



USAID
FROM THE AMERICAN PEOPLE

SUSTAINABLE HIV RESPONSE FROM TECHNICAL ASSISTANCE (SHIFT) QUARTERLY REPORT

JUNE 10-SEPTEMBER 30, 2016



This document serves as the first quarterly progress report for the USAID Sustainable HIV Response from Technical Assistance (SHIFT) Project, covering the period June 10, 2016 through September 30, 2016.

USAID Contract No. AID-440-C-16-0000

Submitted to USAID Vietnam by FHI 360

October 15, 2016

TABLE OF CONTENTS

- Acronyms and Abbreviations..... 4
- Introduction **Error! Bookmark not defined.**
- CLIN 1 | Provide direct service delivery to achieve targets in priority provinces and transition services in maintenance and priority provinces 6
- Task 1.1 | Scale-up services in priority provinces to achieve 90-90-90..... 6
 - 1.1a | REACH..... 6
 - 1.1b | TEST 6
 - 1.1c | TREAT **Error! Bookmark not defined.**
 - 1.1d | MONITOR & EVALUATE..... **Error! Bookmark not defined.**
- Task 1.2 | Maintain DSD and then fully transition ownership of remaining sites in sustaining provinces.... 6
 - 1.2a | TRANSITION..... 6
 - 1.2b | SHI..... 7
- CLIN 2 | Provide demand-driven HIV/AIDS technical assistance 8
- Task 2.1 | Establish a demand-driven mechanism for TA provision..... 8
 - 2.1a | PROVIDE DEMAND-DRIVEN TA..... 9
- Gender and GBV 12
- Stakeholder Engagement..... 12
- Annex I | SHIFT Y1 Quarterly Benchmarks..... 15
- Annex II | SHIFT Site Transition Roadmap..... **Error! Bookmark not defined.**

ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral Therapy	PAC	Provincial AIDS Center
ARV	Antiretroviral	PBI	Performance Based Incentive
A-SOW	Assignment Scope of Work	PEPFAR	President's Emergency Plan for AIDS Relief
C-Link	HIV Community Link Project	PI	Pasteur Institute
CBO	Community Based Organization	PIO	Pass It On
CBT	Community Based Testing	PITC	Provider-Initiated Testing and Counseling
CHAI	Clinton Health Access Initiative	PLHIV	People Living with HIV/AIDS
CLIN	Contract Line Item Number	PMEP	Performance Monitoring and Evaluation Plan
CO	Contracting Officer	PMTCT	Prevention of Mother-to-Child Transmission
COP	Country Operational Plan	PSM	Procurement and Supply Management
CoPC	Continuum of Prevention-to-Care	PSS	Provincial Social Security
C&T	Care and Treatment	PWID	People Who Inject Drugs
CSO	Civil Society Organization	Q	Quarter
DDL	Development Data Library	ROC	Recurring Operating Cost
DHC	District Health Center	R-SOW	Request Scope of Work
DHS	District Health Service	RTTR	Reach-Test-Treat-Retain
DOH	Department of Health	S&D	Stigma and Discrimination
DSD	Direct Service Delivery	SBCC	Social and Behavior Change Communication
EOA	Enhanced Outreach Approach	SCDI	Supporting Community Development Initiatives
EPP	Estimation Projection Package	SHI	Social Health Insurance
FSW	Female Sex Worker	SHIFT	Sustainable HIV Response from Technical Assistance Project
FY	Fiscal Year	SI	Strategic Information
GBV	Gender Based Violence	SMART TA	Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance Project
GFATM	Global Fund to Fight AIDS, Tuberculosis & Malaria	SOW	Scope of Work
GVN	Government of Vietnam	SOPs	Standard Operating Procedures
HCMC	Ho Chi Minh City	STO	Senior Technical Officer
HFG	Health Finance and Governance Project	TA	Technical Assistance
HHW	Hamlet Health Worker	TAEMS	Technical Assistance Events Management System
HI	Health Insurance	TAMP	Technical Assistance Marketplace
HMIS	Health Management Information System	TB	Tuberculosis
HSS	Health Systems Strengthening	TO	Technical Officer
HTC	HIV Testing and Counseling	TOT	Training of Trainers
HTF	HIV Treatment Facility	TG	Transgender
ICT	Information and Communications Technology	USG	United States Government
IEC	Information, Education and Communication	VAAC	Vietnam Administration for HIV/AIDS Control
IP	Implementing Partner	VEMSS	Vietnam Evaluation, Monitoring, and Survey Services Project
KNCV	Koninklijke Nederlandse Chemische Vereniging	VNMSM-TG	Vietnam Network of MSM and Transgender
KP	Key Population	VNP+	Vietnam Network of People Living with HIV
Local SI	Local Strategic Information System Project	VNPT	Vietnam Posts and Telecommunications Group
LOE	Level of Effort	VNW+	Vietnam Network of Women Living with HIV
LTFU	Loss to Follow-Up	VSS	Vietnam Social Security Agency
M&E	Monitoring and Evaluation	VUSTA	Vietnam Union of Science and Technology Associations
MER	Monitoring Evaluation and Reporting	WHO	World Health Organization
MMT	Methadone Maintenance Therapy	WP	Work Plan
MOH	Ministry of Health	Y	Year
mRTS	Mobile Reach-Test-Start		
MSM	Men who have Sex with Men		
NIHE	National Institute of Hygiene and Epidemiology		
OI	Opportunistic Infection		

EXECUTIVE SUMMARY

The USAID Sustainable HIV Response from Technical Assistance (SHIFT) project is a five-year USAID contract managed by FHI 360 to rapidly complete progress towards extending HIV service coverage and achieving UNAIDS fast track "90-90-90" targets in three priority provinces while guiding transitioning efforts in 11 assigned provinces, including the three aforementioned provinces. SHIFT is a cost-plus fixed fee award organized into three major areas aligned with contract line item numbers (CLINs) and tasks:

- Scaling up services to achieve 90-90-90 HIV case finding, care and treatment targets in priority provinces (CLIN 1, Task 1.1)
- Transitioning ownership of a sustainable HIV response (CLIN 1, Task 1.2)
- Demand-driven technical assistance (CLIN 2, Task 2.1)

This document serves as the first quarterly progress report for the USAID SHIFT project, covering the period June 10 through September 30, 2016. During this period USAID SHIFT overlapped with the ongoing implementation of the USAID SMART TA project, through which 11 provincial health partners were still engaged in subawards slated to end in September 2016. The majority of USAID SHIFT activities in this phase focused on preparing the project's Year One (Y1) workplan and Program and Monitoring and Evaluation Plan (PMEP), establishing the demand-driven TA mechanism required under CLIN 2, and preparing provincial subcontracts to commence in the first quarter (Q1) of fiscal year 2017 (FY17). Activities and deliverables achieved during this period include:

- Soliciting USAID guidance required to finalize the project's Y1 PEPFAR Monitoring, Evaluation and Reporting (MER) targets
- Drafting, revising and receiving USAID approval for the project's Y1 Work Plan and PMEP
- Orienting key partners to the USAID SHIFT project, requirements, and Y1 priorities
- Developing subcontracts with 11 provincial authorities
- Developing and refining procedures, tools, and a website for the USAID SHIFT TA Marketplace
- Collecting documentation required to enroll 60 TA providers in the USAID SHIFT TA Marketplace
- Submitting and receiving approval for the project's first Request Scope-of-Work (R-SOW)
- Designing activities to fulfil 27 Above Site TA requests from USAID
- Preparing for FY17 Q1 project activities, including the official launch of the USAID SHIFT TA Marketplace and website; seamless transition of service delivery and technical support previously delivered under the USAID SMART TA program; and intensive progress to achieve Y1 aims in outreach, case finding, testing, treatment, retention, viral load suppression, site transition, and social health insurance (SHI) scale-up.

Progress achieved during the USAID SHIFT startup period is presented within this report by CLIN, task, and sub-task, followed by progress updates related to gender, stakeholder engagement, and project management and personnel. Progress versus quarterly benchmarks for each domain are provided in **Annex I**.

CLIN I | Provide direct service delivery to achieve targets in priority provinces and transition services in maintenance and priority provinces

TASK I.1 | Scale-up services in priority provinces to achieve 90-90-90

Until September 30, 2016, the predecessor USAID SMART TA program led direct service delivery (DSD) and technical assistance for service delivery improvement (TA-SDI) support to enable the priority provinces of Dien Bien, Nghe An, and Ho Chi Minh City to achieve 90-90-90 targets. During overlap between USAID SHIFT startup and USAID SMART TA operation (e.g. June 10-September 30, 2016), under Task I.1 USAID SHIFT confirmed PEPFAR 2016 Country Operational Plan (COP 16) provincial, district, and site-level targets for priority provinces; designed and finalized technical strategies to be used to achieve Task I.1 aims; crafted inputs for the Task I.1 sections of the project's Y1 workplan, provincial subcontracts, and PMEP; and prepared for a seamless transition of support from USAID SMART TA to USAID SHIFT effective October 1.

During this period USAID SHIFT also delegated roles and responsibilities for project team members to closely support and promote progress towards the project's ambitious Y1 outreach, case finding, testing, treatment, retention, and viral load suppression aims in priority provinces. USAID SHIFT worked closely with USAID Vietnam to refine and verify outreach and case finding targets that align with PEPFAR COP 16 targets and with the latest knowledge of the HIV epidemic in Ho Chi Minh City, Dien Bien, and Nghe An provinces. Refined Y1 workplan activities and tasks were used to inform detailed inputs for provincial subcontracts with priority provinces.

In the coming quarter USAID SHIFT will:

- Continue implementing a revised set of standard operating procedures (SOPs) to strengthen community-service linkages, enhance treatment retention, and reduce loss to follow-up. This work began under USAID SMART TA and continued in earnest under USAID SHIFT effective October 1, 2016. Efforts will especially focus on mountainous communes and hamlets with difficult transportation conditions, poorer patients and facilities, and limited human resources for health.
- Continue implementing the revised Mountainous Outreach Model and Pass-It-On approach to support intensified case finding in nine DSD outreach sites in Dien Bien and Nghe An and the Enhanced Outreach Approach via Blue Sky in HCMC, with augmented SOPs for individual treatment retention plans and community linkage and support resources.
- Implement updated provider-initiated HIV testing and counselling (PITC) SOPs, job aids and tools, aligned with new national HTC guidelines (Circular 01/2015), to substantially increase the impact of hospital-based testing in identifying and linking HIV-positive people to care and treatment.
- Continue progressively transitioning responsibility for mobile reach-test-start (mRTS) missions to provincial authorities in Dien Bien and Nghe An, including increasing provincial capacity and confidence to compare testing and treatment databases to identify unlinked cases, pinpoint communes and hamlets with greatest unmet need for HIV services, organize and mount mRTS missions with qualified personnel, and take measures to ensure that patients reached during missions receive continuous access to treatment and support.
- Ensure immediate access to ART across HIV treatment facilities (HTFs), and improve ART retention through community-based dispensing and extended ARV take-home allotments beyond 30 days.
- Continue implementing provincial frameworks for TB/HIV case finding and treatment, and provide ready access to isoniazid preventive therapy.
- Improve the quality and accessibility of MMT services in Nghe An and Dien Bien provinces.
- Expand the availability and quality of pediatric HIV care and treatment beyond provincial hospitals.
- Scale-up and ensure the quality of viral load (VL) testing for routine patient monitoring.
- Strengthen provincial capacity to accurately measure and monitor all aspects of the HIV response with increasing autonomy.

TASK I.2 | Maintain DSD and then fully transition ownership of remaining sites in sustaining provinces

I.2a | TRANSITION

During the project's start-up phase, USAID SHIFT formalized its plans to transition ten DSD sites by the end of Y1, towards meeting further sizeable site transition targets in Y2 and complete transition for all DSD sites in early Y3. This is an important and urgent task given the brevity of the transition timeline and importance of

ensuring a sustainable transition. USAID SHIFT worked closely with USAID Vietnam to define the following criteria to prioritize sites for YI transition:

- USAID priorities
- Strong commitment and readiness from the local government supporting a given site
- For HTFs, progress in consolidating to meet SHI reimbursement criteria
- For Reach and Test sites, a low volume of KPs reached, screened and found positive

Based on these criteria, USAID SHIFT identified the following sites to transition from DSD by September 30, 2017:

- Three HTFs in An Giang (Cho Moi, Tan Chau and Tinh Bien District General Hospitals)
- Two HTFs in Ho Chi Minh City (District 9 and Hoc Mon District Preventive Medicine Centers)
- One HTF each in Can Tho (Thot Not District General Hospital), Hanoi (Soc Son District Health Center), Quang Ninh (Hoanh Bo District General Hospital), and Thai Binh (Dong Hung District Health Center)
- One Reach site in Dien Bien (Muong Cha)

The project compiled a list of remaining facility staff to be trained on HIV treatment stemming from the SHI consolidation process, and completed plans for provincial coordinators and C&T technical site monitors to organize the training. USAID SHIFT also finalized a site transition dashboard that will continue to be updated monthly. The project reviewed and updated its transition readiness assessment tool with special attention to provincial and HTF site requirements for SHI implementation. The updated tool details staffing issues and financial mobilization for local authorities to address in preparing HTFs for transition. USAID SHIFT technical teams also reviewed and updated post-transition technical performance monitoring tools towards ensuring that transitioned sites sustain quality services.

In the coming quarter USAID SHIFT will continue preparing, tracking and promoting sites progress towards transition targets, and conducting post-transition technical monitoring using these updated tools. The project will continue to revise and adapt its practices and tools to accommodate changing dynamics in the HIV response, including the level of funding available from central and provincial authorities and types of services that can be supported through local government, PEPFAR, and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) resources.

1.2b | SHI

During the startup period, USAID and its implementing partners, PEPFAR, VAAC, and the US Centers for Disease Control and Prevention (CDC) and its implementing partners clarified roles and responsibilities for promoting SHI scale-up and HTF consolidation in Vietnam as follows:

Province	Funder/Project Lead for SHI scale-up
Can Tho, Ha Noi, Hai Phong, HCMC	USAID/Health Finance and Governance (HFG) Project
An Giang, Hoa Binh, Quang Ninh, Son La, Thai Binh, Thanh Hoa	CDC/VAAC-US.CDC
Bac Giang, Dien Bien, Lao Cai, Nghe An	USAID/SMART TA (through September 30, 2016) and SHIFT (from October 1, 2016) Projects

These organizations also harmonized consolidation concepts and criteria to ensure consistency. USAID SHIFT readied its HTF consolidation and SHI implementation tracking tool, and mapped the consolidation and SHI coverage status for all 54 of the project’s DSD HTFs. USAID SHIFT worked closely with VAAC-US.CDC and USAID/HFG to review and plan for consolidation of six sites in An Giang (Tan Chau, Tinh Bien, Cho Moi), Can Tho (Thot Not), Quang Ninh (Hoanh Bo) and Hai Phong (Hai An), and made plans to jointly assess four additional sites in District 9, Hoc Mon, Soc Son and Dong Hung in the first quarter of FY17.

The predecessor USAID SMART TA project undertook substantial work during the same period to promote and scale-up electronic health information system (eHIS) integration and numerous other activities required to expand SHI coverage while reducing donor funding for the HIV response. As these activities were funded under the USAID SMART TA mechanism, they will be detailed in the USAID SMART TA Y5 annual progress report.

CLIN 2 | Provide demand-driven HIV/AIDS technical assistance

TASK 2.1 | Establish a demand-driven mechanism for TA provision

The TA Marketplace is a major new mechanism launched under the USAID SHIFT project to provide demand-driven support to local HIV stakeholders. The project undertook substantial work to design and launch both the TA Marketplace mechanism and its website during the initial start-up phase.

As required in the USAID SHIFT contract, during its first thirty days the USAID SHIFT project outlined and began undertaking plans to ensure that local HIV stakeholders and TA providers would understand and be able to utilize the TA Marketplace mechanism. On July 8, 2016 USAID SHIFT submitted its TA Marketplace communication and dissemination plan defining when, how, and which local stakeholders would be oriented to the Marketplace. USAID SHIFT diligently liaised with USAID Vietnam to confirm which entities would be eligible to request USAID SHIFT-funded TA and what types of requests were most likely to receive approval in Y1. Doing so was essential to appropriately manage expectations from a potentially large swath of organizations that might otherwise fruitlessly invest time in applying for support.

In July the project convened with leaders of all VAAC departments to introduce both the USAID SHIFT project and the TA Marketplace mechanism. During the startup period the project also introduced provincial partners to the TA Marketplace during Y1 work planning and provincial subcontract workshops, and forward planned for a more intensive TA Marketplace Orientation Event which convened on October 7, 2016. This orientation event and subsequent FY17 Q1 activities will be described further in the project's next quarterly progress report.

In its first sixty days USAID SHIFT drafted and refined core SOPs and tools to request technical support and register potential TA Providers for the TA Marketplace and submitted these to USAID on August 10, 2016. By this point the project had also outlined its key technical strategies for Y1 and plans to fulfill 27 above site TA requests from USAID, as described in the USAID SHIFT Y1 Work Plan. Progress on these 27 requests is described below.

In August the project sought and received approval from the USAID Web Governance Board to create the TA Marketplace website. USAID SHIFT initially issued a request for applications from vendors to develop the site and conducted a competitive selection process. However, as the vision and requirements for the TA Marketplace and its website continued to evolve, the project explored alternative tools that would allow USAID SHIFT to both rapidly upload new content to the site (such as new TA Provider profiles) and flexibly alter the structure of the site as new projects need emerge. These might include, for example, using the TA Marketplace website to solicit input from local HIV stakeholders on PEPFAR COPI7 priorities for Vietnam. After assessment and testing, USAID SHIFT opted to use the SquareSpace platform to build the first iteration of the TA Marketplace website, now live at www.TAMarketplace.org.

USAID SHIFT recognizes the importance of making a significant cadre of well qualified TA providers available through the TA Marketplace. During start-up, USAID SHIFT identified and began collecting documentation required to register TA providers for the Marketplace. By September 30th, USAID SHIFT had collected and compiled documentation and took steps to assess and verify qualifications and biodata for 60 TA providers, including 20 external TA providers. The project will begin creating and posting profiles for veritable TA providers on the TA Marketplace website in October.

In September USAID SHIFT submitted and received rapid approval from USAID for its first Request Scope-of-Work (R-SOW) issued under the TA Marketplace. The approved assistance is supporting VAAC to mainstream gender into both the national HIV M&E system and HIV response more broadly. With USAID SHIFT funding, two local national consultants will be designing gender-HIV-M&E mainstreaming curricula to be deployed in fall 2016. In 2017 VAAC and a USAID SHIFT-funded consultant will support Dien Bien and Nghe An provinces to pilot a gender inclusive approach and tools to HIV planning and budgeting. Their experiences will be used to refine the approach and tools before disseminating them for use more widely in mid- to late-2017.

In the following quarter USAID SHIFT will be undertaking substantial work to expand the online TA Provider Directory, define procedures for enrolling organizations in the TA Marketplace, and undertake a prequalification and selection process for individual and institutional TA providers to provide TA in specific technical areas. With the execution of this prequalification/selection process, the project will have satisfied USAID procurement rules for competition, thus enabling USAID SHIFT to expedite procurement of select

TA providers to undertake USAID-approved TA assignments. While taking these measures, the project will submit additional R-SOWs for USAID review, and following USAID approval, take steps to execute A-SOWs expeditiously. USAID SHIFT will also monitor and evaluate the quality of TA provided through the TA Marketplace to ensure that both the customer and USAID are satisfied with the value of the technical support.

2.1a | Provide demand-driven TA

In mid-June, 2016 USAID Vietnam provided FHI 360 with a list of 27 above-site (national and provincial-level) TA requests to be implemented in the project's first year under CLIN 2. The project convened in person meetings and exchanged numerous follow-up communications with VAAC to plan and begin organizing support to meet these requests. USAID SHIFT will submit R-SOWs and seek USAID approval before embarking on intensive efforts to fulfill each request. As the local context and needs evolve, some of the 27 above-site requests may require multiple R-SOWs. In other cases, more than one of the 27 above-site requests may be addressed through a single R-SOW.

Progress versus quarterly benchmarks for each of the 27 above-site TA requests appear in **Annex I**.

- Expenditure analyses for HTC, outreach, MMT service by site, including unit cost for single cases tested and/or referred at SMART TA-supported sites to improve efficiency.*

During the start-up period, USAID SHIFT reviewed existing analyses of HIV program expenditures over the previous five years. Based on this review, USAID SHIFT anticipates conducting this exercise for sites with previously high unit costs to find and show improvements in service efficiency.
- VAAC routinely performs analysis and reports data to identify program gaps to inform provincial program actions. Use of HIVInfo data to re-engage previously identified cases and link them to ART in targeted provinces*

Work to fulfill this request will begin in the first quarter of FY17.
- Technical assistance provided to VAAC, PACs and DoHs on estimations and projection exercises for PLHIV and KP size estimation in Điện Biên, Nghệ An and HCMC. Provinces supported to use epidemic data for 90-90-90 planning, including target setting and resource allocation.*

During the start-up period, USAID SHIFT collaborated with UNAIDS, CDC and other partners to support VAAC to convene a training workshop on modeling methods for provinces from September 6 through 9, 2016. USAID SHIFT will continue to support PACs to input provincial data and run their models to produce estimates of progress against the first 90 indicator and better understand their HIV epidemic at provincial level.
- Expansion of quality improvement in the three priority 90-90-90 provinces and eight sustaining provinces by supporting robust HIV M&E system and Hospital Information System for SHI reimbursement. Emphasis will be on systematic information for SHI reimbursement, implementation of circulars 3 and 09 and quarterly program data analysis, feedback and use. This activity will ensure that instead of service delivery points report directly to PAC, the district data manager must comply with C3 requirements to collect and verify data of his/he own district to report to PAC. In the 90-90-90 implementation context, this will strengthen the ownership of the HIV district manager by knowing the district's epidemic, knowing its response and monitoring district program performance.*

Between June 10 and September 30, USAID SHIFT developed a set of indicators to track SHI reimbursement progress for HTFs as planned in the project's Y1 Work Plan.
- Strengthened utilization of the national HIV database (e.g. HIV Info, Circular 3 M&E reported results at the central and provincial databases) to support ART attrition and retention monitoring during the transition to SHI.*

Work on this request will begin in FY17 Q1, during which USAID SHIFT will help develop a C3 dashboard.
- Support provided for vital status and ID verification following HIV positive confirmation at HTC sites, HTC testing services supported to ensure quality data is added to the HCRS database*

Work on this request will begin in FY17 Q1, during which USAID SHIFT will review current processes to verify and record HIV cases by comparing C09 requirements with current provincial practices.
- Scaled up active case finding and expanded ARV enrollment in Nghệ An and Dien Bien. Development of provincial treatment database at PAC to enable case tracking system with HCRS. This will support GVN system to track and re-engage previously identified cases to HIV C&T services.*

This activity links closely with work launched under the USAID SMART TA program. Under USAID SMART TA, FHI 360 worked with Song An company to build and integrated the HIV module into the electronic health information system for facilities in Dien Bien. USAID SMART TA launched the module

in Tuan Giao in July and is supporting its implementation in additional sites across the province. Efforts will continue under USAID SHIFT, including to refine and ensure the quality of HIV reporting generated through the integrated system in Tuan Giao. Additional YI activities for this request are described in the project's YI Work Plan.

8. *Provincial cascade model developed to inform programmatic gaps and future planning – scale up provinces as priority. Enhanced programmatic and data linkages between HCRS and VCT, OPC services and CoPC linkages at community level.*
Efforts to fulfill this request will begin in FY17 Q1.
9. *TA market/TA network supports case finding and C&T at facilities linked to HI system.*
Under USAID SMART TA, FHI 360 completed the second draft of an outreach/enrollment and re-engagement of LTFU/late appointment SOP and presented it to USAID for further inputs and revisions. USAID SHIFT met with Dr. Nguyen Minh Tam, Head of the Harm Reduction Division of VAAC, as well as its USAID COR for further clarification on the main TA objectives and scope of this TA in order to draft the R-SOW and engage relevant TA providers.
10. *TA provided to assist local CSOs to detail and support capacity building action plan*
During the startup period USAID SHIFT worked with VUSTA to plan for a forthcoming R-SOW. That request will focus on three areas: enhancing capacity of VUSTA-affiliated local CSOs in community outreach and linking KPs to facilities, strengthening VUSTA and affiliated CSO capacity in M&E for HIV, and leveraging advocacy to increase CSO involvement in dialogue with the Government of Vietnam on HIV programming and policies. The latter will include efforts to promote mechanisms by which CSOs can operate and provide HIV services, including for SHI-for-PLHIV. USAID SHIFT also met with Life Centre, VNP+, Blue Sky and HCMC PAC to develop key TA activities focused on targeted case finding and treatment retention. USAID SHIFT anticipates submitting related R-SOWs to USAID in FY17 Q1.
11. *Scale up active case finding and expanded ARV enrollment in Nghe An and Dien Bien. Integrated ARV patient management and reporting in the District Hospital/Health Center Information System to enable health insurance reimbursements as well as HIV treatment programmatic reporting in the curative system.*
Per the project's YI workplan, USAID SHIFT anticipates beginning work to fulfill this R-SOW in Q2 of FY17.
12. *Capacity building for DOHs/PACs on leadership, management and supervision of HTC program to meet technical program performance indicators and standards during the transition and post-transition phases.*
USAID SHIFT had initial discussions with VAAC on this TA item. USAID SHIFT and VAAC are developing a set of R-SOWs related to this item in October and will submit them to USAID for review.
13. *TA to provinces to apply innovative and effective models to enhance case finding and linking KP+ to HTC/HIV C&T through innovative approaches of service delivery and linkage, to shorten time from diagnosis to treatment access and to reduce lost to follow up from all testing settings*
USAID SHIFT began working with VAAC to develop R-SOWs related to this TA request, which it anticipates submitting to USAID in early Q1 of FY17.
14. *Continue to work with VAAC and other relevant GVN bodies to maintain recurrent funding for central and provincial medication funding as well as for recurrent operational costs for HIV services.*
After working closely with VAAC to maintain recurrent funding for methadone medication under both the predecessor USAID SMART TA and current USAID SHIFT projects, the Government of Vietnam is expected to allocate sufficient resources for methadone over the next five years.
15. *Develop National Methadone Quality Guidance (MethQUAL) for service quality improvement.*
USAID SHIFT convened initial meetings with the Harm Reduction Department of VAAC on an R-SOW to develop National Methadone Quality Guidance (MethQUAL) for service quality improvement. USAID SHIFT anticipates submitting an R-SOW to USAID in FY17 Q1 in order to launch this work in earnest.
16. *Treatment retention SOPs and operational SOPs for attrition rapid action plan for provincial program and site level. This includes cross-sectional SOPs from data analysis to identify problems, solutions and action plans.*
SHIFT had initial meetings with Care and Treatment Department of VAAC on the scope of work for development of national procedure on treatment retention intervention. VAAC will lead this process with main technical support from USAID SHIFT and involvement of other relevant stakeholders and partners.

SHIFT will send the final retention package to VAAC as the baseline technical products and involve VAAC in the pilot in 3 provinces of Quang Ninh, Dien Bien and Nghe An for its information.

17. *Nghe An and Dien Bien PACs supported to implement ARV dispensing housed in commune health stations in mountainous districts*

USAID SHIFT will continue work undertaken by USAID SMART TA to build capacity for Dien Bien and Nghe An PACs in commune ARV dispensing training and on-site coaching for HTFs sites. These efforts will continue in earnest in FY17 Q1.

18. *Train provincial MMT staff in using Methadone Quality Data (MethQUAL) for service quality improvement.*
Per the USAID SHIFT Y1 workplan, training on Methadone Quality Data is anticipated to take place in Q3 FY17.

19. *Support VAAC conduct MMT ToT training workshops and follow-up with trained PACs and provincial MMT mentoring network on their routine site-level mentoring and supervision (capacity building, network/organizational level)*
Per the USAID SHIFT Y1 workplan, the MMT ToT is planned for FY17 Q1.

20. *Support VAAC conduct training workshops and follow-up to PACs to build provincial MMT trainers (capacity building, individual level)*
Per its Y1 workplan, USAID SHIFT-supported training on MMT mentoring and supervision is expected to begin in Q1 of FY17.

21. *Support VAAC to consolidate HIV treatment system during the transition to SHI*
Under the USAID SMART TA program, FHI 360 supported VAAC to develop a national training curriculum for HIV certified treatment courses. The training plan consisted of approximately 20 courses for all provinces supported by PEPFAR and the Vietnam National HIV Program. USAID SMART TA worked with VAAC to conduct the first series of training courses to certify more than 200 health staff in 10 provinces. If needed, USAID SHIFT will continue these efforts.

22. *Support VAAC and National TB program (NTP) on TB/HIV integration, linkages and implementation*
USAID SMART TA provided TA to GFATM in developing TB/HIV integration technical materials to be implemented in 12 GFATM supported provinces, and helped finalize the national TB/HIV framework presented in a recent national workshop. USAID SHIFT is supporting Dien Bien and Nghe An to implement provincial TB/HIV frameworks and training for all districts to accelerate HIV and TB case finding and promote early TB and HIV treatment among co-infected clients. USAID SHIFT will continue this work in FY17 Q1 and beyond.

23. *Prepare hospitals system for transition of SMART TA supported clinics to SHI and to ensure the continuation of service and ARVs reimbursement and quality of critical services*
While the USAID SMART TA program continued work in this domain through September 30, USAID SHIFT will continue it effective October 1, 2016.

24. *Official GVN commitment to increase ARV funding and sustain health insurance coverage for PLHIV (SHI)*
During the USAID SHIFT startup period, the USAID SMART TA program helped convene a policy dialogue on barriers to SHI for PLHIV in Ho Chi Minh City. The USAID SMART TA program is expected to convene a similar event in the North in early FY17 Q1 in order to maximize available resources before project close-out. USAID SHIFT is collaborating closely with VNP+ on this issue and anticipates submitting a related R-SOW to USAID in Q1 of FY17.

25. *TA provided to develop needed circular for VL and CD4 reimbursement through SHI, provide training to clinicians and lab staff for routine VL testing for patients on ART in selected provinces, including support for sample referral system and transport.*
After an initial meeting with the VAAC Care and Treatment Department, required guidance on VL for SHI reimbursement will be integrated into the upcoming revision of Circular 15. VAAC is now working with the Ministry of Health's SHI Department to do so. USAID SHIFT will provide follow-up support if needed to ensure this takes place or, if required, draft a separate circular as outlined in the project's Y1 Work Plan.

26. *Online e-learning and technical updates housed at VAAC Portal*

USAID SHIFT discussed with and received positive feedback from the VAAC's Information, Education and Communication (IEC) Department regarding this domain of work, and will launch formal efforts in Q1-2 of FY17.

27. TA provided to review and revise the 10-year old HIV law to address new 90-90-90 targets and the necessary human and domestic financial resources to implement the new HIV/AIDS program that allow new KP-focused reach, test, treat and retain KPs interventions to accomplish 90-90-90 goals

The USAID SHIFT project worked Dr. Le Huong, Chief of Administration Bureau for VAAC, on the detailed plan, activities, timelines, deliverables, and budget for an R-SOW to fulfill this request. The R-SOW includes details on how USAID SHIFT, VAAC and TA providers will (1) design and conduct mini assessments on HIV Law implementation on harm reduction, HTC, C&T and PMTCT, communication and resource mobilization, and M&E and surveillance; (2) produce an aggregated impact report and recommendation for revision of the HIV Law; and (3) coordinate, facilitate, follow-up on, and ensure all activities and deliverables are produced according to agreed timelines. USAID SHIFT submitted and received USAID approval for this R-SOW in early October and is commencing implementation immediately.

GENDER AND GBV

As described under CLIN 2 above, during the startup period USAID SHIFT submitted and received USAID approval to support a scope-of-work to mainstream gender into the HIV response, including monitoring, evaluation, and budgeting and planning, during the project's first year. USAID SHIFT will actively support implementing the approved scope-of-work (A-SOW) for these activities in FY17 Q1 while pursuing the project's broader plans to conduct a gender and GBV assessment, with USAID endorsement.

STAKEHOLDER ENGAGEMENT

From the outset, USAID SHIFT has engaged proactively with government partners. The project convened a briefing for VAAC leadership and senior managers, followed by a series of meetings to discuss the TA Marketplace mechanism and VAAC's role in it, as well as USAID SHIFT and VAAC collaboration to address the 27 above-site (national and provincial-level) TA tasks assigned by USAID.

We also conducted project briefings with provincial-level government stakeholders i.e. PACs and DOHs in the three priority provinces and eight sustaining provinces assigned to USAID SHIFT, through orientation sessions that primarily focused on subcontract development (see below in the project management and personnel section for more information).

PROJECT MANAGEMENT AND PERSONNEL

PROJECT MOBILIZATION

FHI 360 was able to mobilize the USAID SHIFT project quickly due as the incumbent USAID implementing partner for the still active USAID SMART TA project (slated to end December 31, 2016). In addition, FHI 360's status as an organization registered for many years with PACCOM and its longstanding relationship with the Ministry of Health and VAAC, enabled a rapid startup and obviated the need to secure government project approvals.

An important mobilization milestone was the completion of 11 firm-and-fixed price (FFP) subcontracts with provincial health entities in the three priority and eight sustaining provinces (see below for details). USAID SHIFT also submitted the project workplan and budget covering the period June 10, 2016 to September 30, 2017 (FY16-17), for which we obtained USAID approval. USAID SHIFT also submitted to USAID the communication and dissemination plan for the TA Marketplace, as required in the project contract.

By the end of the quarter, signifying the end of the startup/mobilization period, relevant USAID SMART TA technical activities were poised to transition smoothly to USAID SHIFT at the beginning of FY17 (October 1). In addition, FHI 360 executed staff sharing arrangements for the USAID SHIFT and USAID SMART TA projects, with select technical and operational staff ready to transfer more fully to SHIFT effective October 1, and ready to complete a final transition effective January 1, 2017. With technical and operational modalities, and qualified human resources, firmly in place, USAID SHIFT is already making strides toward meeting project results for its first full fiscal year of implementation.

USAID RELATIONSHIP MANAGEMENT AND COMMUNICATION

USAID SHIFT commenced biweekly meetings with its Contracting Officer's Representative (COR) and the USAID Health Office team, which were combined with USAID SMART TA biweekly meetings, to review outstanding project issues, progress, and challenges, and to receive client direction and guidance. We also met twice with the USAID Contracting Officer, together with USAID Health Office personnel, to discuss and receive guidance on USAID SHIFT contractual issues.

In addition, USAID SHIFT submitted weekly bullets on Fridays, as stipulated in the project contract, summarizing project startup and mobilization activities and accomplishments. Beginning in the first quarter of FY17, these bullets will summarize technical accomplishments, following the bullet format established under USAID SMART TA, as agreed with the COR. USAID SHIFT also submitted bulleted monthly reports for July and August, 2016.

STAFFING

As noted above, FHI 360 has executed a staff sharing arrangement between USAID SMART TA and USAID SHIFT. From June to September 2016, the majority of staff time was dedicated to implementing and supporting full-scale USAID SMART TA activities, with limited level of effort, mostly at senior levels, dedicated to USAID SHIFT start-up and mobilization under CLINs 1 and 2. By the end of the quarter, we commenced enactment of a plan that would reduce the number of staff transitioning from USAID SMART TA to USAID SHIFT. This involves the elimination of four technical staff positions and one operational staff position, totaling five positions, currently funded under USAID SMART TA. We will continue to enact staff reductions through the life of the project, as reflected in our original USAID SHIFT project proposal.

SUBCONTRACT DEVELOPMENT AND MANAGEMENT

A primary task in the first quarter was to conclude one-year firm-fixed price subcontracts with government health partners in the project's three assigned priority provinces and eight "sustaining" provinces. USAID SHIFT commenced the process with one-on-one discussions with relevant parties in PACs and DOHs, followed by the execution of two subcontract orientation and planning workshops in Hanoi for PACs and DOHs representing the three priority provinces and eight sustaining provinces, respectively. By the end of the quarter, the project received USAID Contracting Officer consent to enter into 11 firm-fixed price subcontracts with government health entities as listed in the table below, and we commenced full execution of the subcontracts immediately. Below is a list of the subcontracts.

#	Government Health Entity	Subcontract Value	
		Vietnamese dong	US dollars
<i>Priority Provinces</i>			
1	Dien Bien PAC	VND 6,919,204,400	\$309,861
2	Nghe An DOH	VND 7,036,176,000	\$315,100
3	HCMC PAC	VND 9,084,394,600	\$406,825
<i>Sustaining Provinces</i>			
4	An Giang PAC	VND 764,794,000	\$34,250
5	Bac Giang PAC	VND 305,401,000	\$13,677
6	Can Tho DOH	VND 242,414,000	\$10,856
7	Ha Noi PAC	VND 2,165,057,500	\$96,957
8	Hai Phong DOH	VND 723,725,000	\$32,410
9	Lao Cai PAC	VND 783,730,000	\$35,098
10	Quang Ninh PAC	VND 1,159,004,500	\$51,093
11	Thai Binh PAC	VND 123,283,000	\$5,521
TOTAL		VND 29,307,184,000	\$1,311,648

The primary purpose of the three respective subcontracts with the Dien Bien PAC, Nghe An DOH, and HCMC PAC, is to support the delivery of HIV "reach-test-treat" services with the aim of achieving 90-90-90 targets in their respective priority provinces identified in the USAID SHIFT contract scope of work. The primary purpose of the remaining eight listed subcontracts with PAC and DOH entities in the so-called sustaining provinces is to support remaining DSD and TA-SDI sites while the PAC or DOH oversees site transition efforts in conjunction with the USAID SHIFT project.

The subcontractors will be eligible to receive quarterly and annual performance incentive payments should they support successfully the achievement of targets provided in their respective scopes of work. In the case of the subcontracts with the three entities in the priority provinces, the incentives provide relatively modest rewards for the achievement of critical 90-90-90 related targets, and increasing HIV patient enrollments in social health insurance, which is critical to sustain Vietnam's HIV response after transitioning from PEPFAR and Global Fund support. In the case of the subcontracts with entities in the eight sustaining provinces, there are even more modest incentives for achieving limited targets again related to securing social health insurance coverage for HIV services. We believe the performance-based incentives, however modest, will enhance USAID SHIFT prospects for achieving critical programmatic objectives outlined in the contract scope of work. We see limited downside risk in providing such performance-based incentives to government entities, as they follow an emerging trend in other USAID-funded health programs in the developing world.

ANNEX I | PROGRESS VERSUS QUARTERLY BENCHMARKS

Quarterly benchmarks are provided below for each CLIN, task, and sub-task, including progress versus benchmarks for the project's startup period (June 10-September 30, 2016).

CLIN I | Provide direct service delivery to achieve targets in priority provinces and transition services in maintenance and priority provinces

Task I.1 | Scale-up services in priority provinces to achieve 90-90-90 HIV-case finding, care, and treatment targets

I.1a REACH					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
At least 4,224 KP in Dien Bien reached in which 2,400 KP referred to HTC with 1-2% proportion of those KPs who are HIV+ via 2 DSD sites using MOM and PIO	<ul style="list-style-type: none"> ✓ REACH section of subcontracts with Dien Bien PAC and two districts of Muong Ang and Muong Cha completed ✓ REACH targets for Y1 revised and clarified with USAID ✓ QI REACH Action Plan drafted 	<ul style="list-style-type: none"> • 1,000 KP screened and reached • 450 KP referred to HTC via MOM • 30 KPs self-assess and use HTC via PIO in Muong Cha • 90 HHWs/CBS and commune AIDS staff received refresher training workshops on MOM • TA report on strengthening of outreach skills and implementation capacity of 30 HHWs 	<ul style="list-style-type: none"> • 1,824 KP screened and reached (cumulative) • 800 KP referred to HTC via MOM (cumulative) • 70 KPs self-assess and use HTC via PIO in Muong Cha, Muong Ang (cumulative) • 40 HHWs, proactive KP and DHC, Commune AIDS staff trained on PIO in Muong Ang and selected site(s) • 80 HHWs/CBS and commune AIDS staff received refresher training workshops on MOM • TA report on strengthening outreach skills and implementation capacity of 30 HHWs 	<ul style="list-style-type: none"> • 3,024 KP screened and reached (cumulative) • 1,350 KP referred to HTC via MOM (cumulative) • 130 KPs self-assess and use HTC via PIO in Muong Cha, Muong Ang and selected site(s) (cumulative) • TA report on strengthening of outreach skills and implementation capacity of 30 HHWs 	<ul style="list-style-type: none"> • 4,224 KP screened and reached (cumulative) • 2,200 KP referred to HTC via MOM (cumulative) • 200 KPs self-assess and use HTC via PIO in Muong Cha, Muong Ang and selected site(s) (cumulative) • TA report on strengthening of outreach skills and implementation capacity of 30 HHWs
At least 11,287 KP in Nghe An reached in which 4,600 KP referred to HTC with 2-3% proportion of those KPs who are HIV+ via 7 DSD sites using MOM and PIO	<ul style="list-style-type: none"> ✓ REACH section of subcontracts with Nghe An PAC and seven districts of Que Phong, Quy Chau, Do Luong, Anh Son, Con Cuong, Tuong Duong and Ky Son completed ✓ REACH targets for Y1 revised and clarified with USAID ✓ QI REACH Action Plan drafted 	<ul style="list-style-type: none"> • 2,500 KP reached • 1,270 KP referred to HTC • 70 KPs self-assess and use HTC via PIO in Do Luong • 600 HHWs/CBS and commune AIDS staff received refresher training workshops on MOM • TA report on strengthening of outreach skills of 180 HHWs in 36 communes in 7 districts and their local implementation capacity 	<ul style="list-style-type: none"> • 5,000 KP reached (cumulative) • 1,970 KP referred to HTC via MOM (cumulative) • 120 KPs self-assess and use HTC via PIO in 4 districts (Quy Chau, Tuong Duong, Con Cuong, Do Luong) (cumulative) • 60 HHWs, proactive KP and DHC, Commune AIDS staff trained on PIO in Quy Chau, Tuong Duong, Con Cuong • 480 HHWs/CBS and commune AIDS staff 	<ul style="list-style-type: none"> • 8,000 KP reached (cumulative) • 3,300 KP referred to HTC (cumulative) • 190 KPs self-assess and use HTC via PIO in 4 districts (Quy Chau, Tuong Duong, Con Cuong, Do Luong) (cumulative) • 336 HHWs/CBS and commune AIDS staff received refresher training on MOM • TA report on strengthening of outreach skills of 180 	<ul style="list-style-type: none"> • 11,287 KP reached (cumulative) • 4,350 KP referred to HTC (cumulative) • 250 KPs self-assess and use HTC via PIO in 4 districts (Quy Chau, Tuong Duong, Con Cuong, Do Luong) (cumulative) • TA report on strengthening of outreach skills of 180 HHWs in 36 communes in 7 districts and their local implementation capacity

I.1a REACH

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
			received refresher training on MOM <ul style="list-style-type: none"> A TA report to strengthen outreach skills of 180 HHWs in 36 communes in 7 districts and local implementation capacity 	HHWs in 36 communes in 7 districts and their local implementation capacity	
At least 5,000 MSM in HCMC reached and referred to HTC with 7% proportion of those KPs who are HIV+ via EOA, mobile HTC/STI and lay test (events), Friendly services, fan page, PIO	<ul style="list-style-type: none"> ✓ REACH section of subcontracts with HCMC PAC on MSM-Blue Sky completed ✓ REACH targets for Y1 revised and clarified with USAID ✓ Q1 REACH Action Plan drafted 	<ul style="list-style-type: none"> 900 MSM reached, screened and referred to HTC 350 MSM access, self-assess the risk and referred to HTC via fan page and mobile HTC/STI & lay testing 75 who are HIV+ linked to HTFs 20 CBSs received refresher training on referrals & basic counselling skills TA report on strengthening of outreach skills of 20 Blue Sky CBS's 	<ul style="list-style-type: none"> 1,700 MSM reached, screened and referred to HTC (cumulative) 650 MSM access, self-assess the risk and referred to HTC via fan page and mobile HTC/STI & lay testing (cumulative) 145 who are HIV+ linked to HTFs (cumulative) TA report on strengthening of outreach skills of 20 Blue Sky CBS's 	<ul style="list-style-type: none"> 2,650 MSM reached, screened and referred to HTC (cumulative) 1,020 MSM access, self-assess the risk and referred to HTC via fan page and mobile HTC/STI & lay testing (cumulative) 220 who are HIV+ linked to HTFs (cumulative) TA report on strengthening of outreach skills of 20 Blue Sky CBS's 	<ul style="list-style-type: none"> 3,600 MSM reached, screened and referred to HTC (cumulative) 1,400 MSM access, self-assess the risk and referred to HTC via fan page and mobile HTC/STI & lay testing (cumulative) 295 who are HIV+ linked to HTFs (cumulative) TA report on strengthening of outreach skills of 20 Blue Sky CBS's
At least 200 diagnosed cases via GVN hospitals and PI and 90% PLHIV managed by Local Peoples Committees in three priority provinces followed up, supported and enrolled in HIV care & treatment		<ul style="list-style-type: none"> 40 relevant hospital staff (expanding to 11 new hospitals) received training in HCMC SOP operationalized at 40 GVN facilities and PCs At least 60 diagnosed cases via hospitals, PI are tracked and linked to HTFs in HCMC 	<ul style="list-style-type: none"> 2 consultation meetings with PAC, DHC, Commune People's Committees in Dien Bien 2 consultation meetings with PAC, DHC, Commune People's Committees in Nghe An Protocol on supporting local diagnosed clients finalized At least 60 diagnosed cases via hospitals, PI are tracked and linked to HTFs in HCMC 	<ul style="list-style-type: none"> 90% of PLHIV managed by hospitals and by District/Commune People's Committees in Dien Bien and Nghe An are tracked and linked to HTFs At least 60 diagnosed cases via hospitals, PI are tracked and linked to HTFs in HCMC 	<ul style="list-style-type: none"> 90% of PLHIV managed by hospitals and by District/Commune People's Committees in Dien Bien and Nghe An are tracked and linked to HTFs At least 60 diagnosed cases via hospitals, PI are tracked and linked to HTFs in HCMC
Sites in priority provinces and provinces that have high rate of LTFU tracked and re-engaged into C&T in selected sites to meet the third 90 targets in three priority provinces		<ul style="list-style-type: none"> 2 two-day training workshops organized for 30 DHC/CHC staff on protocol to support LTFU patients in Dien Bien 2 two-day training workshops organized for 50 DHC/CHC staff on protocol 	<ul style="list-style-type: none"> 2 two-day training workshops for 50 persons including CBSs & commune health staff on procedures to support LTFU patient return to treatment in HCMC Technical report on TA to Dien Bien and Nghe An to 	<ul style="list-style-type: none"> Technical report on TA to Dien Bien, Nghe An, and HCMC to maintain ARV patients at HTFs that have a high rate of LTFU/late appointments 	<ul style="list-style-type: none"> Technical report on TA to Dien Bien, Nghe An, and HCMC to maintain ARV patients at HTFs that have a high rate of LTFU/late appointments

I.1a REACH

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
Finalized package of MOM and relevant initiatives (PIO, Fan Page) revised and finalized.		to support LTFU patients in Nghe An <ul style="list-style-type: none">2 internal meetings and 2 consultation meetings with partners organizedMOM package tailored and revisedConsultation meeting on Blue Sky's fan page heldMSM fan page in collaboration with social media tailored and revised	maintain ARV patients at HTFs with high rate of LTFU/late appointments <ul style="list-style-type: none">MOM package revisions completedMSM fan page package completed	<ul style="list-style-type: none">MOM package shared with relevant stakeholders and GVN partners	
Enhanced collaboration for lay testing, mRTS, SI and communication activities in priority provinces		<ul style="list-style-type: none">Provincial quarterly meetings TA supported in Dien Bien, Nghe An and HCMCKP lists collected and shared with lay testing/mobile test-treat teams in DB & NABlue Sky implemented lay testing with mentoring in HCMC3 leaflets, 3 posters, 10 videos, a series of loud speaker scripts, 90-90-90 scripts technically commented	<ul style="list-style-type: none">3 provincial quarterly meetings TA supported in Dien Bien, Nghe An and HCMCKP lists collected and shared with lay testing/mobile test-treat teams in DB & NABlue Sky implemented lay testing with mentoring in HCMC	<ul style="list-style-type: none">3 provincial quarterly meetings TA supported in Dien Bien, Nghe An and HCMCKP lists collected and shared with lay testing/mobile test-treat teams in DB & NABlue Sky implemented lay testing with mentoring in HCMC.	<ul style="list-style-type: none">3 provincial quarterly meetings TA supported in Dien Bien, Nghe An and HCMCKP lists collected and shared with lay testing/mobile test-treat teams in DB & NABlue Sky implemented lay testing with mentoring in HCMC.
Ensured quarterly tracking of 90-90-90 progress, data use and timely data feedback and coordination for priority provinces		<ul style="list-style-type: none">"Transition and technical monitoring tools and guides" draftedMonthly/quarterly report reviewedCOMCARE pilot designed and equipment procured	<ul style="list-style-type: none">10 prevention dashboard updated"Transition and technical monitoring tools and guides" finalizedMonthly/quarterly/semi-annual report reviewedCOMCARE pilot launched	<ul style="list-style-type: none">10 transition and technical monitoring visits conducted in 10 sites in Nghe An, Dien Bien & HCMC13 prevention dashboard updatedMonthly/quarterly report reviewedCOMCARE pilot completed	<ul style="list-style-type: none">DQA visit completed in 10 sites in 3 provinces13 prevention dashboard updatedMonthly/quarterly/annual report reviewedCOMCARE pilot results assessed for potential scale-up
Processing, management and use of data improved by designing, implementing and enabling tools for priority provinces,		<ul style="list-style-type: none">Data collection tools for prevention program revisedGuidance on how to use the revised data collection tools developed and disseminatedPACs and local staffs at new sites or who provide new services trained on how to	<ul style="list-style-type: none">PACs and local staffs at new sites or who provide new services trained on how to use and generate reports for prevention program per request	<ul style="list-style-type: none">Reach report and dashboard was generated by PAC data point person with TA support from SHIFT SI	<ul style="list-style-type: none">Reach report and dashboard generated by PAC data point person

I.1a REACH

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
districts, sites, and services		use and generate reports for prevention program per request			

I.1b TEST

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
DIEN BIEN <ul style="list-style-type: none"> 18,800 HIV tests and results provided through DSD and TA-SDI sites 752 HIV positive cases detected in HTC DSD and TA-SDI sites 676 (90%) of HIV positive clients successfully referred from HTC sites to HIV C&T services 9 districts confirmatory labs certified and service quality assured 	<ul style="list-style-type: none"> ✓ TEST section of subcontract with Dien Bien completed ✓ TEST targets for Y1 confirmed with USAID 	<ul style="list-style-type: none"> 4,700 HIV tests and results provided through DSD and TA-SDI sites 150 HIV positive cases detected in HTC DSD and TA-SDI sites 134 HIV positive clients successfully referred from HTC sites to HIV C&T services 2 PITC training workshops completed for DHCs in 4 high burden districts for 50 participants 1 Transition and Technical Monitoring training workshop completed for provincial and district TA providers/managers Last batch of 3 district confirmatory labs certified Mobile HTC (mobile HTC trips combined with Reach or combined with mRTS) plan for each selected district developed and agreed with PAC for the next quarter 	<ul style="list-style-type: none"> 9,400 HIV tests and results provided through DSD and TA-SDI sites (cumulative) 300 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 268 HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative) 2 PITC training workshops completed for DHCs/government hospitals in 6 remaining districts for 60 participants Transition and Technical Monitoring conducted in 5 DSD district sites Mobile HTC (mobile HTC trips combined with Reach or combined with mRTS) plan for each selected district developed and agreed with PAC for the next quarter 	<ul style="list-style-type: none"> 14,100 HIV tests and results provided through DSD and TA-SDI sites (cumulative) 450 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 402 HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative) 1 refresher training workshop on mountainous model completed for existing and new HTC staff in all 10 districts for 35 participants Transition and Technical Monitoring in 5 more DSD and TA district sites Mobile HTC (mobile HTC trips combined within Reach or mRTS) plan for each selected district developed and agreed with PAC for the next quarter Confirmatory labs technical and quality assurance review conducted 	<ul style="list-style-type: none"> 18,800 HIV tests and results provided through DSD and TA-SDI sites (cumulative) 752 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 676 (90%) of HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative) PITC model improvement review workshop conducted for participants from all 10 districts 90-90-90 HTC site performance review conducted to serve planning for the next FY
NGHE AN <ul style="list-style-type: none"> 13,158 HIV tests and results provided through DSD and TA-SDI sites 455 HIV positive cases detected in HTC DSD and TA-SDI sites 	<ul style="list-style-type: none"> ✓ TEST section of subcontract with Nghe An completed ✓ TEST targets for Y1 confirmed with USAID 	<ul style="list-style-type: none"> 3,290 HIV tests and results provided through DSD and TA-SDI sites 100 HIV positive cases detected in HTC DSD and TA-SDI sites 91 HIV positive clients successfully referred from 	<ul style="list-style-type: none"> 6,579 HIV tests and results provided through DSD and TA-SDI sites (cumulative) 200 HIV positives detected in HTC DSD and TA-SDI sites (cumulative) 182 HIV positive clients successfully referred from 	<ul style="list-style-type: none"> 9,868 HIV tests and results provided through DSD and TA-SDI sites (cumulative) 300 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 273 HIV positive clients successfully referred from 	<ul style="list-style-type: none"> 13,158 HIV tests and results provided through DSD and TA-SDI sites (cumulative) 455 HIV positives detected in HTC DSD and TA-SDI sites (cumulative)

1.1b TEST

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
<ul style="list-style-type: none"> 409 (90%) of HIV positive clients successfully referred from HTC sites to HIV C&T services 5 district confirmatory labs certified and service quality assured 		<ul style="list-style-type: none"> HTC sites to HIV C&T services 2 PITC training workshops completed for district hospitals in 4 high burden districts for 50 participants 1 Transition and Technical Monitoring training workshop completed for provincial and district TA providers/managers Last batch of 2 district confirmatory labs certified Mobile HTC (mobile HTC trips combined with Reach or mRTS) plan for each selected district developed and agreed with PAC for the next quarter 	<ul style="list-style-type: none"> HTC sites to HIV C&T services (cumulative) 2 PITC training workshops completed for district hospitals in 4 medium burden districts for 50 participants Transition and Technical Monitoring conducted in 5 DSD district sites Mobile HTC (mobile HTC trips combined with Reach or mRTS) plan for each selected district developed and agreed with PAC for the next quarter Oral testing introduced to Tuong Duong lay testing communes 	<ul style="list-style-type: none"> HTC sites to HIV C&T services (cumulative) 2 PITC training workshops completed for district hospitals in 4 medium burden districts for 50 participants Transition and Technical Monitoring conducted in 5 or more DSD district sites Mobile HTC ((mobile HTC trips combined with Reach or mRTS) plan for each selected district developed and agreed with PAC for the next quarter Confirmatory labs technical and quality assurance review conducted Tuong Duong district lay testing implementation and technical review conducted (for rapid finger prick and oral testing) 	<ul style="list-style-type: none"> 409 (90%) of HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative) PITC model improvement review workshop conducted for participants from all 12 districts 2 PITC training workshops completed for district hospitals in 4 additional districts for 50 participants 90-90-90 HTC site performance review conducted to serve planning for the next FY
<p>HCMC</p> <ul style="list-style-type: none"> 7,600 tests and results provided at 6 DSD sites and lay testing by Blue Sky 510 HIV positives detected by HTC DSD and TA-SDI sites 459 (90%) of HIV positive clients successfully referred from HTC sites to HIV C&T services 90% of HIV+ clients diagnosed in hospitals linked to C&T 7 district confirmatory labs certified and service quality assured 	<ul style="list-style-type: none"> ✓TEST section of subcontract with HCMC completed ✓TEST targets for Y1 confirmed with USAID 	<ul style="list-style-type: none"> 1,900 HIV tests and results provided through 6 DSD sites and lay testing by Blue Sky 175 HIV positive cases detected in HTC DSD and TA-SDI sites 157 HIV positive clients successfully referred from HTC sites to HIV C&T services 1 PITC TOT completed for 30 participants First batch of four district confirmatory labs certified 	<ul style="list-style-type: none"> 3,800 HIV tests and results provided through 6 DSD sites and lay testing by Blue Sky (cumulative) 350 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 315 HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative) Oral testing introduced to Blue Sky lay testing initiative Last batch of three district confirmatory labs certified 	<ul style="list-style-type: none"> 5,700 HIV tests and results provided through 6 DSD sites and lay testing by Blue Sky (cumulative) 425 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 382 HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative) Confirmatory labs technical and quality assurance review conducted Blue Sky lay testing implementation and technical review conducted (for rapid finger prick and oral testing) 	<ul style="list-style-type: none"> 7,600 HIV tests and results provided through six DSD sites and lay testing by Blue Sky (cumulative) 510 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 459 (90%) of HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative) PITC model improvement reviewed workshop conducted 90-90-90 HTC site performance review conducted to serve planning for the next FY
<p>Processing, management and use of data</p>		<ul style="list-style-type: none"> PACs and local staffs at new sites or who provide new services trained on 	<ul style="list-style-type: none"> HTC report and dashboard was generated by PAC data 	<ul style="list-style-type: none"> HTC report and dashboard was generated by PAC data 	<ul style="list-style-type: none"> HTC report and dashboard was generated by PAC data point person

I.1b TEST

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
improved by designing, implementing and enabling tools for priority provinces, districts, sites, and services		how to use and generate reports from HTC eLog per request	point person with TA support from SHIFT/SI	point person with TA support from SHIFT/SI	
Data management tools designed and implemented to improve data processing, management and use for priority provinces		<ul style="list-style-type: none"> Video guide on how to use HTC eLog developed 			

I.1c TREAT

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
3,355 PLHIV newly started on ART in USAID supported priority and sustaining provinces	<ul style="list-style-type: none"> C&T targets established in subcontracts with GVN provincial partners 	<ul style="list-style-type: none"> 1,000 PLHIV newly started on ART Finalized mobile treatment technical model, SOPs, tools 1 mobile RTS trip conducted in each province of Dien Bien and Nghe An 90% of HIV (+) cases identified in hospitals enrolled in treatment 1 TA trip report on strengthening HIV case finding in TB cohort 1 TA trip report on implementing TB/HIV integration in each province of Dien Bien and Nghe An 1 TA trip report on MMT to TA-SDI sites in each province of Dien Bien and Nghe An 90% MMT patients with HIV (+) enrolled in HIV C&T 1 technical report on providing TA to strengthen ARV enrollment in each site 	<ul style="list-style-type: none"> 1,000 PLHIV newly started on ART 1 mobile RTS trip conducted in each province of Dien Bien and Nghe An 90% of HIV (+) cases identified in hospitals to be enrolled in treatment 1 TA trip report on strengthening HIV case finding in TB cohort 1 TA trip report on implementing TB/HIV integration in each province of Dien Bien and Nghe An 1 TA trip report on MMT to TA-SDI sites in each province of Dien Bien and Nghe An 90% MMT patients with HIV (+) enrolled in HIV C&T 1 technical report on providing TA to strengthen ARV enrollment in each site 	<ul style="list-style-type: none"> 800 PLHIV newly started on ART 1 mobile RTS trip conducted in each province of Dien Bien and Nghe An 90% of HIV (+) cases identified in hospitals to be enrolled in treatment 1 TA trip report on strengthening HIV case finding in TB cohort 1 TA trip report on implementing TB/HIV integration in each province of Dien Bien and Nghe An 1 TA trip report on MMT to TA-SDI sites in each province of Dien Bien and Nghe An 1 training on MMT for Nghe An 90% MMT patients with HIV (+) enrolled in HIV C&T 1 technical report on providing TA to strengthen ARV enrollment in each site 	<ul style="list-style-type: none"> 555 PLHIV newly started on ART 1 mobile RTS trip conducted in each province of Dien Bien and Nghe An 90% of HIV (+) cases identified in hospitals to be enrolled in treatment 1 TA trip report on strengthening HIV case finding in TB cohort 1 TA trip report on implementing TB/HIV integration in each province of Dien Bien and Nghe An 1 TA trip report on MMT to TA-SDI sites in each province of Dien Bien and Nghe An 1 training on MMT for Dien Bien 90% MMT patients with HIV (+) enrolled in HIV C&T 1 technical report on providing TA to strengthen

I.1c TREAT

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
22,000 PLHIV sustained on treatment in USAID supported cohort	<ul style="list-style-type: none"> ✓ C&T sections negotiated and signed in USAID SHIFT subcontracts with provinces 	<ul style="list-style-type: none"> • 18,500 PLHIV sustained on treatment in USAID supported cohort • 1 set of retention package • 1 technical report on providing TA to implement retention package at sites • User manual of data use and program/technical quality improvement through key retention/attrition indicators developed • 2 additional districts in Nghe An implemented ARV dispensing at commune level • 1 TA report on ARV dispensing at commune level • 1 clinical TA report using webcast/ onsite coaching (market place) • 1 TA report on HIVQUAL quality improvement • 1 TA report on pediatric treatment and PMTCT in Dien Bien and Nghe An 	<ul style="list-style-type: none"> • 19,500 PLHIV sustained on treatment in USAID supported cohort • Technical report on providing TA to implement retention package at sites • Technical report on providing TA to implement data use and program/technical quality improvement • 2 additional districts in Nghe An implemented ARV dispensing at commune level • TA report on ARV dispensing at commune level • Clinical TA report using webcast/ onsite coaching (market place) • TA report on HIVQUAL quality improvement • TA report on pediatric treatment and PMTCT in Dien Bien and Nghe An 	<ul style="list-style-type: none"> • 20,500 PLHIV sustained on treatment in USAID supported cohort • Technical report on providing TA to implement retention package at sites • Technical report on providing TA to implement data use and program/technical quality improvement • 2 additional districts in Nghe An implemented ARV dispensing at commune level • TA report on ARV dispensing at commune level • Clinical TA report using webcast/ onsite coaching (market place) • TA report on HIVQUAL quality improvement • TA report on pediatric treatment and PMTCT in Dien Bien and Nghe An 	<ul style="list-style-type: none"> • 22,000 PLHIV sustained on treatment in USAID supported cohort • Technical report on providing TA to implement retention package at sites • Technical report on providing TA to implement data use and program/technical quality improvement • 2 additional districts in Nghe An implemented ARV dispensing at commune level • TA report on ARV dispensing at commune level • Clinical TA report using webcast/ onsite coaching (market place) • TA report on HIVQUAL quality improvement • 1 TA report on pediatric treatment and PMTCT in Dien Bien and Nghe An
17,010 PLHIV virally suppressed in USAID supported cohort	<ul style="list-style-type: none"> ✓ Viral load testing plan for NA and DB completed ~ VL testing plan for HCMC in progress ✓ Viral load testing plan for sustaining provinces continued from previous plans 	<ul style="list-style-type: none"> • 5,000 PLHIV virally suppressed in USAID supported cohort • TA report on routine viral load testing in Dien Bien and Nghe An 	<ul style="list-style-type: none"> • 10,000 PLHIV virally suppressed in USAID supported cohort • TA report on routine viral load testing in Dien Bien and Nghe An 	<ul style="list-style-type: none"> • 15,000 PLHIV virally suppressed in USAID supported cohort • TA report on routine viral load testing in Dien Bien and Nghe An 	<ul style="list-style-type: none"> • 17,010 PLHIV virally suppressed in USAID supported cohort • TA report on routine viral load testing in Dien Bien and Nghe An
C&T data utilization strengthened	<ul style="list-style-type: none"> ✓ LTFU and death dashboard for C&T finalized and disseminated using Power BI 	<ul style="list-style-type: none"> • Q4FY16 LTFU and deceased patient dashboard for C&T generated 	<ul style="list-style-type: none"> • Q1FY17 LTFU and deceased patient dashboard for C&T generated 	<ul style="list-style-type: none"> • Q2FY17 LTFU and deceased patient dashboard for C&T generated 	<ul style="list-style-type: none"> • Q3FY17 LTFU and deceased patient dashboard for C&T generated
Reporting system strengthened to measure patient CoPC linkages in health treatment		<ul style="list-style-type: none"> • Reporting system initiated and drafted to measure the linkage of patients across the CoPC in Dien Bien and Nghe An 	<ul style="list-style-type: none"> • Reporting system finalized and applied to measure the linkage patients across the 		

I.1c TREAT

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
facilities in Dien Bien and Nghe An			CoPC in Dien Bien and Nghe An		

I.1d MONITOR AND EVALUATE

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
Progress against 90-90-90 targets measured and accelerated by generating, analyzing, and disseminating HIV service data for priority provinces	<ul style="list-style-type: none"> ✓ M&E sections of YI workplan complete ✓ Tools to collect data, enter data and generate 90-90-90 dashboard available 	<ul style="list-style-type: none"> • Q4FY16 provincial performance results analyzed with PACs and technical units • Nghe An and Dien Bien PACs supported to generate fourth quarterly 90-90-90 progress report • Site- and province-level dashboards generated for SHIFT-supported prevention, HTC, and C&T services in Nghe An, Dien Bien, and HCMC provinces • RTTR dashboard developed and disseminated using Power BI 	<ul style="list-style-type: none"> • Q1 provincial performance results analyzed with PACs and technical units • Nghe An and Dien Bien conducted 90-90-90 quarterly review with technical assistance from SHIFT/SI • Site- and province-level dashboards generated for SHIFT-supported prevention, HTC, and C&T services in Nghe An, Dien Bien, and HCMC provinces • RTTR dashboard completed and disseminated using Power BI 	<ul style="list-style-type: none"> • Q2 provincial performance results analyzed with PACs and technical units • Nghe An and Dien Bien 90-90-90 quarterly reviews conducted with technical assistance from SHIFT/SI • Site- and province-level dashboards generated for SHIFT-supported prevention, HTC, and/or C&T services in Nghe An, Dien Bien, and HCMC provinces • RTTR dashboard completed and disseminated using Power BI 	<ul style="list-style-type: none"> • Q3 provincial performance results analyzed with PACs and technical units • Nghe An and Dien Bien 90-90-90 quarterly reviews conducted with technical assistance from SHIFT/SI • Site- and province-level dashboards generated for SHIFT-supported prevention, HTC, and C&T services in Nghe An, Dien Bien, and HCMC provinces • RTTR dashboard completed and disseminated using Power BI • Supported provincial use of EPP data to illustrate progress against 90-90-90 targets
Complete and accurate PEPFAR MER data reported for priority provinces and sustaining provinces		<ul style="list-style-type: none"> • Q4/FY16 and annual progress reporting completed for priority provinces and sustaining provinces 	<ul style="list-style-type: none"> • Q1 MER data for HTC and C&T services collected, compiled, validated, and reported for priority provinces and sustaining provinces 	<ul style="list-style-type: none"> • Semiannual MER data for prevention, HTC, and C&T services for priority provinces collected, compiled, validated, and reported for priority provinces and sustaining provinces 	<ul style="list-style-type: none"> • Q3 MER data for HTC and C&T services collected, compiled, validated, and reported for priority provinces and sustaining provinces • Q4 and annual progress reporting preparations completed for all MER indicators for priority provinces and sustaining provinces
Complete and accurate OGAC expenditure data reported for priority provinces					<ul style="list-style-type: none"> • Annual expenditure data for all programs

I.1d MONITOR AND EVALUATE

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
Provincial M&E systems for HIV services strengthened in Nghe An, Dien Bien and HCMC		<ul style="list-style-type: none"> 2 training workshops on 90-90-90 dashboard in Nghe An and Dien Bien 		<ul style="list-style-type: none"> 3 M&E refresh training workshops for 3 priority provinces 3 DQA refresh training workshops for 3 priority provinces 	
TA for VAAC in Estimation and projection (EPP) process				<ul style="list-style-type: none"> National EPP modeling supported and operational 	
Data management tools designed and implemented to improve data processing, management and use for sustaining provinces	<ul style="list-style-type: none"> Discussions under way to transition ownership of mLog to national methadone program 	<ul style="list-style-type: none"> mLog tool disseminated through VAAC and GF 			
HIV component integrated into Viettel HIS			<ul style="list-style-type: none"> Situational analysis completed in Thai Nguyen 		

I.2a TRANSITION

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
10 DSD sites from sustaining and priority provinces transitioned	<ul style="list-style-type: none"> Criteria to select sites to be transitioned developed and finalized Site status database finalized Transition readiness assessment tools finalized List of 10 sites to be transitioned (including 9 HTFs: Cho Moi, Tan Chau, Tinh Bien, Thot Not, Soc Son, Dist. 9, Hoc Mon, Hoanh Bo and Dong Hung; 1 prevention site: Muong Cha) finalized List of staff to be trained on HIV treatment for 9 	<ul style="list-style-type: none"> Detailed transition plans sent to provinces (after negotiation with provinces on transition target and roadmap) 100% new staff (if any new placement as result of consolidation process) of the 9 targeted HTF to be transitioned trained on HIV treatment. (See other benchmarks for SHI to prepare for HTFs) 	<ul style="list-style-type: none"> 2nd round result analysis for transition readiness of 100% SHIFT sites completed (See other benchmarks for SHI to prepare for HTFs) 		<ul style="list-style-type: none"> 9 HTFs as Cho Moi, Tan Chau, Tinh Bien, Thot Not, Hoanh Bo Dong Hung, Soc Son, Dist. 9 and Hoc Mon transitioned to GVN prevention site as Muong Cha transitioned to Dien Bien PAC Post transition plan implemented and followed-up for all 10 targeted sites Transition database updated (See other benchmarks for SHI to prepare for HTFs)

I.2a TRANSITION

Expected Outcomes	Start up (Jun 10-Sep 30, 2016) targeted sites to be transitioned compiled	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
<p>HTC Sites in Sustaining Provinces</p> <ul style="list-style-type: none"> 7,186 HIV tests and results provided through 5 DSD and TA-SDI sites 258 HIV positive cases detected in HTC DSD and TA-SDI sites 232 (90%) of HIV positive clients successfully referred from HTC sites to HIV C&T services 	<ul style="list-style-type: none"> TEST section of subcontracts with sustaining provinces completed TEST targets for YI confirmed with USAID 	<ul style="list-style-type: none"> 1,796 HIV tests and results provided through 5 DSD and TA-SDI sites in sustaining provinces 69 HIV positive cases detected in HTC DSD and TA-SDI sites 62 HIV positive clients successfully referred from HTC sites to HIV C&T services 	<ul style="list-style-type: none"> 3,593 HIV tests and results provided through 5 DSD and TA-SDI sites in sustaining provinces (cumulative) 137 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 124 HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative) 	<ul style="list-style-type: none"> 5,390 HIV tests and results provided through 5 DSD and TA-SDI sites in sustaining provinces (cumulative) 207 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 186 HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative) 	<ul style="list-style-type: none"> 7,186 HIV tests and results provided through 5 DSD and TA-SDI sites (cumulative) 258 HIV positive cases detected in HTC DSD and TA-SDI sites (cumulative) 232 (90%) of HIV positive clients successfully referred from HTC sites to HIV C&T services (cumulative)
Transition of C&T sites in sustaining provinces	<i>In addition to accomplishments above, additional FY16 Q4 work in this domain was completed under USAID SMART TA</i>	<ul style="list-style-type: none"> 1 TA report on SHI implementation at sites 1 TA report on retention by monitoring attrition rate and applying rapid response mechanism after applying SHI 1 TA report on transition and technical monitoring 	<ul style="list-style-type: none"> 1 TA report on SHI implementation at sites 1 TA report on retention by monitoring attrition rate and applying rapid response mechanism after applying SHI 1 TA report on transition and technical monitoring 	<ul style="list-style-type: none"> 1 TA report on SHI implementation at sites 1 TA report on retention by monitoring attrition rate and applying rapid response mechanism after applying SHI 1 TA report on transition and technical monitoring 	<ul style="list-style-type: none"> 1 TA report on SHI implementation at sites 1 TA report on retention by monitoring attrition rate and applying rapid response mechanism after applying SHI 1 TA report on transition and technical monitoring
Provincial M&E systems for HIV services strengthened in sustaining provinces		<ul style="list-style-type: none"> Training workshop completed on how to use ART-eLog for PAC and site staff Video guide on how to use ART eLog created 	<ul style="list-style-type: none"> Ownership of ART-eLog transitioned to sustaining provinces 	<ul style="list-style-type: none"> 2 M&E refresh training workshops for sustaining provinces 2 DQA refresh training workshops for sustaining provinces 	<ul style="list-style-type: none"> PAC supported to ensure DQAs are completed for all sites in sustaining provinces
Quality of HIV service data ensured for sustaining provinces				<ul style="list-style-type: none"> Refresher provincial DQA training conducted in sustaining provinces 	<ul style="list-style-type: none"> PACs conducted xx DQAs with SHIFT technical support
Reduction of program supported ROCs at DSD sites		<ul style="list-style-type: none"> Baseline expenditure and ROC analyses conducted 			<ul style="list-style-type: none"> Baseline expenditure and ROC analyses conducted
Transition database developed		<ul style="list-style-type: none"> Site transition database developed 	<ul style="list-style-type: none"> Site transition database updated 	<ul style="list-style-type: none"> Site transition database updated 	<ul style="list-style-type: none"> Site transition database updated

I.2b SHI

I.2a TRANSITION

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
List of 10 HTFs that will have SHI reimbursement for ART and other HIV services identified	<ul style="list-style-type: none"> ✓ Criteria for selecting the HTFs that have SHI reimbursement for ART and other HIV services developed and finalized ✓ 10 HTFs identified 				
10 targeted HTFs fully consolidated and eligible for SHI reimbursement including ARV. All HTFs in designated provinces (Nghe An, Dien Bien, Bac Giang & Lao Cai) and other SHIFT supported HTFs monitored and supported for service consolidation.	<ul style="list-style-type: none"> ✓ HTF consolidation checklist and status tracking tools developed and applied to monitor progress ✓ HTF consolidation status and SHI coverage for all USAID SHIFT supported HTFs mapped ✓ Consolidation plan for 10 targeted HTFs developed 	<ul style="list-style-type: none"> • 10 HTFs commenced consolidation process • HTF consolidation progress updated • 100% of treatment doctors in the targeted 10 HTFs trained on HIV treatment 	<ul style="list-style-type: none"> • HTF consolidation progress updated • 10 HTFs completely consolidated and eligible for SHI reimbursement, including contract signed with PSS • eHIS-HIV available at the hospital based 10 HTFs 	<ul style="list-style-type: none"> • SHI reimbursement progress updated 	<ul style="list-style-type: none"> • SHI reimbursement progress updated • eHIS-HIV available and operated at 10 HTFs enabling ARV reimbursement from central level
ARV drugs, especially for targeted 10 HTFs funded by SHI		<ul style="list-style-type: none"> • Plan and mechanism to ensure ARVs are available in 10 targeted HTFs developed (with support from VAAC, VSS, and HFG) 	<ul style="list-style-type: none"> • Training on ARV quantification, reimbursement and reporting for 30 staff from 10 HTFs conducted • 10 ARV quantification orders from the 10 hospital-based HTFs developed with TA support from SHIFT and/or local TA providers 	<ul style="list-style-type: none"> • Training on ARV quantification, reimbursement and reporting for about 30 staff from other consolidated HTFs conducted 	<ul style="list-style-type: none"> • ARV quantification, reimbursement and reporting executed in 10 HTFs • ARV quantification exercises in non-targeted HTFs conducted
HIV patient enrollment in SHI maximized	<i>In addition to accomplishments above, additional FY16 Q4 work in this domain was completed under USAID SMART TA</i>	<ul style="list-style-type: none"> • SHI coverage status updated • Policy dialogue (in the North) conducted on barriers and solutions for 100% SHI coverage in PLHIV population (with VNP+) • At least 10 ART patient community activities executed by VNP+ and/or other PLHIV self-help groups on SHI promotion for 10 targeted HTFs 	<ul style="list-style-type: none"> • SHI coverage status updated • 10 QI exercises conducted in 10 targeted HTFs to address SHI enrolment issues • At least one communication event on SHI promotion executed (e.g. policy dialogue, advocacy meeting, social event, etc.) in 4 provinces (Nghe An, Dien Bien, Lao Cai and Bac Giang) • 2-3 training workshops conducted on SHI and 	<ul style="list-style-type: none"> • SHI coverage status updated • At least one communication event executed in SHIFT provinces to increase SHI coverage (Nghe An, Dien Bien, Lao Cai and Bac Giang) 	<ul style="list-style-type: none"> • SHI coverage status updated • SHI card coverage among HIV patients increased by 20% in 10 targeted HTFs • Tracking assessment conducted on SHI use among PLHIV in Dien Bien

I.2a TRANSITION

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
HIV component integrated in eHIS and VNPT-HIS software in all HTFs in Dien Bien and Nghe An	<i>FY16 Q4 work in this domain was conducted under USAID SMART TA</i>	<ul style="list-style-type: none"> Policy/advocacy meeting conducted to address the provision of SHI cards for impoverished HIV patients with provincial authorities (PPC, DOH, PSS) in each province (An Giang, Quang Ninh, HCMC, HN, Thai Binh and Hai Phong) Baseline assessment conducted on use of SHI conducted in Dien Bien 	counselling skills for about 60-80 health staff from 36 HTFs	<ul style="list-style-type: none"> Pilot with VNPT-HIS concluded in one site in Nghe An 	<ul style="list-style-type: none"> Evaluation reports completed for both eHIS and VNPT-HIS software integration exercises

CLIN 2: Provide demand-driven HIV/AIDS technical assistance

Task 2.1 | Establish a demand-driven mechanism for TA provision

2.1 TA MARKETPLACE

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
National, provincial and local HIV stakeholders are aware of and understand the TA Marketplace	<ul style="list-style-type: none"> ✓ TAMP communication and dissemination plan submitted to USAID ✓ Vietnamese moniker for TAMP established ✓ Overview of TAMP drafted, translated, and share with USAID for approval 	<ul style="list-style-type: none"> TAMP orientation event conducted for prospective customers and TA providers TAMP presented at provincial events, including quarterly provincial reviews 	<ul style="list-style-type: none"> Progress updates on TAMP provided at national and provincial events, including quarterly provincial reviews 	<ul style="list-style-type: none"> Progress updates on TAMP provided at national and provincial events, including quarterly provincial reviews 	<ul style="list-style-type: none"> Progress updates on TAMP provided at national and provincial events, including quarterly provincial reviews
TA Marketplace has live website with full functionality to support searches for TA providers and facilitate TA requests, provision, tracking, QA and evaluation	<ul style="list-style-type: none"> ✓ RFP for VN local website development vendor drafted and issued ✗ Vendor selected and PO awarded – “DIY” option selected due to rapidly changing requirements ✗ Detailed requirements submitted to vendor – PO for vendor cancelled due to 	<ul style="list-style-type: none"> Additional functionality incorporated into site, including Community of Practice for TA Providers Beta version of site launched Site performance report generated and analyzed (e.g. # of page views, # of TA providers registered, etc.) 	<ul style="list-style-type: none"> Training provided by vendor for VAAC and FHI 360 to maintain site Site performance report generated and analyzed Site updated as needed 	<ul style="list-style-type: none"> Site sustainability plan drafted Site performance report generated and analyzed Site updated as needed 	<ul style="list-style-type: none"> Site sustainability plan finalized Site performance report generated and analyzed Site updated as needed

2.1 TA MARKETPLACE

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
	<p><i>changes in TAMP design and website requirements</i></p> <ul style="list-style-type: none"> ✓ Alpha version of site launched – at October 7 event 	<ul style="list-style-type: none"> • Site functionality assured 			
Strong VAAC buy-in for TAMP accomplished	<ul style="list-style-type: none"> ✓ VAAC oriented on TAMP and input solicited ~ MoU drafted for SHIFT and VAAC responsibilities related to TAMP in YI (<i>additional benchmarks to be added based on MoU</i>) – In process ✓ VAAC recommendations solicited for TA Providers to include in TAMP ✓ Joint national and provincial TA planning workshops prepared with VAAC – <i>Folded into subagreement workshops and TAMP Orientation Event</i> 	<ul style="list-style-type: none"> • Joint national and provincial TA planning workshops convened • TA quality and outcomes jointly monitored 	<ul style="list-style-type: none"> • TA quality and outcomes jointly monitored 	<ul style="list-style-type: none"> • TA quality and outcomes jointly monitored 	<ul style="list-style-type: none"> • TA quality and outcomes jointly monitored
TA Marketplace provides full complement of TA Providers	<ul style="list-style-type: none"> ✓ TA Provider registration and approval processes defined ✓ TA Provider intake procedures and forms available, including CV template and biodata form ✓ Solicitations sent to target TA providers ~ Target TA providers being identified for USAID-approved COPI6 above-site TA domains ✓ Standardized TA rates established ✓ Documentation for ≥ TA provider profiles complete 	<ul style="list-style-type: none"> • “How to” guide drafted and posted on website for creating and updating TA Provider profiles • ≥50 complete TA provider profiles available on website 	<ul style="list-style-type: none"> • Additional TA profiles posted on website, as needed to cover high-demand TA areas • Timeline and procedures established for routinely reviewing and updating profiles 	<ul style="list-style-type: none"> • Additional TA profiles posted on website, as needed to cover high-demand TA areas 	<ul style="list-style-type: none"> • All TA provider profiles reviewed and verified or updated at least once since launch

2.1 TA MARKETPLACE

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
TAMP assigns A-SOWs and fully orients and prepares all TA Providers to deliver effective TA	<ul style="list-style-type: none"> ✓ Procedures for selecting and assigning TA confirmed 	<ul style="list-style-type: none"> • Guidance for delivering effective TA drafted • Guidance for documenting TA and generating end-of-TA reports drafted • With VAAC, TAMP orientation workshop on Delivering Effective TA convened • Standardized TA in-briefings prepared and convened for each assigned A-SOW 	<ul style="list-style-type: none"> • Additional TAMP orientations convened as needed (in small groups or virtually) • TA in-briefings convened for all assigned A-SOWs • Community of Practice feature incorporated into TAMP website 	<ul style="list-style-type: none"> • Additional TAMP orientations convened as needed (in small groups or virtually) • TA in-briefings convened for all assigned A-SOWs 	<ul style="list-style-type: none"> • Additional TAMP orientations convened as needed (in small groups or virtually) • TA in-briefings convened for all assigned A-SOWs
TA requests responded to and payments issued in a timely manner for completed SOWs	<ul style="list-style-type: none"> ✓ Procedures in place to issue purchase orders and make payments for completed TA in a timely manner ✓ Internal procedures in place to execute TA, including work space and travel support 	<ul style="list-style-type: none"> • Prequalification and selection process enacted to expedite TA procurement • POs issued for A-SOWs within 15 business days of receiving USAID approval • All travel and logistics for approved TA arranged • Payment for completed SOWs issued within 15 business days of receiving invoice 	<ul style="list-style-type: none"> • POs issued for A-SOWs within 12 business days of receiving USAID approval • All travel and logistics for approved TA arranged • Payment for completed SOWs issued within 12 business days of receiving invoice 	<ul style="list-style-type: none"> • POs issued for A-SOWs within 10 business days of receiving USAID approval • All travel and logistics for approved TA arranged • Payment for completed SOWs issued within 10 business days of receiving invoice 	<ul style="list-style-type: none"> • Issue POs for A-SOWs within 8 business days of receiving USAID approval • Arrange all travel and logistics for approved TA • Issue payment for completed SOWs within 8 business days of receiving invoice
TA monitored and evaluated	<ul style="list-style-type: none"> ~ Procedures drafted to assess each TA provision, including drafting recipient evaluation; collecting VAAC and SHIFT technical team feedback on TA quality; and following up on outcomes and recommendations ~ Additional FY17 benchmarks added to fulfill established procedures 	<ul style="list-style-type: none"> • TAMP dashboard designed and tested to track TAMP members, requests, provisions, evaluation results, and outcomes • TA reports and evaluations collected within 3 weeks of all completed TA • TAMP quarterly dashboard generated and analyzed 	<ul style="list-style-type: none"> • TA reports and evaluations collected within 3 weeks of all completed TA • TAMP quarterly dashboard generated and analyzed 	<ul style="list-style-type: none"> • TA reports and evaluations collected within 3 weeks of all completed TA • TAMP quarterly dashboard generated and analyzed 	<ul style="list-style-type: none"> • TA reports and evaluations collected within 3 weeks of all completed TA • TAMP quarterly dashboard generated and analyzed

2.1a PROVIDE DEMAND-DRIVEN TA

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
1. Expenditure analyses for HTC, outreach, MMT service by site, including unit cost for single cases tested and/or referred at SMART TA-supported sites to improve efficiency	✓ Existing analysis reviewed and discussion conducted to select program/sites/provinces for analysis	<ul style="list-style-type: none"> Data collection, data coding and building costing matrixes started 	<ul style="list-style-type: none"> Analysis framework for EA developed for comments from technical experts Data analysis performed 	<ul style="list-style-type: none"> Preliminary findings obtained as evidence of HIV financial sustainability through increased domestic financing 	<ul style="list-style-type: none"> Report completed and disseminated to internal and external partners
2. VAAC routinely performs analysis and reports data to identify program gaps to inform provincial program action and uses HIVInfo data to re-engage previously identified cases and link them to ART in targeted provinces		<ul style="list-style-type: none"> Assess HIVInfo database and identify core indicators for tracking patient retention 	<ul style="list-style-type: none"> VAAC supported to develop dashboard for HIVInfo software. Dashboard circulated for comments. 	<ul style="list-style-type: none"> Dashboard finalized, generated and used to re-engage previously identified cases and link to ART. 	<ul style="list-style-type: none"> Protocol developed on how to perform analysis and use data to inform provincial program actions
3. Technical assistance provided to VAAC, PACs and DoH on estimations and projection exercises for PLHIV and KP size estimation in Điện Biên, Nghe An and HCMC. Provinces supported to use epidemic data for 90-90-90 planning, including target setting and resource allocation	<i>FY16 Q4 work in this domain was conducted under USAID SMART TA</i>	<ul style="list-style-type: none"> PAC supported provincial EPP data input for provincial consensus and data ownership (this has to be started from FY17 Q1 instead of Q2 as initial plan since we received TA requests for other provinces as well not just Nghe An Dien Bien and HCMC) 	<ul style="list-style-type: none"> PAC supported provincial EPP data input for provincial consensus and data ownership 	<ul style="list-style-type: none"> VAAC supported National EPP modelling for biennial National Global AIDS Response Progress Report 	<ul style="list-style-type: none"> Refresher training conducted for PAC on data collection and using EPP data for evidence based planning
4. Expansion of quality improvement in the three priority 90-90-90 provinces and eight sustaining provinces by supporting robust HIV M&E system and hospital Information System for SHI reimbursement	✓ List of indicators to track SHI reimbursement progress for HTFs developed	<ul style="list-style-type: none"> Baseline data for SHI coverage in Dien Bien generated from eHIS-HIV Guidelines developed to collect baseline data for other provinces 	<ul style="list-style-type: none"> Baseline data on SHI coverage in other provinces collected from PACs 	<ul style="list-style-type: none"> M&E training provided for district data managers in Dien Bien, Nghe An, and HCMC 	<ul style="list-style-type: none"> Data for SHI indicators collected and used to inform technical teams and PACs
5. Strengthened utilization of the national HIV database (e.g. HIV Info, Circular 3 M&E reported results at the central and provincial databases) to support ART attrition and retention monitoring		<ul style="list-style-type: none"> Dashboard for C3 developed 	<ul style="list-style-type: none"> Dashboard for C3 generated and disseminated Priority provinces with issues on monitoring data quality, and high ART attrition identified to 	<ul style="list-style-type: none"> VAAC supported to conduct training on national HIV database for selected priority provinces and partners 	<ul style="list-style-type: none"> Dashboard for C3 generated and disseminated VAAC supported to monitor Q1 progress for selected priority provinces Workshop organized to disseminate results and

2.1a PROVIDE DEMAND-DRIVEN TA

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
during the transition to SHI			develop technical assistance plan		lessons learned from Q1 process
6. Support provided for vital status and ID verification following HIV positive confirmation at HTC sites, HTC testing services supported to ensure quality data is added to the HCRS database		<ul style="list-style-type: none"> Current process to verify and record HIV cases in Vietnam reviewed (Circular 09 and the real practice in provinces) 	<ul style="list-style-type: none"> Literature reviewed on processes to verify and record cases (HIV cases and other diseases) 	<ul style="list-style-type: none"> Consultation workshop with VAAC organized First draft of revised 09 disseminated for comments 	<ul style="list-style-type: none"> Consultation workshop with VAAC organized Second draft of revised C09 disseminated for comments
7. Active case finding scaled up and ARV enrollment expanded in Nghe An and Dien Bien. Provincial treatment database developed at PAC to enable case tracking system with HCRS	<i>Q4 FY16 work in this domain was conducted under USAID SMART TA</i>	<ul style="list-style-type: none"> Method to compare treatment database extracted from eHIS with the database in HIVInfo developed and piloted with database in Tuan Giao 	<ul style="list-style-type: none"> Tools and method to compare treatment database extracted from eHIS with the database in HIVInfo finalized and tested 	<ul style="list-style-type: none"> PAC supported to use tools and method to compare treatment database extracted from eHIS with the database in HIVInfo 	<ul style="list-style-type: none"> Tools and method to compare treatment database extracted from eHIS with the database in HIVInfo fully transitioned to PAC
8. Provincial cascade model developed to inform programmatic gaps and future planning – scale up provinces as priority. Enhanced programmatic and data linkages between HCRS and VCT, OPC services and CoPC linkages at community level		<ul style="list-style-type: none"> VAAC supported to identify programmatic gaps in selected provinces 	<ul style="list-style-type: none"> Cascade guidelines and tool revised for application at provincial and district level 	<ul style="list-style-type: none"> Provincial cascades developed and used for planning and decision making 	<ul style="list-style-type: none"> Provincial ownership promoted and use of cascade data accomplished in other provinces
9. TA market/TA network supported case finding and C&T at facilities linked to HI system			<ul style="list-style-type: none"> List of HTFs with highest rate of LTFU/late-appointment cases identified via desk reviews and rapid assessment 100% of TA events reported and evaluated via TAMP 	<ul style="list-style-type: none"> Partnership MOUs with Regional PIs, PGH (Provincial General Hospitals, District People Committees) established 100% of TA events reported and evaluated via TAMP 	<ul style="list-style-type: none"> 3 training workshops for regional PIs and provincial/site level health/AIDS staff Technical report on strengthening maintenance of ARV patients, intensified case finding and linkages to HTFs 100% of TA events reported and evaluated via TAMP

2.1a PROVIDE DEMAND-DRIVEN TA

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
10. TA provided to assist local CSOs to detail and support capacity building action plan	<ul style="list-style-type: none"> ✓ Meetings conducted with VUSTA, VNP+, and Blue Sky to forward plan for R-SOWs to fulfill this request 	<ul style="list-style-type: none"> • 1,500 KP reached and referred via quarterly report shared by VUSTA • Field trips paired with VUSTA project monitor • SOP on community-based supervision TA supported • MOU accomplished with Vietnam Transgender network, CBOs, VNP+ to reach and refer transgender women to HTC/HTFs to support and refer 300 TG to HIV friendly services 	<ul style="list-style-type: none"> • 1,500 KP reached and referred via quarterly report shared by VUSTA • Annual review meeting co-facilitated • Tool kits on community-based supervision TA supported • 40 relevant participants received training on TG sensitization, reach and support for service uptake • 50 TG reached and referred to HIV services 	<ul style="list-style-type: none"> • 1,500 KP reached and referred via quarterly report shared • 2 training workshops for CBO(s) on community-based supervision TA supported • 100 TG reached and referred to HIV services 	<ul style="list-style-type: none"> • 1,500 KP reached and referred via quarterly report shared by VUSTA • 150 TG reached and referred to HIV services • Review meeting held for lessons learned and recommendations
11. Active case finding scaled up and ARV enrollment expanded in Nghe An and Dien Bien. Integrated ARV patient management and reporting in the District Hospital/Health Center Information System accomplished to enable health insurance reimbursements as well as HIV treatment programmatic reporting in the curative system.			<ul style="list-style-type: none"> • SOP for strengthening HIV case reporting at provincial and site levels, with SI and Treat team developed 	<ul style="list-style-type: none"> • 2 training workshops provided for focal AIDS staff at all levels in Dien Bien and Nghe An 	<ul style="list-style-type: none"> • Technical report completed on strengthening HIV case reporting at provincial and site levels
12. Capacity building completed for DOHs/PACs on leadership, management and supervision of HTC program to meet technical program performance indicators and standards during the transition and post-transition phases.		<ul style="list-style-type: none"> • Support plan drafted and agreed with VAAC • Needs assessment report completed (conducted with VAAC and PACs in 2 SHIFT supported provinces (1 sustaining and 1 priority)) 	<ul style="list-style-type: none"> • Literature review of existing international and regional training and tools conducted • Training programs, packages and tools developed/adapted with VAAC 	<ul style="list-style-type: none"> • Training and tools tested with 1 province and refined • Training materials and tools printed and ready for distribution 	<ul style="list-style-type: none"> • 1 TOT provided to 20 local trainers in 5 provinces (3 priorities and 2 sustaining)
13. TA to provinces to apply innovative and effective models to enhance case finding and linking KP+ to HTC/HIV C&T through		<ul style="list-style-type: none"> • Support plan drafted and agreed with VAAC • Desk review of models of success referral and linkages completed 	<ul style="list-style-type: none"> • Review and experience sharing workshop conducted with 50 participants from VAAC and 10 selected provinces, 	<ul style="list-style-type: none"> • Training programs, packages and tools developed/adapted with VAAC 	<ul style="list-style-type: none"> • Training and tools tested with 2 provinces and refined

2.1a PROVIDE DEMAND-DRIVEN TA

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
innovative approaches of service delivery and linkage, to shorten time from diagnosis to treatment access and to reduce lost to follow up from all testing settings			combined with TA/training needs assessment		
14. Work continued with VAAC and other relevant GVN bodies to maintain recurrent funding for drugs at the central and provincial level		<ul style="list-style-type: none"> 2 meetings with VAAC to discuss roadmap for methadone medication supported by GVN 	<ul style="list-style-type: none"> 4 meetings with VAAC and 3 provinces (Hanoi, Hai Phong, HCMC) to discuss roadmap for methadone medication supported by GVN 	<ul style="list-style-type: none"> 4 meetings with VAAC and 3 provinces (Hanoi, Hai Phong, HCMC) to discuss roadmap for methadone medication supported by GVN 	
15. National Methadone Quality Guidance (MethQUAL) developed for service quality improvement. This is national TA, above site level activity	<ul style="list-style-type: none"> * Key members of TWG not yet contacted for development of MethQUAL; this activity will take place in Q1 FY17 	<ul style="list-style-type: none"> National writing board established by VAAC National guideline outline developed 	<ul style="list-style-type: none"> Technical inputs provided for MethQUAL Guidelines developed and submitted to writing board for review 	<ul style="list-style-type: none"> Technical inputs provided for MethQUAL Guideline draft 2 developed for comment of writing board 	<ul style="list-style-type: none"> Technical inputs for MethQUAL Guideline finalized and issued by VAAC/MoH
16. Treatment retention SOPs developed for attrition rapid action plan for provincial program and site level	<p><i>Q4 FY16 work in this domain was conducted under USAID SMART TA</i></p>	<ul style="list-style-type: none"> TOT training completed on implementing retention package at sites in 5 high burden provinces 2 provincial training workshops completed in 2 provinces on implementing retention package 	<ul style="list-style-type: none"> 01 TOT training on implementing retention package at sites in 5 high burden provinces 3 provincial training workshops completed in 3 provinces on implementing retention package 	<ul style="list-style-type: none"> 3 provincial training workshops completed in 3 provinces on implementing retention package 3 TA trips to national program on implementing retention package in 3 provinces 	<ul style="list-style-type: none"> 2 provincial training workshops completed in 2 provinces on implementing retention package
17. Nghe An and Dien Bien PACs supported to implement ARV dispensing housed in commune health stations in mountainous districts	<p><i>Activities related to this domain were conducted under USAID SMART TA in FY16 Q4</i></p>	<ul style="list-style-type: none"> Training completed on ARV dispensing at the commune level in Nghe An 	<ul style="list-style-type: none"> Training completed on ARV dispensing at the commune level in Nghe An 	<ul style="list-style-type: none"> Training completed on ARV dispensing at the commune level in Nghe An 	<ul style="list-style-type: none"> Training completed on ARV dispensing at the commune level in Nghe An
18. Provincial MMT staff trained on using Methadone Quality Data (MethQUAL) for service quality improvement				<ul style="list-style-type: none"> Training material on MethQUAL developed 	<ul style="list-style-type: none"> 3 training courses completed with VAAC on MethQUAL
19. VAAC supported to conduct MMT ToT training workshops and trained PACs and provincial MMT mentoring network		<ul style="list-style-type: none"> Accreditation MMT ToT completed 2 provincial accreditation MMT training workshops completed 	<ul style="list-style-type: none"> Accreditation MMT ToT completed 2 provincial accreditation MMT training workshops completed 	<ul style="list-style-type: none"> Accreditation MMT ToT completed 2 provincial accreditation MMT training workshops completed 	<ul style="list-style-type: none"> Accreditation MMT ToT completed 2 provincial accreditation MMT training workshops completed

2.1a PROVIDE DEMAND-DRIVEN TA

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
followed on their routine site-level mentoring and supervision (capacity building, network/organizational level)					
20. VAAC supported to conduct training workshops and follow-up to PACs to build provincial MMT trainers (capacity building, individual level)		<ul style="list-style-type: none"> Revised materials for training on mentoring and supervision 3 MMT training workshops completed on mentoring and supervision 			
21. VAAC supported to conduct training workshops on HIV treatment to certify staff for SHI prescription	<i>Work in this domain was conducted under USAID SMART TA through September 30, 2016</i>	<ul style="list-style-type: none"> 12 training workshops conducted 			
22. VAAC/ GFATM supported to conduct TOT training workshops and TA on TB/HIV integration. Dien Bien and Nghe An supported to develop the provincial TB/HIV frame work and implementation plan	<i>Work in this domain was conducted under USAID SMART TA through September 30, 2016</i>	<ul style="list-style-type: none"> ToT completed on TB/HIV integration for 7 GFATM supported provinces 			
23. Hospital systems prepared for transition of SMART TA supported clinics to SHI and to ensure the continuation of services and ARV reimbursement and quality of critical services	<i>Work in this domain was conducted under USAID SMART TA through September 30, 2016</i>	<ul style="list-style-type: none"> Training conducted for 4 HTFs in An Giang and Can Tho (Cho Moi, Tinh Bien, Tan Chau and Thot Not) on service consolidation, SHI implementation and eHIS integration in SHI reimbursement and program reporting 	<ul style="list-style-type: none"> Training conducted for 4 HTFs in Ha Noi, Quang Ninh, Thai Binh and Hai Phong (Soc Son, Hoang Bo, Dong Hung and Hai An) and another training conducted for 6 HTFs in HCMC on service consolidation, SHI implementation and eHIS integration in SHI reimbursement and program reporting Contracts with HTFs on HIV SHI prepared by PSS in Ha Noi, Can Tho, An Giang, Quang Ninh, Hai 	<ul style="list-style-type: none"> Contracts with HTFs on HIV SHI prepared by HCMC PSS for District 9 and Hoc Mon ARV from SHI funding available in 7 provinces 	<ul style="list-style-type: none"> ARV from SHI funding available in 7 provinces for reimbursement

2.1a PROVIDE DEMAND-DRIVEN TA

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
			Phong and Thai Binh for 8 HTFs		
24. Official GVN commitment to increase ARV funding and sustain health insurance coverage for PLHIV (SHI)	<i>Work in this domain was conducted under USAID SMART TA through September 30, 2016</i>	<ul style="list-style-type: none"> • Policy dialogue conducted (in the North) on barriers and solutions for increasing SHI coverages in PLHIV population conducted (with VAAC, VNP+) 			
25. TA provided to develop needed circular for VL and CD4 reimbursement through SHI, provide training to clinicians and lab staff for routine VL testing for patients on ART in selected provinces, including support for sample referral system and transport		<ul style="list-style-type: none"> • Meeting with VAAC and SHI department and other partners to plan for circular development 	<ul style="list-style-type: none"> • 1st draft of the circular developed • Consultation meeting conducted 	<ul style="list-style-type: none"> • 2nd draft of the circular developed • 1-2 consultation meetings conducted 	<ul style="list-style-type: none"> • Draft finalized and submitted for MOH leaders for review and approval
26. Online e-learning and technical updates housed on VAAC portal	<ul style="list-style-type: none"> ~ Plan and process with VAAC in progress ~ Task force formation in progress 	<ul style="list-style-type: none"> • List of all available e-learning and technical materials produced • E-learning and technical materials collected electronically and centrally filed 	<ul style="list-style-type: none"> • All e-learning and technical materials standardized/ formatted 	<ul style="list-style-type: none"> • Standardized materials uploaded on the VAAC portal • Guidelines on the updates and use elaborated 	
27. TA provided to review and revise the 10-year old HIV law to address new 90-90-90 targets and the necessary human and domestic financial resources to implement the new HIV/AIDS program that allow new KP-focused reach, test, treat and retain KPs interventions to accomplish 90-90-90 goals	<ul style="list-style-type: none"> ✓ R-SOW crafted, submitted and approved (October) 	<ul style="list-style-type: none"> • 5 assessment reports completed on HIV law implementation: investment resources used and its outcomes, issues, suggested changes on 5 areas: <ul style="list-style-type: none"> – HIV communication and community mobilization – Harm reduction – HTC – C&T and PMTCT ▪ M&E and HIV surveillance 	<ul style="list-style-type: none"> • 8 consultation meetings completed with related local experts 28. Consolidated recommendations for changes in HIV Law document submitted ▪ 	<ul style="list-style-type: none"> • 3 workshops completed on HIV Law assessment and recommendations for all 64 provinces: North, Central and South region <ul style="list-style-type: none"> • Final report completed and recommendations for changes submitted to the National Parliament 	<ul style="list-style-type: none"> • Meeting with the Social Affair Committee, National parliament was conducted on HIV Law revision

GENDER AND GBV

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
Gender and GBV issues addressed that most significantly limit progress towards 90-90-90 goals and sustainable HIV response	✓ R-SOW submitted and approved to pilot gender integration in HIV response in DB and NA	<ul style="list-style-type: none"> Gender and GBV assessment started 	<ul style="list-style-type: none"> Gender and GBV assessment completed 	<ul style="list-style-type: none"> Gender and GBV action plan drafted 	<ul style="list-style-type: none"> Gender and GBV action plan implementation commenced
Key national and provincial HIV stakeholders have increased awareness and understanding of the role of gender and GBV in HIV in Vietnam	✓ R-SOW submitted and approved to strengthen gender integration in HIV response	<ul style="list-style-type: none"> Gender, GBV and HIV curriculum developed 	<ul style="list-style-type: none"> Training completed for priority province PACs on gender, GBV and HIV 		

STAKEHOLDER ENGAGEMENT

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
TA Marketplace orientation event held		<ul style="list-style-type: none"> TA Marketplace orientation event held for “customers” and TA providers 			
Nghe An and Dien Bien PACs supported to conduct monthly coordination meetings with stakeholders		<ul style="list-style-type: none"> Three monthly coordination meetings supported for Nghe An and Dien PACs respectively 	<ul style="list-style-type: none"> Three monthly coordination meetings supported for Nghe An and Dien PACs respectively 	<ul style="list-style-type: none"> Three monthly coordination meetings supported for Nghe An and Dien PACs respectively 	<ul style="list-style-type: none"> Three monthly coordination meetings supported for Nghe An and Dien PACs respectively
Monthly coordination meetings held with CCRD and COHED		<ul style="list-style-type: none"> Three monthly coordination meetings held with CCRD and COHED, respectively 	<ul style="list-style-type: none"> Three monthly coordination meetings held with CCRD and COHED, respectively 	<ul style="list-style-type: none"> Three monthly coordination meetings held with CCRD and COHED, respectively 	<ul style="list-style-type: none"> Three monthly coordination meetings held with CCRD and COHED, respectively
Quarterly review meetings held with Nghe An and Dien Bien PAC’s and DOH’s			<ul style="list-style-type: none"> Quarterly review meeting held 	<ul style="list-style-type: none"> Quarterly review meeting held 	<ul style="list-style-type: none"> Quarterly review meeting held
Quarterly meetings held with HFG and CDC to review SHI program implementation progress			<ul style="list-style-type: none"> Quarterly review meeting held 	<ul style="list-style-type: none"> Quarterly review meeting held 	<ul style="list-style-type: none"> Quarterly review meeting held
Quarterly project bulletins posted on TA Marketplace website			<ul style="list-style-type: none"> Quarterly bulletin posted 	<ul style="list-style-type: none"> Quarterly bulletin posted 	<ul style="list-style-type: none"> Quarterly bulletin posted
Annual work plan and subcontract planning workshops held with PAC’s and DOH’s	✓ Subcontract orientation and planning workshops held for 11 provinces			<ul style="list-style-type: none"> Annual work plan and subcontract planning meetings held 	
Results and success stories shared widely		<ul style="list-style-type: none"> At least 1 training and learning testimonial shared quarterly 	<ul style="list-style-type: none"> At least 1 training and learning testimonial shared quarterly 	<ul style="list-style-type: none"> At least 1 training and learning testimonial shared quarterly 	<ul style="list-style-type: none"> At least 1 training and learning testimonial shared quarterly

STAKEHOLDER ENGAGEMENT

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
		<ul style="list-style-type: none">• At least 1 success story shared quarterly	<ul style="list-style-type: none">• At least 1 success story shared quarterly	<ul style="list-style-type: none">• At least 1 success story shared quarterly	<ul style="list-style-type: none">• At least 1 success story shared quarterly