavior puts them most at risk of HIV infection (injecting drug users, men who have sex with men, female sex workers and primary sexual partners of the other groups). Pact worked with partners to leverage the strengths of civil-society organizations rooted in – and able to expand much-needed services to – these critical, hard-to-reach communities. As a result, REACH was able to concentrate on the primary drivers of the epidemic, multiplying its impact even as its share of total USAID figures fell sharply.

Focus on peer outreach with most-at-risk populations (MARPs):

- ▲ Injecting drug users
- ▲ Men who have sex with men
- ▲ Female sex workers
- ▲ Their primary sexual partners



▲ **Peer outreach coverage.** Activities covered all PEPFAR provinces (in purple) except Dien Bien and Lao Cai. Prevention services targeted additional high-risk groups in certain provinces: street youth in the largest cities, and itinerant seafarers and coal miners in the northeast.

The cornerstone of subgrantees' prevention programs was a peer outreach approach, which employed teams of educators drawn from each most-at-risk group and trained in behavior change communication in order to deliver an integrated package of information, commodities and support. In addition to the core elements of interpersonal communication on HIV risk and risk reduction, distribution of information, education and communication materials, and provision of preventive commodities such as condoms and lubricant; peer educators fostered community and family support; advocated for supportive policy, and made referrals to services such as voluntary counseling and testing for HIV and other sexually transmitted diseases. A total of 9,971 individuals from most-at-risk groups sought voluntary testing from 2010.

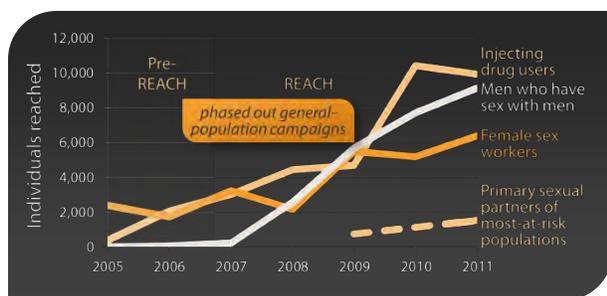
### **Transition to most-at-risk populations.**

Under USAID leadership, REACH sought to strengthen the focus on most-at-risk populations after an initial phase before this approach was fully developed. In 2007 and 2008, a series of new projects focused specifically on underserved, hard-to-reach groups who were most at risk of HIV infection. With Pact assistance, partners learned to target services more specifically by sharpening their analysis of target groups and risk assessment skills, and REACH pioneered services to key subgroups and related populations. Subgrantees were among the first to reach male sex workers with tailored services, and as USAID broadened its definition of at-risk populations, Pact supported new projects with male clients of sex workers and primary sexual partners of injecting drug users (PEPFAR began tracking primary sexual partner figures in 2011; see sidebar on Pro-Poor Center for details on one successful.

- The Sexually Transmitted Diseases/HIV/AIDS Prevention Center

(SHAPC) was one of Pact's first generation of Vietnamese subgrantees, preselected as an early local leader by USAID in 2005. One of its traditional strengths was student-to-student outreach at universities; as USAID shifted to a focus on most-at-risk populations, Pact worked intensively with this organization over several years to help it evolve from a general to a targeted approach, developing its capacity to recruit and retain peer educators specifically from most-at-risk groups within the university population of Hanoi.

- REACH was a pioneer in outreach with men who have sex with men, thanks largely to two rounds of competitive solicitation through its Local Partnership Initiative. Pact and its subgrantees gained recognition for their effectiveness in reaching this hidden risk group with prevention interventions by delivering results and building relationships in the **community and through Pact's oral presentation at the 2010 national HIV conference** (see sidebar on next page for details regarding one project).
- The Vietnam Community Mobilization Center for HIV/AIDS Control (VICOMC) is one organization that has grown to become a true leader in the Vietnamese NGO community, by developing expertise **with one "hidden" risk group under REACH: men who have sex with men.** These are more than simply its target group; they now drive its program through a well-trained cadre of peer outreach workers and a network of community groups that it has established across northern Vietnam. The organization received a national innovation award in 2010, and its social-marketing skills have **been sought by PSI and Hanoi's Provincial AIDS Center.**



### ▲ Numbers of most-at-risk individuals reached.

Even as overall prevention numbers fell after 2009, REACH saw the underlying figures for most-at-risk populations rise steadily from negligible levels at the outset of USAID's civil-society engagement in Vietnam.

### Developing peer education as a core approach.

Best practice has shown that behavior change activities are more effective when delivered to members of a given risk group by peers, since **the community's "in-group" has** more natural connections and social capital to make an impact on members of the same group, members of which may be stigmatized and hard to reach by those outside **the group**. Through REACH's customized Behavior Change Communications Initiative (see Pact activities and achievements: HIV prevention), prevention subgrantees developed state-of-the-art capacity in this peer education approach, improving systems to recruit, support and retain peer educators; learning to train these peer educators in effective targeting, risk assessment and interpersonal communication with their most-at-risk peers; and strengthening referral networks in order to increase client access to services. The Sexually Transmitted Diseases/HIV/AIDS Prevention Center (SHAPC), for example, improved its recruitment methods and learned to provide peer educators with regular support, offering supportive training and mentoring to their weaker outreach workers.

REACH organized cross-partner learning activities that allowed peer educators from different organizations to learn from each

**other's** strategies for overcoming challenges of working with their particular risk group. For example, peer educators from Life Center and the Vietnam Community Mobilization Center for HIV/AIDS Control (VICOMC) shared their success in working with entertainment establishment owners, which enhanced other **groups'** outreach with men who have sex with men. After one such cross-partner seminar in 2009, peer educators from the Center for Community Health Promotion and Pro-Poor Center felt empowered and confident to apply the knowledge they had gained from peers in other organizations on drug addiction and HIV risk with their injecting drug user peers.



▲ **Life Center approach to reaching male sex workers in Ho Chi Minh City.** After REACH began supporting Life Center through the Local Partnership Initiative in 2009, the Ho Chi Minh City-based organization extended the first tailored HIV prevention services to 1,921 male sex workers, assisting 1,135 of them to receive services for sexually transmitted infection. Key to its success was a team of well-trained outreach workers who applied close knowledge of the community, along with technical guidance from Pact, to refine their targeting of hidden peers. Between Phase 1 and Phase 2, a sauna and massage team split into dedicated massage parlor and bicycle massage units, and separate callboy and café/disco teams merged to focus on the internet channels common to both their targets. Positive results further facilitated relationships with key local stakeholders: The Provincial AIDS Committee championed their peer educators' work, and at the project closeout workshop, the owners of a brothel and massage parlor announced that when USAID funding ceased, they would pay out of pocket for HIV testing for the male sex workers at their establishments.

**Voluntary counseling and testing.**

Assistance and training from Pact ensured that voluntary HIV counseling and testing referrals were a central component of outreach under all prevention subgrantees. Most organizations used tracking systems such as referral cards; used by peer outreach workers who were trained to target high-risk individuals, these referral tools made an **impact on clients' awareness and use of VCT services.** Médecins du Monde's mobile outreach team achieved exemplary results: A large proportion of its referred clients were from most-at-risk populations (30%–34% of all clients), and the HIV prevalence rate among referrals reached as high as 31% in 2009. Other subgrantees also innovated with regard to access to services. For example, Life Center obtained approval from entertainment establishment owners for male sex workers to seek testing during working hours, and it liaised with the Provincial AIDS Committee to strategically increase the number and geographical coverage of mobile testing visits.

**Other prevention.** In addition to its core peer outreach activities, Pact also responsively provided other types of prevention interventions as appropriate under its care and treatment projects or to support evolving USAID programmatic priorities. It helped to train community/home-based care workers on PEPFAR-compliant prevention services for HIV-positive people, covering risk reduction, HIV counseling and testing, sexual/reproductive healthcare and adherence and social support. Subgrantees reached 11,196 people living with HIV with such services in 2010, and 12,508 in 2011. REACH funded Save the Children in Vietnam to run a comprehensive project to prevent mother-to-child prevention in four northern provinces in 2011, testing 80,616 women and obtaining local resources to train commune midwives and village health workers in four northern provinces. After USAID rapid test kits are exhausted, provincial departments of health committed to work with the Ministry of Health and Global Fund to maintain the activity.

***Building capacity of promising Vietnamese NGOs to extend the HIV prevention response.*** Pro-Poor Center is a Vietnamese NGO from Ha Tinh province in central Vietnam, which had focused on small-credit programs and community development before responding to a request for applications under the REACH Local Partnership Initiative in 2007. Pact helped it to develop a strong proposal for prevention services with injecting drug users of the Thai ethnic minority in an upland district, along with their primary sexual partners. In early 2008 the organization conducted a formative assessment with Pact support, and in April of that year it began implementation with continued technical assistance. It reached a total of 1,967 injecting drug users and primary sexual partners via skilled Thai-speaking peer educators and outreach workers, and brought mobile testing from the coast for 1,202 clients. Local government now recognizes the organization as a leader in HIV prevention: The head of the District Health Center stated, "The project is very good. That's why we collaborate with them! PPC does communications very well, very intensively and effectively. I want to have my staff learn from PPC."

**CARE & TREATMENT**

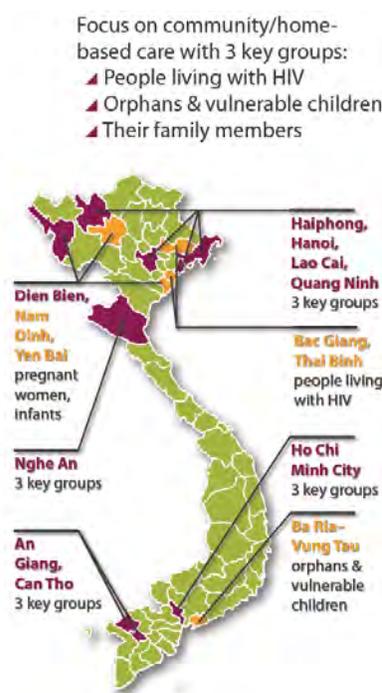
**Key REACH care and treatment activities by financial year**  
(service provision closed out as of September 2011)

	2007	2008	2009	2010	2011
<b>Adults living with HIV, orphans/vulnerable children and their family members served with care and support</b>	11,521	20,276	61,231	28,919	30,092
<i>percentage of total across all USAID projects</i>	56%	52%	66%	44%	41%
<b>Adults and children receiving antiretroviral treatment</b>	748	1,100	1,907	2,726	3,329
<i>percentage of total across all USAID projects</i>	6%	6%	6%	28%	27%

Services under REACH accounted for 52% of all adults and children reached with HIV care and support through USAID-funded projects in Vietnam from 2007 to 2011. This translates to an estimated 62,000 adults living with HIV and their family members, plus 12,000 orphans and vulnerable children, assuming that multiyear subgrantees witnessed annual client attrition rates of 37% for adults and 30% for children. REACH retained a large if slightly **diminishing share of USAID’s** total outlay of care and support services throughout the life of the project.

The project’s overall numbers conceal a wide variety of service modalities. REACH was a pioneer in advancing community/home-based care in Vietnam, as a vehicle to deliver services across the continuum of care, from medical urgencies to long-term social reintegration. REACH also created a space for subgrantees to develop experience with a range of care options, in response to the diverse needs of people living with HIV. Community-based services for the most marginalized clients ranged from simple home care and support by community health workers to mobile outreach teams of physicians in challenging locations such as red-light districts and included opportunities for some subgrantees to innovate through clinics with comprehensive medical services. Orphans and vulnerable children received services at home, at

residential institutions or through the **country’s first foster care placements**. In general, such tailored civil-society models filled a trust gap, as reflected in the finding that only 30% of clients at one Médecins du Monde clinic wished to transition to government healthcare after the project.



**▲ Care and treatment coverage.** With the inclusion of treatment against mother-to-child transmission, activities covered all PEPFAR provinces (in purple) as well as a handful of others where international subgrantees were active in particular program areas (e.g., an orphanage in the southern province of Vung Tau).

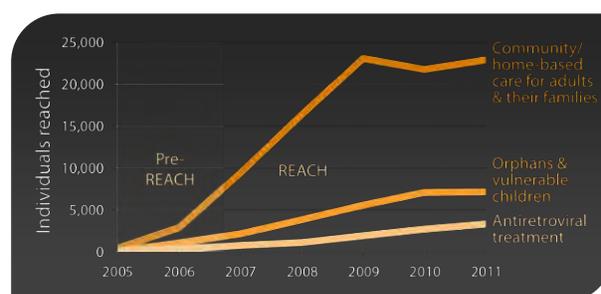
Beginning in 2010, REACH subgrantees also provided antiretroviral treatment to a quarter of the total individuals served under USAID. Through its livelihoods component, REACH referred HIV positive clients to a job training program that secured dignified work for 73% of enrollees.

**Community/Home-based care.** At the outset of the project, community/home-based care remained little-known in Vietnam. REACH spearheaded this model, with the following core elements: palliative care; community health worker engagement in managing opportunistic infections; income-generating activities; and promotion of rights. By 2010, five international and seven Vietnamese subgrantees ran such programs, and the Ministry of Health estimated that civil society had provided 51%–75% of the home-based HIV care in Vietnam. Variations included service delivery via self-help groups (under five subgrantees that trained people living with HIV to care directly for each other) and via NGO-run clinics with integrated homecare teams (under three subgrantees using a resource-intensive approach that maximized coordination between comprehensive medical services and home-based care and support). Subgrantees that did not run their own clinics ensured access to health services via referrals to local outpatient clinics. In 2010, Pact conducted an evaluation of the different models under REACH, showing strengths and weakness of each model in various projects. Key findings were used to develop improvement plan for each partner in CHBC program. Psychological support remained a major frontier at all levels of the HIV response.

**Orphans/Vulnerable children.** When the project began, children's care was centered mostly in institutions. REACH continued support to outstanding institutions with strong links to outside community services, but from 2007 emphasized alternatives via

direct programming such as community/home-based care (most homecare served entire households, covering HIV-affected children as well as adults) and other forms of alternative care, such as foster care. By 2010, seven international and seven Vietnamese subgrantees provided care for children, and the Ministry of Health estimated that civil society had provided 25%–50% of the care and support for orphans/vulnerable children in Vietnam. The Organization for the Support and Education of Disadvantaged Children (OSED), a Vietnamese subgrantee, provided its peers with training and mentoring on child protection services. These achievements reflect the vision pursued through policy by REACH and partners with the National Plan of Action for Children and HIV. Pact also researched and improved age-appropriate services for children and adolescents at different stages of development.

**Antiretroviral treatment.** Although most subgrantees provided referrals for antiretroviral treatment at outpatient clinics rather than prescribe it themselves, by 2010 one Vietnamese and two international subgrantees were running clinic-based services that included direct antiretroviral treatment for adults and children with advanced HIV infection. A fourth subgrantee, the Worldwide Orphans Foundation, also administered antiretrovirals for children at its orphanages. Such efforts represented 27% of USAID's total antiretroviral figures by the end of the project.



▲ **Numbers of individuals reached.** Adult community/home-based care consistently accounted for

*the bulk of individuals served with care and treatment services, even as all types of service climbed throughout the life of the project.*

Key partner-specific achievements under REACH, recommended for study and replication:

- **Integrated prevention, care and treatment in which a homecare team is attached to a clinic (Médecins du Monde).** This project created a tandem clinic-based and community/home-based care system, which benefited end users by combining a wide range of medical treatments in a controlled medical facility with community reach to assist in less-technical quality-of-life issues that are equally important to address. Clinics also offered popular services, such as couples counseling, that attracted use by non-HIV-affected clients and may have boosted testing services and early detection of HIV.
- **Referral between community/home-based care programs and public outpatient clinics (various subgrantees).** In 2008 Pact and the Centers for Disease Control and Prevention organized a workshop to plan referrals between the home-based care teams and outpatient clinics supported by the two organizations in Quang Ninh province. Pact's 2010 review revealed that referrals were actively implemented, but without standard procedures and primarily in one direction, from community groups to clinics. Several subgrantees addressed this gap by successfully developing systematic two-way referral protocols between services in Hanoi, Ho Chi Minh City and Vinh.
- **Alternative care for children: orphan shelters (Pastoral Care) and foster care (HealthRight International).** In response to REACH's 2007 request for applications on alternative care options to reduce the number of children moving to orphanages, multiple subgrantees received funding for outstanding proposals. Vietnamese faith-based subgrantee Pastoral Care developed a coherent, comprehensive service package for children at its Mai Tam orphan shelter with especially strong linkages with other stakeholders and service providers in Ho Chi Minh City (e.g., regular presence of Pastoral Care staff at hospitals and other health facilities, and smooth relationships with authorities). HealthRight pioneered family-based foster care for 16 children at risk of family breakdown, abandonment and/or institutionalization in Hanoi, and leveraged its relationships with public partners to inform **the Government's** Draft Decree 38 on Foster Care. Such innovations can usefully be strengthened and integrated into the child support system, allowing children to move between forms of care that serve them best.
- **Livelihoods for people living with HIV (Vietnamese NGO REACH).** Subgrantees initially offered ad hoc in-house livelihoods services to address immediate needs; in 2009 REACH began linking with specialized outside services with greater expertise in microfinance, vocational training, job placement and social enterprise development. Particularly successful was a local NGO, also named REACH, that provides vocational training and job placement services to young people from challenging backgrounds. Starting in 2010, Pact provided the VNGO REACH with technical assistance to enhance its services for HIV-positive trainees. PEPFAR/USAID funded 37 project beneficiaries to go through the VNGO REACH program; 33 graduated and 73% were hired at an average starting salary of \$125/month, equal to or higher than the average starting salary for all VNGO REACH graduates: a successful example of a mainstreaming methodology.

## HEALTH SYSTEM STRENGTHENING

**Stigma reduction (Institute for Social Development Studies [ISDS] and International Center for Research on Women [ICRW]).** This partnership between a Vietnamese and an international subgrantee broke down barriers in society and in HIV prevention, care and treatment programming by addressing knowledge gaps about HIV-related stigma and discrimination, building stigma-reduction capacity, and providing concrete tools for tackling stigma and discrimination in communities and health settings. The two organizations developed and disseminated the first set of tools to reduce HIV stigma and discrimination in Vietnam, and trained and supported other REACH subgrantees, as well as other organizations and institutions in Vietnam, to use these tools to conduct stigma-reduction activities. They supported Government to take a proactive approach to stigma and discrimination, helped shift public HIV discourse to a more positive, rights-based approach and also developed the first national stigma-reduction strategy.

Other REACH subgrantees also reduced stigma and discrimination without formal tools or activities. Many community/home-based care projects reported improvements in **community members'** acceptance of people living with HIV, influenced by group communication sessions and the examples set by outreach workers and self-help group leaders. Success could be measured by the steady increase in numbers of people willing to participate in outreach programs and seek HIV services, as well as the growing respect shown to HIV support groups and the vitality of their growing networks. Many orphans and vulnerable children still faced persistent

discrimination that prevented them from attending school, but several REACH projects advocated successfully for their inclusion.

**Private sector engagement (Pathfinder International).** In 2011 Pathfinder supported the VAAC to develop a National Stewardship Plan for Public-Private Partnership in HIV/AIDS (2011–2015). Pathfinder launched the process by synthesizing all policies and regulations related to private provision of HIV services to inform discussion at consultative meetings. The review highlighted the need to clarify current legal requirements and work out additional guidelines for private sector engagement in service areas where they have a selective advantage. Pathfinder and its government partners facilitated consultations with health authorities on areas amenable to private-sector engagement. Among the services identified were prevention counseling, diagnosis and treatment of sexually transmitted infections and support for antiretroviral adherence. Pathfinder also supported the VAAC and the Ministry of Finance to develop funding guidelines for the new National Target Program on HIV/AIDS.

**Mobile technology for health (Pathfinder International).** In 2011 Pathfinder piloted an 'mHealth' system to send HIV prevention text messages by mobile phone to approximately 600 men who have sex with men in Ho Chi Minh City and 600 injecting drug users in Hanoi. Participants were enrolled in coordination with self-help groups and peer educators and used the Pathfinder/VAAC's **interactive voice response** system to learn about practices to reduce risk.

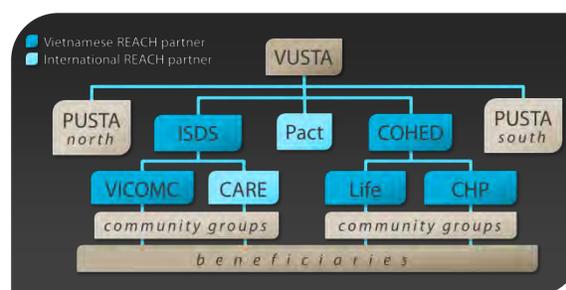
## Sustainability

REACH continuously sought formal and informal channels to promote the critical role of Vietnamese civil-society organizations in the HIV response and to increase their voice and that of the populations they serve in policies and processes that affect them. These efforts resulted in increasing recognition of REACH subgrantees by the government for their contributions to service delivery. REACH also left a legacy of high-capacity civil-society workers across Vietnam, able to continue valuable contributions to the national HIV response by training and leading new cadres of workers and innovating with new approaches in a dynamic context.

With regard to short-term continuity of REACH programming, subgrantees engaged in active transition planning with Pact support on resource mobilization training and other issues. All clinical care activities transitioned to FHI 360 and the Global Fund at the end of the project, while a number of subgrantees also secured ad hoc government support for particular activities, such as self-help groups under the Center for Community Health and Development (COHED, an experienced Vietnamese subgrantee) and World Vision.

The most significant validation of the sectoral leadership of REACH subgrantees came with their selection as lead partners on major new HIV projects: the Pathways to Participation project, **USAID's follow-on** project to REACH, an Australian AID HIV/AIDS capacity building project, and under the Global Fund Round 9 award. The Civil-Society Track of the

Global Fund Round 9 grant marks the first time that government has officially collaborated with civil-society organizations on service delivery in Vietnam. Five seasoned REACH subgrantees were selected to fill all positions within the consortium of implementing NGOs, including two Vietnamese subgrantees in lead grant making roles. Vietnamese subgrantees also assumed leadership roles vis-à-vis lesser developed community-based groups, providing capacity development support and technical assistance. In sum, the Global Fund Round 9 project represents a major milestone for the civil society response, which was in large part incubated under the REACH project. Not only have VNGOs earned their seat at the table, but they are now considered leaders of the next **generation of the response. After the NGOs' first half year of activity under the Global Fund, they had already surpassed four of their six annual targets, including those for community-based care, prevention with sexual partners of most-at-risk populations, and grassroots groups trained to deliver local services.**



▲ **REACH subgrantees in the structure of Global Fund Round 9's Civil-Society Track.** Five of 14 Vietnamese subgrantees under REACH have been recognized with roles under Global Fund.

## Lessons learned

**Work in remote areas.** Capacity gaps common among urban partners, such as inexperience with data management, are more pronounced in remote areas where staff and outreach workers typically have lower levels of education. It is also a challenge to promote HIV testing and other services in remote areas where people lack basic information about HIV and perceive no risk. The language barrier with minority groups further limits information exchange and applicability of information, education and communication materials. Pro-Poor Center overcame the language barrier by recruiting a team of peer educators and outreach workers bilingual in the local language and Vietnamese.

**Stigma.** Stigma toward men who have sex with men, injecting drug users and sex workers remains a strong force that still keeps many of those in need of services hidden from view and reluctant to seek care.

**Cooperation with local authorities.**

Although many subgrantee achievements were facilitated by strong collaboration with local leaders, a lack of active support from authorities such as People's Committees impeded some projects. Subgrantees addressed this challenge by organizing social events, making regular visits and sharing greater amounts of project information.

**Cooperation with security authorities.**

Despite progress in some locations, there is still a long way to go in the area of some **authorities' cooperation with HIV programs.** Subgrantees reported that the challenge of reaching hidden most-at-risk populations was exacerbated when these individuals feared arrest due to criminalization of their behavior. Many entertainment establishments do not accept condoms, lubricants and

communication materials on their premises, for fear that these will tip the authorities off to the presence of illegal activities. This reluctance to cooperate with prevention programs – despite many of those **establishment owners' recognition of the** benefits of risk reduction to their employees and customers – limits access of most-at-risk groups to needed commodities.

**High mobility of most-at-risk populations.**

Many most-at-risk individuals move frequently from hotspot to hotspot. They change work, disappear during police campaigns, become arrested and in other ways remain elusive to intervention programs, requiring continuous adaption to reach mobile, hidden populations.

**Peer educator quality and retention.**

Because peer educators come from stigmatized risk groups, their lives may be unstable, and their level of education may be low. REACH addressed these challenges through cross-partner technical training workshops that directly supported **peer educators' outreach activities** and through training workshops to improve the ability of project staff to their support and supervision of **peer educators' behavior change** communications.

**Age-appropriate community/home-based care.**

In response to a lack of knowledge, experience and standardized materials on age-appropriate care and support, Pact helped partners improve case management practices and worked with FHI to develop quality standards for care of orphans/vulnerable children.

## Recommendations for future programming

- Grant making processes should recognize areas of comparative advantage that fit **different organizations' respective missions**, building on these to help **develop specialized expertise, manage organizational growth** and work across boundaries for a networked systems approach. Projects should avoid overburdening a small number of high-capacity NGOs.
- Vietnam Community REACH showed that **civil society can improve clients' uptake of services in the formal healthcare system** by building relationships with testing, care and treatment facilities. **Civil society's role in such links should be** further accepted, formalized and developed.
- **Capacity building is more than training.** For long-term sustainability, capacity development activities should be customized to meet diverse self-identified needs of various segments of civil society, and integrated and balanced with interventions from the start of a project.
- **Sustainability requires more than resource mobilization.** Projects should also address partners' organizational capacity, clarity of purpose and vision, external relationships and reputation, communication and outreach, and the legal and regulatory environment in which organizations operate.
- **Community engagement can facilitate resource mobilization.** Several subgrantees pioneered efforts to raise public awareness of the value of their interventions with communities, which enabled them to generate further support and raise new funds.
- **Knowledge management systems** should be integrated into projects from the outset. Information sharing and data management informed priority interventions to further improve programming. Partners that conducted in-depth reviews developed useful organizational Quality Improvement Plans.
- **Multiyear agreements** will enable subgrantees to invest more in improving services and work processes. Similarly, a long-term project strategy should allow time to develop key relationships at the beginning of awards, particularly with government and provincial stakeholders.
- Finally, Vietnam Community REACH piloted responses to a **variety of service gaps** that should inform future interventions: engendered services; integration with sexual and reproductive health; tailored services for ethnic minorities; mainstreamed youth programming and mainstreamed HIV programming in youth- and child-focused services, enhancing psychosocial care, foster care and right to school.





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