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

FY12

Quarter 3 and SAR Performance Report (April – June 2012)

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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
ART	Antiretroviral therapy
ARV	Antiretroviral
CA	Cooperative Agency
CCIHP	Centre for Creative Initiatives in Health and Population
CCM	Country Coordinating Mechanism
CDC	(United States) Centers for Disease Control and Prevention
CHP	Center for Community Health Promotion
CMT	Clinical Management Training
CoP	Chief of Party
CoPC	Continuum of Prevention-to-Care
CSO	Civil Society Organization
CUP	Condom Use Program
DST	Department of Science and Training
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, TB and Malaria
GIS	Geographic Information System
GVN	Government of Vietnam
HCMC	Ho Chi Minh City
HPI	Health Policy Initiative
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
HMU	Hanoi Medical University
IBBS	Integrated Biologic and Behavioral Surveillance
ICT	Information and Communications Technology
IDU	Injecting Drug User
IMF	International Monetary Fund

IPT	Isoniazid Prevention Therapy
KNCV	Dutch TB Foundation
LDS	Low Dead Space (needles)
MARP	Most-At-Risk Population
MF	Ministry of Finance
MMT	Methadone Maintenance Therapy
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids and Social Affairs
MPI	Ministry of Planning and Investment
MSM	Men who have Sex with Men
OI	Opportunistic Infection
OPC	Outpatient clinic
OR	Operational Research
PAC	Provincial AIDS Center
Pathways/PfP	Pathways for Participation
PEPFAR	The President's Emergency Plan for AIDS Relief
PHR	Partners for Health Research
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV
PLP	Pathways Lead Partners
QI	Quality Improvement
SCDI	Supporting Community Development Initiatives (Center for)
SAMHSA	Substance Abuse and Mental Health Services Administration
SMART TA	Strategic Management of the HIV/AIDS Response and Transition to TA Project
SI	Strategic Information
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TA	Technical Assistance
TAB	Transition Advisory Board

TB	Tuberculosis
TMA	Total Market Approach
VAAC	Vietnam Administration for HIV/AIDS Control
VNIS360	FHI 360 Vietnam Information System

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SMART TA

QUARTER 3 AND SAR PERFORMANCE REPORT (APRIL – JUNE 2012)

PROGRAM OVERVIEW

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

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

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

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

- 32,338 female sex workers (FSWs), 5,000 male clients, 30,740 people who inject drugs (IDUs) and 17,751 men who have sex with men (MSM) will be reached with HIV prevention services in targeted PEPFAR provinces
- 5,035 IDUs will have received MMT across 20 sites, 5 of which will be fully integrated with HIV care and treatment services
- 39,120 PLHIV and family members will have received umbrella care, including 19,560 adults and children living with HIV enrolled in HIV care and treatment services across 33 CoPC sites, of which 16,300 received antiretroviral therapy (ART)

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

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

This document constitutes SMART TA's FY12 Quarter 3 Performance Report for the period 01 April to 30 June 2012, and includes performance indicators from Quarter 3 and cumulative indicators since the beginning of the project period. The following sections outline:

- Progress towards strategic objectives and program indicators
- Project management and personnel requirements
- Information on cost overruns
- Next reporting period technical assistance and international travel priorities
- SMART TA success stories

PROGRESS TOWARDS STRATEGIC OBJECTIVES AND PROGRAM INDICATORS

Figure 1: SMART TA Technical Approach

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

1. *Deliver quality HIV services within the CoPC.* SMART TA will collaborate on the development of efficient and cost effective core and supplementary service packages that can be replicated in medium- and low-resourced provinces. The program will ensure quality across implementing programs while transitioning full ownership to the GVN and CSOs.

2. *Transition financial, administrative and technical ownership of CoPC services.* SMART TA is working with USAID to transition all financial and technical responsibility for CoPC programs to the GVN and local partners over five years, based on systematic assessments of capacity, resources and effective implementation models that match local HIV epidemic needs. Throughout the life of the agreement, SMART TA will provide the MOH, line ministries, PACs/PHS and CSOs with support to guarantee the success of this transition and will work to harmonize transitions processes with CDC/LIFE-GAP, as appropriate.

3. *Strengthen technical capacity and country ownership.* SMART TA will strengthen the institutional capacity and develop the human capital of targeted GVN and CSOs (particularly those supported by Pathways) to manage, implement and sustain the HIV response.

Technical assistance, capacity building measures and QI processes will be increasingly led and delivered by local organizations, institutions and providers.

I. Deliver quality HIV services within the CoPC

Figure 2: SMART TA Objective 1 Interventions Strategy

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

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

1.1 Reduce Acquisition and Transmission of HIV

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

and policy environments. SMART TA will address these gaps with an intensified approach to the following:

- Ensure coverage of evidence-based prevention interventions and establish efficient, cost-effective models for a sustainable prevention response
- Ensure access to, and use of, critical commodities
- Strengthen demand for, and uptake of, comprehensive health and social services
- Improve the enabling environment for MARP-focused HIV prevention and care

Ensure coverage and establish a sustainable prevention response

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

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

Table 1| Coverage and sustainability performance

Performance Indicator/Output	FY12 Target	Q3 Achievements	Cumulative achievements through Q3
Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards required	**81,429 by Q4** ▪ 30,740 PWID ▪ 17,751 MSM ▪ 32,338 FSWs ▪ 600 PSP (PWID)	**25,988 in Q3** ▪ 9,852 PWID ▪ 4,620 MSM ▪ 10,786 FSWs ▪ 730 PSP (PWID)	**50,451** ▪ 15,159 PWID ▪ 12,407 MSM ▪ 22,155 FSWs ▪ 730 PSP (PWID)
CoPC core/supplementary service packages drafted with all relevant stakeholders	Drafted by Q4	Toolkit development initiated	
Peer-driven interventions trialed in at least 2 sites	Report with results by Q4	Planning reflected in new sub-agreements; Trials/interventions initiated	

Performance Indicator/Output	FY12 Target	Q3 Achievements	Cumulative achievements through Q3
Digital interventions (MSM) implemented and assessed	Report with recommendations by end of Q2	Discussions and planning with PAC made and reflected in new sub-agreements	
Prevention TA and capacity building plan developed and implemented	Plan developed by end of Q2	Technical priorities identified by relevant partners and reflected in new sub-agreements	
Prevention components of SMART-TA supported sub-agreements revised as per efficiency gains	Revised sub-agreements by end of Q2	Agreement on efficiency gains reflected in new sub-agreements	

Achievements

- **MARPs outreach**: In the first nine months of programing, FHI 360 implementing partners reached **50,451** MARPs with individual and small group-level interventions, or approximately 62% of the targeted annual total of 80,829 individuals. FSW and MSM outreach achievements are on target, though the PWID target may fall short. *See the Challenges section for a discussion regarding comparable reductions in outreach for MSM and FSW from Q2 to Q3.*
- **Increased efficiency**: SMART TA initiated new sub-agreements with PACs beginning in July 2012 that increase program efficiency and sustainability by empowering local district health centers (DHC) and district hospitals to implement directly (Hanoi, Can Tho, An Giang), harmonizing field supervisors for all MSM, FSW and IDU preventions (An Giang), and mobilizing DHC staff (Can Tho) to work as health educators (HE) to monitor and supervise outreach activities.
- **Outreach toolkit**: The program began development of the outreach toolkit with guidance from PEPFAR, emphasizing case finding for MARPs and "treatment as prevention" approaches.
- **Social network approach**: SMART TA worked with the Center for Community Health Promotion (CHP) and PACs to trial social network prevention approaches focusing on male sex workers (MSW). The program aims to improve outreach efficacy by strengthening risk reduction communication among MSW clients while still maintaining customary group norms.

- **Internet/new technologies outreach**: SMART TA worked with CCIHP, HCMC PAC, USAID and CDC to continue development of online outreach initiatives and a plan to use the Internet and other communication technologies as innovative outreach channels that complement traditional approaches. The program worked specifically with Hanoi and HCMC partners on staffing for MSM interventions that will extend through December 2013. Staff job descriptions and performance were reviewed and relevant new staff were recruited to meet the requirements for the new internet-based and ICT initiatives.
- **HTC uptake via PEs**: Closer supervision of peer educators helped to increase HTC uptake among PWID to 20% of the total reached (successfully meeting the established target).
- **Sustainability planning for PWID interventions**: During Q3, SMART TA team members worked with district and PAC program officers to prepare for an incremental 20% decrease in budget provisions for PWID interventions. The program helped PAC and district partners to agree to changes in key strategies and targets for PWID interventions. The next phase will include a review of compliance with new agreements.
- **HCMC DoLISA Transition Program**: In Q3, SMART TA negotiated with the HCMC PAC to downsize the Transition Program in HCMC, while developing alternative interventions with support from the PEPFAR team. The program will begin shifting focus to more sustainable approaches using para-social workers to refer recovering drug users to key HIV services.
- **Can Tho**: At the request of the Can Tho PAC, and in order to increase program reach with greater efficiency, SMART TA agreed to assist the PAC with an intervention targeting 200 FSWs in Binh Thuy district neighboring An Giang. This district was previously covered by the World Bank project (ended December 2011). The number of FSW in Can Tho may increase as sex workers from An Giang move to work in this district to avoid An Giang police raids. FSWs here there also cross provincial borders to work in EEs in An Giang as EEs often exchange their FSWs. Since it is a remote district, services for sex workers are limited.
- **HAARP Lao Cai/Yunnan collaboration**: In June, SMART TA renewed its MoA between with the Lao Cai PAC and the HIV/AIDS Asia Regional Program (HAARP) in Yunnan, China. The MoA will help foster joint efforts to improve cross border prevention and referral services for mobile Vietnamese FSWs in Hekou, China.
- **STI reduction**: The program demonstrated significant reductions in the number of STI cases in Dien Chau (Nghe An). In April and May, only three cases were detected and treated, compared to 44 cases diagnosed and treated in the same period for 2011. The success resulted from close collaboration with the Nghe An PAC, and public and private stakeholders (Dermatological Center, Marie Stopes International, and local authorities and EE owners). NOTE: STI case reduction was observed through monitoring data. During March-May in FY11, mapping data showed of 256 FSWs who received STI checkups, 44

cases were diagnosed with herpes or genital warts. During the same period for FY12, only three cases of herpes or genital warts were found among the 202 FSWs working in the area.

- **Pathways for Participation (PfP)**: During Q3, SMART TA facilitated an agreement between the Dien Bien PAC, the Center for Supporting Community Development Initiatives (SCDI), and PfP to hand over SMART TA financial responsibility for PWID sex partner interventions in Dien Bien to PfP. Handover initiated on July 1, 2012. SMART TA will continue to provide technical assistance to PfP and its Provincial Leading Partners (PLPs) to support quality service delivery (with incrementally decreased field support over time).
- **Microfinance**: SMART TA provided technical assistance to the Community Finance Resource Center/Microfinance network (CFRC/M7) through two site assessments and three training workshops to support programs in five districts in Dien Bien, in partnership with the HIV workplace project under Chemonics. The program provides training to these partners on drug addiction, addictions recovery and stigma reduction.

Challenges

- **Police interference and strategic/cost reduction efforts**: FSW and MSM outreach numbers declined between Q2 and Q3 for the following reasons: (1) during national holidays in April and May, police raids hindered a number of outreach activities (e.g. in Hai Phong and Nghe An, where collaborating entertainment establishments were raided, owners were detained, and FSW were street-bound or hidden; (2) program strategic and cost reduction adjustments decreased reach (examples of changes include discontinuation of the FSW intervention in Lao Cai to avoid overlap with the Global Fund, and modification and integration of the DIC model in Hanoi and HCMC with district health centers).
- **Preparation for sustainable transition**: Efforts to improve efficiency at the provincial level in a relatively short timeframe placed burdens on project management and outreach staff. This caused reporting delays and reductions in targets reached. The shift from project-based to sustainable responses and country ownership will depend on how well partners adapt to these changes. DHC staff, who will replace HEs, may also require additional training in order to provide quality supervision and support to peer educators. While integration of services and mainstreaming is important for sustainability, the government is still struggling with how best to provide appropriate staffing levels.
- **Stigma and discrimination**: Substantial stigma and discrimination toward MSM in An Giang made it difficult to recruit MSM to work as peer educators.
- **Low HTC uptake**: The HTC uptake versus referral ratio was low for Q3 (of 12,000 clients referred, only 2,100 accessed HTC 2,100 and tested). (See below for how SMART TA plans to address this challenge).

- **Low Safe Pharmacies referrals**: As a "bootstrap" low-investment and voluntary opt-in initiative, progress has been slow. Despite receiving training to refer PWID needle/syringe customers to HTC, only one-third of collaborating pharmacies proactively referred their clients. The majority of the remaining pharmacies are located in busy locales, often far from shooting galleries/hot spots. In addition, many pharmacy owners are not often at their pharmacies, and have hired salespeople who focus strictly on sales. In Q4, SMART TA will re-focus efforts on high-performing hot spots and develop a contingency management system to pilot revised referral methods.
- **Overlap with Global Fund**: There was considerable overlap between SMART TA outreach activities and Global Fund outreach activities in Lao Cai City and Bao Thang District. SMART TA closed down outreach activities at these two sites as of June 30, 2012 to avoid overlap.
- **Transition of supervision**: Transition of responsibilities from full time health educator contract staff to incumbent GVN staff has led to decreased intensity of monitoring and supportive supervision for peer educators. It will also likely affect the number of individuals reached.

Plans for the next quarter

- **Conduct quarterly district coordination meetings**: SMART TA staff will facilitate quarterly coordination meetings at the district level to update program implementers and managers, and to prepare for upcoming quarterly goals. Efforts will be made to include local public security representatives to help address the disparity between public health and public security priorities.
- **Pilot new outreach technologies**: Based on development in Q3 and follow-up in Q4, SMART TA will prepare to pilot SMS and related mobile phone technologies to increase prevention coverage. FHI 360 worldwide is examining mHealth implementation programs and considering platforms such as OpenSMS to influence patients' lifestyle habits to help curb the spread of HIV/AIDS in Vietnam. By implementing mHealth programs (reminders, test-alerts, CBTC/FBTC information) in selected markets, SMART TA hopes to raise awareness and increase prevention of STI transmission.
- **Assess and address low HTC uptake**: SMART TA will examine possible reasons for the low ratio of HTC uptake to referrals by conducting a survey (September-December 2012) with HTC clients on perceived barriers and facilitators for avoiding or receiving services. The survey will include those who have used and those who have previously refused HTC services in order to understand the reasons for/against future usage of such services. The program will also introduce a social network approach for prevention among PWIDs using the "Change from Within" model in location TBD. This will begin in January, 2013.

- **Finalize prevention core service package toolkit:** The program will work with collaborating partners to finalize the development of the prevention core service package toolkit. The toolkit is expected to be presented to USAID/PEPFAR in the next quarter.
- **Provide TA to Pathways and partners**: SMART TA will provide technical support to Pathways to enhance performance of PLPs and CSO grant recipients who are prevention service providers, as needed. Support will include capacity building for service delivery, provision of relevant communications, monitoring and training tools, and coordination of efforts in targeted provinces/districts.
- **Provide PWID services refresher trainings**: The program will conduct refresher trainings for incumbent GVN staff, HEs, and PEs on hotspot mapping, communication, and outreach skills in HIV/AIDS prevention and harm reduction.
- **Implement new intervention in Can Tho targeting FSWs:** SMART TA will assist the DHC to implement outreach activities, refer FSWs to services, and provide capacity building to DHC staff. Previously, the World Bank project provided community outreach services using their own project personnel. When the project ended in December 2011, none of the activities was continued. SMART TA will get government staff (DHC) involved in the program from the outset to make sure that the program is owned by local government and sustainable.
- **Advocate for use of low dead space needles and syringes**: SMART TA will continue to provide technical assistance and advocacy to focus province PACs to promote the use of low dead space (LDS) needles and syringes for PWID.
- **Provide TA for on-site training and monitoring**: The program will provide technical assistance to focus province PACs on on-site training and site monitoring.
- **Improve *Safe Pharmacies* initiative**: SMART TA will conduct quarterly meetings with current safe pharmacies to improve collaboration with N&S programs and referral to HTC. The program will also discontinue collaboration with non-performing pharmacies and will seek replacement partners.
- **Increase efficiency and handover**: Beginning in May of this year, SMART TA helped transition management of the Can Tho PAC PE network to the District Preventive Medicine Centers. This change is aimed to increase program ownership at the district level and to sustain the prevention program. Transition efforts will continue through Quarter 4. As of July 1, interventions in Bao Thang and Lao Cai City will have begun phase-out and will be transferred to the Global Fund-supported project; SMART TA will continue to provide TA to the program as needed.

Ensure access to, and use of, critical commodities

SMART TA is committed to moving from extensive free distribution of commodities (condoms, lubricant and needles and syringes) to more sustainable social marketing and private sector purchase efforts. In each targeted province, SMART TA will work closely with PSI and others to

support implementing agencies and the private sector to develop, implement, manage and monitor commodity social marketing and total market approach (TMA) plans. Selective free distribution – based on agreed-upon criteria for specific most-at-risk population segments – will be utilized as a means to normalize these products and to stimulate consumer purchase behaviors. SMART TA will utilize commodity communications and monitoring tools developed by PSI to ensure consistency of efforts across programs and sites.

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

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

Table 2| Commodity access/Use performance

Performance Indicator/Output	FY12 Target	Q3 Achievement	Cumulative Achievements through Q3
Commodity distribution, social marketing and TMA plans developed with PSI and PACs	Plans/process articulated in sub-agreements (end of Q2)	PSI/PAC's Total Market Approach (TMA) executed in conjunction with existing condom distribution programs; Free distribution decreased significantly in key provinces (Hanoi ended free distribution beginning May 2012)	
100% CUP interventions expanded in 2 provinces	Report on CUP program and expansion by Q4	Inter-ministerial development board formed; Collected consultations on the drafting of an inter-ministerial CUP circular	
Number of needles and syringes distributed to people who inject drugs during individual or group-level interventions	*Target not set*	**Total: 379,360** MSM: 0 FSW: 4,745 IDU: 374,615	**Total: 1,144,043** MSM: 947 FSW: 11,204 IDU: 1,131,892

Performance Indicator/Output	FY12 Target	Q3 Achievement	Cumulative Achievements through Q3
Number of pharmacies involved in needle and syringe programming	*Target not set*	427	427
Number of needles and syringes sold by designated pharmacies or other sales points	*Target not set*	119,991	418,485
Number of fixed boxes with N&S and condoms	*Target not set*	333	333
Number of condoms distributed to PWID, MSM and FSWs during individual or group-level interventions	*Target not set*	**Total: 170,921** MSM: 12,794 FSW: 74,165 IDU: 83,962	**Total: 739,912** MSM: 107,757 FSW: 365,073 IDU: 267,082
Number of condoms sold in SMART TA-supported entertainment establishments	*Target not set*	3,024 (An Giang only)	12,396 (An Giang only)
Number of lubricant sachets distributed to MSM during individual or group-level interventions	*Target not set*	**Total: 625** MSM: 625 FSW: n/a	**22,985**

Achievements

- **Total Market Approach (TMA) and reduction of free condom distribution**: In collaboration with PACs and PSI, SMART TA utilized the Total Market Approach (TMA) in parallel with free distribution. As part of TMA rollout, the program decreased condom distribution significantly in key provinces (e.g. Hanoi ended free distribution beginning May 2012, and Hai Phong and An Giang made significant reductions in free condoms as TMA efforts increased).
- **FSWs who inject drugs**: SMART TA enhanced efforts to target the highest-risk FSWs (those who also inject drugs) by strengthening collaboration with the IDU intervention program to better reach female injecting drug users, intensifying the message of the risk of having unsafe sex and unsafe injections as well as the message of harm reduction activities, and supporting core clients so that they can actively refer FSW IDU peers to the program. Substantial credit should go to PACs, particularly An Giang, Hai Phong and Quang Ninh for helping to mobilize 4,745 needles and syringes, almost double the amount in Q2 (2,637).

- **100% CUP**: Together with PEPFAR and partners (USAID, HPI and PSI) and multilateral organizations, SMART TA advocated for the advancement of an inter-ministerial circular, which is directed toward national scale up of 100% CUP. The first draft of the inter-ministerial was developed in June.

Challenges

- **Transition to TMA**: Despite gains in some provinces, a number of provincial partners are still struggling with the transition from a primarily free commodity distribution platform to a total market approach (TMA). SMART TA faced particular challenges in targeting those who received free products with TMA/social marketing interventions, and in tracking commercially sold commodities.
- **Declines in socially marketed condoms in An Giang**: The number of socially marketed condoms disbursed through SMART TA-supported peer educators in An Giang sharply declined as PSI concluded their PE commission policy.
- **Inter-ministerial circular**: The inter-ministerial circular development and advocacy processes involve multiple ministries and stakeholders; drafting, revision and approving has taken significant time.

Plans for next quarter

- **Address obstacles in rollout of TMA**: SMART TA will continue to work with PSI to operationalize TMA planning, implementation and tracking in SMART TA-supported sites/interventions. Presenting a unified strategy and developing a definitive way to track commodities sold will be the next steps for Q4.
- **Harmonize condom efforts in An Giang**: The program will work with the An Giang PAC and PSI to support harmonization of condom social marketing and sales. Efforts will be made to develop a collaboration mechanism between PEs and PSI sales staff to ensure PEs have an appropriate supply of condoms without hindering social marketing efforts.
- **Advocate for 100% CUP**: SMART TA will collaborate jointly with USAID, HPI, PSI, and WHO, in reviewing and developing follow-up actions based on the recent advocacy meeting with the legislation departments of the MOH, MOCST, MOPS, and MOLISA. The program will continue to assist with the drafting of a 100% CUP inter-ministerial circular, and work closely with partners to advocate synchronization of laws and policies to emphasize harm reduction approaches.

Strengthen demand and uptake of services

SMART TA will work with GVN and CSO implementing agencies to strengthen service referral linkages and consumer demand to ensure that MARP subpopulations avail critical health and social services. Depending on the target group, epidemic burden and provincial resource setting, essential services may include HTC, MMT, HIV care and treatment, STI screening, addictions case management, sexual and reproductive health, and relevant social services. Specific MARP service delivery packages are currently being articulated in CoPC core and supplementary models developed.

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

Table 3| Service access and uptake performance

Performance Indicator/Output	FY12 Target	Q3 Achievement	Cumulative Achievement through Q3
Number of clinics offering opioid substitution therapy (MMT)	17	3 new clinics opened	17 (100% of target)
Number of people who inject drugs on opioid substitution therapy	3,200	438 new patients	3,270
Number/percentage of MMT sites where PITC/mobile HTC is integrated	14/82%	0	2/11.8%
Number of individuals who received testing and counseling services for HIV and received their test results	71,500	12,233	37,648
Number of service outlets providing counseling and testing according to national or international standards	Reduction of current sites by 5% (from original count of 36)	33 (32 fixed with 50% offering mobile services; 1 exclusively mobile service)	*Not applicable*
Service uptake targets revised across MARP prevention portfolio	Revised in new sub-agreements	Service uptake targets finalized with provinces in new sub-agreements	
Service referral and uptake incentive schemes trialed in selected areas	HIV uptake increased by 10% in designated areas/subpopulations	Planning on initiatives to promote service referral and uptakes reflected in new sub-agreements	
Number of people who use drugs availing HIV workplace interventions	60	127	127

Achievements

- HIV testing and counseling (HTC)

    - **Overall achievement**: SMART TA partners provided HTC to 12,233 clients who returned for their results; of all clients tested, 7.5% were HIV-positive. Partners referred 738 clients to care and treatment services.

    - **Innovations in improving HTC and increasing uptake**: In Q3, the program piloted innovative approaches for increasing HTC uptake by targeting clients through mobile HTC services at MMT sites (Hai Phong, Dien Bien). The program also joined with CDC/LIFE-GAP and the HCMC PAC to design and conduct an HTC review workshop to help revise protocol and to develop a service expansion and promotion plan. As a corollary, the HTC team finalized a "*Lessons learned from the field*" booklet and an HTC/OPC referral tool, linked to care and treatment, which will serve as a counseling tool for counselors. SMART TA also promoted HTC through home-based care teams, OPC clients/peers and PLHIV family members (especially at HTC/OPC integrated sites).

    - **Increased capacity**: SMART TA provided three basic HTC trainings to 69 individuals who will serve as new counselors at existing HTC, OPC-HTC and OPC-MMT-HTC sites from the national program in focus provinces. The program also provided an advanced training for 22 counselors in HCMC, in collaboration with the HCMC PAC and Binh Thanh HTC center.

    - **Newly integrated sites and site revisions**: SMART TA provided TA and mentoring to newly integrated sites (HTC-OPC, HTC-MMT, HTC-MMT-OPC) in Dien Bien, Hai Phong, and Nghe An. The HTC team also worked closely with response teams to make changes to the sites based on results from site review/mapping exercises. As a result, a site in Can Tho (Ninh Kieu District) was closed and a site in Lao Cai was moved to Bao Thang District Hospital.

    - **Tailored training**: The SMART TA HTC technical team, on request from VAAC, WHO and provincial partners, designed and provided a tailored HTC training for commune health providers in Dien Bien. These providers will carry out the WHO-supported Treatment 2.0 pilot in Dien Bien, to begin in Q4.

    - **Synchronization of service referrals for FSWs**: SMART TA facilitated an agreement with the Lao Cai PAC and partners to synchronize service referrals for FSWs province-wide and across the border. Of a number of important components, the most critical establishes that the Global Fund will provide free STI services for

FSWs referred by FHI 360 and HAARP/Yunnan in Hekou and Lao Cai, filling an important gap in services and the continuum.

- Methadone maintenance therapy (MMT)
  - **Satellite MMT sites**: SMART TA, in partnership with SCMS and USAID, developed satellite dispensing models linked with a main clinic as a hub. The models have been presented at central meetings with VAAC/MOH. The GVN agreed to pilots in Hai Phong and Dien Bien. Based on the success of the two pilot satellite sits, FHI 360 will work with other partners to help VAAC draft guidelines for MMT satellite stations (to be applied nationwide). Details of specific sites follow.
  - **New MMT clinics**: In Q3, three new MMT clinics were opened in Dong Da district of Hanoi, Van Don district of Quang Ninh, and An Duong district of Hai Phong. One of these is an MMT dispensing satellite. This brings the total of supported MMT clinics to 17, accounting for 100% of the annual target. As of June 30, 2012, 3,708 people were on MMT, accounting for 116% of the annual target.
  - **Hai Phong MMT satellite**: SMART TA supported the opening of the first MMT dispensing satellite in Vietnam in An Hung commune, An Duong district, following a joint visit by USAID/SCMS/FHI 360. The site has provided services for stable MMT patients since May 2012. This new model will (1) increase the number of people in MMT, (2) increase program efficiency, (3) reduce total staff per patient treated, and (4) reward stable patients with dosing convenience closer to home.
  - **Van Don MMT/HIV integration**: With a new MMT component initiated in June, 2012, full integration of OPC, HTC and MMT services has now been implemented in Van Don. This site provides a functional example of integrated MMT services with existing ART/HTC services, with minimum additional investments and no new staff.
  - **Integration of MMT and HIV in HCMC and Dien Bien**: SMART TA worked closely with the HCMC and Dien Bien PACs to integrate MMT services with ART services in District 8 and Tuan Giao. Integration of existing ART/HTC and MMT in these districts helped to reduce the number of staff and running costs. These are the first three clinics in Vietnam that have full integration of OPC/HTC and MMT services.
  - **Integration of MMT with HIV in Bac Giang**: The program assisted the Bac Giang PAC to develop a proposal to integrate MMT with HIV. The Bac Giang People's Committee approved the proposal in late June 2012, and pending personnel and funding, implementation will begin. SMART TA provided the PAC technical support in advocating to the local authority for appropriate staff and financial commitments for sustainable operations.

- **MMT copay model in Hai Phong**: With technical inputs from USAID, SMART TA worked with the Hai Phong PHS to develop a fee collection plan utilizing reasonable patient and government contributions for operating costs to support non-profit organizations and low or no-cost benefits for indigent patients. The Hai Phong PHS will develop and submit the fee collection plan to the Hai Phong People's Committee and donors for approval. The plan will be implemented beginning in September 2012 in all nine MMT clinics run by the health sector.
- **MMT copay model in Lao Cai**: SMART TA also provided TA to the Lao Cai DoLISA and local authorities in order to develop a co-pay model for MMT. Partners include the Lao Cai People's Committee, the Communist Party, MOLISA, USAID and UNAIDS. Local government commitments to date include (1) construction of a building in Bao Thang, (2) renovation, (3) full salaries for nine staff, and (4) clinic equipment. Patient copay will be <6,000 VND/day.

Challenges

- HIV testing and counseling
  - **Targets**: Efforts to reduce the number of HTC sites under SMART TA auspices while reaching an ambitious HTC uptake target have been challenging. Service uptake was also affected by reduced coverage of other outreach programs including the World Bank and World Vision, and reduced funding for outreach workers. However, service uptake is likely to increase with the advent of planned service promotion initiatives.
  - **Limited funding for operations**: Uptake is also affected by the limited financial support to a number of sites that utilize part-time government staff. The dearth of funding has led to limitations in management capacity and staff motivation to promote services and operate at international quality standards. Sites include those at Bao Thang, Sa Pa, Muong Cha in Dien Bien, and District 9 in HCMC City.
  - **Low return rates among HIV-positive clients**: Return rates among HIV-positive clients are low, especially in mountainous districts. HTC centers still do not employ rapid testing and clients are required to come back after one week for confirmatory test results. This is discouraging for many clients, and they do not return.
  - **HTC tracking:** Tracking of HTC uptake remains an issue across targeted provinces and sites. Clients, such as FSWs, are lost to follow up when they move from outreach to HTC centers operated by other programs such as LIFE-GAP or the Global Fund.

- **Difficult hours of operation**: HTC centers that are integrated with hospitals have less convenient working hours and minimize client accessibility, especially in the absence of mobile services. In some cases, HTC clinics are located in remote areas that are not as commonly accessible to clients most in need.
- **Tracking of STI service utilization**: Tracking of STI service utilization is a considerable challenge, especially among FSWs, since most of them prefer to go to private clinics where the reporting is not generally linked to the general tracking system.

- Methadone maintenance therapy
  - **MMT admission and screening are conducted by police or local government authorities**: At this time, MMT Clinics are not in charge of initial screening for admissions; these are the responsibility of police and/or local government representatives. In some places, due to a lack of support from the local government and public security, potential MMT clients are afraid of being caught and sent to an 06 center when presenting at community police stations to get certified to enroll in MMT. This may help to explain why few clients are accessing MMT services in Son Tay, Hanoi (only 109 patients after 2 years) and Duong Kinh, Hai Phong (50 patients after 6 months).
  - **Inadequate supply of methadone**: A number of provinces are looking to expand their MMT programs using satellite and private-pay mechanisms. However, due to shortages in the methadone supply, reliance on capped donor support, and lack of MOH central guidance for local importation or production, provinces are stunted.

Plans for the next quarter

- HIV testing and counseling
  - **Support startup HTC services**: SMART TA will conduct TA/training activities to serve start-up HTC services in Que Phong and Quy Chau (Nghe An) and tailored training for commune health providers in Can Tho (Treatment 2.0 pilot).
  - **Build training capacity and improve curricula and materials:** The program will design and develop an advanced training program with a focus on partner testing and referral skills. SMART TA will also work closely with the VAAC and CDC/LIFE-GAP to revise the current HTC protocol and training materials, and develop joint plans for HTC trainings in key provinces TBD. In addition, the team will explore opportunities to partner with TA/training institutions to build capacity to co-train and ultimately take over training on HTC for providers.
  - **Rapid testing:** SMART TA will work with CDC and WHO to advocate for the use of rapid testing at national HTC sites.

- **HTC MIS**: The program will work with the VAAC SI team to review and update the current HTC MIS and related software, and jointly plan for HTC data management trainings in focus provinces.
- **Enhance referral efforts**: SMART TA will help enhance referrals and follow up of referrals by strengthening tracking and feedback between prevention initiatives, HTC and care and treatment services to decrease loss-to-follow-up.

- Methadone maintenance therapy
  - **Establish additional MMT clinics**: SMART TA will establish two new MMT clinics in Bac Giang and Lao Cai.
  - **Revise MMT counseling procedures**: As part of efforts to increase efficiency, SMART TA revised counselor duties to de-emphasize form completion, unnecessary routine patient visits, and excessive inquiries about side effects. The program developed a system for counselors that categorizes clients in the following groups: (1) Preparation Group, (2) Induction Group, (3) Relapse Prevention Group, (4) Health Maintenance Group (for individuals with infectious diseases including HIV, TB, and hepatitis), and (5) Multi-Family Group. In Q4, SMART TA will develop manuals for counselors to use to implement the group system and manage clients more effectively.
  - **Pilot TB screening District 8 HCMC**: Beginning in August 2012, the integrated MMT/HIV clinic in District 8 will pilot a routine quarterly TB screening procedure based on four simple questions. This routine will permit collection of an additional four survey questions each quarter (queries to be determined according to program interests).
  - **Provide TA to satellite and integrated pilots**: The program will provide TA to integrated ART/HTC/MMT clinics and MMT dispensing satellite sites in order to develop SOP's for scale up of successful pilots.
  - **Support MMT Satellite pilot in Dien Bien**: SMART TA will continue to cooperate with USAID, SCMS and the VAAC to pilot an MMT dispensing satellite in Dien Bien.
  - **Develop and monitor copay mechanism in Hai Phong**: The program will work closely with the Hai Phong PHS to develop a fee collection plan to ensure fees are reasonable for patients. In 2013, donors will contribute 30% of running costs, government 35%, and patient copay will be 35%. The donor share will be reduced incrementally through the life of the grant. The end goal is for government and patients each to share 50% of the costs.

- **Reduce staffing for low volume MMT clinics**: SMART TA will work with the Hanoi PAC and Son Tay District Health Center to reduce the MMT staffing in Son Tay, where there are few clients (100 enrolled patients). Lessons learned from the revised structure will be used to advise other clinics operating with a similar or lower number of clients.

Improve enabling environment for MARP HIV prevention and care

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

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

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

Table 4| Enabling environment performance

Performance Indicator/Output	FY12 Target	Q3 Achievement	Cumulative Achievements Through Q3
Number of policy/advocacy tools prepared, in collaboration with key stakeholders	2	1 position paper and 7 policy briefs drafted (with support from Atlantic Philanthropies)	8
Number of press releases prepared and provided to media	2		

Performance Indicator/Output	FY12 Target	Q3 Achievement	Cumulative Achievements Through Q3
Number of stories related to SMART TA work publicized in different media channels	2	1 (SMARTgirl blog)	
Number of provinces where GVN has sub-contracted CSOs to carry out CoPC interventions through SMART TA sub-agreements	1	Assessments on PLP/CSO organizational capacity conducted in collaboration with Pathway s	

Achievements

- **Laws and policies**: SMART TA supported DSEP on the development of technical guidance on the *Sex Work Management Model*, which will serve as the implantation plan for the *Five-Year Sex Work Strategy*. Components include 1) prevention of sex work with a focus on vocational training and job creation to prevent women from entering or re-entering sex work, 2) harm reduction, 100% CUP and referral to health and social support (and employment opportunities).
- **Civil society engagement**: The program worked closely with VCSPA and Pathways to facilitate sessions on MSM and IDU at the CSO workshop on "*Mobilization of social organizations in HIV/AIDS response*" in May 2012, where an AIDS Free Generation concept was introduced. This concept was well received and representatives from other organizations (i.e. the Youth Union and CARE) asked for copies of the AIDS Free Generation introduction clip for distribution within their networks.

Challenges

- **Limited legal framework and experience for PACs to contract with CSOs**: PACs still lack experience and clear legal mechanisms to subcontract with independent CSOs for program implementation.

Plans for the next quarter

- **Advocate for 100% CUP and harm reduction models**: SMART TA will lobby for further articulation of 100% CUP and harm reduction models in light of the newly issued Law on

Administrative Sanctions. The law no longer includes detention of FSWs in compulsory health treatment facilities. This will come into force by December 2013.

- **Provide TA to DSEP**: The program will continue to support DSEP to develop and finalize technical guidance on prevention and reintegration models for sex workers.

1.2 Reduce morbidity and mortality of PLHIV and improve quality of life

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

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

Improve access, quality of care, coordination and referral linkages within the CoPC

In Year 1, SMART TA aims to support hospital and community-based HIV care, support and treatment services in 36 sites for 15,540 PLHIV, including 12,950 on ART (3 sites provide care and support services only). It is currently estimated that only 60% of PLHIV in Vietnam are accessing HIV care and treatment services. Some of these persons have never been tested and do not know their status while others know their status, but have not accessed services or have dropped out of care. During Year 1, SMART TA will work with GVN and other partners to ensure that MARPs and their sexual and injecting partners have increased access to a range of counseling and testing options and, once they know their status, are immediately enrolled in an HIV care and treatment or followed up until enrollment has taken place.

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

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

Table 5| CoPC access, care, coordination and referral linkages performance

Performance Indicator/Output	FY12 Target	Q3 Achievement	Cumulative Achievements Through Q3
Number of HIV-positive adults and children receiving a minimum of 1 clinical service	15,540	16,591	*Not applicable*
Number of adults and children with advanced HIV infection receiving antiretroviral therapy	12,950	13,097	*Not applicable*
Number of adults and children newly enrolled on ART		765	*Not applicable*
Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	85%	*Aggregated annually*	
Percentage of newly diagnosed PLHIV enrolled in care and treatment within six months of diagnosis	60%	*Aggregated annually*	
Number of eligible children provided with psychological, social or spiritual support	*Target not set*	1,502	*Program to be transitioned out*
Number of SMART TA-supported care and treatment sites receiving clinical mentoring and QI	36	32	
Province CoPC reviews completed in SMART TA-supported areas	11 provinces by Q2	11	
CoPC core/supplementary service packages drafted with all relevant stakeholders	Drafted by Q4	Adherence toolkit near completion and undergoing field testing. Retention and referral toolkits commenced. QI plans under development.	
Early enrollment from HTC-HIV OPC interventions piloted	2-3 sites	Pilot is no longer conducted. Indicator will be removed.	
TB infection control site assessment and improvement plan undertaken with KNCV	Developed by Q4	Multi-partner consultation completed, initial tools under development.	
Coordinated TA plan developed and operational	Developed by Q4	Coordinated TA schedule developed during Q2 trialed during Q3; modifications	

		will be made based on this in Q4.
M&E and QI tools revised to be consistent with core service package and harmonized with GVN HIV care and treatment program	Revised by Q4	Draft QIPR has been developed and will be implemented in Year 2 so as to give consistency to Year 1 figures. SMART TA will seek consultations with partners before finalizing the database.

Programmatic strategies: Achievements

- **Targets:** Over the first three quarters of implementation, SMART TA's implementing partners reached 16,591 HIV-positive adults and children with a minimum of one clinical service, of whom 13,097 are on ART. Care and treatment achievement has thus exceeded the annual SMART TA target by the close of Q3.
- **Revised CHBC approach**: In the first half of the year, SMART TA revised its CHBC approach, which involved a significant departure from the previous model. Changes include tighter staffing and more of a focus on priority patients. In Q3, SMART TA developed the first draft of the CHBC core package. The package includes eligibility criteria and definitions for high-need clients, descriptions of core services, new approaches for contacting patients including text messaging, and revised staff job descriptions. The program also consolidated a number of its CHBC base sites and assisted current programs to adopt the revised staffing and implementation structure.
- **Care and treatment core package:** SMART TA supported the development and implementation of the care and treatment core package. The first of the three key toolkits, focusing on adherence, was been developed in Q3 and is undergoing field-testing. It will be ready for presentation during the fourth quarter.
- **Field testing and revision of standardized clinical mentoring forms**: The program worked with care and treatment partners to field test and revise the standardized clinical mentoring forms.
- **TB-HIV care package**: SMART TA is collaborating with KNCV on a complete TB-HIV care package. Substantial progress was made during Q3 in developing the care package materials in conjunction with KNCV and relevant partners.

Challenges:

- **Development of the core packages**: Core package development for separate components is developing at differing paces. Outside of SMART TA, there is a lack of a consensus on who

should be developing the packages and how they will be implemented. Pre ART care, OI prophylaxis, screening, diagnosis and management, TB screening, prophylaxis and referral, ART, PMTCT are all included in the core package. However, there are some key gaps in the service delivery model which need to be addressed and embedded in the core package including mechanisms to monitor adherence, retention in care and successful referral.

- **Clinical mentoring**: Clinical mentoring and coordination with other TA partners has been hampered by evaluation efforts among partner organizations who are nearing the end of their cooperative agreements.

Plans for the next quarter

- **Increase HTC uptake and reduce loss-to-follow-up**: As part of an effort to reduce loss-to-follow-up between HTC and OPC services, SMART TA will review the current HTC model and assess what changes are necessary to ensure patients flow effectively between services. In addition, the program formed a team in Q3 that will develop an action plan in Q4 for increasing recruitment into care those patients previously lost to follow-up and patients already diagnosed, but not enrolled in care. The plan will be part of the capacity-building program for provincial and local implementing partners, to ensure clients remain in the CoCP as needed in focus provinces and beyond.
- **Finalize and develop additional toolkits**: SMART TA will finalize the *Adherence Toolkit* in Q4. The team will also develop the first draft of the *Retention-in-Care Toolkit* and the *Referral Toolkit* for field-testing.
- **Implement revised clinical mentoring forms**: SMART TA plans to implement clinical mentoring forms in all care and treatment sites revised by the close of Q4.
- **Finalize CHBC core package**: The program will complete the CHBC core package by the close of Q4.

Create a sustainable CoPC through service integration and improved efficiency

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

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

Table 6| CoPC sustainability performance

Performance Indicator/ Output	FY12 Target	Q3 Achievements	Cumulative Achievements through Q3
Implementation of PMTCT program transferred to GVN support	Achieved by Q4	Provision of complementary PMTCT services (before and after delivery) at Lao Cai and Dien Bien only	
HTC, MMT and HIV services integrated in selected sites	2 sites	2 sites (Van Don, Tuan Giao)	
CHBC and OVC interventions reviewed and revised as per needs of PLHIV and efforts to improve efficiency	Revised and reflected in new sub-agreements (end Q2)	Revised and reflected in new sub-agreements	
Care and treatment components of SMART-TA supported sub-agreements revised as per efforts to improve efficiency	Revised sub-agreements by end of Q2	Revised and reflected in new sub-agreements	
Number of consultative meetings undertaken to reach consensus on integration of HIV services and alternative, more efficient service delivery models	4	9 provincial consultations during the development of the sub-agreements. 19 sites have been involved in preparation for integration.	

Achievements

- **Transition in Lao Cai and Dien Bien**: Local service centers have continued providing comprehensive PMTC in Lao Cai and Dien Bien while responsibility of previously supported SMART TA services has been transferred to the GVN as outlined in the new sub-agreements.
- **CHBC services review**: SMART TA completed its review of CHBC service transition in Q3 and continued review of the OVC program in preparation for transition.

- **Clarification of partner roles and responsibilities**: SMART TA facilitated consensus meetings with MOLISA, MOH, collaborating orphanages and PACs on the roles and responsibilities of key players in service provision, technical assistance, overall supervision and other support at orphanages and children's care facilities.

Challenges

- **Lack of clarity on payment schemes for testing**: There remains a lack of consensus regarding who should pay for HIV testing for pregnant women presenting for ANC and delivery; practices and policies (if any) vary by site.

Plans for the next quarter

- **Finalize transition of services**: In Q4, SMART TA will complete the transition of services as outlined in the new sub-agreements while working closely with sites to avoid, where possible, service disruption. SMART TA may institute a post-transition assistance plan to assist the site in such undertakings.

1.3 Provide targeted support for generation and use of HIV-related SI

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

Strengthen epidemic and outcome/impact monitoring

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

Table 7| Epidemic and Outcome/Impact Monitoring Performance

Performance Indicator/Output	FY12 Target	Q3 Achievement	Cumulative Achievement through Q3
Number of surveillance activities carried out with technical and/or financial assistance from SMART TA	3	Finalization of FY11 size estimations exercise; development of IBBS protocol	Development/implementation of three surveillance activities (IBBS, Size estimations and Comparison study)

Achievements

- **MARP size estimations**: SMART TA, in collaboration with CDC, provided technical support to NIHE to complete the first draft report of the MARP Size Estimations study in Dien Bien, Can Tho and HCMC.
- **Sampling method comparison study**: The program collaborated with PHR to complete a study that compares different sampling methods for recruiting IDUs in Hai Phong. The draft report was completed in Q3 and the results have been shared with partners and presented at the Regional Surveillance Workshop.
- **IBBS Round III**: SMART TA worked with PEPFAR partners to support NIHE to develop the IBBS Round III protocol and estimated budget for the study. The first version of the protocol and estimated budget was submitted to USAID for review during Q3 and is currently being revised according to the technical working group's comments.
- **MMT effectiveness evaluation**: SMART TA drafted the first report on the effectiveness of MMT after 24 months of client follow-up in Hai Phong and HCMC and shared it with PEPFAR for comments.
- **Staffing efficiency study**: The program developed the protocol for a study protocol to measure the efficiency of staffing based on different MMT clinic models with different patient load, e.g clinics with 50 – 100, 150 – 200, 250 – 300 and more than 350 patients.
- **National reporting system assessment (D28)**: SMART TA supported the VAAC to complete an assessment of the national HIV reporting system (D28).
- **HSS+ staff training**: The program supported the VAAC and NIHE to conduct a training of trainers for staff from 31 provinces on the newly developed HIV Sentinel Surveillance integrated with brief behavioral questionnaires (HSS +).

Challenges

- **IBBS and HIV sentinel surveillance overlap**: Currently, there is considerable overlap between the IBBS and HIV Sentinel Surveillance surveys. The two surveys collect the same behavioral and biologic data in the same populations over similar time periods.

Plans for the next quarter

- **Resolve HSS and IBBS redundancies and prepare to implement IBBS Round III**: The SMART TA team will also conduct a targeted consensus-building workshop with key government players to look at ways to reduce redundancies across the HSS and IBBS surveys. In Q4 SMART TA will continue to provide technical support to the national surveillance system (training and monitoring for HSS and HSS +) and work with the VAAC, NIHE and the SI TWG to prepare for the implementation of IBBS Round III (Sept-Oct 2012). Such TA will also encompass technical support for training on IBBS.
- **Complete the IDU/MSM sampling method comparison study (HCMC MSM leg):** SMART TA will continue its sampling method study with an RDS round among MSM in HCMC in Q4. Information from this leg will be combined with the Q3 completed study in Hai Phong among IDU. A draft report of the results is likely to be completed by December 2012.
- **Finalize MMT staffing study protocol**: SMART TA will finalize the protocol for the MMT staffing comparison study initiated in Q3, and prepare for implementation in Q4.
- **Disseminate results of MMT 24-month evaluation and Size Estimation studies**: SMART TA plans to disseminate the results of both the MMT 24-month evaluation of effectiveness, and the MARPs Size Estimations during Q4.

Improve programmatic data quality and use

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

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

Table 8| Data quality and use performance

Performance Indicator/ Output	FY12 Target	Q3 Achievement	Cumulative Achievement Through Q3
QI tools revised and harmonized for HIV care and treatment	Drafted, Q4	National QI data collection tool for care and treatment drafted and piloted	The national QI for Care and Treatment (HIV QUAL) is being piloting in 10 OPCs (including 3 SMART TA supported sites). SMART TA will continue this work and incorporate HIV QUAL in SMART TA supported sites with lesson learnt from the pilot
DQA tool and processes/protocols finalized	Tool/protocol developed in Q3	The DQA tool has been revised based on the results of the pilot in 4 provinces.)	DQA tool has been piloted in 4 provinces and revised to be the final draft.
Site-level cost data generated in SMART TA-supported provinces (program reviews)	10-11 provinces, Q2	3 provincial consultations conducted	11 provincial consultations
HIV MIS reviewed	4 meetings/year	The MMT reporting review report and the revision of MMT reporting forms approved by VAAC	The MMT reporting review report and the revision of MMT reporting forms approved by VAAC
Data use and decision making improved at provincial levels	4 DDM Workshops and 4 DDM on-site coaching visits/year (with HPI)	1 workshop and 1 coaching visit conducted	1 workshop and 2 coaching visit conducted

Achievements

- **HIVQUAL**: SMART TA continued to work closely with the National Care and Treatment Quality Improvement Program (HIVQUAL) to conduct the first of a series of coaching sessions for seven of 11 sites in this pilot program in Hanoi, Thai Binh and HCMC. The first round of coaching sessions was geared at ensuring that all sites have the appropriate QI action plans to improve performance. The sessions also aim to build the capacity of PACs to solve problems and make plans to improve performance independently.

- **Data Quality Audit tool**: In Q2 and Q3, SMART TA supported VAAC to pilot the first version of the national DQA tool in 4 provinces. After the pilot, the national DQA tool was revised and submitted to the VAAC for approval during Q3.
- **VNIS360 online database**: The program developed an online database (VNIS360) and piloted the database at the FHI office. This database will be used to manage information for key indicators on the SMART TA program.
- **MMT reporting system assessment:** The report of MMT reporting system assessment was approved by VAAC. The revised reporting forms for MMT clinics were approved by VAAC for piloting.
- **DDM initiative**: SMART TA continued to work with HPI on the Data Decision-Making (DDM) initiative. In Q3, SMART TA and HPI provided technical assistance for a DDM workshop on data communication in Hai Phong for DDM provincial staff and one round of on-site mentoring in nine PEPFAR provinces. The program also provided technical assistance during the 5-Year GVN Strategic Planning Workshop in two different provinces of Can Tho and An Giang.

Challenges

- **DDM data difficult to interpret at district levels**: The DDM data – while useful at the provincial level – can be difficult to interpret at district levels. Data interpretation is also compromised by the fact that donors emphasize different indicators, unit designations, and data interpretation methods.

Plans for the next quarter

- **Conduct second round of TA sessions for HIVQUAL sites and overall performance assessment**: SMART TA will provide coaching for a second round in HCMC and Thai Binh to build the capacity of PACs and OPCs to assess how sites have improved performance. The team will work with each province to adjust, revise, initiate or expand critical activities in the action plans. The program will also conduct an assessment to measure the performance of all 11 sites after the first pilot year of HIVQUAL implementation as part of an effort to expand HIVQUAL nationwide.
- **Conduct DDM workshop VII**: With experience and lessons learned from the Size Estimations study, SMART TA will collaborate with HPI and PEPFAR to conduct a 7th DDM workshop on MARP Size Estimations in August 2012 and a 7th round of on-site mentoring for nine PEPFAR provinces following the workshop.
- **Pilot DQA tool:** SMART TA will work closely with the PEPFAR SI TWG to support the VAAC to pilot the DQA tool at provincial and district levels in focus provinces. The tool will be used by

provincial and district staff to identify issues and strategies needed improve the quality of data in the national reporting system, and will be used to improve data quality at SMART TA supported sites.

- **Pilot revised MMT reporting forms:** SMART TA will support the VAAC to pilot newly revised reporting forms and reporting software, which will help MMT clinics staff collect and report required indicators more easily and to improve the data quality of SMART TA-supported MMT clinics.
- **Continue to pilot the VNIS360 database**: SMART TA will continue to support the VNIS360 database pilot and its implementation at the provincial level. The program will transition management to provincial M&E staff at PACs to promote appropriate and timely data use.
- **Provide TA to NIHE on data use**: SMART TA will provide technical support to NIHE for four trainings on the use of epidemiological data for all 63 provinces.

Support a set of priority research topics

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

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

Table 9| Priority research performance

Performance Indicator/ Output	FY12 Target	Q3 Achievement	Cumulative Achievements through Q3
Number of operational research studies conducted with technical and/or financial assistance from SMART TA	4	Co-pay model evaluation plan initiated; The first draft of MMT staffing efficiency study protocol developed	The first draft of MMT staffing efficiency study protocol developed
Number of community research projects generated through competitive grants process	3-4		RFA developed and submitted to USAID and PEPFAR working group
Number of articles submitted to peer reviewed journals	3	1 paper prepared and submitted 3 other papers have begun drafting	6 abstracts accepted at IAS; 1 published in a peer reviewed journal

Achievements

- **Barriers to enrollment in care study:** In collaboration with the VAAC, SMART TA finalized a qualitative study report on the *Facilitators and barriers to PLHIV enrolling and being retained in HIV care and treatment services in Vietnam*, and disseminated the study findings/recommendations for program planning and implementation.
- **Costing exercises**: SMART TA developed a proposal for additional costing exercises at the site level that will be used to explore opportunities for increasing efficiencies. SMART TA is in discussion with local partners and with the VAAC to see how the results can best fit the needs of all stakeholders.

Challenges

- **Cost analyses require substantial coordination:** While cost analyses are helpful in the context of declining funds, they can be complicated and require collaboration between numerous GVN, CSO and international partners.

Plans for the next quarter

- **Harmonize and/or select appropriate costing methods**: In Q4, SMART TA will work with the VAAC and other organizations (HPI, UNAIDS) to harmonize and select from a range of costing methods and choose appropriate sites for costing.
- **Compare different MMT clinic models**: SMART TA will use Q4 to finalize the protocol for a comparison study of different MMT clinic models to be used to advise on how best to implement MMT in Vietnam.
- **Issue RFA for small research grants**: The program will work closely with USAID to issue an RFA and select recipients for relevant small research grants.

Improve SI coordination and communications

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

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

Table 10| SI coordination and communications performance

Performance Indicator/Output	FY12 Target	Q3 Achievement	Cumulative Achievement Through Q3
Number of annual epidemic bulletins and technical updates developed and disseminated in collaboration with GVN and stakeholders	4	1	1

Achievements

- **Estimates and Projections**: In collaboration with the VAAC, WHO and UNAIDS, SMART TA finalized the draft report of the *National/Provincial HIV/AIDS Estimates and Projections Round III*. The report examines current, available epidemiological data in Vietnam and analyzes epidemic trends in addition to projecting the future course of the epidemic. This document will serve as a critical source of information for programming and planning.

Challenges

There are many players in the SI field and coordination/sharing efforts can always be improved. One possibility would be to include SMART TA in the PEPFAR SI working group.

Plans for the next quarter

- **Estimates and Projections**: In Q4, SMART TA will help the VAAC to finalize the HIV Estimates and Projections Round III report and disseminate the findings in the form of reports, one pagers, and dissemination workshops

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

Figure 3: SMART TA Objective 2 Interventions Strategy

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

1. Prepare GVN and CSO partners for transition
2. Undertake and support the transitioning process in targeted locales
3. Assess the effectiveness and efficiency of transitioned services and provide technical assistance as per the needs of the implementing partners

2.1 Prepare GVN and CSO partners for transition

In Year 1 of the program, SMART TA is focusing on understanding the GVN transitions "context" and preparing SMART TA GVN and CSO partners to transition through the following interventions:

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

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

Table 11| Transitioning performance

Performance Indicator/ Output	FY12 Target	Q3 Achievement	Cumulative total through Q3
Province CoPC reviews completed in SMART TA-supported areas	11 provinces by Q2	8 provincial consultations conducted	11
Provincial data interface created and used	Created by Q2	SMART TA provincial interface drafted	Draft interface
CoPC core/supplementary service packages drafted with all relevant stakeholders	Drafted by Q4	Review of current interventions undertaken by FHI 360 technical teams	Toolkit development initiated
PEPFAR working groups established and operational	Established by end of Q2	PEPFAR to lead development	
Transitions bodies established and operational	Up to 11 by Q4	PEPFAR and VAAC to lead establishment	Initial discussions held with PACs/PHSs in Can Tho and An Giang to devise composition of transitions bodies
Sub-agreement efficiency gains made	20% across each sub-agreement	Sub-agreement efficiency gains/processes in all	Agreement on efficiency gains by increasing the contribution from GVN

Performance Indicator/ Output	FY12 Target	Q3 Achievement	Cumulative total through Q3
		provinces outlined in sub-agreement templates	resources and reducing overlaps among local implementers reflected in new sub-agreements
Support development of 5-year strategic HIV plans in Can Tho and An Giang and integrate them as part of transition roadmap planning		Contributions and support provided for draft 5-year HIV strategic plans in Can Tho and An Giang	

Achievements

- **Development of core/supplementary service packages:** SMART TA technical teams, together with the PEPFAR and relevant PEPFAR partners, continued to review SMART TA-supported CoPC interventions to inform the preparation of CoPC core/supplementary service packages. SMART TA emphasizes three major components to advance this work: (a) collaboration with key partners to articulate the fundamentals of the service packages; (b) establishment of processes and, where necessary, additional data collection to ensure that the quality of services and patient outcomes are not adversely affected by changes to the service model; and (c) delivery of the core and supplementary service package across sites and provinces, based on the local nature of the epidemic and beneficiary needs.
- **Development of new sub-agreements**: SMART TA developed CoPC narratives and budgets to be used as a basis for developing new sub-agreements with GVN and CSO implementing partners. These sub-agreements have been approved by USAID and will come into effect on July 1, 2012. They differ from previous agreements in a number of substantial ways: (a) there is greater focus on the broader provincial response, including mobilization of more resources from provincial authorities; (b) sub-agreement time frames and reporting are aligned with GVN processes; (c) sub-agreements outline efficiency gains and/or processes for efficiency gains over time; and (d) sub-agreements outline processes for the development of core/supplementary CoPC service packages.
- **Development of transition oversight structures**: Together with PEPFAR and the GVN, SMART TA continued to support the development of CoPC transition oversight structures at the national and provincial levels. The establishment of these bodies is crucial to ensure the process is consistent across PEPFAR partners. The bodies also help foster ownership of the transition process and help to troubleshoot issues that threaten the success of the initiative.

Clear guidance/direction from PEPFAR on transition oversight structure and strategies has been critical.

- **Consultations with VAAC on transition**: SMART TA began consultations with the VAAC to outline cooperative activities to facilitate the transitioning process and strategies at the central level.
- **Information sharing**: SMART TA provided support to PEPFAR partners including Pathways and HPI to develop their work plans as part of an effort to foster information sharing and to strengthen the collaborative work between relevant organizations during the transitioning period.
- **Integration of services**: The program successfully integrated HTC with OPCs in Tan Chau, Tinh Bien and Thot Not as part of an effort to reduce operational costs, personnel, and loss to follow up of clients as they move to and from HTC and OPCs. Integration of services will ultimately foster more sustainable approaches to mitigating the HIV epidemic.
- **Health insurance scheme**: SMART TA successfully utilized government health insurance for 60 ART clients for OI treatment and lab test in An Giang.
- **Delegation of program implementation to the district level**: The program helped facilitate agreement between PACs and district health centers to delegate project implementation to the district level. There, government staff will be hired to take over the roles of contracted staff across the CoPC, increasing local ownership, strategic planning, and sustainability.

Challenges

- **Health insurance for OPC clients**: SMART TA is still struggling to advocate for the use of health insurance for clients at OPCs. The program has identified leadership as one of the main obstacles. Directors at Tan Chau, Cho Moi, and Thot Not hospitals have not yet committed to applying health insurance for OPC client costs.
- **Low HTC uptake at Thot Not:** Client uptake of HTC at Thot Not district remains low. There are different testing models currently in effect in Thot Not, including HTC for PMTCT and TB clients supported by LIFE-GAP, in addition to HTC integrated with OPC care under SMART TA.

Plans for the next quarter

- **Implement approved new sub-agreements**: SMART TA will implement newly developed and approved sub-agreements in SMART TA targeted provinces.
- **Develop core/supplementary service packages**: The program will continue to prepare draft CoPC core and supplementary service packages in Q4. Team members will conduct at least

one PEPFAR consultation to discuss the draft core/supplementary service package components.

- **Support development of transitions working groups and coordination bodies**: SMART TA will continue to work with PEPFAR and the GVN to develop transitions working groups and national and provincial GVN coordination bodies. The program will help establish transition boards in Can Tho and An Giang in Q4. The team is considering foregoing this step in Khanh Hoa and Da Nang as SMART TA programming in these provinces is relatively limited.
- **Advocate for the use of health insurance schemes**: The program will continue to advocate for the use of sound health insurance policies and protocols to support the costs of care and treatment for PLHIV. SMART TA will conduct a consultation workshop on health insurance policy and the health insurance system as it relates to care and treatment for PLHIV in Q4. The program will also support the An Giang PAC to organize a workshop on the application of health insurance for PLHIV clients as a means of transitioning costs of HIV/AIDS care and treatment from international donors/organizations to the government.
- **Transfer OVC activities**: SMART TA will work with the Can Tho PAC and the Thot Not PMC to review OVC activities as a first step in transferring the implementation and oversight of these activities to relevant local DOLISA and/or other child welfare organizations, including CSOs.

III. Strengthen Technical Capacity and Country Ownership

Figure 4: SMART TA Objective 3 Interventions Strategy

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

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

3.1 Access TA capacity, identify TA priorities and provide TA

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

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

Table 12| TA Performance

Performance Indicator/ Output	FY12 Target	Q3 Achievement	Cumulative Achievement Through Q3
Number of technical capacity assessments undertaken		Progress with these assessments has been limited, as provincial consultations focused on sub-agreement development.	
Number of SMART TA-supported provinces with provincial annual TA plans		In the absence of comprehensive technical capacity assessments, provinces do not yet have completed TA plans. However, the draft provincial TA template has been developed and various components of that plan have been negotiated, planned and/or commenced.	
Number of implementing partners provided with minimum package of technical and management capacity development assistance	36		
Number of Pathways-supported civil society organizations that received TA from SMART TA	5		
Number of health care workers who successfully completed an in-service training program	1,000	56 health workers in Tinh Bien- An Giang trained in PMTCT	1,144
Number of community health and paraprofessional social workers who successfully completed an in-service	3,000	0	638

Performance Indicator/ Output	FY12 Target	Q3 Achievement	Cumulative Achievement Through Q3
training program			
Number/type of coordinated TA provision		4 Clinical TA for Treatment doctors at OPCs provided in An Giang and Can Tho	
Number of institutions that have received SMART TA technical assistance providing technical assistance to GVN or CSOs at the national, provincial or district levels	TBD	VAAC and 4 regional institutions	

Achievements

- **Articulation of provincial technical assistance needs**: SMART TA has included articulation of jointly agreed upon technical assistance needs for building capacity for PACs in all new sub-agreements.
- **Specific training provided as needed to build capacity**: SMART TA offered a range of trainings and specific TA to government and CSO partners as prioritized by partners and program staff. Training and TA has been focused on the key issues as they arise and as part of sub-agreements (i.e. how HTC can be integrated with OPC services).
- **Regular mentoring**: SMART TA provided regular clinical mentoring visits using a standard clinical mentoring form which ultimately will be transferred to GVN and CSO program supervisors as programs transition.
- **Assess capacity of PLP**: The program provided technical support to Pathways to assess the technical capacity of PLP organizations. See 'plans for next quarter' for further details.
- **TA for national surveillances, data quality assurance, and use**: SMART TA provided technical support to the VAAC at central, regional and provincial levels to strengthen the national surveillance system, data quality assurance and data use.

Challenges

- **Variation in technical needs**: Technical needs vary across GVN and PLP/CSO partners. This requires substantial variation in approaches and staff time commitment to ensure consistency across program implementation, oversight, and planning.
- **Delays in development of provincial capacity-building plans**: Progress on the development of standardized provincial capacity-building plans has been stymied due to time-consuming finalization of sub-agreements.

Plans for the next quarter

- **Conduct needs assessments/develop capacity-building plans:** SMART TA will conduct needs assessments and develop capacity-building plans in Can Tho, An Giang, Khanh Hoa and Da Nang. The program will finalize the provincial capacity-building plan and commence implementation of the plan in Dien Bien Province.
- **Provide supportive supervision/training**: SMART TA will provide supervision training for government staff and update peers on core services and new ways for reaching/providing services for clients across prevention and care initiatives.
- **Conduct HTC training:** The program will provide an HTC training course for district/commune health care workers as part of the Treatment 2.0 pilot in Can Tho.
- **Develop standardized capacity assessment**: SMART TA will work with HAIVN to develop a standardized provincial and local capacity assessment protocol.
- **Develop *recruitment into care* action plan:** The program will develop a *recruitment into care* action plan which will build the capacity of local authorities to bring eligible PLHIV into the continuum of prevention to care and prevent loss-to-follow-up.
- **Strengthen PLP capacity**: SMART TA will continue to work with Pathways to strengthen technical capacity of COHED and Light (2 PLPs) in areas of Care and Treatment and prevention.
- **Support surveillance, data quality assurance, QI and data use:** SMART TA will continues to provide technical support for building capacity in surveillance, data quality assurance, QI, and data use.: We will support VAAC to implement DQA in 2 provinces, evaluate the first phase of HIV Qual pilot in 10 clinics, support NIHE to conduct data use training for 63 provinces, and prepare for IBBS implementation.

PROJECT MANAGEMENT AND PERSONNEL REQUIREMENTS

FHI 360 initiated a search for a Chief-of-Party for SMART TA during this period. At the end of this period, FHI 360 had interviewed several candidates and was in the process of preparing to present a candidate to USAID. FHI 360 will continue to work with USAID on the selection of the most appropriate individual to serve as Chief-of-Party.

INFORMATION ON COST OVER RUNS

Project spending is in line with SMART TA Quarter 3 expenditure targets.

NEXT REPORTING PERIOD TA AND INTERNATIONAL TRAVEL PRIORITIES

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