

SMART TA

Sustainable management of the HIV/AIDS response and transition to TA project

Year 5 Annual Progress Report
(October 2015-September 2016)



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PREFACE

The USAID *Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance Project* – or “SMART TA” – is a five-year, \$45 million initiative managed by FHI 360 to ensure a comprehensive, high quality, and sustainable local response to HIV towards ending the epidemic in Vietnam.

The project was designed to contribute directly to targets identified in the National Strategy on HIV/AIDS Prevention and Control in Vietnam and the Partnership Framework between the Government of the United States of America and the Government of the Socialist Republic of Vietnam for HIV/AIDS Prevention and Control. SMART TA prioritizes programming that aligns to PEPFAR 3.0's five key agendas – impact, efficiency, sustainability, partnership, and human rights – to accelerate progress towards 90-90-90 targets and an AIDS-free generation.

This document constitutes USAID SMART TA's FY16/COP15 annual progress report (APR) for the period 01 October 2015 to 30 September 2016. Included within are Year 5 (Y5) results by objective, an overview of project management and personnel changes since the start of Y5, and annexes synthesizing annual performance against Y5 benchmarks (Annex 1) and targets (Annex 2); and success stories (Annex 3). Additional Y5 success stories are available in the project's FY16/COP15 semiannual progress report.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
C&T	Care and Treatment
C-Link	USAID/Community Link Project
CBO	Community-Based Organization
CBS	Community-Based Supporters
CDC	U.S. Centers for Disease Control and Prevention
COP	Country Operating Plan
CoPC	Continuum of HIV Prevention to Care
CSO	Civil Society Organization
DOH	Department of Health
DQA	Data Quality Assurance
DSD	Direct Service Delivery
FSW	Female Sex Worker
EA	Expenditure Analysis
EOA	Enhanced Outreach Approach
FY	Fiscal Year
GFATM	Global Fund to Fight AIDS, TB and Malaria
GVN	Government of Vietnam
HCMC	Ho Chi Minh City
HHW	Hamlet Health Worker
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IDU	Injecting Drug User
KP	Key Population
LTFU	Lost to Follow Up
M&E	Monitoring and Evaluation
MER	Monitoring, Evaluation, and Reporting
MMT	Methadone Maintenance Therapy
MOH	Ministry of Health
MOM	Mountainous Outreach Model
MSM	Men who have Sex with Men
NIHE	National Institute of Hygiene and Epidemiology
NTP	National TB Program
OPC	Outpatient Clinic
PAC	Provincial AIDS Center
PDI	Peer Driven Intervention
PEPFAR	President's Emergency Plan for AIDS Relief
PHS	Provincial Health Service
PLHIV	People Living with HIV
PWID	People Who Inject Drugs
ROC	Recurring Operating Cost
SHI	Social Health Insurance
SMART TA	Sustainable Management of the HIV/AIDS Response and Transition to TA
SOP	Standard Operating Procedures
TA	Technical Assistance
TA-SDI	Technical Assistance-Service Delivery Improvement
TAEMS	Technical Assistance Events Management System
TB	Tuberculosis
USA	United States of America
VAAC	Vietnam Authority of HIV/AIDS Control, Ministry of Health
Y5	Year 5

EXECUTIVE SUMMARY

This fiscal year marked the final year of full implementation for the USAID SMART TA project, slated to end in December 2016, with the final three months dedicated to closeout and final reporting. Results in the final year were, overall, excellent. The project generally met or surpassed its most critical targets for HIV reach, test and treatment, and transitioning, as we outline in the following pages. We point to SMART TA's responsiveness in launching the aggressive effort to achieve UNAIDS fast track "90-90-90" targets in its three assigned priority provinces, Nghe An, Dien Bien, and Ho Chi Minh City. Following the so-called PEPFAR "pivot" toward achieving 90-90-90, enshrined in COP15, the project quickly initiated capacity building efforts at the beginning of the fiscal year to mobilize the push to achieve the fast track targets. By the second quarter, however, it was evident Dien Bien and Nghe were lagging in meeting their ambitious case enrollment targets, in large part due to many prospective HIV patients living in hard-to-reach, mountainous areas. In response, SMART TA determined it needed to activate its "mountainous model" by providing hands-on support to a series of mobile Reach-Test-Treat/Start (mRTS) missions that went deep into rural, mountainous areas to find and enroll HIV cases. The mRTS missions reaped phenomenal results and have since become the standard for case finding and enrollment efforts in all PEPFAR priority provinces with mountainous areas. At the same time the Blue Sky peer network in Ho Chi Minh City stepped up its remarkable work to find MSM cases, producing nearly 10% yield in HIV patient discovery among MSM reached. This is critical as an outsized proportion of Vietnam's HIV burden is in its largest city.

While the early progress achieved against the 90-90-90 targets was a key project highlight in its final year, to be sure, a major project mandate was to gain significant progress on the transitioning of responsibility for the HIV response to Vietnam government authorities. SMART TA well surpassed its goal of transitioning 40% of its baseline direct service delivery (DSD) sites by in fact transitioning 53 of 76 baseline DSD sites, or 70% (excluding those newly established in Dien Bien and Nghe An to achieve 90-90-90 targets).

FHI 360, as USAID's implementing partner for SMART TA, is proud of these achievements, which were all accomplished through close cooperation with our government and civil society partners at the national level, including VAAC, at the provincial level, with Provincial AIDS Centers (PACs) and Departments of Health (DOH), and of course at district and site levels, as it was the frontline health workers who deserve full credit for the results produced.

YEAR 5 RESULTS

USAID SMART TA focused technical assistance and programmatic resources to achieve Y5 annual results across the project's three objectives:

I. Deliver quality HIV services within the CoPC

USAID SMART TA met, nearly met or vastly surpassed its Y5 targets for seven key performance indicators for objective 1 pertaining to the delivery of quality HIV and related services across the continuum of prevention to care and treatment (CoPC). By the end of the fiscal year, over 23,000 patients were on antiretroviral therapy (ART) at project-supported sites, achieving 105% of the combined targets for three priority and eight maintenance or "sustaining" provinces. Over 3,400 patients were newly enrolled on ART, surpassing the combined target for priority and sustaining province targets at 103%. HIV patient retention after 12 months of initiating ART was at or near 90% in both priority and maintenance provinces. The project-supported outreach interventions blew past targets for reaching key populations (KPs), doubling or near doubling targets in sustaining and priority provinces, respectively. KPs reached in the 11 provinces totaled 46,564 against a combined target of about 26,000. The 18,726 patients on methadone maintenance therapy (MMT) in project-supported sites was more than double the Y5 target of 8,790 patients.

II. Transition financial, administrative and technical ownership of CoPC services

While addressing scale-up efforts to achieve ambitious "90-90-90" targets in its assigned three priority provinces, SMART TA conversely focused on transitioning in eight remaining "maintenance" provinces, which are An Giang, Bac Giang, Can Tho, Hai Phong, Hanoi, Lao Cai, Quang Ninh, Thai Binh, and Ninh Binh. Fundamental to transition is the reduction of recurring operating costs for direct service delivery (DSD) sites supported by the project, as the government of Vietnam takes over fiscal responsibility for the HIV response. By the end of the fiscal year, overall DSD site recurring operating costs (ROCs) had fallen to \$566,416, reflecting a cumulative reduction of 63% since the start of SMART TA, well surpassing the project objective to achieve a 40% reduction by the end of the project. Beyond financial transition, SMART TA also aimed to guide the *technical* transition of HIV service sites it had supported. The project conducted "SMART technical monitoring" to assess the technical state of readiness of sites to transition from DSD to "TA-SDI," where they would receive only limited technical assistance (TA) and support for discrete service delivery interventions (SDI), with no support for ROCs. By the close of Y5, USAID SMART TA had transitioned 53 of 76 baseline DSD sites, excluding those newly established in Dien Bien and Nghe An to achieve 90-90-90 targets. The project far surpassed its life-of-program goal to transition at least 40% of sites or services, having transitioned 70% of DSD sites.

III. Strengthen GVN technical capacity to sustain quality CoPC services

While focusing on transitioning, SMART TA also remained committed to strengthening the technical capacity of the government of Vietnam health entities at national, provincial, and site levels. Among many technical support interventions that the project conducted in Y5, one of its most important was the support it provided to Nghe An and Dien Bien to ready its health systems for social health insurance coverage of HIV services. Both provinces activated social health insurance (SHI) coverage of HIV services in advance of the national target of July 1, with strong SMART TA support. In addition, the project initiated and completed integrating HIV patient management, SHI reimbursement for HIV services, and HIV reporting functions into the electronic health information system (eHIS) administered by Tuan Giao district health center (DHC) in Dien Bien. This integration is a critical step to enable SHI reimbursement for HIV services while minimizing health staff burden, showcased in two workshops for national and provincial stakeholders. This marked the start of intensive eHIS integration efforts that the USAID SHIFT project will continue to support.

OBJECTIVE I | DELIVER QUALITY HIV SERVICES WITHIN THE COPC

Throughout Y5 USAID SMARTTA supported three priority provinces to rapidly scale-up services towards achieving 90-90-90 targets. After assessing provincial needs and partner capacity in late Y4/FY15, USAID SMARTTA partnered with Nghe An and Dien Bien PACs and DOHs to expand HIV testing and counseling (HTC), care and treatment (C&T), and methadone maintenance therapy (MMT) services, in close collaboration with other local authorities, implementers, and US government-funded programs, including USAID Community Link; USAID Healthy Markets; the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); and the US Centers for Disease Control (CDC). The project worked concertedly to prevent redundancies while meeting local service needs, including for expanded HIV prevention and outreach efforts through community-based supporters and hamlet health workers (HHWs), and expanded HTC through fixed-site, district confirmatory, mobile and lay testing.

In HCMC USAID SMARTTA focused on case finding, outreach, and testing, particularly for men-who-have-sex-with-men (MSM). Here too close collaboration with other implementers proved essential, given the number of organizations and funding agencies involved in this higher HIV prevalence area.

In all three of HCMC, Nghe An and Dien Bien provinces, USAID SMARTTA addressed both immediate needs to help achieve 90-90-90 goals, and longer-term capacity strengthening and transition planning required to ensure that the local HIV response is sustained beyond the life of the project.

Accelerating to achieve epidemic control in Dien Bien

Following a September 2015 assessment, USAID SMARTTA assisted Dien Bien PAC and DoH to develop an ambitious 90-90-90 implementation plan. In Q1 of Y5 the project supported the province to undertake many rapid but critical program planning and system strengthening activities, including:

- Developing guidance for and coordinating establishment of District Steering Committees and mobile teams;
- Increasing staffing levels, infrastructure, and essential equipment to support expanded service provision;
- Providing training on outreach and prevention, testing, care and treatment, and monitoring and evaluation;
- Conducting supportive supervision to ensure the availability and quality of services at district and commune levels; and
- Assessing needs for, coordinating, and reallocating commodities to ensure sufficient supply of test kits and medicines.

In Y5 USAID SMARTTA supported Dien Bien PAC and DoH capitalize on the substantial service planning, preparation and roll-out work undertaken in 2015. The project and province:

- Expanded risk behavior screening and mobile testing;
- Launched two additional district confirmatory HIV testing laboratories;
- Completed implementing ART eLog electronic treatment tracking and reporting tool in all OPCs and installed HTC eLog software in HTC sites;
- Consolidated HIV C&T services in alignment Circular 15;
- Convened a provincial social health insurance (SHI) assessment and implementation workshop; and
- Strengthened linkages and coordination between TB and HIV services in the province.

In Y5 USAID SMARTTA led rapid HIV case finding and ART enrollment campaigns that began in Dien Bien. Staff from the SMART TA Strategic Information unit worked with Dien Bien PAC technical and M&E teams to compare records available in HIVInfo and ART eLog databases. They analyzed results to quickly identify provincial residents with a confirmed HIV-positive status but not receiving treatment in provincial facilities. Project staff, Dien Bien PAC leadership and USAID C-Link/CCRD to determine districts and communes in greatest need of immediate outreach.

USAID SMART TA organized and refined an operational plan and protocol for reaching, clinically assessing and enrolling unlinked PLHIV in low resource settings. Project staff worked together with Dien Bien PAC and local providers and AIDS staff to provide more than 100 previously unlinked PLHIV with immediate access to care and treatment through mRTS.

USAID SMART TA recognized that members of these unlinked PLHIV's networks were at increased risk of HIV as well, in part due to limited availability of HTC in outlying communes. To address this in the immediate term, SMART TA incorporated mobile HTC into outreach efforts and counselled unlinked PLHIV to encourage their sexual partners and members of their social networks to test. The effort uncovered 17 new cases over nine days.

The project worked closely with local providers to ensure fastest possible access to treatment for both 'old' and 'new' cases. Confirmed PLHIV received ARVs in as little as 48 hours from the time of initial patient/provider contact, during which the mobile team and local staff:

- Confirmed the patient's HIV status;
- Counseled the patient on the importance of starting and staying on treatment while reducing risk behaviors;
- Encouraged the patient to refer partners and others at increased risk for HTC;
- Provided a clinical assessment and collected specimens for laboratory testing;
- Received and analyzed the results of those laboratory tests;
- Determined and prescribed the optimal treatment regimen;
- Communicated when and where the patient should present for ongoing clinical monitoring and ARV pick-up; and
- Again, counseled the patient on adhering to the prescribed regimen.

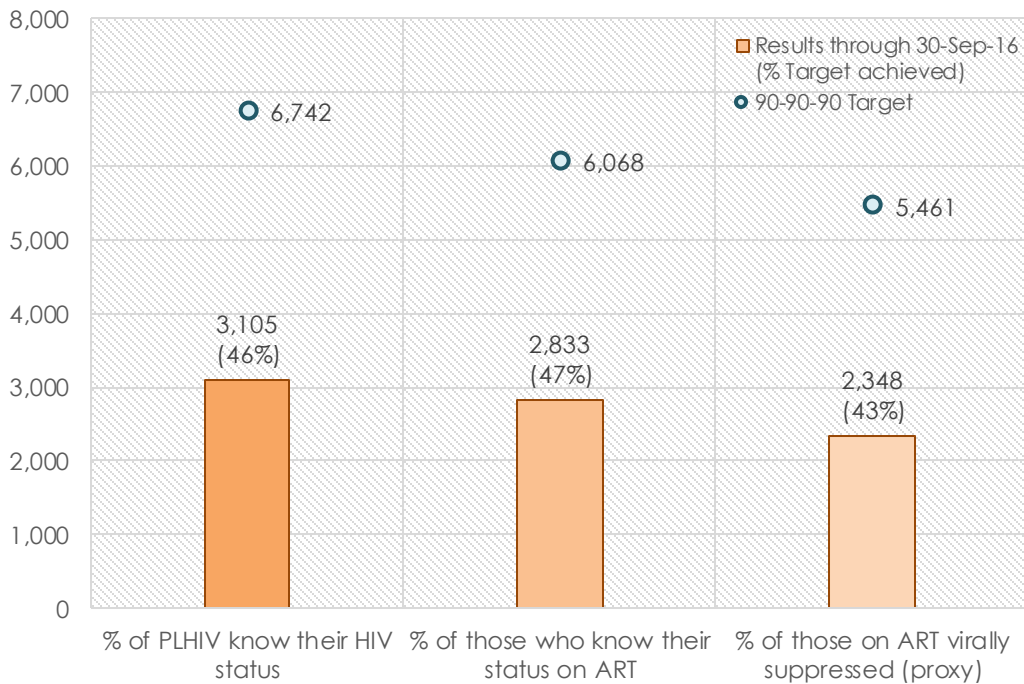
In addition to rapidly starting PLHIV on treatment and finding new cases, mRTS campaigns served as important learning opportunities. Teams tested strategies to reach and incentivize otherwise untreated PLHIV to begin or restart ART, including providing transportation allowances and enhanced counselling on the benefits of early and continuous treatment. SMART TA, PAC, and facility staff collected information on the root causes of PLHIV having not been on treatment; which methods were effective in convincing PLHIV to start treatment; how best to ensure those PLHIV have continuous access to C&T; and how to prevent LTFU in the future. Insights on these issues and other lessons learned are summarized in Annex 5 of the USAID SMARTTA Semiannual Report.

In the second half of Y5 the project repeatedly collected and analyzed experiences with USAID, PACs, VAAC, and other local implementers with an aim toward continuous learning and improving the HIV response in remote and mountainous areas. Additional mRTS missions in the second half of Y5 reconfirmed the critical importance of providing well-coordinated preparations for community visits, to ensure that unlinked PLHIV could be reached and that mobile services would be utilized when made available.

The Dien Bien 'old case finding' campaigns not only exemplified the ingenuity and commitment of USAID SMART TA staff, who readily surmounted challenging conditions to reach affected hamlets. It also demonstrated to provincial and district health leaders and local patients and practitioners the dedication of USAID and PEPFAR to help end AIDS in all communities.

After the close of each quarter in Y5, USAID SMART TA supported Dien Bien PAC leadership, technical and M&E units to analyze and present updated provincial progress towards 90-90-90 targets with increasing confidence. As presented in Figure 1 below, by September 30, 2016, 3,105 PLHIV in Dien Bien were aware of their HIV status (46% of 1st 90 target); 2,833 were on ART (47% of 2nd 90 target); and 2,348 of these had been on ART for at least 12 months (43% of proxy for 3rd 90 target). These results include revisions of data used to track progress towards the first 90. An early November 2016 review revealed hard fought progress towards 90-90-90 targets, but significant remaining needs, including to find HIV-positive individuals with official residence in the province but working and living elsewhere.

Figure 1 | Dien Bien Provincial Progress vs. 90-90-90 Targets through 30 September 2016



Achievements for SMART TA-supported sites in Dien Bien are presented under each of sections 1.1 Outreach & Prevention, 1.2 HTC, and 1.3 C&T/MMT below.

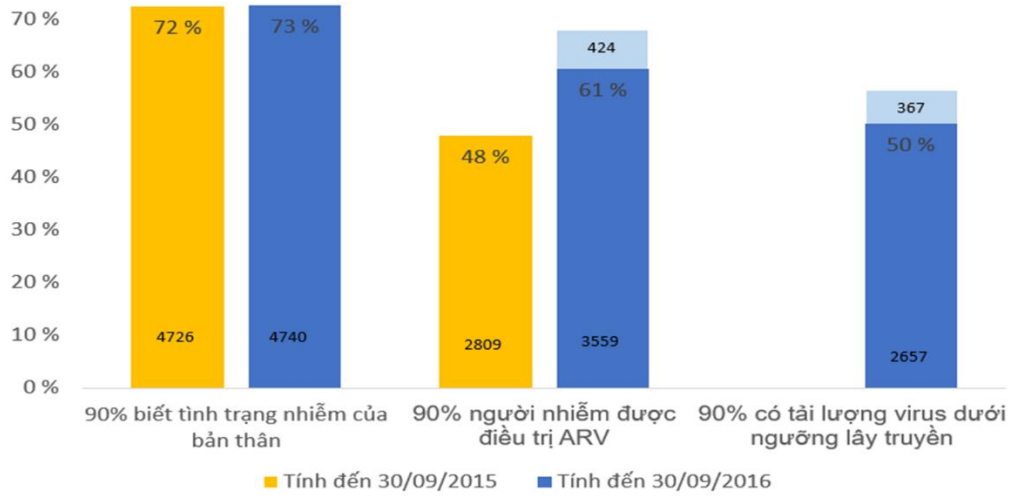
Expanding services in Nghe An

As in Dien Bien, in late FY15 USAID SMART TA partnered with other implementers and programs to help the Nghe An PAC and DOH assess gaps and capacities to achieve 90-90-90 goals in the province. This involved collaborating across five PEPFAR programs (USAID SMART TA, USAID C-Link, USAID Local SI, USAID Healthy Markets, VAAC/US.CDC) and Global Fund to address the wide scope of challenges and needs in this large province with 21 districts. In Y5 the project helped the Nghe An PAC and DoH to expand service delivery points; increase staffing; train existing and new personnel on prevention, HTC, C&T and data collection, reporting and analysis; conduct supportive supervision; and reallocate essential commodities across sites. The province also replicated and repeated the mRTS approach with increasing provincial capacity over Y5.

USAID SMARTTA has supported Nghe An to conduct quarterly progress reviews versus 90-90-90 targets since the efforts began in 2015. Here too the project has increasingly capacitated PAC staff to lead the data collection, cleaning, analysis and presentation required to complete these reviews. Preliminary results through September 2016 are presented in Figure 2 below. As they describe, the province has made substantial progress in increasing the number of PLHIV on treatment, even while undertaking large volumes of patient transfers required for SHI scale-up. Despite the relative nascent 90-90-90 effort in Nghe An, a

substantial proportion of patients have already been on treatment for 12 consecutive months, which the project and province have used as a proxy for the “third 90” indicator until viral load testing becomes more widely available in 2017.

Figure 2 | Nghe An Provincial Progress vs. 90-90-90 Targets through September 30, 2015 versus September 30, 2016



As noted above, USAID SMART TA also supported the HCMC PAC and DOH to achieve 90-90-90 targets, particularly in outreach/prevention and case finding domains, results for which are presented under *I.1 Outreach & Prevention* and *I.2 HTC*. The project also supports C&T and MMT sites in HCMC, results for which appear under subsections *I.3 C&T* and *I.4 MMT*.

Coordinating provincial support across partners and projects

The USAID SMART TA project was uniquely positioned to coordinate support to PACs and DOHs towards achieving 90-90-90 goals. Program staff worked tirelessly to foster strong, trusting relationships with provincial, district and site-level leaders and staff in virtually every domain related to achieving the 90-90-90 goals, from cross-cutting areas such as M&E and SHI to outreach/prevention, HTC, C&T, MMT, and TB/HIV. At the same time, the project eagerly promoted provincial and local health system leaders to own and lead the response to HIV, including the drive to 90-90-90 aims.

Numerous projects and partners are involved in supporting priority provinces in Vietnam. Throughout Y5 USAID SMART TA worked diligently to help coordinate and promote communication across implementers, both to minimize redundant activities and alleviate the burden on PACs to manage inputs from myriad concurrent partners. The project invited all provincial implementers to join monthly coordination meetings with Nghe An and Dien Bien PACs. These events provided an opportunity to ensure all organizations were aware of the timing and content of activities, identify opportunities to streamline assistance, and ensure mutually reinforcing support to the provinces. The project also helped PACs to organize and facilitate quarterly 90-90-90 reviews with increasing autonomy. These reviews have proven a highly effective means of promoting accountability and, where needed, recognizing areas in which activities and support need to be realigned to meet emergent needs. For example, as SHI for PLHIV efforts scaled up, FY16 Q2 and Q3 reviews addressed how to retain HIV patients as treatment transitioned to SHI-eligible health centers.

USAID SMART TA activities and achievements in priority provinces for each CoPC domain are described further under sections I.1 through I.4 below. Provincial system strengthening activities in which the project engaged for both priority and maintenance provinces are detailed in Objectives II and III. Progress versus benchmarks and targets are also presented in Annex 1 (quarterly benchmarks) and Annex 2 (numeric results against targets).



I.1 OUTREACH & PREVENTION

REDUCING TRANSMISSION AND IMPROVING CASE FINDING IN PRIORITY PROVINCES

Reaching PLHIV in Nghe An and Dien Bien

Achieving 90-90-90 targets in Nghe An and Dien Bien first requires finding and referring those at greatest risk of HIV for testing. USAID SMARTA's Y5 prevention strategy built on the shared project/VAAC Mountainous Outreach Model (MOM), and was operationalized as part of Nghe An and Dien Bien 90-90-90 provincial implementation plans. The strategy used active case finding by hamlet health workers (HHWs) with knowledge and awareness of the communities they serve and those at increased risk for HIV. During Y5 USAID SMART TA also developed the Pass-It-On (PIO) case finding approach and updated its outreach dashboard for improved data feedback to partners in Nghe An and Dien Bien.

The USAID SMART TA Prevention team, in collaboration with Nghe and Dien Bien PACs, conducted two training of trainers (TOT) and 31 subsequent training workshops for provincial to hamlet-level staff. Together these trainings built knowledge, capacity and skills in HIV risk reduction, outreach, screening, and linkages to testing and treatment for 12 PAC prevention management leads, 72 district and commune AIDS staff, and 1,383 HHWs. To reinforce and ensure effective implementation of trained skills, USAID SMART TA prevention project monitors led 18 field visits over Y5. These missions paired project, PAC and district focal staff both to monitor and strengthen prevention, outreach, screening and CoPC linkages and actively built local health system capacity and confidence to continue such oversight independent of PEPFAR support. During the field visits project, provincial and district counterparts also reviewed and validated prevention and outreach records.

Between October 2015 and September 2016, USAID SMART TA enabled HHWs and community-based supporters (CBSs) to screen more than 150,000 individuals in Dien Bien and Nghe An for high-risk behaviors, including persons screened via VUSTA outreach sites for which USAID SMART TA provided TA.

Cumulatively, these efforts resulted in identifying and referring 8,497 members of key populations (KPs) with high risk behaviors to receive HIV testing and counselling (HTC) services. Of these, 2,791 accessed HTC and 272 new HIV cases were identified, 227 of which had enrolled in care and treatment (C&T) as of September 30, 2016. Further results are presented in MOM Dashboards for Nghe An (Figure 3) and Dien Bien (Figure 4).

Figure 3 | Mountainous Outreach Model Dashboard, Nghe An Province, Y5

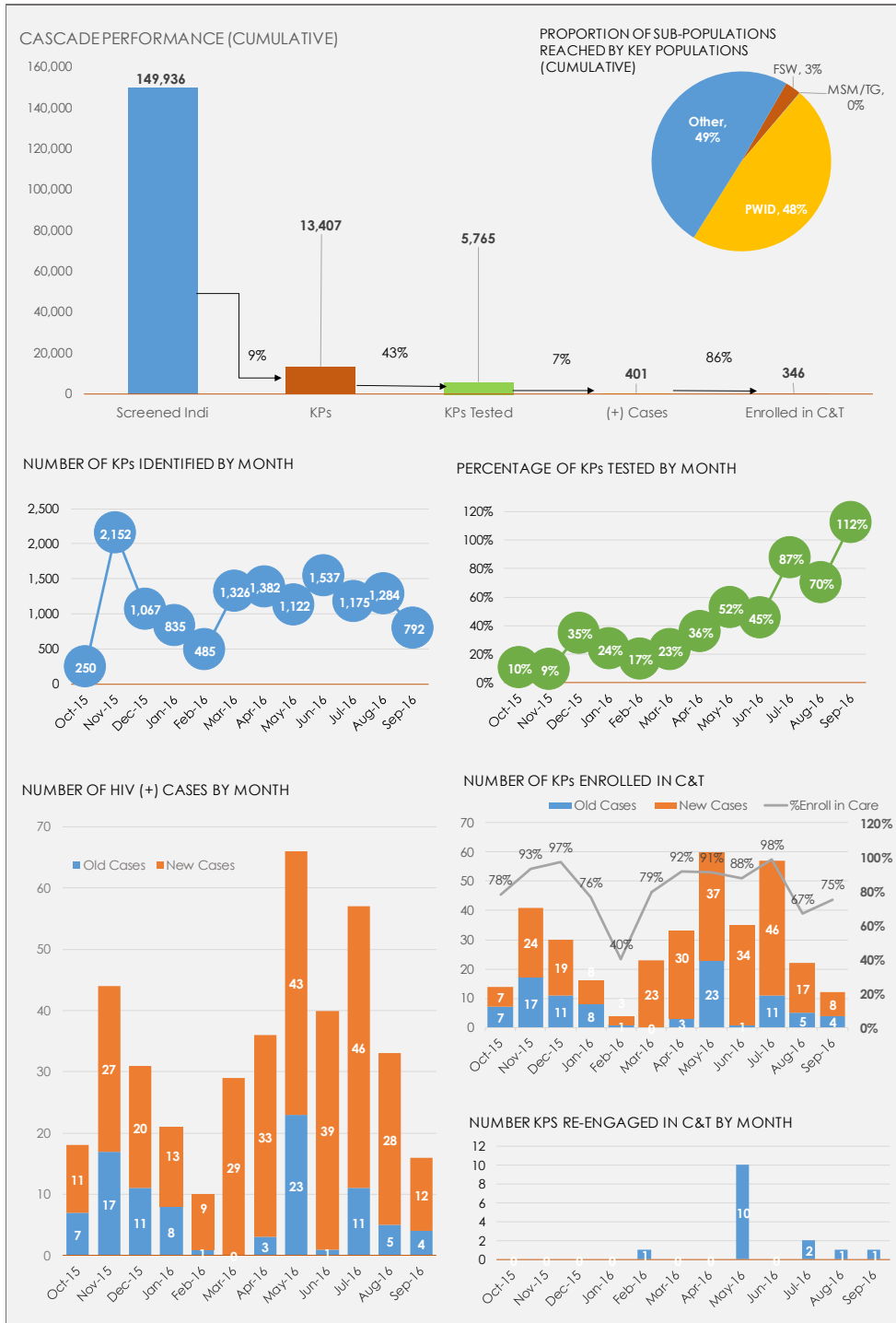
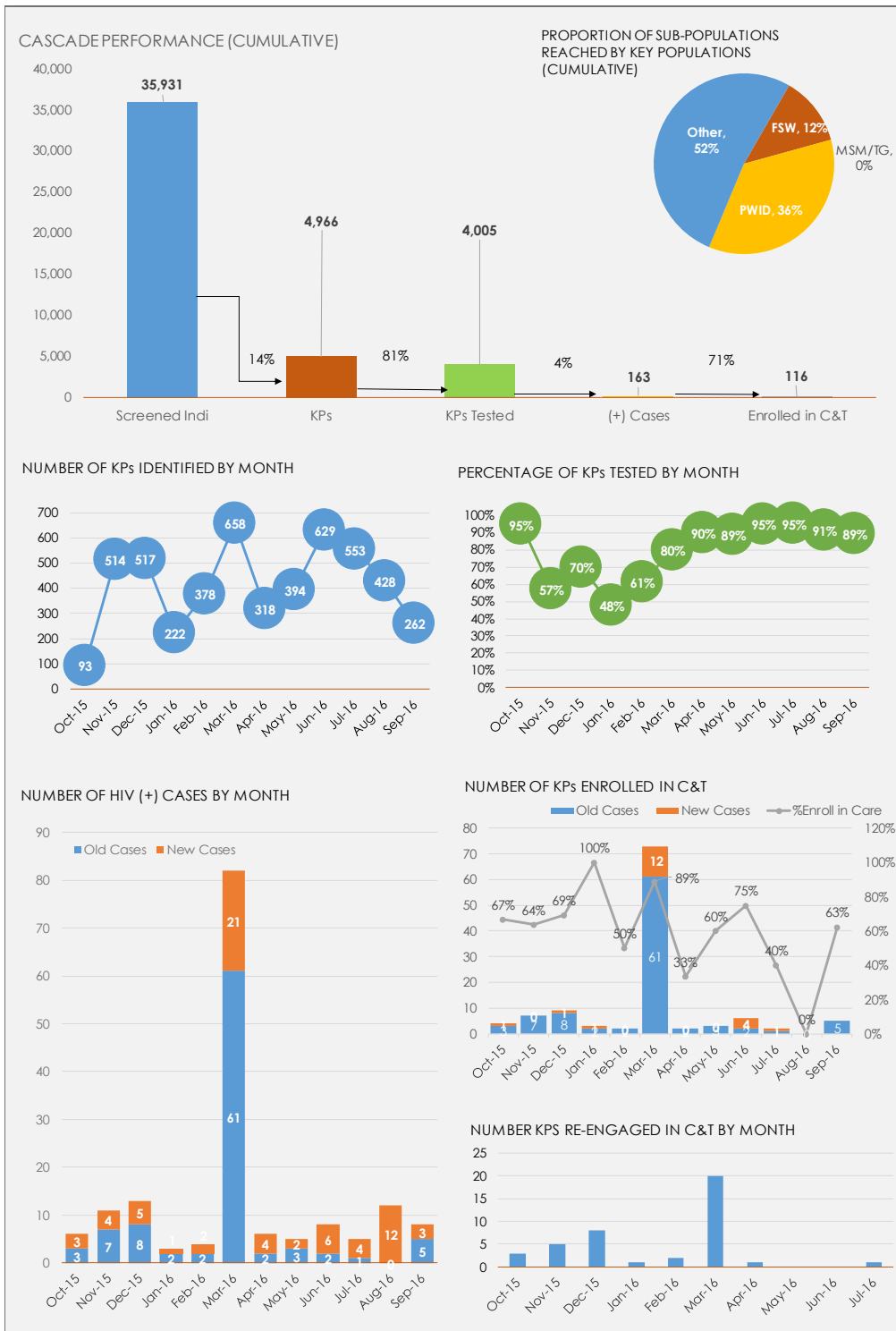


Figure 4 | Mountainous Outreach Model Dashboard, Dien Bien Province, Y5



Finding so-called “hidden” KPs remains a significant challenge in Vietnam. The behaviors that place key populations at greatest risk of contracting HIV – including sex work, injecting drugs, and sex between men – are highly stigmatized, particularly in rural and mountainous areas. This makes finding and providing information and resources on HIV to KPs in rural areas very difficult.

Over its project lifetime, USAID SMART TA has developed and delivered new models to penetrate KP networks with prevention interventions, including the PIO modified case finding model developed in Y5. The initiative encourages HIV-positive KPs to pass on referrals for HTC to other high-risk members of their networks. PIO is especially targeted towards recently identified PLHIV through MMT and ART clinics. Through PIO, a KP receives simple guidance on the rationale for HIV testing and benefits of early treatment, and is encouraged to pass on risk behavior self-assessments and referral slips with the address of nearby testing facilities to their partners and network members. To further encourage uptake, individuals who present for testing with a PIO referral slip and are not already registered as HIV-positive receive a nominal incentive payment.

USAID SMART TA introduced PIO in Nghe An/Do Luong district and Dien Bien/Muong Cha district. Between June and September 2016, the project disseminated 468 self-assessment forms through PLHIV, which resulted in 112 KPs

accessing HIV testing services. Of these, two were found HIV-positive and linked to care and treatment. Although the initiative did not find a significant number of new HIV cases, it did expand HIV risk self-assessment and testing to KPs who may not otherwise have been reached.

In addition, USAID SMART TA provided community outreach and coordination support for mRTS. The project helped intensify case finding for both “new” and “old” cases by assisting Nghe An and Dien Bien PACs to prepare target hamlets and communes in advance of mRTS missions. Together with the USAID Community Link (C-Link) Northern project, USAID SMART TA worked with provincial, district and community counterparts to verify the existence and accessibility of individuals previously identified as PLHIV but not enrolled on treatment, and/or remaining members of their risk networks. Once confirmed, the USAID projects facilitated community-based supporters and HHWs to ensure that unlinked PLHIV were aware of and would be reached through upcoming missions, and that members of their risk networks too would access mobile testing at community-level. These preparatory actions ensured that mRTS missions reached a maximum number of both unlinked PLHIV and new cases. During the missions, USAID SMART TA closely involved HHWs and CBS, and with district and provincial counterparts provided guidance and mentoring for HHWs and CBS to actively follow-up and support identified cases to remain on treatment.

PASS IT ON REFERRAL SLIP

PHIẾU TỰ ĐÁNH GIÁ NHU CẦU SỬ DỤNG DỊCH VỤ
ANH/CHỊ VUI LÒNG TRẢ LỜI CÁC CÂU HỎI SAU!

NƠI PHÁT PHIẾU:

- Cán bộ y tế thôn bản
- Thôn/bản:
- Cơ sở tư vấn xét nghiệm HIV/Trạm y tế xã
- Xã:
- Cơ sở tư vấn xét nghiệm HIV
- Huyện:
- Cơ sở điều trị HIV
- Cơ sở điều trị Methadone
- Huyện:

ĐÁNH GIÁ HÀNH VI NGUY CƠ
Trong vòng 6 tháng qua:

Giới tính: Nam Nữ

1. Nghiệm chích ma túy (NCMT):
Anh/Chị có bao giờ tiêm chích ma túy theo chỉ định của bác sỹ không?
 KHÔNG → Chuyển sang mục 2 CÓ → Anh/Chị có bao giờ dùng chung bơm kim tiêm hay các dụng cụ tiêm chích ma túy với người khác không?
 Không Có

2. Nam quan hệ tình dục đồng giới (MSM) hay phụ nữ mại dâm (PMDM):
Anh/Chị có bao giờ quan hệ tình dục với những người khác nhau gồm nam giới, nữ giới hoặc cả nam và nữ không?
 Nam Nữ Cả nam và nữ

Anh/Chị hay bạn tình của anh/chị có bao giờ không sử dụng bao cao su khi quan hệ tình dục không?
 KHÔNG CÓ → Đã bao nhiêu lần anh/chị hay bạn tình của anh/chị không sử dụng bao cao su khi quan hệ tình dục?
 Nhiều lần Vài lần Không bao giờ

3. Anh/Chị có bạn tình, vợ/chồng hay người yêu là người nhiễm HIV không?
 KHÔNG CÓ

ANH/CHỊ CÓ BIẾT TÌNH TRẠNG HIV CỦA MINH KHÔNG?

CÓ (đã làm xét nghiệm HIV và biết kết quả dương tính) → Anh/Chị đã điều trị HIV chưa?
 RỒI → Anh/Chị cần tuân thủ điều trị để việc điều trị đạt hiệu quả tốt nhất.
 CHƯA → Anh/Chị cần đến bệnh viện gần nhất để được tư vấn và điều trị HIV miễn phí càng sớm càng tốt để tiếp tục sống khỏe mạnh!

KHÔNG → Chưa bao giờ làm xét nghiệm HIV → Anh/Chị hãy đi làm xét nghiệm HIV ngay hôm đi (xem địa chỉ ở mặt sau).

KHÔNG → Đã làm xét nghiệm HIV và kết quả âm tính → Trong vòng 6 tháng qua, anh/Chị có xét nghiệm lại HIV và lấy kết quả không?
 CÓ → Anh/Chị hãy đi làm xét nghiệm HIV ngay hôm đi (xem địa chỉ ở mặt sau).

KHÔNG → Anh/Chị hãy đi làm xét nghiệm HIV ngay hôm đi (xem địa chỉ ở mặt sau).

Chỉ cần 1 câu trả lời là "CÓ", anh/chị cần đi xét nghiệm HIV ngay (xem địa chỉ ở mặt sau)

Finding hidden cases in HCMC

In Y5 USAID SMART TA continued robust support for HIV case finding and prevention in HCM, including through strong partnership with the HCMC PAC and Blue Sky Club. Through EOA, a new social media approach, and an Men-Who-Have-Sex-With-Men (MSM)-friendly facility-based service promotion model, in Y5 USAID SMART TA enabled 14 Blue Sky CBS's to reach and refer 4,410 MSM to HIV testing. Of these, 310 were newly diagnosed and linked to ARV treatment, along with 82 PLHIV who accessed testing in USAID SMART TA-supported HCMC sites, accounting for 7.4% of new ARV patients across HCMC in FY17.

In Y5 Blue Sky launched a closed Facebook group "fan page" to reach hidden MSM in HCMC virtually (screenshot

below). Through the group, Blue Sky provides participants with HIV knowledge updates, risk reduction experience sharing, and registration for service uptake.

The fan page launched on March 22 and by September 30 had gained 1,381 online risk self-assessments, identified 846 MSM with high risk behaviors, and registered 406 MSM for HIV testing and counseling. USAID SMART TA and Blue Sky also used the fan page to promote two offline events in July and September 2016. These events engaged 160 MSM, their partners and friends for HIV prevention information sessions, and provided HTC for 73 participants, of whom six were found positive and linked to confirmatory testing and treatment.

BLUE SKY FAN PAGE



In Y5 USAID SMARTTA also launched an MSM Friendly facility-based service promotion model to increase MSM service uptake and retention in HCMC. The model strengthens two-way linkages between community-based outreach and facilities to ensure that referred MSM access services, and calls for intensive training of healthcare providers to deliver MSM friendly services to improve retention. USAID SMARTTA partnered with HCMC PAC to provide a series of orientations, sensitization training, promotion signets and referral packages for 11 government hospitals and 24 HIV testing clinics and treatment facilities who committed to provide an MSM friendly environment, including more comfortable and confidential space for MSM to access and use health services. Between April and September 2016, 3,560 MSM and their sex partners used HIV services at these sites, of whom 134 were identified as PLHIV. Sixty-five of these cases were HCMC residents and they were supported to enroll in C&T, with the remaining referred to alternative services due to their residency in other provinces. The HCMC PAC greatly supports and appreciates the initiative, which it is expanding to 22 government hospitals in October 2016.

Community-based support and the EOA approach remains vital across HCMC. In July, the project trained 12 new CBS and collaborators to join the cadre of existing EOA-trained supporters.

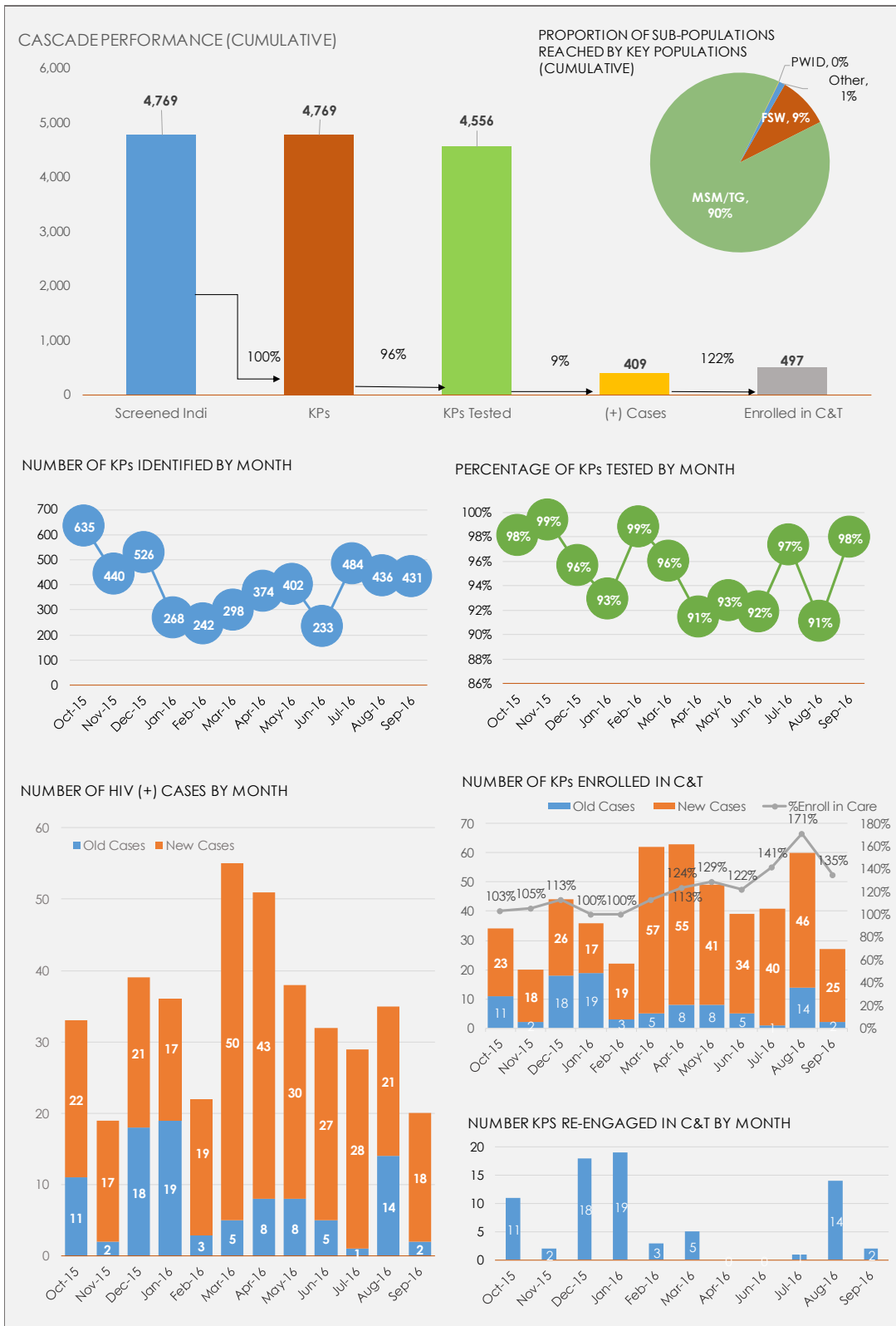
USAID SMARTTA also assisted HCMC PAC to determine the status of nearly 2,000 people whose records indicate that they were HIV-positive but not in local ART registers. As in Nghe An and Dien Bien, USAID SMARTTA and local partners worked to collect information about these individuals and, if possible, reach and connect them with care and treatment. The effort resulted in finding and re-engaging 30 PLHIV in care and treatment thus far. Additional results are summarized in Table 1.

Table 1 | HCMC Old Case Finding Results

Category	# (% of Total)
Total unlinked PLHIV records	1,972 (100%)
LTFU	568 (29%)
Deceased	551 (28%)
Incorrect address	389 (20%)
Moved	160 (8%)
Still trying to re-engage	150 (8%)
On ARV elsewhere	124 (6%)
Re-engaged on ART	30 (2%)

Through these combined efforts in HCMC, in Y5 USAID SMARTTA reached 4,769 KPs, linked 96% of these (4,556) to HIV testing (including 4,197 MSM), and found 409 new cases for a 9.0% yield. This included reaching and linking 100% of 4,410 MSM to HTC among whom 40 new HIV cases were found. In total, USAID SMARTTA Y5 outreach efforts resulted in 497 PLHIV enrolling in ART in HCMC, including all new positives cases plus 88 cases previously LTFU and referrals from supported hospitals and communities. Additional details are available in the HCMC Enhanced Outreach Approach Dashboard (Figure 5).

Figure 5 | Enhanced Outreach Approach Dashboard, Ho Chi Minh City, Y5



I.2 HIV TESTING AND COUNSELING

ADVANCING TOWARDS THE FIRST 90 THROUGH TARGETED TESTING

Expanding HTC through diversified models

In Y5, USAID SMART TA used a multifaceted approach to intensively scale-up the availability of HTC services in Nghe An and Dien Bien, build local HTC and laboratory capacity, and improve the efficiency of HTC services to ensure their sustainability. Activities included:

- HTC and MOM/90-90-90 paired training for all new district and community HTC sites, and refresher training for all pre-existing HTC sites;
- Training for all new HTC providers on finger prick test technique;
- Developing and introducing a model to transport blood specimens via post;
- Coordinating with Global Fund to distribute and ensure safe test kit storage in all districts;
- Providing and supporting all sites to use HTC data recording and reporting tools;
- In person and virtual coaching for all new sites in Nghe An and Dien Bien;
- Webcasts for all HTC and OPC sites on testing-to-treatment referrals;
- Assessing and supporting newly operational district confirmatory laboratories; and
- Providing robust TA to expand confirmatory testing to additional districts.

In Y5 USAID SMART TA supported provincial and district HIV authorities to maintain the availability and quality of HTC services at district- and commune-level fixed testing sites. To expand services towards 90-90-90 goals, SMART TA supported Nghe An and Dien Bien PACs and DOHs to launch HIV testing services in all 21 districts of Nghe An and nine districts in Dien Bien. This includes 13 new fixed and 13 new satellite testing sites in Nghe An, and four new fixed and 30 new satellite sites in Dien Bien.

As USAID SMART TA and partners scaled-up screening for KPs in priority provinces, referrals and demand for HTC services also increased. In addition to expanding fixed and satellite testing sites, USAID SMART TA supported districts and communes to intensify and further expand mobile testing services for communities with otherwise limited access to HTC.

In Y5, SMART TA also provided technical assistance to Global Fund-supported HTC sites in Nghe An and Dien Bien by sharing tools and providing face-to-face training sessions, webcasts, and joint site visits. SMART TA also discussed and negotiated with VAAC's Global Fund-supported project to increase the number of HTC kits it provides for sites in Nghe An and Dien Bien to meet increased testing demand. These kits were made available for use in Global Fund-supported sites in Nghe An and in all sites in Dien Bien, with USAID SMART TA filling gaps in HTC kit availability as needed.

SMART TA also provided ongoing technical support to seven DSD HTC sites in HCMC. The project supported HCMC PAC to conduct quarterly monitoring visits using SMART Monitoring Tool checklists to ensure service quality. Visits focused particularly on facilitating linkages with outreach programs in the city for active case finding and case management measures towards achieving 90-90-90 goals in HCMC.

During the reporting period, USAID SMART TA provided intensive technical assistance to increase the number of certified district confirmatory laboratories in Nghe An, Dien Bien and HCMC. Two district confirmatory laboratories in Dien Bien (Tuan Giao and Dien Bien districts), and one in Nghe An (Que Phong district) were accredited. These laboratories began providing confirmatory testing in as little as two hours, using a three-rapid-test regimen. USAID SMART TA supported technicians from 17 additional laboratories in Nghe An and Dien Bien to receive official confirmatory testing training from the National Institute of Hygiene and Epidemiology (NIHE) and Pasteur Institute. Facilities in Nghe an and Dien Bien have now completed panel testing and submitted profiles to MOH for final accreditation in late 2016. Those in HCMC are also pushing through needed steps for early accreditation.

Improving HTC Efficiency with Vietnam Post

In Q3 USAID SMART TA introduced a novel element to improve and sustain HTC services in Nghe An and Dien Bien – blood specimen transportation via Vietnam Post. Under this model, blood specimens can reach confirmatory laboratories within 24 hours – a nine- to 11-day improvement over previous systems in mountainous provinces. The mechanism requires markedly lower cost and human resources compared to traditional, manual sample transport schemes.



Launching Lay Testing in Nghe An and HCMC

In Y5, USAID SMART TA also helped expand Vietnam's HIV lay testing pilot. In 2015 the World Health Organization (WHO) officially endorsed HIV lay testing as an important means of expanding access to testing services, particularly for key populations. In its final year, USAID SMART TA delivered training, TA and direct support to capacitated HHWs in eight communes of Nghe An's Tuong Duong district to deliver effective rapid testing, counseling, and linkages to confirmatory testing. After three months of implementation, HHW lay testers in Tuong Duong had found 10 reactive cases and linked nine of them to fixed HTC sites for confirmatory testing and in-depth counseling support. All nine of these cases were confirmed as positive and were successfully linked to care and treatment.

The WHO also recognized that "trained lay providers who are their clients' peers can act as role models and offer non-judgmental and respectful support. Their role can help to reduce stigma, expand the coverage...and improve the uptake of services."¹ Concurrent with its support to Tuong Duong district in Nghe An, USAID SMART TA also worked closely with HCMC PAC to train up and support Blue Sky Club to begin offering lay testing. Between July and September 2016, Blue Sky lay testers found 70 reactive cases, all of which were successfully linked to HTC for confirmatory testing and counseling. Sixty-seven of the 70 cases were confirmed positive and connected to care and treatment.

Through these combined efforts, over Y5 USAID SMART TA provided HTC to 58,179 individuals in Nghe An, Dien Bien, and HCMC, or 140% of the COP15 target for priority provinces. A total of 2,185 (3.8%) of these returned test results were HIV-positive. Over the year, the HIV-positive yield from SMART TA-supported sites in priority provinces ranged from 2.0% for Dien Bien to 8.5% for HCMC. Figures 6 and 7 present the numbers of HIV tests performed and results received and number and proportion of HIV-positive tests by Y5 quarter for HCMC, Nghe An and Dien Bien.

¹ WHO HIV Lay Testing Policy Brief, July 2015

Figure 6 | Number of HIV tests performed and clients received results from SMART TA supported HTC sites in HCMC, Nghe An and Dien Bien by quarter, Y5

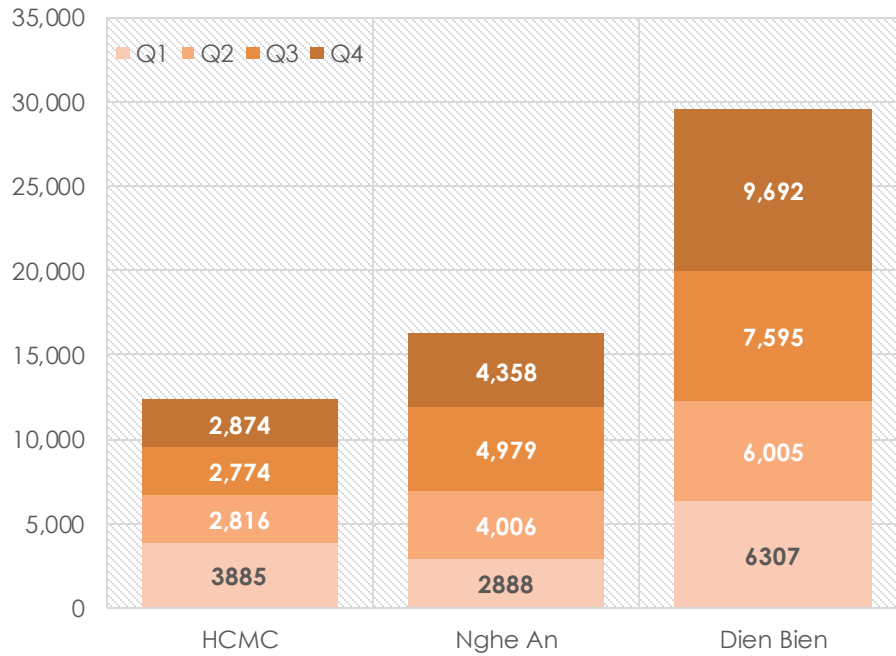
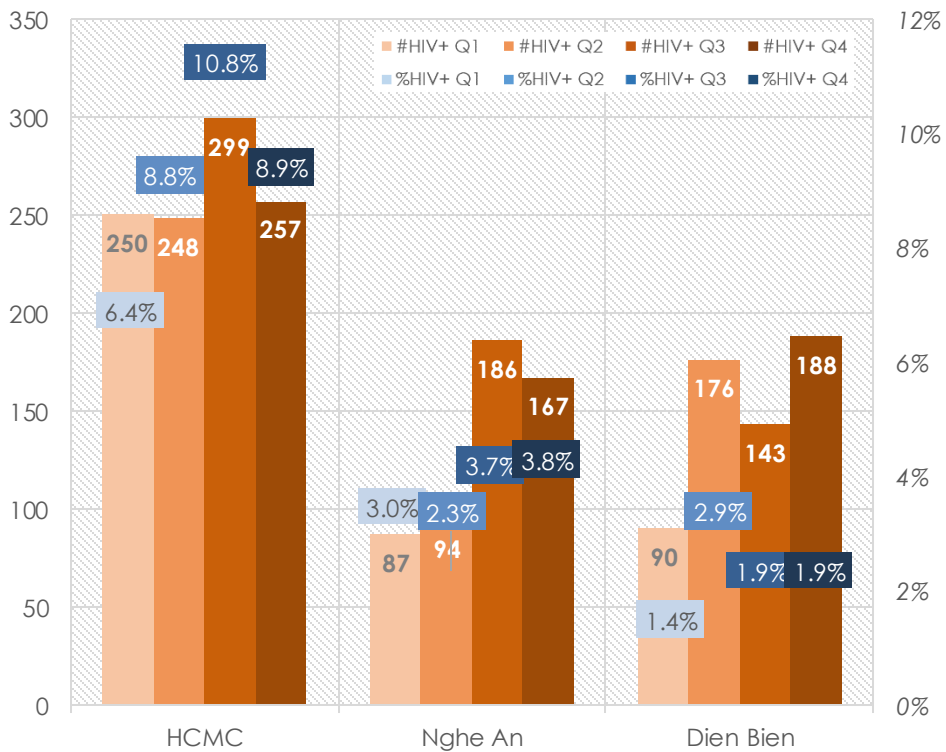


Figure 7 | Number and percent of HIV-positive results from SMARTTA supported HTC sites in HCMC, Nghe An and Dien Bien by quarter, Y5



I.3 HIV CARE AND TREATMENT

REACHING THE SECOND 90 THROUGH ACCESSIBLE, EFFICIENT TREATMENT

In Y5 USAID SMARTTA continued comprehensive care and treatment (C&T) support towards achieving 90-90-90 targets in priority provinces. This included training, technical assistance, and service delivery support in all areas of C&T, from expanding early ART initiation and enhancing retention, to strengthening pediatric treatment and TB/HIV integration. USAID SMARTTA exceeded nearly all Y5/COP15 C&T targets by ensuring the quality and efficiency of C&T systems and services at community, facility, district, and provincial levels.

Expanding early ART and viral load testing

In line with evidence for the importance of early ART initiation, in Y5 USAID SMART TA provided technical assistance to implement immediate ART for HIV patients regardless of their CD4 counts, across all HIV treatment facilities (HTFs) in Dien Bien and Nghe An. Under this approach, all clients who are screened as positive by rapid tests are enrolled in C&T while awaiting confirmatory test results. As demonstrated in the landmark START and TEMPRANO trials, the approach yields significant benefits to patient health outcomes as well as HIV treatment-as-prevention. Furthermore, immediate ART initiation can prevent attrition between testing and treatment – an otherwise precarious point susceptible to leaks in the HIV cascade. In addition to facility-based immediate ART, USAID SMART TA employed the tactic to rapidly enroll reconfirmed or newly identified PLHIV on ART during mRTS missions, after mobile onsite confirmatory testing.

As noted in May 2016 UNAIDS guidance, “expanded access to routine viral load testing will be a game-changer in the global response to AIDS. Routine viral load tests improve treatment quality and individual health outcomes for people living with HIV, contribute to prevention, and potentially reduce resource needs for costly second- and third-line HIV medicines.”² In Y5 USAID SMART TA partnered with Dien Bien and Nghe An

PACs to scale-up provincial health system capacity in viral load testing. The project helped PACs develop and implement viral load specimen transportation plans, and co-led viral load testing training for health staff from all HTFs in the two provinces. To further expand and sustain relevant skills, USAID SMART TA and Dien Bien and Nghe An DOHs and PACs formed local TA provider groups to lead, mentor, and provide experience and guidance in viral load monitoring to HTF staff.

Improving treatment access through commune-level dispensing

In Dien Bien and Nghe An provinces, USAID SMART TA worked with provincial and district counterparts to transfer interested PLHIV to commune health stations (CHSs) for medication and management. The step aligns with latest evidence for the effectiveness of community-level treatment to improve treatment access and retention. Patients who had previously been required to report to district health centers were enabled to receive treatment and monitoring for ART and opportunistic infections, as well as isoniazid preventive therapy (IPT). In Nghe An province, USAID SMART TA trained, equipped and supported 111 staff from all CHSs in three districts (Que Phong, Dien Chau and Con Cuong) to dispense ARVs. By 30 September 2016, more than 200 stable patients in Nghe An were receiving ART through their resident CHSs.

² UNAIDS, May 2016, “[The need for routine viral load testing.](#)”

Ensuring C&T quality

In addition to actively scaling-up services to meet aggressive 90-90-90 targets, throughout Y5 USAID SMART TA provided clinical and operational TA to monitor and ensure the quality of C&T services across priority provinces. In Dien Bien province, the project assessed and monitored two new HTFs in Muong Nhe and Nam Po to ensure quality of PLHIV services. USAID SMART TA provide operational and clinical TA to all HTFs and dispensing sites across the province, through both in-person visits and cost-efficient clinical TA webcasts offered by the project.

In Nghe An province, USAID SMART TA provided TA to 24 sites (14 DSD, 10 TA-SDI) via direct clinical and operational TA, trainings, and webcasts. Staff from all 21 districts received training on the HIV Quality Improvement (HIVQual) system to continuously monitor and strengthen HIV treatment service quality. The project convened progress reviews with PAC counterparts for all newly established sites, organized meetings to promote patient referrals across sites, and led clinical and operational TA missions to reinforce training and improve C&T performance.

The project also supported C&T sites in HCMC in Y5, where USAID SMART TA assisted facilities to apply updated national HIV treatment guidelines. The project supported over 10,000 HIV patients on ART in HCMC in Y5. To ensure the quality of services for this significant volume of patients, USAID SMART TA focused on ensuring solid patient retention, helping clinics rapidly identify and resolve treatment failure, and promoting strong adherence to treatment regimens. During its final year, USAID SMART TA also supported HCMC C&T sites to develop and launch a blood sample transport scheme for routine viral load testing.

Strengthening TB/HIV integration

Rates of TB/HIV coinfection are high in Vietnam, and TB remains a leading cause of death among PLHIV in the country. To accelerate TB and HIV case finding and promote early TB and HIV treatment among co-infected clients, in Y5 USAID

SMART TA partnered with the USAID TB Challenge project to conduct rapid TB/HIV situational assessments for Dien Bien and Nghe An. The assessments found insufficient linkages between the province's TB and HIV systems. Using the assessment results, USAID SMART TA and USAID TB Challenge supported Nghe An and Dien Bien to consolidate their TB/HIV Management Boards and develop Provincial TB/HIV collaboration frameworks (Decision # 1491/DOH) and detailed TB/HIV integration plans for 2016.

To implement this detailed plan, in August 2016 USAID SMART TA and Nghe An provincial health system leaders led a provincial TB/HIV collaboration workshop with 50 participants from the PAC, Provincial TB & Lung Disease Hospital, and directors of District Hospitals and District Health Centers. The event introduced the provincial TB/HIV framework and system models in Nghe An, which includes 17 districts with linkages between TB and HIV services and 4 districts with fully integrated TB/HIV care. To implement the TB/HIV linkages, USAID SMART TA provided TA to Nghe An PAC and Provincial TB & Lung Diseases Hospital to develop SOPs and training for 90 health staff from 17 General District Hospitals and Health Centers. For the four remaining districts (Vinh City, Nghi Loc, Quy Hop and Nghia Dan), USAID SMART TA supported the training of 35 health staff to implement the fully integrated TB/HIV model.

In Dien Bien, USAID SMART TA and the follow-on USAID SHIFT project will provide similar support, starting with TA to the PAC and Provincial TB & Lung Diseases Hospital to develop guidelines to implement TB/HIV linkages and integration based on the provincial situation, including training for approximately 80 health staff from nine districts in October 2016. The USAID SHIFT project will continue this important progress to provide more comprehensive and integrated care to diagnose HIV rapidly among TB patients and vice versa, and ensure that TB-infected PLHIV receive complete care towards reducing TB-associated mortality among PLHIV in Vietnam.



Improving pediatric HIV service

USAID SMART TA mRTS missions uncovered continued unmet need for pediatric HIV services in remote and mountainous areas. At the start of Y5 pediatric cases could only be treated comprehensively at the provincial level in Nghe An. In August 2016, the project provided an intensive three-day pediatric C&T training for 53 physicians and nurses-in-charge from all 21 districts in Nghe An. The effort expanded capacity to treat pediatric HIV cases to all district HTFs in Nghe An. Both USAID SMART TA and the follow-on USAID SHIFT project are providing intensive follow-up support to ensure the continued availability and quality of pediatric C&T. The response ensures that current and future pediatric HIV cases can receive care in their home districts rather than travel to the provincial hospital or miss clinical visits entirely due to the long distance. This is essential in Nghe An where provincial health facilities are located more than 200km away from some communes in the province's western districts.

Results

Through these combined efforts, in priority provinces USAID SMART TA achieved 97% to 104% of COP15 targets for four key care and treatment indicators, as presented in Table 2 below. However, as depicted in Figure 8 below, performance for the number of adults and children newly enrolled on ART varied significantly across provinces with sites in Dien Bien and Nghe An achieving 57% and 68% of COP15 targets respectively, versus HCMC sites that achieved 211% of the COP15 target. Performance versus targets for total number of PLHIV on ART was more consistent across priority provinces, as presented in Figure 9.

Table 2 | Y5 performance vs. COP15 targets for key care and treatment indicators for USAID SMART TA-supported sites in priority provinces (Dien Bien, Nghe An, HCMC)

Key HIV Care & Treatment Performance Indicators	COP15 Target	Y5 Results	% Achieved
Number of adults and children newly enrolled on ART	2,600	2,582	99%
Number of adults and children currently receiving ART	14,833	15,387	104%
Percentage of adults and children known to be alive and on treatment 12 months after initiation of ART	90%	87%	97%
Proportion of PLHIV in HIV clinical care who were screened for TB symptoms at last clinical visit	95%	99%	104%

Figure 8 | PLHIV new on ART via USAID SMART TA sites in priority provinces vs. COP15 targets

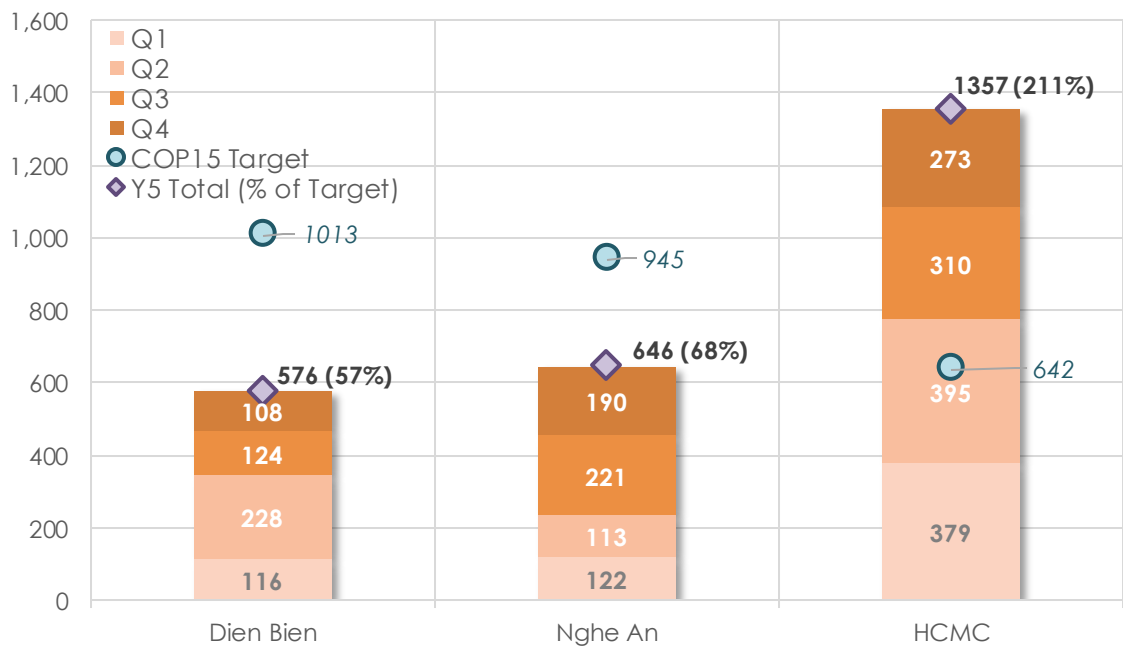
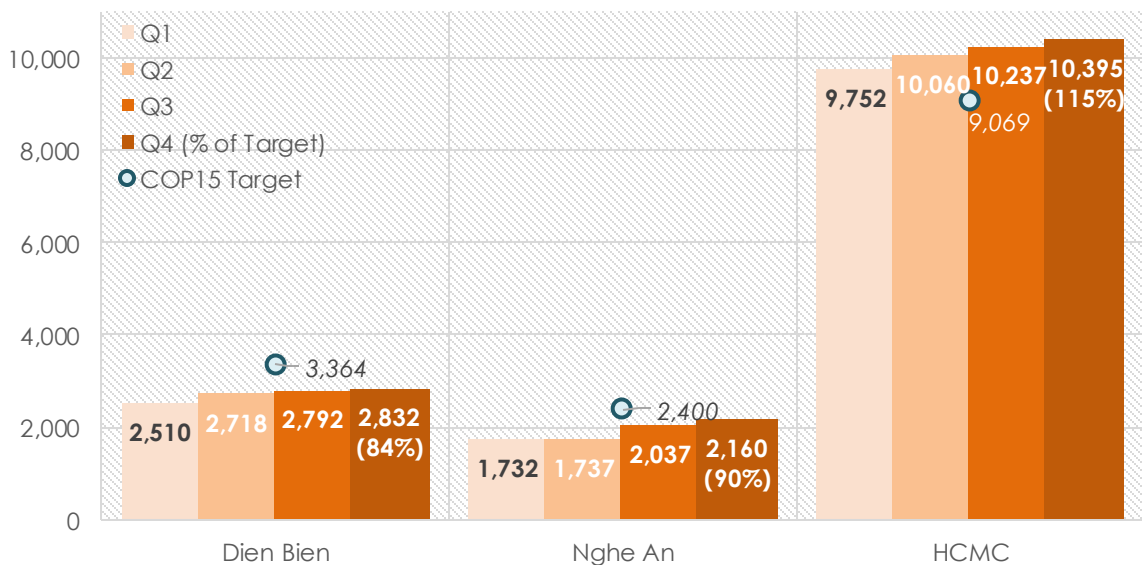
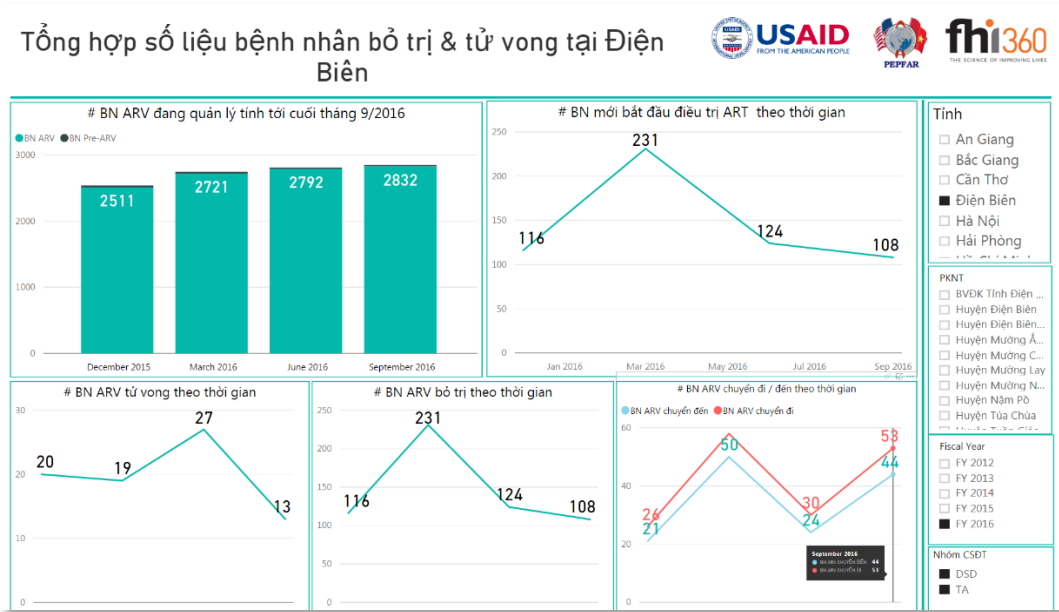


Figure 9 | Total PLHIV on ART via USAID SMART TA sites in priority provinces vs. COP15 targets



In the second half of Y5 the project developed and began using an online, interactive C&T dashboard via Microsoft Power BI. The application allows users to query and display data by the timeframe and region of their choosing. A sample of graphs featured in the C&T dashboard is provided in Figure 10 below.

Figure 10 | USAID SMARTTA C&T Dashboard, Dien Bien Province, Y5





I.4 METHADONE MAINTENANCE THERAPY

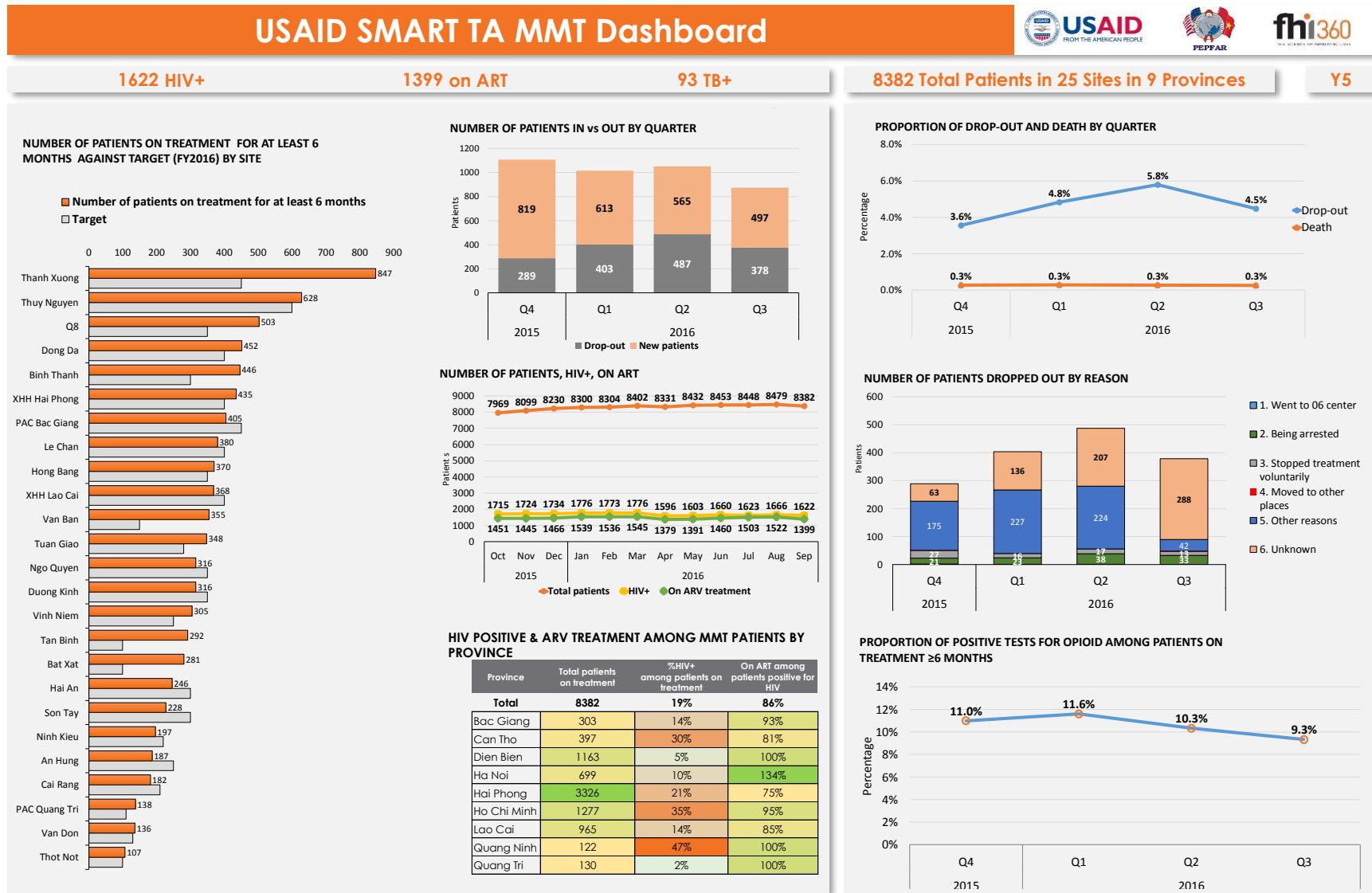
PROMOTING HEALTH, HOPE AND SAFETY THROUGH HIGH QUALITY MMT SERVICES

Given significant progress in the local response to methadone maintenance therapy (MMT) for people who inject drugs (PWIDs) in Vietnam, in Y5 USAID SMART TA's work focused on ensuring quality and strengthening local capacity to sustain the response, rather than support to expand services as in other CoPC domains for priority provinces. The project continued to provide technical monitoring and assistance to DSD and TA MMT sites in provinces.

To improve the quality of MMT services and ensure their availability to patients, USAID SMART TA provided two MMT refresher training sessions in Nghe An, and one MMT refresher and one accreditation training session in Dien Bien for MMT facility staff and dispensing network personnel. Additional site, province, and national-level TA which the project provided on MMT in Y5 is described further under Objectives II and III.

By the close of Y5, USAID SMARTTA was supporting 2,440 MMT patients who had been on MMT for at least six months in priority provinces, or 143% of the COP15 target for this indicator. The proportion of patients who tested positive for continued drug use while on treatment declined over the year. One hundred percent of HIV-positive MMT patients in project-supported MMT sites in Dien Bien were on ART by the end of Y5, and 95% of those in HCMC sites. Additional results for both priority and maintenance provinces are presented in Figure 11, the USAID SMARTTA Y5 MMT dashboard.

Figure 11 | USAID SMART TA Y5 MMT Dashboard



OBJECTIVE II | TRANSITION FINANCIAL, ADMINISTRATIVE AND TECHNICAL OWNERSHIP OF COPC SERVICES

In its final year, USAID SMART TA consolidated progress to responsibly transition the HIV response to local ownership while exceeding key service delivery targets in maintenance provinces (see Table 3 below). USAID SMART TA exceeded 100% of COP15 targets for seven key CoPC indicators in these provinces, from reaching KPs and supporting PWIDs on MMT to HTC, ART enrollment and ART retention.

Table 3 | Y5 performance vs. COP15 targets for key CoPC indicators for USAID SMART TA-supported sites in maintenance provinces

Key CoPC Indicators	COP15 Target	Results	% Achieved
Number of KPs reached with individual and/or small group level preventive interventions that are evidence-based and/or meet minimum standards	4,777	9,693	203%
Number of PWIDs on medication assisted therapy for at least six months	7,080	15,156	214%
Number of individuals who received HTC services for HIV and received their test results	12,805	14,159	111%
Number of adults and children newly enrolled on ART	738	850	115%
Number of adults and children currently receiving ART	7,459	8,001	107%
Percentage of adults and children known to be alive and on treatment 12 months after initiation of ART	90%	91%	101%
Proportion of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit	95%	99%	104%

At the same time, the project surpassed its life-of-program goal to transition at least 40% of CoPC interventions, partners and/or sites to GVN and local partners. This success built on past year's efforts to first explicitly define sustainability from financial, technical, and administrative/operational angles, then set forth clear strategies and enact plans to achieve transition and sustainability in each of these domains.³ New tactics employed and results garnered to achieve financial, technical, and administrative/operational ownership in Y5 are described below.

³ Descriptions of USAID SMART TA's approaches to transition and sustainability are available in its Y5 Semi-Annual Progress Report and Y4 Annual Progress Report.

II.1 FINANCIAL OWNERSHIP

SUPPORTING GVN TO FINANCE THE HIV RESPONSE AT NATIONAL, PROVINCIAL AND SITE LEVELS

Surpassing ROC reduction target

By the close of Y5, USAID SMART TA had reduced recurring operating costs (ROCs) for DSD sites to US\$566,416. This figure represents a 63% reduction since the project's launch, well beyond the 40% life-of-project target. This success was propelled by the project's work to transition more than 20 sites in its final year, including all sites in An Giang Province and additional sites providing services in each component of the CoPC, from prevention to C&T and MMT. Additional results are presented under *II.2 Technical Ownership* below.

Promoting sustainable ARV financing

In early Y5 USAID SMART TA and VAAC concluded a joint ARV financing campaign and agreed to collaborate to promote SHI coverage for HIV services. The first phase of the campaign aimed to build policymaker support for government financing of ARVs as international donor support for HIV in Vietnam declines. The campaign yielded 28 online articles, two print articles, 21 television broadcasts, two panel discussions, and 26 airings of a public service announcement (PSA). USAID SMART TA and collaborators distributed hundreds of information booklets on ARV financing and generated numerous social media messages and infographics. In October 2015, the government revealed it would increase resources in the national SHI program to cover HIV services, including ARV drugs, which comprise the bulk of program costs. In late 2015, Vietnam Social Services (VSS) also committed to allocate 200 billion Vietnamese Dong to maintain the supply of ARVs. VSS and the MOH followed with policy measures and circulars to activate SHI coverage for HIV services.

To capitalize on momentum and promote further progress towards a sustainable HIV response, USAID SMART TA and VAAC partnered to launch a second campaign phase to promote SHI for HIV services. Together project staff and national counterparts developed 10 key messages on SHI-for-HIV. The project recorded and with VAAC assistance distributed 200 CDs with these recordings to be played on community loudspeakers across all 63 provinces of Vietnam.

Empowering PLHIV community voices to surmount SHI challenges

As part of its comprehensive approach to scaling up SHI for HIV, USAID SMART TA and HCMC PAC supported the Vietnam Network of People Living with HIV/AIDS (VNP+) to organize a workshop on August 30, 2016. The event gathered national and provincial stakeholders to explore and address the real-world barriers that PLHIV face in trying to use SHI for HIV services. The workshop was held in response to Prime Minister Vu Duc Dam's request that 100% of PLHIV enroll in SHI to sustain their ARV treatment. Led by VAAC Deputy Director-General Prof. Dr. Bui Duc Duong, the workshop included participants from health and social security sectors, USAID, international programs, the PLHIV community in HCMC, and local celebrities.

PLHIV representatives noted numerous, compound challenges an HIV patient often faces when trying to register for and use SHI for HIV services. These include the cost of meeting requirements to enroll entire families in SHI; not having a registered permanent residence and/or identity card required to obtain an SHI card; and fear of disclosing their HIV status to local authorities involved in administering SHI.



VNP+ discusses challenges in accessing SHI for HIV services | HCMC, 30 August 2016

Per HCMC PAC statistics, as of June 2016 only 36% of ARV patients in the city had SHI cards, and only one-third of those (e.g. 12% of ARV patients) had used them for HIV services. This situation presents both a monumental challenge and significant opportunity, given that over 30% of all HIV patients in Vietnam live in HCMC. The workshop facilitated open discussion between PLHIV who shared the challenges they face and health and social services representatives. Participants discussed ways to overcome these challenges towards a common goal of enabling PLHIV to enroll in and use SHI with confidence.

The event garnered extensive media coverage and was featured on Vietnam News, the GVN portal (Tieng Chung), VAAC website, and more than 30 other national newspapers and news sites.

II.2 TECHNICAL OWNERSHIP

Ensuring effective technical performance of sites throughout transition

USAID SMART TA provided two major categories of site-level support aligned with PEPFAR definitions:

- **Direct service delivery (DSD)** sites received direct financial support for ROCs plus at least quarterly technical assistance, with forward planning to achieve high technical performance and transition in the future.
- **Technical assistance/service delivery improvement (TA-SDI)** sites did not receive direct financial support for ROCs but did receive at least quarterly TA from the project and/or designated local TA providers. TA-SDI sites are expected to be closer to completely transitioning to local ownership.

A site was deemed fully transitioned once local government had taken over financial and technical responsibility for delivering services through it. In some cases, sites were phased out rather than transitioned, for sites providing duplicative services or services which were of lower priority to stakeholders; delivering persistently poor quality; and/or otherwise deemed unsustainable given the local HIV epidemic and limited resources.

Both USAID SMART TA and local governments initiated the transition of select sites. For example, provincial leaders in An Giang eagerly pursued and supported the transition of all project-funded sites to local government support by September 30, 2016.

Transition progress summary

By the close of Y5, USAID SMART TA had transitioned 53 of 76 baseline DSD sites, excluding those newly established in Dien Bien and Nghe An to achieve 90-90-90 targets. The project far surpassed its life-of-program goal to transition at least 40% of sites or services, having transitioned 70% of DSD sites by 30 September 2016. This remarkable success is attributable to a well-designed and adaptive master transition plan, a massive effort to prepare and embolden local government ownership, consistent and robust technical capacity building from USAID SMART TA experts, and the enduring commitment of health system personnel from VAAC leaders to HHWs. Table 4 below summarizes DSD sites transitioned by year.

Table 4 | DSD Sites Transitioned over USAID SMART TA Life-of-Project

Y2	Y3	Y4	Y5
<u>MMT</u> HP/Hai Phong co-pay	<u>MMT</u> HP/Duong Kinh HP/Hai An HP/Hong Bang HP/Vinh Niem HP/Le Chan HP/Ngo Quyen HP/Thuy Nguyen HCMC/Binh Thanh HCMC/District 8 HCMC/Tan Binh LC/Lao Cai co-pay QT/Quang Tri	<u>Prevention</u> AG/Long Xuyen <u>HTC</u> NA/Que Phong NA/Quy Chau DB/Muong Ang <u>MMT</u> CT/Ninh Kieu CT/Cai Rang LC/Bat Xat LC/Van Ban NA/Que Phong NA/Quy Chau <u>C&T</u> HN/Ba Vi HCMC/Mai Hoa NA/Que Phong NA/Quy Chau	<u>Prevention</u> CT/Ninh Kieu AG/Chau Doc <u>HTC</u> CT/Thot Not <u>MMT</u> BG/Bac Giang DB/Tuan Giao DB/Dien Bien HN/Son Tay HN/Dong Da QN/Van Don <u>C&T</u> CT/Thot Not LC/Bat Xat LC/Van Ban HN/Soc Son AG/Cho Moi AG/Tan Chau AG/Tinh Bien QN/Hoanh Bo QN/Mong Cai QN/Van Don NB/Nho Quan TB/Hung Ha TB/Dong Hung

Province abbreviations: Hai Phong (HP), Ho Chi Minh City (HCMC), Lao Cai (LC), Quang Tri (QT), An Giang (AG), Nghe An (NA), Dien Bien (DB), Can Tho (CT), Ha Noi (HN), Bac Giang (BG), Quang Ninh (QN), Ninh Binh (NB), Thai Binh (TB)

Achieving substantial progress in DSD transition

As described in Figure 12 below, in Y5 USAID SMART TA transitioned 25 sites from DSD to TA-SDI or complete government ownership, including three HTC sites in An Giang (Chau Doc, Tan Chau, Tinh Bien) and 10 C&T sites in Ha Noi (Soc Son), An Giang (Cho Moi, Tan Chau, Tinh Bien), Quang Ninh (Hoanh Bo, Mong Cai, Van Don), Ninh Binh (Nho Quan) and Thai Binh (Hung Ha, Dong Hung) in the second half of the year. The successful transition involved strong partnership between the project and local governments to develop and execute a common vision and clear transition roadmap for joint implementation. USAID SMART TA assessed local government willingness to assume responsibility for project-funded sites and services, and found that most maintenance provinces were willing and ready to co-facilitate site transition. In Y5 the project and respective PACs and DOHs developed, finalized and implemented joint staffing, administrative and financial plans to ensure minimal impact on clinical and community service operations before, during, and after site transition.

Figure 12 | USAID SMART DSD sites transitioned to local government or TA-SDI by Y5 quarter

Q1	Q2	Q3	Q4
Ninh Kieu PREV (CT)	Chau Doc PREV (AG) Bac Giang MMT (BG) Dong Da MMT (HN) Son Tay MMT (HN) Tuan Giao MMT (DB) Dien Bien MMT (DB) Van Don MMT (QN) Thot Not HTC (CT) Thot Not OPC (CT) Bat Xat OPC (LC) Van Ban OPC (LC)	Soc Son OPC (HN)	Tinh Bien HTC (AG) Tan Chau HTC (AG) Chau Doc HTC (AG) Cho Moi OPC (AG) Tan Chau OPC (AG) Tinh Bien OPC (AG) Hoanh Bo OPC (QN) Mong Cai OPC (QN) Van Don OPC (QN) Dong Hung OPC (TB) Hung Ha TB/HIV (TB) Nho Quan TB/HIV (NB)

Over the first half Y5, USAID SMART TA graduated twelve DSD sites to TA-SDI status, including two outreach sites – Ninh Kieu in Can Tho province and Chau Doc in An Giang province; six MMT sites – Bac Giang in Bac Giang province, Son Tay and Dong Da in Ha Noi province, Van Don in Quang Ninh province, and Tuan Giao and Dien Bien in Dien Bien province; three C&T sites – Van Ban and Bat Xat in Lao Cai province, and Thot Not in Can Tho province; and one HTC site, also in Thot Not. All sites received administrative, financial and technical assessment and support which resulted in smooth transition thanks to the leadership and commitment of the government and project guidance. The TA-SDI phase is a critical step to ensure government ownership for operating responsibilities and costs while PEPFAR continues to shore up technical capacity through TA. Among the 13 sites transitioned in the second half of Y5, 11 graduated to TA-SDI by eliminating direct cost support. These sites will continue to receive TA through the follow-on USAID SHIFT program to ensure service quality.

On 20 April 2016, USAID SMART TA supported the Ha Noi PAC to commemorate fully transitioning two sites: Ba Vi orphanage center and Tay Ho district health center. In the second half of Y4 USAID SMART TA facilitated two TB/HIV sites -- Nho Quan (Ninh Binh) and Hung Ha (Thai Binh) -- to fully transition to the local government. This transfer was made possible by strong collaboration between USAID SMART TA and the National TB Program as well as commitment and prompt actions from Ninh Binh and Thai Binh health system leaders at provincial and site levels, and is described further below.

Making twin wins in TB/HIV service integration and transition

In Y5 USAID SMART facilitated TB/HIV service integration in tandem with site transition for sites in Ninh Binh's Nho Quan district site and Thai Binh's Hung Ha district. The efforts formally began in early April 2016 when USAID SMART TA met with Dr. Nhung, Director of the National TB Program (NTP), to discuss and plan to transition select TB/HIV integrated service delivery sites. The project and NTP agreed to end external financial support on 30 June and TA on 30 September 2016. NTP closely followed the agreed plan by issuing official letters describing the plan to Thai Binh and Ninh Binh Departments of Health, and requesting their action to prepare for the transfer.

From April to September, USAID SMART TA partnered with the NTP, Provincial TB Hospitals, and respective PACs to deliver follow-up support and TA to these sites to ensure a complete and smooth transition. By the end of Y5 all facility staff for Nho Quan and Hung Ha TB/HIV sites were government-funded via district hospital examination and infectious disease departments. Testing and medication for opportunistic infections were being paid by social health insurance or patients, CD4 counts facilitated by the PAC, and TB laboratory tests and treatment facilitated by respective provincial TB hospitals. USAID SMART TA and the NTP reviewed data for all patients utilizing these integrated TB/HIV sites and found positive outcomes for both patients and health facilities when compared to the period before integration. The smooth transition to local ownership ensured these positive outcomes continued without interruption.

In early October 2016 stakeholders organized a two-year review meeting on TB/HIV Integration. The model employed in Nho Quan and Hung Ha were declared a major success to be replicated across the country. The follow-on USAID SHIFT project will continue promoting and scaling-up this model in partnership with VAAC, NTP leadership, and the USAID Challenge TB program.

In December 2015, USAID SMART TA co-hosted a satellite session on "Transitioning and sustaining the HIV response in Vietnam" at the 6th National Scientific Conference for HIV/AIDS the National Medical University in Hanoi. Attracting a standing room only audience, the session offered perspectives on promising developments in transitioning the HIV response to full Vietnam national ownership in the context of declining international donor support, while outlining remaining challenges to sustaining a robust HIV response. The satellite featured testimonials by Hai Phong and An Giang PAC leaders and evidence that provincial

and local health systems in Vietnam are ready and capable to take ownership but will continue needing intensive technical support in select areas to avoid losing recent gains against HIV.

Phasing out select sites and services

In line with the PEPFAR pivot, in Y5 USAID SMART TA phased out or transferred 11 outreach sites to other implementing partners and transferred its outreach focus to case finding in priority provinces. The project also phased out a standalone HTC site in HCMC/Anh Duong based on local health system consolidation and service integration.

II.3 ADMINISTRATIVE OR PROGRAMMATIC OWNERSHIP

FOSTERING PROVINCIAL OWNERSHIP TO TRANSITION AND SUSTAIN THE HIV RESPONSE

Promoting PAC ownership through subagreements

USAID SMART TA's subagreements with 11 PAC fostered government ownership to manage of a robust HIV response respective provinces. In Y5 USAID SMART TA modified its subagreements with eight PAC partners in maintenance provinces to reflect transitioning and scale-down of project support, and with PACs in three priority provinces to reflect scale-up towards achieving 90-90-90 targets.

Expanding access to HIV information and tools through enhanced web resources

In late 2015, USAID SMART TA supported VAAC to launch its new web portal during a special event at the 6th National Scientific Conference for HIV/AIDS. Dr. Nguyen Hoang Long, VAAC Director-General, described the portal as "a vital information hub" for HIV service providers, patients, policymakers, stakeholders, and public audiences alike. The event highlighted portal features including a highly accessible user interface and online platforms for provider and patient information, including standardized HIV service training curricula, HIV behavioral communication tools, a directory and interactive map of 2,000 HIV/AIDS delivery points, and social media functions that enable information sharing and networking among HIV/AIDS professionals. The portal was designed for maximum accessibility on any device, whether computer, tablet, or mobile phone.

In March 2016, USAID SMART TA assisted VAAC to migrate www.mmtvietnam.com to the VAAC web portal where it now has a permanent online home accessible by MMT providers and patients alike. USAID SMART TA delivered a comprehensive training package to VAAC staff to maintain and update the site.



THE IMPORTANCE OF COLLABORATION

Collaboration was integral to the success of USAID SMART TA in its fifth year. Strong partnerships between the project, provincial health authorities, and local health care staff made it possible to connect with far-flung patients, especially in target provinces such as northwestern mountainous Dien Bien where long distances, difficult terrain and economic hardship present obstacles to treatment adherence.

Dr. Lo Van Sen, Deputy Director of Muong Nhe district health center, manages HIV/AIDS care and treatment services. "Our partnership with SMART TA was really beneficial. Some patients live 20-30 kilometers away and it allowed us to support patient travel to the clinic, as well as to bring our HIV services to patients who cannot travel. To sustain quality HIV services in the future, we need to make an even closer connection to the commune health stations, from which hamlet health workers can more easily visit people at home and encourage them to visit the health facilities when needed. This will help us ensure that HIV patients continue their treatment."

OBJECTIVE III | STRENGTHEN GVN TECHNICAL CAPACITY TO SUSTAIN QUALITY COPC SERVICES

To sustain and complete the HIV transition in Vietnam, PEPFAR implementing partners must build capacity at community, facility, district, provincial and national levels. In Y5 USAID SMART TA continued its recognized role as a capable and efficient TA provider by incorporating new scientific knowledge into technical strategies, adding innovations to accelerate progress, and emboldening local stakeholder confidence to lead the HIV response. This included a major expansion into the realm of social health insurance (SHI) for PLHIV. As described below, USAID SMART TA helped national and provincial partners make significant progress in preparing for and rapidly implementing numerous operational, technical, and administrative procedures required to realize the promise of SHI for a sustainable HIV response.

III.1. NATIONAL TA

ADVANCING AND INSTITUTIONALIZING NATIONAL APPROACHES AND TOOLS

Vietnam's national SHI program will be the way forward for sustaining delivery of HIV care and treatment services following the departure of donor-funded programs. MOH Circular No. 15/2015/TT-BYT provided guidance on SHI coverage of medical examination and treatment services for HIV patients. While national-level TA in this realm is led by the USAID Health Finance & Governance (HFG) project, in Y5 USAID SMART TA played a pivotal role to help realize significant progress towards SHI aims by strongly supporting and enabling provincial governments. Additional details are described under *III.2 Provincial TA* below.

During Y5, USAID SMART TA worked closely with the VAAC Harm Reduction Division to provide inputs and reviews on a national SOP for community outreach. This TA is continuing under the USAID SHIFT project. The team also attended and provided input during a series of national workshops on HIV harm reduction, policy and advocacy dialogues, and forums on reformed prostitution acts and community-based interventions for FSWs hosted by VAAC, UNAIDS, UNFPA and the PEPFAR Technical Working Group.

National HTC curriculum updated and rolled out

In Y5 USAID SMART TA also made major contributions to develop and finalize the MOH-endorsed national HIV testing and counseling training curriculum. USAID SMART TA provided TA and direct support to VAAC to develop and lead a series of TOT workshops to roll-out the curriculum across provinces. Trained trainers will then diffuse the courses to their home provinces, to both expand and ensure the quality of HTC services towards achieving the first 90 in Vietnam.

Expanding HIV C&T capacity and certifications

In response to a TA request from VAAC, USAID SMART TA partnered with the Clinton Health Access Initiative (CHAI) and USAID Global Health Supply Chain/Procurement and Supply Management Project to conduct a TOT on C&T for health staff from provinces supported by the Vietnam national targeted program, e.g. those without financial support from PEPFAR or Global Fund. The workshop trained 38 staff from Yen Bai, Bac Kan, Ha Giang, Tuyen Quang, Phu Yen, Gia Lai, Ha Tinh, Dak Nong, Kon Tum and Da Nang provinces. Participants included physicians from PAC C&T and infectious diseases departments, and those from Provincial General and Regional/District General Hospital. The training provided participants with

updated C&T knowledge and skills to align with the HIV National Guidelines (Decision 3047/QĐ-BYT, 22 July 2015).

Upon VAAC request, USAID SMART TA also began supporting a series of HIV C&T certification workshops for healthcare providers. In August and September 2016, USAID SMART TA led three, three-day training workshops in Lang Son, Tuyen Quang and Quang Binh for more than 150 clinicians, nurses and pharmacists. The certification courses were designed to equip frontline health providers with practical knowledge on providing care and treatment services for PLHIV at hospital and clinic-based HTFs. Vietnam Social Security requires that all health providers in HTFs must be certified before contracts between VSS and the facilities are signed that would enable SHI reimbursement for HIV services. VAAC and USAID SMART TA accelerated execution of the certification workshops so that VSS/SHI contracts with HTFs could conclude expeditiously for SHI scale-up. USAID SMART TA worked intensively with the VAAC C&T department to prepare the training curriculum and tools. By the close of the third workshop, 187 clinicians, nurses and pharmacists from Cao Bang, Lang Son, Tuyen Quang and Quang Binh provinces had received certificates qualifying them to deliver SHI-eligible PLHIV services.

Enhancing retention for PLHIV on ART

To reduce attrition of patients from ARV treatment, USAID SMART TA developed and finalized an enhanced retention SOP. This initiative was presented to and received strong consensus from Quang Ninh, Dien Bien and Nghe An provincial health leaders. USAID SMART TA convened three training courses on the SOP for health staff at district hospitals and district health centers in Quang Ninh, Dien Bien and Nghe An in October 2016. The follow-on USAID SHIFT project is providing follow-up TA to monitor and support implementation of the SOP in these provinces, expand its offering to maintenance/sustaining provinces, revise the SOP based on experience, and package it for presentation to VAAC for further dissemination and use. USAID SMART TA also developed and began actively using a retention/attrition dashboard to visualize and address provinces and sites with performance issues.

Scaling up viral load monitoring for improved treatment outcomes

HIV viral load testing is now the global standard to monitor ARV treatment success and quickly identify treatment failure. As the first country in Southeast Asia to commit to achieving the 90-90-90 targets, Vietnam has rapidly expanded HIV services that now reach remote and previously underserved areas. To support viral load testing scale-up in line with overall ART expansion, VAAC convened technical experts to develop a standardized viral load testing curriculum. USAID SMART TA clinical experts served on the curriculum development panel. In June and July 2016 USAID SMART TA helped deploy the curriculum by co-delivering TOTs for 80 PAC leaders and key HTF managers from 32 provinces.

Leading the way in MMT reform

Over its course, USAID SMART TA made significant contributions to scaling up and successfully transitioning MMT in Vietnam. These efforts continued in Y5. In September 2016, the project finalized its technical report and research brief for the study "Evaluating effects of the transition from a free-service model to a co-pay service model in the MMT Program in Hai Phong, Vietnam, 2013-2014". The study found modest increases in patient drop-out -- from 1% of MMT patients in 2013 to 1.3% in 2014 -- and in missed dose ratios -- from 0.45 doses per patient per month in 2013 to 1 per patient per month in 2014 -- before and after the co-payment scheme was applied. Changes in concurrent MMT and injection drug use were not statistically significant.

In-depth interviews with patients who dropped out indicated that even the modest increase in patient dropout and missed doses were not solely due to the new fee policy. Service satisfaction initially dropped after the co-pays scheme was rolled out, but evened in following months. Despite some limitations and difficulties, providers held that the collection of partial

treatment costs helped improve staff incomes and working conditions, which in turn helped improve service quality. Once patients understood why the transition to a co-pay mechanism was taking place, the majority were willing to pay. Approximately 77% preferred paying monthly rather than the currently recommended three-month installment. Three out of four patients expressed some level of difficulty in paying for MMT, indicating shorter and more regular payments might be more financially tenable. Thirty percent reported that the fee posed substantial or extreme difficulty, though they were still willing to pay it.

In September 2016 USAID SMART TA staff co-authored a peer-reviewed publication on the cost-effectiveness of voluntary MMT versus center-based compulsory rehabilitation (CCT) in Vietnam. The article, published in *Drug and Alcohol Dependence*, presented results of a combined retrospective and prospective, non-randomized cohort comparison of both patient costs and treatment outcomes. The analyses found that, on average, MMT patients experienced 344 more drug-free days and cost US\$4,108 per patient than CCT. Injection drug use expert and former USAID SMART TA Technical Advisor Dr. Peter Banys hailed the paper as one of the most important recent publications related to drug treatment, with significant potential to positively influence drug policy in Vietnam and beyond.



This important paper is one of the very few that can have real influence on drug policies. Congratulations for a fine piece of work and advocacy.

DR. PETER BANYS
TECHNICAL EXPERT ON DRUG
USE AND DRUG POLICY

In Y5, USAID SMART TA also provided technical support to VAAC to revise national MMT guidelines. The updated guidelines provide improved guidance for clinically assessing MMT patients, reviewing MMT patient charts, and delivering community-level MMT counseling and dispensing.

III.2. PROVINCIAL TA

STRENGTHENING PROVINCIAL CAPACITY TO COORDINATE QUALITY COPC SERVICES

Consolidating C&T systems for SHI implementation

At the request of USAID and VAAC, in Y5 USAID SMART TA coordinated TA missions to An Giang, Can Tho, Hai Phong, Lao Cai, Quang Ninh, and Bac Giang to review and update C&T consolidation status. Based on these assessments, USAID SMART TA proposed detailed action plans to speed up the consolidation progress for each province. During the missions the project introduced and helped the provinces to begin utilizing an HIV treatment facility consolidation tracking tool that provides a visualized and simple approach to local partners and prompts further actions. This approach continues to strengthen local government confidence and capacity to lead a sustainable response.

IN Y5 USAID SMART TA SUPPORTED THE TRANSFER OF OVER 1,100 ART PATIENTS FROM HIV/AIDS CARE AND TREATMENT AT FIVE GLOBAL FUND-SUPPORTED DISTRICT HEALTH CENTERS TO FIVE DISTRICT HOSPITALS ELIGIBLE FOR SHI REIMBURSEMENT

SMART TA supported Dien Bien and Nghe An provincial and district health authorities on actions needed to integrate HIV outpatient clinics (OPCs) into the curative health system, as these clinics had previously been established through PEPFAR funds and were operating within the preventive health system.

Early in FY16, SMART TA facilitated visits to Dien Bien and Nghe An from delegations comprising officials from the Department of Health Insurance (MOH) and VAAC, including representatives from its Global Fund and CDC projects, to review progress and the level of readiness for the launch of SHI coverage of HIV services in the two priority provinces by July 1, 2016, in accordance with MOH guidance. Following these visits, USAID SMART TA designed a consultation workshop to develop standardized processes for integrating HIV/AIDS services into the hospital curative system. Subsequently, it developed and facilitated three training workshops, hosted by the Dien Bien and Nghe An provincial health services (PHS), for provincial and district health officers and managers to help ensure compliance and full implementation of MOH policies for SHI coverage of HIV services within provincial and district health facilities. About 100 and 200 workshop participants in Dien Bien and Nghe An, respectively, which included PHS, Provincial Social Security (PSS), PAC representatives, as well as hospital leaders and the heads of outpatient/examination, infectious disease, and general planning departments, doctors, and district social security leaders, reviewed current HIV/AIDS treatments that are eligible for health insurance coverage. The workshops aimed to raise the awareness about changes to codes resulting from amendments to the Health Insurance Law, as well as about Circular 15/2015/TT-BYT regulations. Participants also learned to define fundamentals, such as standardized procedures, and they were informed when the health insurance regulations for covering HIV services would go into effect. After enacting action plans the workshop participants had developed, both Dien Bien and Nghe An achieved successful integration of HIV services into the curative health system, and thus the two provinces were able to commence SHI coverage of HIV services by May and June, respectively, in advance of the July 1 national deadline.

In addition to its efforts in Nghe An and Dien Bien, SMART TA worked closely with the USAID Health Financing and Governance (HFG) project to support SHI implementation in "maintenance" provinces such as Hai Phong, Ha Noi, Can Tho and Thai Binh – as well as priority province HCMC -- where the project supports C&T services.

Integrating electronic health information systems for SHI and HIV

Social health insurance can reimburse for HIV medical examination and treatment services through multiple means. Paper forms can be filed and submitted manually, however this method is susceptible to multiple challenges, can significantly delay reimbursement, and result in financial loss for both patients and facilities if paperwork is filed improperly or lost during transfer. At the same time, facilities delivering HIV services must also comply with national program reporting requirements. Those which continue to receive PEPFAR DSD or TA-SDI support, the latter of which is expected to continue for several years, must also meet PEPFAR reporting requirements. Recognizing these multiple, concurrent needs, in Y5 USAID SMART TA embarked on an ambitious effort to integrate myriad new functions into the electronic health information systems supporting HTFs. These efforts began with a pilot involving Tuan Giao District Health Center in Dien Bien district.

After recruiting a highly skilled health informatics expert, in early 2016 USAID SMART TA partnered with Song An Company, which is responsible for the existing health information systems in Dien Bien district health facilities. USAID SMART TA worked intensively to help Song An incorporate a range of detailed functions into the eHIS supporting Tuan Giao DHC. These included functions for generating immediate and accurate reports to secure SHI reimbursement for HIV services; ensuring correct and reliable connections of records between examination, laboratory, pharmacy, and accounting departments to facilitate complete patient management; producing all reports required by provincial and national HIV systems; generating accurate PEPFAR reports aligned with latest MER guidance; and incorporating historical data for all HIV patients managed by the facility.

Through enormous effort, the project succeeded in this first pilot which it showcased in a July 2016 experience sharing workshop. Chaired by Dr. Nguyen Hoang Long, Director-General of VAAC) and Dr. Trieu Dinh Thanh, Director of Dien Bien Provincial DOH, the workshop was well attended by Dien Bien and Nghe An DOH, PACs and PSSs, the remaining nine districts in Dien Bien, as well as international donors and projects including USAID/HFG, KNCV, and US.CDC/VAAC. The event highlighted both Tuan Giao DHC's success in fully integrating HIV services into the existing hospital system and application of the eHIS HIV component to manage HIV patients and reimburse SHI. Between June 1 to July 14, 2016, Tuan Giao DHC received 22,731,000 VND (approximately US\$1,000) in SHI reimbursements for HIV treatment services for 261 client visits. Tuan Giao DHC committed to paying monthly maintenance costs for eHIS from the health center budget without project support. The event marked a key milestone in USAID SMART TA's role supporting provinces and facilities to consolidate and implement SHI to sustain PLHIV treatment.

After achieving success with the maiden effort in Tuan Giao, USAID SMART TA worked closely with Dien Bien PAC to integrate HIV patient management, SHI, and reporting functions into health information systems for HTFs in all Dien Bien districts. The project also began TA to the Nghe An PAC to support integrating health information systems in synch with SHI-for-HIV scale-up as well – efforts which have continued under the USAID SHIFT project.

Expanding capacity to sustain quality HTC and laboratory services

While expanding service coverage in priority provinces, USAID SMART TA trained a significant number of facility-based HTC service providers, including 211 health providers in counseling and 81 in finger-prick testing. These providers are now certified to meet government requirements and have received ongoing coaching and mentoring to fortify their skills.

During its support to expand district confirmatory laboratories, USAID SMART TA provided training and certification for 57 personnel now qualified as confirmatory laboratory technicians. The project provided specialized Laboratory Quality Management training for 70 technicians in Nghe An and Dien Bien to expand and shore up the quality management capacity in these mountainous provinces.

Throughout the project, and particularly in Y5, USAID SMARTTA emphasized the importance of involving local TA providers in HTC training and TA. Project staff actively engaged PAC personnel to act as trainers during these sessions, and provided coaching and support to strengthen their training techniques and confidence. The project provided paired coaching and on-site TA to local technical staff for both HIV screening sites and district confirmatory labs.

Integrating TB/HIV services

Responding to requests from the VAAC/Global Fund project and National TB program (NTP), SMART TA developed training tools and documents and facilitated two TB/HIV integrated model training workshops on November 4-6 in Hanoi and November 18-20 in HCMC to support provincial implementation. Eighty trainees from the PACs and Provincial TB program and healthcare staff 12 representing TB/HIV integrated facilities participated in the workshop.

In January and March, project staff joined VAAC/GF and NTP delegations led by Dr. Bui Duc Duong, Vice Director of VAAC on TA visits to Dong Nai, Ba Ria – Vung Tau, An Giang, and Ninh Binh provinces to observe progress in TB/HIV integrated service sites and to resolve challenges. These provinces, in addition to Thai Nguyen, which the delegation visited in April, were selected as the first to achieve TB/HIV service integration, prior to a national rollout of the service integration model that will achieve needed efficiency gains as international donor support wanes for both TB and HIV programs in Vietnam.

TAEM system tracking of local TA provider engagement

SMART TA used its TA Events Management (TAEM) system to track the process and degree of TA transfer. In the FY16, 152, or 75%, of 202 TA activities registered in TAEM were done in conjunction with local TA providers, close to the yearend and project end target of 80%. The SMART TA prevention, HTC, TACHSS and C&T/MMT teams led the way by engaging local TA providers in almost all their TA events and activities. The quarterly benchmarks table in Annex 1 provides additional information on the level of participation of local TA providers in TA events and activities.

III.3. SITE TA

ENABLING SITES TO ACHIEVE AND SUSTAIN EFFECTIVE TECHNICAL PERFORMANCE

Monitoring and improving the quality of C&T clinical services

USAID SMART TA provided comprehensive clinical technical support to physicians, nurses and other health staff involved in treating HIV patients. This support included clinical mentoring, coaching, discussing cases, jointly reviewing medical records for living and recently deceased patients, and addressing clinical challenges the HTF is experiencing. This support not only ensured that HTFs were operating effectively and efficiently, but that they were meeting latest national and provincial guidance and patients were receiving high quality services.

In Y5 SMART TA conducted 45 clinical TA trips to 29 HTFs in Ha Noi, Bac Giang, Dien Bien and Nghe An provinces. HTFs in priority provinces such as Nghe An and Dien Bien received a higher frequency of clinical TA, with each HTF visited once per quarter. During these face-to-face sessions, mentored doctors and nurses appreciated the opportunity to learn first-hand experience from top USAID SMART TA clinical experts. Together USAID SMART TA and facility staff examined patients with severe symptoms or complex cases and, as needed, project clinical staff provided real-time coaching and guidance to ensure the quality of their care. Hands-on coaching was especially significant during mRTS missions in Nghe An and Dien Bien that engaged healthcare providers from some of the poorest and lowest capacity

districts and particularly challenging cases. The sessions provided substantial capacity building for nurse and physician team members.

To enhance TA efficiency, in Q3 and Q4 the project convened two webcasts on clinical topics of interest for all C&T sites. Where needed SMART TA site monitors provided further follow-up and select on-site monitoring to address difficult clinical cases. The use of webinars proved beneficial not only due to time and cost-efficiency for the project, but for the providers themselves who could simply take one to two hours out of their day rather than travel to and from training workshops and interrupt clinical duties.

Building the capacity of local MMT mentors

By Y5, the national MMT program was in continued scale-up mode with expanding local capacity. Since 2014, the project has reduced the number of TA trips and TA-local mentors-paired missions both due to decreased project resources and increased local capacity. Instead, in Y5 the project relied almost entirely on local MMT mentors to conduct TA site visits independently. In Y5 USAID SMART TA conducted 14 TA missions to MMT facilities in response to VAAC and provincial requests, 13 of which were led by local TA mentors rather than project staff. The project found that its trust in these local MMT mentors was well founded. TA mission reports and feedback from supported sites and PACs indicated that the local MMT TA providers exhibited a high level of technical expertise and aptitude to lead such missions independently.



An average
of 165
participants
from 32 MMT
clinics in 17
provinces
attended
each of
seven MMT
webinars
hosted by
USAID SMART
TA in Y5

Webcasts have proven a useful and cost-efficient tool to update MMT service providers on new legal documentation, guidelines and knowledge in the context of rapid MMT scale-up. Thus, in Y5 USAID SMART TA partnered with the VAAC Harm Reduction Department to lead seven webinars, attracting a high volume of participants from more than 50 MMT clinics across the country. Each webinar lasted for approximately one hour, starting with a selected topic presented by VAAC and/or USAID SMART TA experts and followed by discussions and Q&A between facilitators and audience. On average, approximately 165 participants from 32 MMT clinics in 17 provinces attended each of the seven MMT webinars in Y5.

An August 30, 2016 webinar on the newly established Decree 90/2016/ND-CP regulating opiate dependence treatment by substitution medication reached 383 health staff from 65 clinics in 30 provinces. Webinars help USAID SMART TA and VAAC reach target groups in the fastest way possible with maximum cost efficiency, ensuring a high level of interaction between viewers and facilitators. The follow-on USAID SHIFT program is continuing to utilize this highly successful modality.

Monitoring site performance and transition readiness

In Y5 USAID SMART TA continued employing its SMART technical monitoring approach to assess the performance and readiness of sites to transition to local ownership. SMART technical monitoring provides site technical performance thresholds where national standards are unavailable. By capitalizing on existing core indicators – from HIVQUAL, the national system, and MER – and utilizing key quality assurance (QA) instruments such as PEPFAR's Site Improvement and Monitoring System (SIMS) – SMART technical monitoring aided in identifying sites for transitioning, assessing the technical capacity of site implementers, tailoring TA for specific site QI or QA priorities, and tracking the transitioning

process. SMART TA technical monitoring classified site performance as *effective* or *improving*. Effective status indicated that a DSD site is eligible for transitioning; or that a graduated TA-SDI can qualify for sustainability designation. SMART TA strived to have 80% of DSD and 70% of TA-SDI sites operating at effective technical levels by the end of the project. During the year the project transitioned all SMART technical monitoring functions for HTC and MMT services to local TA providers, who worked under the supervision of the PACs.

USAID SMART TA conducted two rounds of data collection for SMART technical monitoring of C&T sites in Y5. The second of these, in June 2016, found that 25 of 43 C&T sites were "effective." The project exceeded its Y5 target to find at least 20 sites performing at "effective" levels. This target also originally required that the project achieve 70-80% effective levels among C&T sites, however the total number of C&T sites supported by project increased substantially from 26 to 43 sites. Given the rapid scale-up and work with numerous sites new to USAID/PEPFAR support, the project demonstrated strong performance in strengthening C&T sites and services.

In Y5 USAID SMART TA partnered with PACs and local MMT mentors to assess 26 MMT clinics in 10 provinces. Among these, 20 were classified as "effective." Sites demonstrated strongest performance HIV management (96% meeting gold standard), harm reduction intervention (89%), and dose adjustment (96%). Sites faced the greatest difficulty in achieving gold standards for performance for 12-month retention and UTX intervention, the latter largely due to an inadequate supply of test kits in Nghe An. Based on these findings, PACs and the local mentors developed plans to support and improve site performance and service quality in their respective regions. The MMT assessment tool and process have garnered much positive feedback and interest. Some provinces, such as HCMC and Can Tho, have begun applying the tool to assess technical needs and develop appropriate support plans for all methadone clinics in their domain, independent of USAID SMART TA support.

Table 5 summarizes Y5 SMART technical monitoring results. The project surpassed its goal of 80% of DSD sites operating at effective levels but fell short of the target for 70% of TA-SDI sites to be classified as effective.

Table 5 | Y5 SMART Technical Monitoring Results

Type	DSD		TA-SDI	
	Effective	Improving	Effective	Improving
HTC	13	3	0	1
C&T	18	4	2	1
MMT	NA	NA	12	9
TOTAL	31 (82%)	7 (18%)	14 (56%)	11 (44%)

PROJECT MANAGEMENT AND PERSONNEL

Project Management

FHI 360's 11 subagreements with provincial AIDS centers or provincial departments of health in its 11 assigned provinces ended September 30. We are now moving to close the subagreements by the extended project end date of December 31, 2016. The project will have completed closeout of all other administrative matters and contractual matters, including consulting agreements and purchase orders, by that date as well.

FHI 360 will document and disseminate lessons learned through a final report, aligned with SMARTTA cooperative agreement requirements, and an end-of-project event in December 2016.

Personnel

Key Personnel

1. Dr. Nhu To Nguyen commenced duties as the Deputy Chief of Party (DCOP) for SMARTTA effective October 2015.
2. Dr. Nguyen Cuong Quoc, Associate Director (AD) for the Strategic Information (SI) unit, departed the project in mid-January 2016.
3. Dao Hoang Bach assumed the post of AD for the SI unit effective April 2015.

Technical Personnel

1. Megan Averill assumed the newly created post of Senior Technical Advisor (STA) effective November 2015, a role designed to provide technical and management support to senior technical leaders and staff within the project. She stepped in to fill the role of acting director for the vital strategic information (SI) unit following the departure of the former SI associate director, Nguyen Cuong Quoc from mid-January until April, when Dao Hoang Bach assumed the post of AD for the SI unit.
2. Phan Thi Khue assumed the post of Technical Officer for the SI unit in December 2015, filling an SI unit vacancy created by the departure of a senior technical officer (Giang Le Tong) late in the prior fiscal year.
3. Nguyen Khac Tien joined the SI unit in February 2016 as a Senior Technical Officer for Health Informatics, with a primary responsibility to support the integration of HIV patient information, service data, and drug supply data into electronic health information systems established for social health insurance at the provincial level.
4. Nguyen Ha Hue Chi, Senior Technical Officer (STO) for the SI unit, left the project in July 2016.
5. Nguyen Mai Phuong, "roving" Assistant Technical Officer, left the project in August 2016. She was not replaced in the interest of trimming the staffing structure for the follow-on USAID SHIFT project managed by FHI 360.
6. Quach Van Luong joined the SI team as a Technical Officer in September, filling an SI unit vacancy created by the departure of STO Nguyen Ha Hue Chi referenced above.

SMARTTA technical and operational staff will phase down their level of effort significantly during the project closeout period from October to December 2016. Most are transitioning to the follow-on USAID SHIFT project, although FHI 360 has executed a small reduction in force to reflect a rightsized work force for that project.

ANNEXES

Annex 1 | Y5 quarterly benchmarks

Annex 2 | Y5 results against targets

Annex 3 | Success stories

ANNEX 1 | USAID SMART TA Y5 QUARTERLY BENCHMARKS

Progress versus quarterly benchmarks are provided below by objective and technical domain. Note: Benchmarks related directly to expected results (ER) highlighted in bold.

Objective 1: Deliver quality services across the CoPC (focus: Nghe An, Dien Bien, HCMC)

Expected Results	Q1	Q2	Q3	Q4
PREVENTION				
<ul style="list-style-type: none"> ▪ At least 5,000 KPs in Dien Bien and 7,000 in Nghe An reached with individual and/or small group level preventive interventions ▪ 5,000 KPs reached with individual and/or small group level preventive interventions in HCMC 	<ul style="list-style-type: none"> ✓ 4,593 KP reached in Q1 in Dien Bien and Nghe An, 1344 referred to and used HTC services with 123 cases diagnosed +, 105 successfully linked to C&T. ✓ 1, 242 MSM reached in HCMC, 1204 used HTC service, yield is 7% (88 cases) and 95 cases successfully linked to C&T. ✓ Conducted 3-day ToT on 90-90-90 targets, MOM, and HIV prevention and outreach knowledge, skills and attitudes (KSAs) for 54 local TA providers/master trainers and management representing seven districts and communes in Nghe An, and 26 local TA providers/master trainers and management representing two districts and communes in Dien Bien ✓ Conducted first batch of training workshops on 90-90-90 targets, MOM, and HIV prevention and outreach KSAs for 318 HHWs and 35 commune health staff in Nghe An and 104 HHWs and 20 commune health staff in Dien Bien ✓ Developed risk screening schedules that link with mobile HTC schedule for each district 	<ul style="list-style-type: none"> ✓ Cumulative 10,906 KP reached in Q2 in Dien Bien, Nghe An and HCMC, 5,128 referred to and used HTC services with 476 cases diagnosed HIV+, 444 successfully linked to C&T ✓ Finalized subagreements with updated outreach and prevention activities for Nghe An, Dien Bien and HCMC ✓ Linked risk screening schedules with mobile HTC schedules and updated ✓ Supported provincial trainers to lead second batch of 90-90-90 target, MOM, and HIV prevention and outreach KSA training workshops for 422 HHWs in Nghe An and 123 HHWs in Dien Bien ✓ Paired local TA providers at PAC and district level, provided on-site monitoring, and reviewed screening results through TA missions to Nghe An and Dien Bien ✓ With SI, supported PACs to generate Reach portion of 90-90-90 quarterly reports ✓ Drafted MSM Friendly Service promotion and case finding strategy, approach, and package with Blue Sky and HCMC PAC, 	<ul style="list-style-type: none"> ✓ Cumulative 17,297 KP reached in Q3 in in Dien Bien, Nghe An and HCMC, 9,070 referred to and used HTC services with 758 cases diagnosed HIV+, 734 successfully linked to C&T ✓ Updated and linked risk screening schedules with mobile HTC and C&T schedules ✓ Conducted last batch of training and orientation workshops for HHWs, communes and districts on MOM and PIO in Nghe An, Dien Bien and HCMC ✓ With SI, supported PACs to generate Reach portion of 90-90-90 quarterly reports ✓ Reviewed and provided feedback to sites and PACs on quarterly reports ✓ Led TA missions to Nghe An and Dien Bien to ensure PAC members are providing effective onsite mentoring and reviews of screening results with local TA providers ✓ Launched Blue Sky Fan-page for virtual outreach, risk self-assessment, and services referrals for MSM in HCMC ✓ Supported PIO PLHIV referral strategy continued in Đô Lương 	<ul style="list-style-type: none"> ✓ 23,142 KP reached in Dien Bien, Nghe An and HCMC, achieving 136% against 17,000 target ✓ 14,326 KP referred to and used HTC services, 973 cases found (7% yield) and 959 successfully linked to C&T ✓ Updated and linked risk screening schedules with mobile HTC and C&T schedules ✓ Provided Reach protocols, forms and guidance for mRTS campaigns in Nghe An and Dien Bien; ✓ Provided protocol and report forms for tracking performance of MSM Friendly Services and BlueSky Fan page in HCMC ✓ Led six TA missions supporting SIMS and mRTS for NA; and one 1 TA mission supporting SIMS and mRTS for Dien Bien; three TA missions for outreach events, expanding MSM friendly services, verifying and finding unlinked PLHIV in HCMC ✓ With SI, supported PACs to generate Reach portion of 90-90-90 quarterly reports ✓ Submitted six month MER indicator report on prevention and case finding

Expected Results	Q1	Q2	Q3	Q4	
	<ul style="list-style-type: none"> ✓ Completed two monitoring trips each for Nghe An and Dien Bien ✓ Developed 90-90-90 PREV monitoring and reporting tool developed ✓ Submitted 90-90-90 quarterly update report ✓ Transferred EOA approach to USAID/C-Link for implementation in four districts in Dien Bien (Dien Bien, Tuan Giao, Dien Bien Dong, Dien Bien Phu City) and two in Nghe An (Dien Chau, Vinh City) 	<ul style="list-style-type: none"> involving 11 GVN hospital and 24 HTC sites ✓ Developed strategy for intensified old case finding by combining and comparing HIV Info and ARV treatment databases, then finding and connecting unlinked PLHIV with ART in Dien Bien and Nghe An ✓ Created PIO PLHIV referral strategy, approach and operational package to support intensified case finding Dien Bien and Nghe An 	<ul style="list-style-type: none"> district, Nghe An, Dien Bien and HCMC ✓ Reviewed and reported quarterly results ✓ Supported verification of 2000 PLHIV who are not ART in 7 districts, then helped find and connect unlinked PLHIV with ART in HCMC 	<ul style="list-style-type: none"> ✓ Supported BlueSky lay testing for 512 MSM; found and linked 51 positive cases to treatment ✓ Supported BlueSky Fan page to enable 1167 risk self-assessments leading to 54 MSM accessing HTC, 8 new positive cases found, and 30 patients enrolled in treatment ✓ Helped enroll 65 new patients into treatment through MSM Friendly Services ✓ Supported HCMC PAC to determine status of 2,000 PLHIV LTFU in seven districts, then find and connect them with ART. Found 304 cases living in seven districts, 124 cases on ART in other districts and 30 cases re/engaged 	
HTC	<ul style="list-style-type: none"> ✓ At least 15,915 individuals in Nghe An, 22,594 in Dien Bien, and 13,600 in HCMC receive HTC services and test results ✓ Adequate district confirmatory lab coverage achieved in Nghe An and Dien Bien 	<ul style="list-style-type: none"> ✓ Provided HTC services and results to 4,006 individuals in Nghe An, 6,005 in Dien Bien, and 2,816 in HCMC ✓ Completed basic HTC competency and mountainous/90-90-90 Model paired training completed for 79 participants from 16 district and 13 commune HTC sites in Nghe An and 72 participants from nine district and 54 commune HTC sites in Dien Bien (2.5 day training x two courses per province) ✓ Distributed and ensured test kits in place in all district HTC sites through coordination between USAID/SMART TA and GF projects ✓ Fixed HTC operational in all district PMCs and 13 priority communes in Nghe An, and in all district PMCs and 27 priority communes in Dien Bien 	<ul style="list-style-type: none"> ✓ For Y5 cumulative total to date, provided HTC services and results to 6,894 individuals in Nghe An, 12,312 in Dien Bien, and 6,701 in HCMC ✓ Implemented quarterly mobile HTC schedule in 6 priority districts in Nghe An and 3 in Dien Bien, respectively ✓ Supported two additional district confirmatory labs in Nghe An to meet Circular 15 criteria ✓ Conducted supportive supervision and TA paired visit new district confirmatory lab in Nghe An (Que Phong) and to two labs in Dien Bien (Tuan Giao and Dien Bien districts) ✓ Provided refresher HIV confirmatory testing training to 30 lab technicians from six district confirmatory labs in Dien Bien and four labs in Nghe An 	<ul style="list-style-type: none"> ✓ For Y5 cumulative total to date, provided HTC services and results to 11,873 individuals in Nghe An, 19,907 in Dien Bien, and 9,475 in HCMC ✓ Provided refresher basic HTC competency and mountainous model paired training (one 3-day course for 39 individuals) – Dien Bien ✓ Provided two lay testing trainings sessions for 65 participants from Tuong Duong district and eight communes of Nghe An ✓ Began implementing lay testing in Tuong Duong, Nghe An ✓ Conducted refresher biosafety training for 23 staff of 10 district confirmatory labs (six in Dien Bien, four in Nghe An) ✓ Completed accreditation process for nine district confirmatory labs in Dien Bien and four in Nghe An 	<ul style="list-style-type: none"> ✓ For Y5 cumulative total to date, provided HTC services and results to 16,231 individuals in Nghe An, 29,599 in Dien Bien, and 12,349 in HCMC ✓ Provided final TA/assessment visit to six district confirmatory labs in Dien Bien and four in Nghe and submitted profiles to MOH for final certification steps ✓ Provided equipment and training for seven districts labs in HCMC to undergo first steps of the certification process ✓ Developed/adapted SOPs for improved PITC ✓ Led training for 16 hospitals in Nghe An (two-day training x for 30 participants) ✓ Led basic HTC training course for HCMC (three-day course for 35 individuals in confirmatory labs)

Expected Results	Q1	Q2	Q3	Q4
	<ul style="list-style-type: none"> ✓ Developed and implemented quarterly mobile HTC criteria and schedule in nine priority districts in Dien Bien (four districts) and Nghe An (five districts) ✓ Provided refresher training for old districts and HTC staff of new districts/communes (new staff added after basic HTC competency and mountainous/90-90-90 model training and training for hospital + OPC staff in Dien Bien and Nghe An) (two day course x two courses for eight old district HTC sites, 13 new district and 13 commune HTC sites, and 21 OPCs for 84 individuals for Nghe An; two 2.5-day courses for 77 individuals in Dien Bien) ✓ Led one finger prick technique training course in Nghe An for 21 participants from six district and six commune HTC sites, and two courses in Dien Bien for 60 participants from 30 commune HTC sites ✓ Secured certification for from two district confirmatory labs in Dien Bien and one in Nghe An ✓ Equipped two additional district confirmatory labs in Nghe An and six in Dien Bien to meet Circular 15 requirements and prepare for assessment process ✓ Conducted four quarterly TA/ monitoring visit focused on 12 priority districts and 13 communes in Nghe An and seven priority districts and 16 communes in Dien Bien ✓ Led quarterly TA/monitoring visit for all HTC sites in HCMC 	<ul style="list-style-type: none"> ✓ Assessed two district confirmatory labs in Dien Bien and one in Nghe An assessed ✓ Complete two quarterly monitoring/TA visits to six districts in Nghe An and seven districts and 24 communes in Dien Bien to cover all new and select old districts ✓ Provided distance TA session (webcast) to all DSD/TA HTC sites and most OPC sites in Nghe An and Dien Bien on new approach for patient referral after HIV+ screening ✓ Developed and adapted lay testing training package, tools and model for SMART TA supported sites in Nghe An and Dien Bien ✓ With SI, supported PACs to update and analyze HTC portion of 90-90-90 quarterly report ✓ With SI, submitted HTC portion of quarterly MER report 	<ul style="list-style-type: none"> ✓ Led webcast reflection consultation for program review, improvement, modification, and adaptation of models with all DSD and TA sites (one day for each of Dien Bien and Nghe An) ✓ Led onsite quarterly monitoring/TA visits in Dien Bien and Nghe An to cover priority districts (DSD) and select TA-SDI districts ✓ Concluded specimen transportation agreement/MOU between PACs and provincial post offices in Nghe An and Dien Bien ✓ Developed specimen transportation training package, tools, and SOPs ✓ Provided specimen transportation training to all sites in Nghe An and Dien Bien ✓ Launched specimen transportation pilot in Nghe An and Dien Bien ✓ Conducted TA/coaching visit to HCMC to monitor activities and provide targeted assistance ✓ With SI, supported PACs to update and analyze HTC portion of 90-90-90 quarterly report ✓ With SI, submitted HTC portion of quarterly MER report 	<ul style="list-style-type: none"> ✓ Provided Lab Quality Management to Dien Bien and Nghe An (70 participants) ✓ Implemented specimen transportation pilot for all districts in Nghe An and Dien Bien ✓ Provided lay testing training to 27 Blue Sky participants in HCMC ✓ Blue Sky implemented lay testing model pilot in HCMC with project support

Expected Results	Q1	Q2	Q3	Q4
	<ul style="list-style-type: none"> ✓ Assessed capacity and gained commitment from two district laboratories to provide confirmatory testing ✓ Developed HTC component of 90-90-90 tracking tool ✓ With SI, produced and analyzed HTC portion of 90-90-90 quarterly report ✓ With SI, submitted HTC portion of MER report 			
C&T/MMT				
<ul style="list-style-type: none"> ▪ Total adults and children on ART: 4,291 in Nghe An, 4,018 in Dien Bien, and 9,069 in HCMC ▪ Adults and children with viral suppression: 3,616 in Dien Bien; and 8,162 in HCMC 	<ul style="list-style-type: none"> ✓ Led two five-day training workshops in Nghe An and one in Dien Bien on clinical, operation, reporting and practicum trainings x 30 people (each time) ✓ Ensured infrastructure and equipment for HIV treatment services for 13 new district hospital sites in Nghe An and two in Dien Bien ✓ Complete reports for two on-site TA trips to existing districts for establishing/ implementing decentralized services in Nghe An ✓ Introduced LTFU interventions for two sites in HCMC ✓ Met 10% of Y5/COP16 new ART enrollment targets and 20% of total ARV targets for Nghe An and Dien Bien ✓ Met 50% of Y5/COP16 new ART enrollment target for HCMC 	<ul style="list-style-type: none"> ✓ Drafted and coordinated clinical mentoring and operation TA plans for Dien Bien and Nghe An ✓ With SI and PACs, updated C&T portions of 90-90-90 quarterly progress reports for Nghe An and Dien Bien ✓ Exceeded 50% of COP15/Y5 new-on-ART and total-on-ART targets for priority provinces (combined) 	<ul style="list-style-type: none"> ✓ Identified and helped establish dispensing sites for six districts in Nghe An and two in Dien Bien ✓ Issued and implemented quarterly TA plan including reports on intensive TA ✓ Reviewed and adjusted 90-90-90 plans and tracked quarterly progress on C&T for priority provinces ✓ With SI and PACs, updated C&T portions of 90-90-90 quarterly progress reports ✓ Exceeded 75% of COP15/Y5 new-on-ART and total-on-ART targets for priority provinces (combined) 	<ul style="list-style-type: none"> ✓ Ensured new ARV dispensing sites operating effectively ✓ Led 3 trainings on commune ARV dispensing for 111 trainees who are doctors, nurses, pharmacists, and HIV in-charge staff from Con Cuong, Que Phong and Dien Chau in Nghe An ✓ Conducted pediatric HIV treatment training for 21 HTFs in Nghe An with the attendance of 53 doctors and nurses ✓ Provided TA on ARV dispensing to eight Dien Bien districts ✓ Provided TA on ART retention to 20/21 districts in Nghe An (Cua Lo has not any patient); 10/10 districts in Dien Bien; and all sites in HCMC ✓ Coordinated clinical mentoring and operational TA for all sites in C&T sites in Nghe An, Dien Bien and HCMC ✓ 2,832 adults and children in Dien Bien, 2,160 in Nghe An, and 10,395 in HCMC on ART ✓ Routine viral load testing prepared for implementation
TACHSS				

Expected Results	Q1	Q2	Q3	Q4
Technical support coordinated for timely execution of 90-90-90 programming in three priority provinces	<ul style="list-style-type: none"> ✓ Finalized and implemented subagreements for Nghe An, Dien Bien and HCMC ✓ Developed and implemented monthly SMART TA 90-90-90 work plan and travel schedule for three priority provinces ✓ Coordinated procurement and distribution of essential equipment for new services in Nghe An and Dien Bien ✓ Convened 90-90-90 launch event in Nghe An ✓ Supported PACs to deliver quarterly SI and financial reports on time 	<ul style="list-style-type: none"> ✓ Developed and used monthly SMART TA 90-90-90 work plan and travel schedule ✓ Convened monthly 90-90-90 virtual coordination meetings with provincial and IP counterparts for each of Nghe An and Dien Bien ✓ Convened first quarterly 90-90-90 progress review meetings with DOH, PACs, DHCs and other IPs for each of Nghe An and Dien Bien ✓ Convened consultation workshop on SOPs for PLHIV examinations in health facilities and training workshop on HI implementation in Dien Bien, with participation of high ranking officials from Dept. of HI, VSS, and VAAC ✓ Supported PACs to deliver quarterly SI and financial reports on time 	<ul style="list-style-type: none"> ✓ Developed and used monthly SMART TA 90-90-90 work plan and travel schedule ✓ Convened monthly 90-90-90 virtual coordination meetings with provincial and IP counterparts for each of Nghe An and Dien Bien ✓ Convened second quarterly 90-90-90 progress review meetings with DOH, PACs, DHCs and other IPs for each of Nghe An and Dien Bien ✓ Supported PACs to deliver quarterly SI and financial reports on time 	<ul style="list-style-type: none"> ✓ Developed and used monthly SMART TA 90-90-90 work plan and travel schedule ✓ Convened monthly 90-90-90 virtual coordination meetings with provincial and IP counterparts for each of Nghe An and Dien Bien ✓ Convened third quarterly 90-90-90 progress review meetings with DOH, PACs, DHCs and other IPs for each of Nghe An and Dien Bien ✓ Supported PACs to deliver quarterly SI and financial reports on time
SI				
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"> ✓ Nghe An PAC supported to generate first 90-90-90 progress report ✓ 4 ToT workshops convened on M&E for prevention in Nghe An and Dien Bien ✓ 6 training workshops convened on M&E for HTC in Nghe An and Dien Bien ✓ PACs and local TA providers supported to lead HHW M&E training workshops in Nghe An and Dien Bien ✓ 4 HTC and C&T M&E training workshops led for OPCs (3 in Nghe An, 1 in Dien Bien) 	<ul style="list-style-type: none"> ✓ Dien Bien PAC supported to generate first 90-90-90 progress report ✓ 90-90-90 dashboard and guidelines developed ✓ Q1 MER results analyzed with PACs and technical units 	<ul style="list-style-type: none"> ✓ Nghe An and Dien Bien PACs supported to generate third quarterly 90-90-90 progress report ✓ Q3 MER results analyzed with PACs and technical units 	<ul style="list-style-type: none"> ✓ Nghe An and Dien Bien PACs supported to generate second quarterly 90-90-90 progress report ✓ Nghe An and Dien Bien OPCs supported to generate HIVQUAL Round 8 reports ✓ Site- and province-level dashboards generated for SMART TA-supported prevention, HTC, and/or C&T services in Nghe An, Dien Bien, and HCMC provinces ✓ Semi-annual MER results analyzed with PACs and technical units

Expected Results	Q1	Q2	Q3	Q4
Complete and accurate PEPFAR MER data reported for priority provinces	<ul style="list-style-type: none"> ✓ Q1 MER data collection and reporting preparations completed for priority provinces 	<ul style="list-style-type: none"> ✓ Q1 MER data for HTC and C&T services for priority provinces collected, compiled, validated, and reported 	<ul style="list-style-type: none"> ✓ Q3 MER data for HTC and C&T services for priority provinces collected, compiled, validated, and reported ✓ Q4 and annual progress reporting preparations completed for all MER indicators for priority 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
Processing, management and use of data improved by designing, implementing and enabling tools for priority provinces, districts, sites, and services	<ul style="list-style-type: none"> ✓ ART eLog installed in 4 OPCs in Dien Bien 	<ul style="list-style-type: none"> ✓ ART eLog installed in all OPCs in Dien Bien ✓ HTC eLog installed in 2 sites in Dien Bien and Nghe An 		<ul style="list-style-type: none"> ✓ mLog installed and local staff trained in all SMART TA-supported MMT sites in Dien Bien, Nghe An, and HCMC ✓ ART eLog installed and training on how to use eLog conducted in all OPCs in Dien Bien only as Nghe An and Ho Chi Minh use another software.
Provincial M&E systems for HIV services strengthened in Nghe An and Dien Bien		<ul style="list-style-type: none"> ✓ VAAC supported to convene Provincial M&E System Strengthening Workshop for HIV Services in Nghe An and Dien Bien (86 participants from 12 organizations) 	<ul style="list-style-type: none"> ✓ Nghe An and Dien Bien PACs supported to implement provincial, district, and site-level follow-up actions stemming from Provincial M&E System Strengthening Workshop 	<ul style="list-style-type: none"> ✓ Nghe An and Dien Bien PACs supported to implement provincial, district, and site-level follow-up actions stemming from Provincial M&E System Strengthening Workshop
Quality of HIV service data ensured for priority provinces		<ul style="list-style-type: none"> ✓ DQA conducted for Muong Cha outreach site in Dien Bien 	<ul style="list-style-type: none"> ✓ DQAs completed for select SMART TA-supported sites in Nghe An, Dien Bien and HCMC 	<ul style="list-style-type: none"> ✓ Provincial DQA training conducted ✓ DQAs completed in >70% of sites in Nghe An, Dien Bien and HCMC. Prioritized sites with high volume of clients, newly opened or sites which had problems on reporting/collecting data identified from DQA trips in FY15
USAID/SIMS assessments supported for priority province sites and partners		<ul style="list-style-type: none"> ✓ USAID/Vietnam assisted to prepare COP15/FY16 SIMS annual plan ✓ USAID/Vietnam supported to conduct SIMS assessment for Muong Cha community/ outreach site in Dien Bien 	<ul style="list-style-type: none"> ✓ USAID/Vietnam, sites and partners supported to complete SIMS assessments in priority provinces 	<ul style="list-style-type: none"> ✓ USAID/Vietnam, sites and partners supported to complete SIMS assessments in priority provinces
SC				

Expected Results	Q1	Q2	Q3	Q4
Success and feature stories produced (4 to 6)		<ul style="list-style-type: none"> ✓ One success produced 	<ul style="list-style-type: none"> ✓ Three success/feature stories produced 	<ul style="list-style-type: none"> ✓ 1 success/feature story developed ✓ 10 mini-stories produced ✓ 5 training workshop testimonial series developed (lay testing, ARV dispensing, CBS training, S&D training and HIVQUAL)
Information, communication and educational (IEC) materials and tools developed to support 90-90-90 implementation in Nghe An and Dien Bien	<ul style="list-style-type: none"> ✓ 90-90-90 program launch ceremony conducted in Nghe An 	<ul style="list-style-type: none"> ✓ 11 sets of IEC materials and tools produced and distributed: 5 for clients, 5 for service providers, and 1 for community 		<ul style="list-style-type: none"> ✓ 3 posters (one for ARV treatment, one for SHI promotion and one for S&D reduction) produced and mounted in public places (350 posters in Dien Bien and 720 posters in Nghe An) ✓ 3 leaflets (one each for ARV treatment promotion, SHI promotion, and S&D reduction) produced and distributed to targeted audiences (18,000 leaflets in Dien Bien and 26,000 leaflets in Nghe An) ✓ 3 key messages (SHI, ARV treatment and S&D) broadcast via radio, TV and loudspeakers (Dien Bien – 288 radio broadcasts, 120 PSA broadcasts, 26 TV broadcasts, 660 broadcasts on loudspeaker; Nghe An - 106 radio broadcasts, 146 PSA broadcasts, 90 TV broadcasts, 8,460 broadcasts on loudspeaker)
Stigma and discrimination (S&D) reduction, and ART and health insurance social marketing (SM) programs developed and executed in Nghe An and Dien Bien		<ul style="list-style-type: none"> ✓ Field rapid assessment of S&D understanding conducted and recorded in video ✓ Strategy developed 	<ul style="list-style-type: none"> ✓ ART/HI social marketing campaign completed ✓ SM tracking survey completed ✓ 3-6 S&D sensitization training sessions conducted for service providers 	<ul style="list-style-type: none"> ✓ SM campaign launched ✓ SM campaign assessment developed, research firm engaged ✓ 15 S&D sensitization sessions conducted: 5 training sessions conducted in Dien Bien City, Muong Ang and Muong Cha districts for 285 health staff and hamlet health workers and 10 conducted in Vinh, Con Cuong, Tuong Duong for provincial health leaders, health staff, and hamlet health workers

Expected Results	Q1	Q2	Q3	Q4
CoPC "90-90-90" program video documentary completed		<ul style="list-style-type: none"> ✓ Vendor selected to develop and produce video documentary 		<ul style="list-style-type: none"> ✓ Video documentary script developed and shooting commenced ✓ 2 rounds of internal consultation organized to collect technical inputs ✓ "First cut" cut completed <p>Note: video documentary to be completed in 4th quarter, 2016, in time for end-of-project event</p>

Objective 2: Transition financial, administrative and technical ownership of CoPC services

Expected Results	Q1	Q2	Q3	Q4
PREVENTION				
<ul style="list-style-type: none"> ▪ 6/80% DSD sites attain effective technical performance ▪ 3/70% TA-SDI sites attain effective technical performance ▪ 0 DSD sites ▪ 8 sites phased out 	<ul style="list-style-type: none"> ✓ Cumulative EOA data reviewed and PBI system revised for closeout sites (report) ✓ Subagreements for all maintenance provinces updated to reflect revised SOW for prevention/outreach ✓ EOA to basic EOA model transition completed (Can Tho) ✓ 5 DSD sites phased out prevention activities (Long Xuyen, Sa Pa, Cam Pha, Mong Cai, Van Don) ✓ CBS appreciation events conducted, 3 in conjunction with quarterly review meetings in Hanoi, An Giang, and Hai Phong ✓ Quarterly EOA dashboards generated for 8 sites in 3 provinces 	<ul style="list-style-type: none"> ✓ Achieved all final outreach deliverables and phased out prevention/outreach sites in Chau Doc, Chuong My, Hoang Mai, Long Bien, Tay Ho, Hai An, and Le Chan ✓ Reviewed EOA findings and submitted recommendations to VAAC/VUSTA ✓ Provided refresher basic EOA training for An Giang and Can Tho (1 day per province x 35 people each) ✓ 82% of 22 DSD sites and 67% of 3 TA-SDI sites reviewed attained "effective" technical performance status 	<ul style="list-style-type: none"> ✓ Conducted TA technical monitoring and reported emerging TA priorities for supported sites ✓ Intensified case finding approaches drafted, recommendations drafted and submitted to VAAC and shared with VUSTA 	<ul style="list-style-type: none"> ✓ Distributed EOA package to relevant local/ international counterparts ✓ Intensified case finding approaches finalized and shared with VAAC, PEPFAR partners and GFTAM/VUSTA
HTC				
<ul style="list-style-type: none"> ▪ 5/80% DSD sites attain effective technical performance 	<ul style="list-style-type: none"> ✓ Phased out two sites in Quang Ninh(Mong Cai, Van Don) 	<ul style="list-style-type: none"> ✓ 2 sites graduated to TA-SDI (Thot Not, Le Chan) ✓ 81% of 16 DSD sites reviewed attained "effective" technical 	<ul style="list-style-type: none"> ✓ Conducted third round of SMART technical monitoring and reported TA priorities for sites in maintenance provinces and HCMC 	<ul style="list-style-type: none"> ✓ 25 sites transitioned and 12 sites phased out (cumulative)

<ul style="list-style-type: none"> ▪ 2/70% TA-SDI sites attain effective technical performance ▪ 7 DSD sites ▪ 2 sites phased out (QN) ▪ 3 sites graduated 		<p>performance status (no data for TA-SDI sites)</p>	<ul style="list-style-type: none"> ✓ 3 sites graduated to TA-SDI (Tinh Bien, Bat Xat, Van Ban) ✓ Led refresher ToT for HTC TA network members with VAAC and other TA providers (3-3.5 days x two courses for 20-25 participants) 	
C&T/MMT				
<ul style="list-style-type: none"> ▪ 6 MMT sites transitioned 	<ul style="list-style-type: none"> ✓ Developed SMART technical monitoring indicators and tools for MMT sites ✓ Conducted SMART technical monitoring classification exercise for 26 sites MMT (excluding An Hung dispensing site) ✓ Completed fourth round data collection for MMT service transition paper (from free to co-pay model) 	<ul style="list-style-type: none"> ✓ Revised SMART technical monitoring indicators and tools for MMT ✓ Supported two MMT sites to transition to GFATM/GVN (Que Phong and Quy Chau) ✓ Supported four sites to graduate from DSD to TA-SDI (Bac Giang, Dong Da, Son Tay, Van Don) ✓ Completed fifth round data collection for MMT service transition paper 	<ul style="list-style-type: none"> ✓ Supported four MMT sites to transition in Lao Cai (two sites) and Can Tho (two sites) ✓ Completed first draft of MMT service transition paper 	<ul style="list-style-type: none"> ✓ Supported PACs in conducting MMT SMART technical monitoring, reviewing results and developing action plan for 26 MMR sites, of which 20/26 sites (77%) categorized as effective ✓ Transitioned 17 MMT sites in Dien Bien, Hanoi, Lao Cai, Bac Giang, Quang Ninh and Quang Tri from DSD to TA-SDI ✓ Completed Vietnamese version of MMT service transition paper
<ul style="list-style-type: none"> ▪ 7 C&T sites transitioned from DSD to TA-SDI ▪ 1 C&T and 12 MMT sites sustainable ▪ 13/80% C&T DSD sites attain effective technical performance ▪ 7/70% C&T TA-SDI sites attain effective technical performance 	<ul style="list-style-type: none"> ✓ Submitted C&T inputs for updated maintenance province subagreements ✓ Completed SMART technical monitoring classification for all C&T and MMT sites ✓ With SI, installed and ensure operation of new version of eLog for 21 sites ✓ Introduced LTFU interventions in remaining sites ✓ Completed clinical mentoring trips ✓ Transitioned two C&T sites to sustainable status (Ba Vi/Ha Noi, District 6/HCMC) ✓ Graduated 12 MMT sites from TA to sustainable status (all sites in Hai Phong and HCMC) 	<ul style="list-style-type: none"> ✓ Completed quarterly TA plans for C&T and MMT sites ✓ Submitted reports for clinical mentoring trips ✓ Completed LTFU intervention dashboards ✓ Led C&T SMART technical monitoring ToT ✓ Monitored/paired with local TA network providers on SMART technical monitoring ✓ Supported MMT SMART technical monitoring by local TA providers ✓ 70% of MMT and C&T sites attained effective technical performance ✓ Seven C&T sites transitioned from DSD to TA-SDI (Soc Son, Nho Quan, Hoanh Bo, Mong Cai, Van Don, Dong Hung, Hung Ha) 	<ul style="list-style-type: none"> ✓ Completed quarterly TA plans for C&T and MMT sites ✓ Completed SMART technical monitoring for all C&T and MMT sites ✓ Expanded LTFU intervention to USAID/SMART TA supported treatment sites in HCMC, Quang Ninh, Hanoi, Thai Binh, Ninh Binh, Nghe An and Dien Bien 	<ul style="list-style-type: none"> ✓ Quarterly TA plans completed ✓ Conducted one C&T webcast for 88 doctors and nurses from 33 HTFs in 10 provinces, and two MMT webcasts for 414 doctors and nurses from 71 MMT facilities from 34 provinces ✓ Reports for all clinical mentoring trips submitted ✓ LTFU intervention completed ✓ Retention package finalized for roll out in three provinces (Quang Ninh, Nghe An, Dien Bien) ✓ 19/34 (56%) DSD sites attained effective technical performance ✓ 6/9 (67%) TA sites attained effective status
TACHSS				

<ul style="list-style-type: none"> ▪ 17 DSD sites ▪ 45 TA-SDI sites ▪ 9 sites phased out ▪ 20 sites graduated from DSD to TA-SDI ▪ 14 MMT and 2 C&T sites sustainable ▪ 80% of DSD and 70% of TA-SDI achieve effective status ▪ Local TA providers take over all routine TA activities 	<ul style="list-style-type: none"> ✓ Subagreements prepared and approved for 8 maintenance provinces ✓ 5 prevention sites phased out (Sa Pa, Cam Pha, Mong Cai, Van Don, Anh Duong); 6 prevention sites transitioned to GOV or local CBO as Ninh Kieu, Dien Chau, Tuan Giao, Dien Bien district, Dien Bien Phu and Dien Bien Dong ✓ 2 HTC sites phased out (Mong Cai, Van Don) ✓ All local TA providers attached to DSD and TA-SDI sites; site quarterly TA updates received 	<ul style="list-style-type: none"> ✓ 6 prevention sites phased out (Chuong My, Hoang Mai, Long Bien, Tay Ho, Hai An, Le Chan); 1 prevention site transitioned to government (Chau Doc) ✓ 1 HTC site graduated to TA-SDI status (Thot Not) ✓ 6 MMT sites transitioned to TA-SDI status (Bac Giang, Dong Da, Son Tay, Van Don, Tuan Giao and Dien Bien district) ✓ 3 C&T sites transitioned to TA-SDI status (Thot Not, Bat Xat, and Van Ban) ✓ SMART technical monitoring classification (all sites) completed ✓ 6-7 (incl. HCMC) transition dashboards and reports completed ✓ Site quarterly TA updates received 	<ul style="list-style-type: none"> ✓ 1 C&T site transitioned to TA-SDI status (Soc Son) ✓ Tay Ho and Ba Vi sites full transition commemorated ✓ Follow up visits to An Giang and Quang Ninh on transition implementation ✓ Support to C&T team on transition of TB/HIV sites ✓ Site quarterly TA updates received 	<ul style="list-style-type: none"> ✓ 3 HTC sites transitioned to TA-SDI (Chau Doc, Tan Chau, Tinh Bien) ✓ 1 HTC site phased out (Anh Duong) ✓ 9 C&T sites transitioned to TA-SDI (Cho Moi, Tan Chau, Tinh Bien, Hoanh Bo, Mong Cai, Van Don, Dong Hung, Hung Ha TB/HIV, Nho Quan TB/HIV); ROCs eliminated, proceeding for HTF consolidation and SHI implementation. ✓ SMART technical monitoring classification completed; 82% of DSD sites and 56% of TA-SDI sites achieved effective status ✓ Site quarterly TA updates received
SI				
<p>Transition processes and results closely tracked and monitored</p>	<ul style="list-style-type: none"> ✓ Transitioning targets defined for Y5 ✓ Comprehensive site list developed with TACHSS ✓ Completed and submitted FY14 EA data report ✓ Assisted TACHSS and technical units to measure and track transition status of each supported site 	<ul style="list-style-type: none"> ✓ TACHSS and technical units supported to measure and track transition status of each supported site 	<ul style="list-style-type: none"> ✓ Expenditure and ROC analyses conducted for semiannual reporting ✓ TACHSS and technical units supported to measure and track transition status of each supported site 	<ul style="list-style-type: none"> ✓ FY16/COP15 EA commenced ✓ TACHSS and technical units supported to measure and track transition status of each supported site
<p>Data management tools designed and implemented to improve data processing, management and use for maintenance provinces</p>		<ul style="list-style-type: none"> ✓ MMT mLog finalized 	<ul style="list-style-type: none"> ✓ MMT mLog installed and local staff trained in all SMART TA-supported MMT sites in maintenance provinces 	<ul style="list-style-type: none"> ✓ Ownership of mLog transition to national methadone program postponed to FY17
<p>Complete and accurate PEPFAR MER data reported</p>	<ul style="list-style-type: none"> ✓ Q1 MER data collection and reporting completed for maintenance provinces 	<ul style="list-style-type: none"> ✓ Q1 MER data for HTC and C&T services collected, compiled, validated, analyzed, and 	<ul style="list-style-type: none"> ✓ Q2 MER data for HTC and C&T services collected, compiled, validated, analyzed, and 	<ul style="list-style-type: none"> ✓ Q3 MER data for HTC and C&T services collected, compiled, validated, analyzed, and

for sites and services in maintenance provinces		reported for maintenance provinces	reported for maintenance provinces ✓ Site- and province-level dashboards generated for SMART TA-supported prevention, HTC, and/or C&T services in maintenance provinces	reported for maintenance provinces ✓ Q4 MER data compilation commenced for maintenance provinces for annual report
Quality of HIV service data ensured for maintenance provinces				✓ Provincial DQA training conducted ✓ PACs supported to conduct DQAs for >25% sites in maintenance provinces
USAID/SIMS assessments supported for maintenance province sites and partners		✓ Assisted USAID/ Vietnam to prepare COP15/FY16 SIMS annual plan ✓ Supported USAID Vietnam to conduct SIMS assessment for Son Tay OPC	✓ USAID Vietnam supported to conduct SIMS assessments for partners and sites in maintenance provinces	✓ USAID Vietnam supported to conduct SIMS assessments for partners and sites in maintenance provinces
Transition processes and results closely tracked and monitored	✓ Transitioning targets defined for Y5 ✓ Comprehensive site list developed with TACHSS ✓ Completed and submitted FY14 EA data report ✓ Assisted TACHSS and technical units to measure and track transition status of each supported site	✓ TACHSS and technical units supported to measure and track transition status of each supported site	✓ Expenditure and ROC analyses conducted for semiannual reporting ✓ TACHSS and technical units supported to measure and track transition status of each supported site	✓ FY16/COP15 EA commenced ✓ TACHSS and technical units supported to measure and track transition status of each supported site
Data management tools designed and implemented to improve data processing, management and use for maintenance provinces		✓ MMT mLog finalized	✓ MMT mLog installed and local staff trained in all SMART TA-supported MMT sites in maintenance provinces	✓ Ownership of mLog transition to national methadone program postponed to FY17
Complete and accurate PEPFAR MER data reported for sites and services in maintenance provinces	✓ Q1 MER data collection and reporting completed for maintenance provinces	✓ Q1 MER data for HTC and C&T services collected, compiled, validated, analyzed, and reported for maintenance provinces	✓ Q2 MER data for HTC and C&T services collected, compiled, validated, analyzed, and reported for maintenance provinces ✓ Site- and province-level dashboards generated for SMART TA-supported prevention,	✓ Q3 MER data for HTC and C&T services collected, compiled, validated, analyzed, and reported for maintenance provinces ✓ Q4 MER data compilation commenced for maintenance provinces for annual report

			HTC, and/or C&T services in maintenance provinces	
Quality of HIV service data ensured for maintenance provinces				<ul style="list-style-type: none"> ✓ Provincial DQA training conducted ✓ PACs supported to conduct DQAs for >25% sites in maintenance provinces
USAID/SIMS assessments supported for maintenance province sites and partners		<ul style="list-style-type: none"> ✓ Assisted USAID/ Vietnam to prepare COP15/FY16 SIMS annual plan ✓ Supported USAID Vietnam to conduct SIMS assessment for Son Tay OPC 	<ul style="list-style-type: none"> ✓ USAID Vietnam supported to conduct SIMS assessments for partners and sites in maintenance provinces 	<ul style="list-style-type: none"> ✓ USAID Vietnam supported to conduct SIMS assessments for partners and sites in maintenance provinces
SC				
<ul style="list-style-type: none"> ▪ 50% of local TA network engage actively with page content of I Love TA Facebook site ▪ I Love TA networking initiative transitioned to VAAC management and its web portal 	<ul style="list-style-type: none"> ✓ 13% of local TA network engaged actively with page content of I Love TA 	<ul style="list-style-type: none"> ✓ 15% of local TA network engaged actively with page content of I Love TA 	<ul style="list-style-type: none"> ✓ I Love TA networking initiative transitioned to VAAC management and its web portal 	<ul style="list-style-type: none"> ✓ I Love TA link on VAAC web portal <p>Note: TA networking and community of practice concept to be integrated into SHIFT TA Marketplace website</p>

Objective 3: Strengthen GVN and CSO technical capacity to sustain quality CoPC services

Expected Results	Q1	Q2	Q3	Q4
PREVENTION				
<ul style="list-style-type: none"> ▪ 5,000 KPs reached with individual and/or small group level preventive interventions in above sites (VUSTA Nghe An) 	<ul style="list-style-type: none"> ✓ Adapted EOA training (with relevant master trainers) for VUSTA implementers (3-day training x 30 people) ✓ Finalized SOPs for VUSTA ✓ Documented revised outreach approaches 	<ul style="list-style-type: none"> ✓ Issued quarterly coverage reports on field pairings and coaching visits with VUSTA ✓ Led two-day master trainer for 48 participants on capacity building session for transitioning response 	<ul style="list-style-type: none"> ✓ Issued quarterly coverage reports on field pairings and coaching visits with VUSTA 	<ul style="list-style-type: none"> ✓ Provided TA to VUSTA for workshop on "Legal support for Sex Workers." 5,092 members of key populations reached with individual and/or small group level preventive interventions via above-site TA (VUSTA/Nghe An) ✓ Work on national outreach guidelines moved to Y1 of USAID SHIFT

<ul style="list-style-type: none"> ▪ National outreach guidelines drafted 				
HTC				
<ul style="list-style-type: none"> ▪ 5,000 individuals receive HTC services and receive their test results (above site) ▪ 2 SMART TA HTC approaches, tools and technical performance criteria endorsed by GVN at national or provincial levels ▪ 20-25 HTC TA network members that receive at least 1 capacity building session from SMART TA ▪ 45-65 HTC events executed by HTC local TA network members 	<ul style="list-style-type: none"> ✓ Finalized National HTC curriculum ✓ Two TA/monitoring visits (pairing or independent) conducted by local TA providers from Dien Bien PAC ✓ Four TA/monitoring visits (pairing or independent) conducted by local TA providers from Nghe An PAC ✓ Three TA/monitoring visits (pairing or independent) conducted by local TA providers from HCMC PAC ✓ Five training courses technique (independent), four courses on HTC (pairing with SMART TA) conducted by local TA providers from Nghe An PAC ✓ Six training courses (two on finger prick technique (independent), four on HTC (pairing with SMART TA)) conducted by local TA providers from Dien Bien PAC 	<ul style="list-style-type: none"> ✓ Four TA/monitoring visits (pairing or independent) conducted by local TA providers from Dien Bien PAC ✓ Two TA/monitoring visits (pairing or independent) conducted by local TA providers from Nghe An PAC ✓ Two TA/monitoring visits (pairing or independent) conducted by local TA providers from HCMC PAC ✓ Two training courses on lay testing (pairing with SMART TA) conducted by local TA providers from Nghe An PAC ✓ Two training courses on lay testing (pairing with SMART TA) conducted by local TA providers from Dien Bien PAC 	<ul style="list-style-type: none"> ✓ Two training courses for lay testers in Nghe An conducted ✓ Three above-site monitoring/coaching trips ✓ Three TA/monitoring visits (pairing or independent) conducted by local TA providers from Dien Bien PAC ✓ Three TA/monitoring visits (pairing or independent) conducted by local TA providers from Nghe An PAC ✓ SMART Monitoring to all SMART TA supported sites conducted by local TA providers from HCMC PAC ✓ Three training courses (pairing with SMART TA) conducted by local TA providers from Nghe An PAC ✓ Two training courses (pairing with SMART TA) conducted by local TA providers from Dien Bien PAC 	<ul style="list-style-type: none"> ✓ Conducted national HTC ToT for 25 participants ✓ Led two workshops with VAAC, NIHE and Pasteur to review and revise national lab technical guidelines ✓ Supported nine TA/monitoring visits by local TA providers from Dien Bien PAC (three visits), Nghe An PAC (three visits) and HCMC PAC (three visits) ✓ Supported three training courses (pairing with SMART TA) by local TA providers from Nghe An PAC (one) and HCMC PAC (two) ✓ Supported 30 lab technicians from 16 hospitals in Nghe An and 35 from HCMC to receive training and certification for HTC provision ✓ Trained 70 lab technicians in Dien Bien and Nghe An on Lab Quality Management ✓ Trained 27 individuals in HCMC on lay testing ✓ Closed out above site TA support
C&T/MMT				
<ul style="list-style-type: none"> ▪ 5 provincial PHS/PACs can conduct MMT accreditation trainings ▪ SMART TA C&T approaches, tools and technical performance criteria institutionalized 	<ul style="list-style-type: none"> ✓ Conducted and submitted reports for TA trips to PACs on providing C&T services in prisons ✓ Led training workshops and TA on TB/HIV integrated implementation for GF ✓ Provided TA to GVN on C&T and MMT strategies, technical models and material development ✓ Developed training materials and led TOT workshops on MMT 	<ul style="list-style-type: none"> ✓ Provided TA provided to PACs on HIVQUAL Round 8 QI plan ✓ Conducted and submitted reports for TA trips to PACs on providing C&T services in prisons ✓ Conducted and submitted reports for TA trips to GF-supported project on TB/HIV integrated implementation ✓ Provided TA to GVN on C&T and MMT strategies, technical models and material development 	<ul style="list-style-type: none"> ✓ Continued TA to PACs on HIVQUAL Round 8 QI plans ✓ Provided TA to Nghe An PAC to expand HIVQUAL program to all HTFs in the province ✓ Conducted and submitted reports for TA trips to PACs on providing C&T services in prisons ✓ Reports submitted for TA trips to TB/HIV integrated implementation 	<ul style="list-style-type: none"> ✓ Provided TA on HIVQUAL Round 8 QI plans to PACs, QI-QM to all HIVQUAL sites, and expanded HIVQUAL program to all treatment sites in Nghe An ✓ HIVQUAL/PM and QI-QM training conducted for 43 doctors and nurses based in 22 HTFs in Nghe An ✓ Supported Nghe An in launching and implementing 2 workshops on the TB/HIV provincial

<p>by GVN at national or provincial levels</p> <ul style="list-style-type: none"> 20 C&T local TA providers receive at least 1 capacity building session from SMART TA 	<p>for DOHs/PACs from five provinces</p>		<ul style="list-style-type: none"> Reports submitted for assessment trips to TB/HIV integrated implementation at new 7 provinces (Nghe an, Dien Bien, Nam Dinh, Hai Duong, Thanh Hoa, Can Tho, Tay Ninh) TA provided to Nghe An and Dien Bien to improve TB/HIV linkage, diagnosis and treatment (planning, technical models and material development) Support technically for Nghe An and Dien Bien DHS/PAC in conducting Methadone Refresh Training for strengthening quality and operation of their Methadone programs TA provided to GVN on C&T and MMT strategies, technical models and material development (upon request or/and situation-based) 	<p>framework and training performed on TB/HIV integration for 90 doctors and nurses from HTFs and TB units in 17 districts</p> <ul style="list-style-type: none"> Supported Dien Bien in conducting training on TB/HIV integration for 47 doctors and nurses from HTFs and district TB units in 5 districts Supported Nghe An and Dien Bien provincial DOH's/PAC's in conducting 2 MMT accreditation training workshops for 202 participants (doctors, nurses and pharmacists) from 48 MMT facilities Supported VAAC to perform two ToT workshops on MMT accreditation for 16 provinces Supported VAAC to perform 2 MMT mentoring training workshops for 66 local TA providers from 17 provinces. Supported VAAC to revise MMT national guidelines
<p>TACHSS</p>				
<ul style="list-style-type: none"> SMART TA approaches, tools and technical performance criteria endorsed or adopted by GVN at national or provincial levels (VAAC portal) Provincial authorities and sites supported to track and scale-up SHI for PLHIV 	<ul style="list-style-type: none"> 6 provincial response plans completed reflecting SMART TA transition plan and targets 	<ul style="list-style-type: none"> TA provided to VAAC on HIV C&T system consolidation and development of SOPs for examination and treatment for PLHIV TA provided to Nghe An and Dien Bien on C&T system consolidation and SHI implementation 	<ul style="list-style-type: none"> SMART monitoring tools endorsed by a number of provinces (e.g. Hai Phong, HCMC, etc.) as their regular site performance assessment tools Training workshop on HI implementation conducted in Nghe An province with participation of high officials from Dept. of HI, VSS, and VAAC TA provided to An Giang, Quang Ninh and Lao Cai on C&T system consolidation for SHI implementation Checklist on HTF consolidation reviewed and updated to develop detailed action plan to speed up consolidation and SHI implementation 	<ul style="list-style-type: none"> MMT tool used by Hai Phong DOH for all MMT sites HCMC PAC using MMT and HTC tools Led joint missions with VAAC to assess progress and develop action plans for An Giang, Lao Cai, and Quang Ninh to assess Reviewed and achieved consensus on next steps for HTF consolidation for SHI

SI				
Strengthened GVN capacity and leadership in data quality	<ul style="list-style-type: none"> ✓ DQA session delivered to national M&E TWG 	<ul style="list-style-type: none"> ✓ Prepared for Q3-4 DQAs 	<ul style="list-style-type: none"> ✓ VAAC supported schedule and complete provincial DQA training and assessments (see Objectives 1 and 2) 	<ul style="list-style-type: none"> ✓ Collaborated with VAAC to schedule and complete provincial DQA training and assessments
Strengthened GVN capacity in M&E system leadership	<ul style="list-style-type: none"> ✓ HIVQUAL software revised to adapt new treatment criteria ✓ Cascade guide adapted for VN ✓ Cascade ToT executed for national M&E TWG 	<ul style="list-style-type: none"> ✓ VAAC supported to co-convene provincial M&E system strengthening workshop for HIV services in Nghe An and Dien Bien completed (see Objective 1) 	<ul style="list-style-type: none"> ✓ VAAC supported to implement above-province level follow-up actions from provincial M&E system strengthening workshop ✓ VAAC supported to edit and finalize data management manual 	<ul style="list-style-type: none"> ✓ VAAC supported to implement above-province level follow-up actions from Provincial M&E System Strengthening Workshop ✓ VAAC supported to publish cascade and data management manuals
Strengthened information systems to support scale-up of health insurance for PLHIV		<ul style="list-style-type: none"> ✓ eHIS module prepared for piloting in Tuan Giao 	<ul style="list-style-type: none"> ✓ Pilot eHIS completed in Tuan Giao ✓ eHIS installed, tested and launched in >3 additional OPCs in Dien Bien 	<ul style="list-style-type: none"> ✓ eHIS installed, tested and launched in remaining OPCs in Dien Bien
Supported USAID/SIMS above-site assessments		<ul style="list-style-type: none"> ✓ USAID/Vietnam assisted to prepare COP15/FY16 SIMS annual plan ✓ USAID/Vietnam supported to conduct SIMS assessment for HMU 	<ul style="list-style-type: none"> ✓ USAID Vietnam supported to conduct SIMS assessments for above-site partners 	<ul style="list-style-type: none"> ✓ USAID Vietnam supported to conduct SIMS assessments for above-site partners
SC				
ARV financing campaign completed, with GVN pledge for more funding for ARVs	<ul style="list-style-type: none"> ✓ Media plan implemented ✓ ARV financing campaign completed, results report delivered ✓ GVN pledged support for ARV procurement through the social health insurance system 		<ul style="list-style-type: none"> ✓ Second phase campaign implemented to promote SHI coverage of HIV services 	<ul style="list-style-type: none"> ✓ Second phase campaign commenced to promote SHI coverage of HIV services ✓ 10 key messages on SHI developed and agreed with VAAC for distribution ✓ Messages to be recorded and copied into 200 CDs to distribute across 63 provinces by VAAC
VAAC portal and MMT website management institutionalized with VAAC	<ul style="list-style-type: none"> ✓ VAAC portal components completed and transferred to VAAC management ✓ VAAC staff trained on portal management ✓ VAAC portal launched ✓ Set of 6 MMT counselling videos and a MMT information clip completed to build resources for counselor online training 	<ul style="list-style-type: none"> ✓ MMT website resources and training course integrated within VAAC portal and transferred to VAAC management ✓ Monthly analytic report on MMT website completed 		<ul style="list-style-type: none"> ✓ VAAC website with MMT component run and managed by VAAC smoothly without issues reported

ANNEX 2 | YEAR 5 SEMIANNUAL RESULTS AGAINST TARGETS

Results for Y1 through Y5 are presented below, including Y5 results versus targets. Additional details regarding indicator level, periodicity and data sources are available in the October 2015 updated Activity M&E Plan (AMEP).

Objective 1: Deliver quality services within the CoPC¹												
1.1. Reduce acquisition and transmission of HIV												
1.1.1. Improved identification and reach of key populations												
1.1.2. Increased uptake of HTC services and enrollment into care and treatment												
1.1.3. Achievement of MMT coverage targets												
Key Performance Indicators	Year 1	Year 2	Year 3		Year 4		Year 5 ¹					
			DSD	TA-SDI	DSD	TA-SDI	Maintenance Provinces			Priority Provinces ²		
							Target	Results	% Achieved	Target	Results	% Achieved
1. Number of key populations reached with individual and/or small group level preventive interventions that are evidence-based and/or meet minimum standards required	59,717	47,774	30,330	0	40,237	408	4,777	9,693	203%	21,176	36,871	174%
2. Number of PWIDs on medication assisted therapy for at least six months	3,606	5,500	1,941	3,745	2,914	4,775	7,080	15,156	214%	1,710	3,534	207%
3. Number of individuals who received HTC services for HIV and received their test results	50,380	50,000	56,038	0	49,876	2,418	12,805	14,159	111%	41,496	58,179	140%
1.2. Reduce mortality and morbidity of PLHIV and improve quality of life of PLHIV												
1.2.1. Increased utilization of, and retention in, care and treatment services												
1.2.2. Increased/sustained quality of care												
1.2.3. Achievement of ART coverage targets												
Key Performance Indicators	Year 1	Year 2	Year 3		Year 4		Year 5 ¹					
			DSD	TA-SDI	DSD	TA-SDI	Maintenance Provinces			Priority Provinces ²		
							Target	Results	% Achieved	Target	Results	% Achieved
4. Number of adults and children newly enrolled on ART	3,000	2,469	2,717	93	2,820	142	738	850	115%	2,600	2,582	99%
5. Number of adults and children currently receiving ART	12,479	13,950	16,458	1,705	18,319	1,580	7,459	8,001	107%	14,833	15,387	104%
6. Percentage of adults and children known to be alive and on treatment 12 months after initiation of ART	88%	90%	86%	84%	88%	80%	90%	91%	101%	90%	87%	97%
7. Proportion of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit	N/A	N/A	98%	100%	98%	100%	95%	99%	104%	95%	99%	104%

¹ Y5 targets for Objective 1 indicators have been revised from the October 2015 AMEP to align with COP15 SMARTTA targets available in DATIM.

² Nghe An, Dien Bien, and Ho Chi Minh City

Objective 2: Transition financial, administrative and technical ownership of CoPC services

2.1: Achievement of transitioning targets with effective levels of service quality

2.1.1. Increased financial efficiencies and financial ownership of CoPC services

2.1.2. Increased technical ownership of CoPC services

2.1.3. Increased administrative or programmatic ownership of CoPC services

Key Performance Indicators	Year 1	Year 2	Year 3	Year 4	Year 5		
					Target	Results	% Achieved
8. Total annualized financial allocations to sub-agreements	\$3,742,286 USD	N/A	\$3,379,723 USD	\$2,218,382 USD	As reported	\$1,912,131 USD	NA
9. Percentage reduction of USAID/SMARTTA sub-agreement financial allocations (against Year 1 baseline)	0%	N/A	10% reduction	41% reduction	40% reduction	49% reduction	123%
10. Total annualized ROC expenditures in sub-agreements	\$1,542,809 USD	\$1,509,356 USD	\$1,161,857 USD	\$841,640 USD	As reported	\$566,416 USD	NA
11. Percentage reduction of USAID/SMARTTA supported ROC expenditures in sub-agreements (cumulative/Y1 baseline)	0%	2% reduction	25% reduction	45% reduction	40% reduction	63% reduction	158%
12. Total number of SMART-TA DSD sites at year end	108	115	107	82	As reported	101	NA
13. Total number of SMARTTA TA-SDI sites at year end	3	3	42	33	As reported	93	NA
14. Percentage of sites transitioned from PEPFAR DSD assistance (DSD to TA-SDI) [cumulative number of transitioned sites against total DSD sites at baseline, excluding phase-out sites]	0%	0%	7%	32%	40%	70%	175%
15. Total number of SMARTTA implementing partners (national, provincial, district)	3, 14, 65	4, 13, 65	4, 14, 64	2, 14, 52	As reported	2, 11, 67	NA
16. Percentage of SMARTTA implementing partners transitioned from PEPFAR DSD assistance	0%	0%	0%	17%	As reported	23%	NA

Objective 3: Strengthen GVN and CSO capacity to sustain quality CoPC services

3.1: Increased capacity of GVN and CSO individuals and institutions to manage, coordinate, deliver and monitor the HIV response at provincial and site levels

3.1.1. Above-site TA advances programmatic approaches, tools, and technical performance standards that can be scaled, institutionalized and coordinated by the GVN

3.1.2. Provincial-level TA ensures that trusted provincial and local providers and institutions safeguard technical quality, effectiveness and sustainability of CoPC services

3.1.3 Site-level TA: 80% of DSD and 70% of TA-SDI sites operate at “effective” levels of technical performance

Key Performance Indicators	Year 1	Year 2	Year 3	Year 4	Year 5		
					Target	Results	% Achieved
17. Number of SMART TA program approaches, tools and technical performance criteria institutionalized by GVN at national or provincial levels	NA	NA	NA	12	As reported	40	NA
18. Proportion of TA events that pair provincial TA network members or national mentors with SMART TA technical staff	NA	NA	NA	52%	80%	75% (152/202)	94%
19. Proportion of TA events that are led by provincial TA network members or national mentors	NA	NA	NA	31%	50%	27% (41/152)	54%



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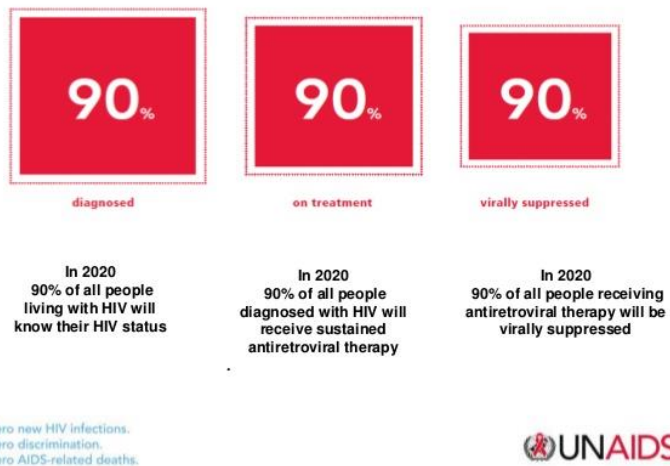


**CONNECTING THE DOTS
A COORDINATED APPROACH
TO ENDING VIETNAM'S
TB AND HIV EPIDEMICS**

Tuan¹, who is now 46, began finding it difficult to maintain his rice farm in the Nho Quan district in Ninh Binh just over a year and a half ago. He was constantly tired, had a long-lasting fever and blood had appeared in his cough, making it impossible to work long hours in his fields under the heat of the Ninh Binh sun. Concerned about his health and ability to support his wife and two children, he went to his local district hospital for a check up. After learning he had tuberculosis (TB), his doctor urged him to undergo an HIV test, which was also positive.

HIV is one of Vietnam's six leading causes of disease burden², and the country ranks 12th on the list of countries with a high TB burden³. Globally, TB is the leading cause of death among people living with HIV (PLHIV)⁴, and the risk of developing TB is 26-31 times greater in PLHIV than those without HIV infections⁵. TB management is inextricably linked to HIV care and treatment, and integral to Vietnam's efforts to achieve the UNAIDS 90-90-90 targets and eliminate new HIV transmissions by 2030.

«90-90-90» - ambitious target aimed at ending AIDS



¹ Names have been changed to protect privacy
² Report on Controlling and Prevention of HIV/AIDS, Ministry of Health
³ http://www.unaids.org/sites/default/files/country/documents/VNM_narrative_report_2015.pdf (page 5)
⁴ FHI 360 PowerPoint deck: TB/HIV Coordination Activities: Results and Challenges (May 19, 2015)
⁵ WHO: Tuberculosis and HIV <http://www.who.int/hiv/topics/tb/en/>

Before 2014, patients believed to have both TB and HIV would be referred from their examination site to the separate centers, requiring as many as three different doctors to make a full diagnosis. Given the time and cost of multiple visits to the health center, cases were being regularly lost to follow up while the infections spread further in the community.

To address this, the Government of Vietnam issued a number of policies and guidelines on integrating TB and HIV care both centrally and provincially, which the National Tuberculosis Program (NTP) took the lead in implementing. The Sustainable Management of the HIV/AIDS response and Transition to Technical Assistance (SMART TA) project supported by the United States Agency for International Development (USAID) provided technical assistance to the NTP during this process.

USAID SMART's TB/HIV integration support officially began in 2014, when it successfully piloted a "one-stop-shop" model at health facilities in Thai Binh and Ninh Binh provinces – where Tuan lives. With the support of the NTP, the Vietnam Administration for HIV/AIDS Control (VAAC), the respective Provincial AIDS Centers (PACs) and Nho Quan and Hung Ha District Hospitals, SMART TA built HIV services directly into the Examination Department of existing TB units, making cost-efficient HIV testing, counseling, and care and treatment accessible to co-infected patients in one location. This meant Tuan only had to visit one site and see one doctor to receive his results and begin treatment immediately.

In the first six months of implementation in the two pilot TB/HIV clinics in Hung Ha and Nho Quan, 100 percent of registered new and relapsed TB cases knew their HIV status, and 100 percent of HIV-positive new and relapsed registered TB cases were on concurrent ARV and TB treatment – higher than the national average.

"I greatly appreciate SMART TA's efficient and effective contribution to Vietnam's TB/HIV model," said Dr. Nguyen Viet Nhung of the NTP. "Right from the beginning, they patiently worked with us to persuade stakeholders to support our approach, which puts patients and health care staff at the center. Together with SMART TA, NTP has developed guidelines, provided trainings, offered monitoring support and adjustments to ensure that it runs smoothly. The health care staff in our pilot provinces are very enthusiastic about the model – that is the most persuasive evidence that it works."

From that initial result, VAAC and NTP expanded the SMART TA "one-stop-shop" integrated TB/HIV model to a total of 12 provinces from 2015 to 2016, with SMART TA providing TA and training that will enable long-term sustainability as the project winds down at the end of 2016.

Since his diagnosis, Tuan has received coordinated care from the two systems. "Now I just go for a monthly checkup at the district hospital, which is much closer to my house. I can receive my medicine for TB and HIV at the same time and at the same place."

He has also seen significant improvements in his health: "My health has become nearly as good as normal. I can eat well, sleep well and work normally. I'm grateful I received treatment and medicine right away". With the accelerated integration of TB and HIV control into district-level general health services, Vietnam is quickly gaining ground in its fight against these deadly diseases.

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FROM THE AMERICAN PEOPLE



HELPING TARGET PROVINCES PREPARE FOR THE SOCIAL HEALTH INSURANCE TRANSITION TAPPING THE POWER OF INDIVIDUALS AND TECHNOLOGY

Mr. Nguyen Quang Thang

Nguyen Quang Thang was in prison when he realized he was probably infected with HIV. Concerned he might not make it out alive, when he did finally return to Nghe An in 2003, he sought out treatment. However, antiretroviral (ARV) treatment was not yet available in the province which is located well away from the metropolitan centers of Hanoi and Ho Chi Minh City.

The provinces of Dien Bien and Nghe An are bastions of tradition. They are not synonymous with paradigm shift. In mountainous Dien Bien, small H'mong and Thai Ethnic communities are scattered atop highland summits and tucked into the creases between mountains. Driving its narrow roads means passing traditional wooden homes on stilts, and insular villages whose tribal inhabitants continue to farm in the manner of their ancestors – with water buffalo and plow – and dress in traditional colorful costume.

However, the remote mountainous areas of Dien Bien province and its southern cousin, Nghe An province, are much more than just epicenters of Vietnamese tribal tradition. They are also hotspots for injecting drug use and, as a consequence of needle sharing, HIV. The Government of Vietnam (GVN) and the Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance (SMART TA) project, supported by the United States Agency for International Development (USAID), have recently sought to rapidly scale-up access to care and treatment for people living with HIV/AIDS (PLHIV), in an effort to achieve fast track UNAIDS “90-90-90” targets that would put the two provinces on a path toward ending their HIV epidemics. Concurrently, USAID SMART TA is supporting the provinces to enact social health insurance (SHI) coverage of HIV services.

Dr. Trinh Duc Long, Director of Tuan Giao District Health Center (DHC) in Dien Bien province, is no stranger to the challenges of Tuan Giao's inhabitants, nor to the importance of SHI for mitigating the impact of HIV on his community. “Here, in Tuan Giao District, people in general and PLHIV in particular are poor and they face so many limitations, such as lack of transportation to travel long distances to health centers for treatment. And, about 40 percent lack health insurance coverage. For us, SHI is our social security.”

International funding, such as that provided by the President’s Emergency Plan for AIDS Relief (PEPFAR) via the USAID SMART TA project now in its fifth and final year, has long enabled much of Vietnam’s HIV response, including providing ARV treatment to PLHIV. However, with significant reductions in external funding, the GVN has identified SHI as the core means to sustain quality healthcare services and treatment for PLHIV. USAID SMART TA is helping realize this vision by working closely with Departments of Health (DOHs) in target provinces to ensure that DHCs meet Ministry of Health (MOH) requirements to qualify for SHI reimbursement.

Readying Local Health Systems

As it seeks to help health facilities meet GVN expectations for SHI preparedness, USAID SMART TA relies on a strategic mix of hard data and human touch, from customized workshops to awareness programs.

Together with partners at the provincial level, including DOHs, USAID SMART TA first focused on ensuring that HIV treatment facilities were eligible for SHI reimbursement. Where needed the project helped plan and prepare to transition patients from ineligible preventive medical centers (PMCs) to eligible treatment facilities. USAID SMART TA worked with provincial and district stakeholders to assess the readiness, and highest priority gaps and needs, for service consolidation in each district. Together, USAID SMART TA and local stakeholders determined the best methodology for integrating HIV services into treatment facility processes and procedures. The project and partners then developed and implemented tailored training and technical assistance to help facilities achieve full compliance with MOH policy requirements before provincial deadlines.

In Nghe An, USAID SMART TA has already supported the transfer of more than 1,100 PLHIV on treatment from five district SHI-ineligible PMCs to five SHI-eligible treatment facilities.

“We are very confident about the upcoming transition thanks to USAID SMART TA’s contributions,” said Dr. Hoang Xuan Chien, Director of Dien Bien PAC. “USAID SMART TA has worked closely with the Provincial Health Department and the Vietnam Authority for HIV/AIDS Control (VAAC), and provided experts to work closely with us on every single step of implementation to help us qualify as a SHI-approved healthcare provider for HIV patients. In Tuan Giao in particular, USAID SMART TA helped consolidate the clinic and installed software linking our HIV patient management system to SHI, enabling them to deliver reimbursable services to HIV patients.”

Preparing for Patient Enrollment

Beyond system consolidation, district and provincial leaders and healthcare facilities that provide HIV services are responsible for promoting SHI to increase coverage. The ability to easily track patient flow, payment flow and information flow is key to achieving these goals. The latter – access to accurate and readily-available data – is most critical for making strategic decisions about how to direct limited funding to provide the best care for the most HIV patients and, ultimately, achieve GVN HIV/AIDS objectives. As such, integrating HIV services into each facility’s existing SHI reimbursement flow and electronic health information system (eHIS) is key to giving facilities the ability to easily log reimbursable PLHIV services, generate the status reports required by the GVN and international donors, and manage individual patient healthcare services and records.



Patient with family enrolling in HIV treatment | Dien Bien, March 2016

In 2016, USAID SMART TA undertook an ambitious effort to integrate an HIV module and historical PLHIV data into the eHIS system at Dien Bien’s Tuan Giao DHC. The HIV software module allows Tuan Giao DHC to easily track and request reimbursement for HIV patient examinations and services, and Tuan Giao DHC has already received VND 22,731,000 in reimbursements from GVN for HIV patient examinations. In addition, Tuan Giao DHC is now managing more than 450 HIV patients through the eHIS software, allowing doctors to make better decisions by providing easy access to historical patient information such as clinical assessments, laboratory results, and treatment for both opportunistic infections and HIV. Perhaps more importantly, however, the effort generated important learnings that allowed implementers to refine the software and integration procedures before they are rolled out across Dien Bien and Nghe An.

In addition, USAID SMART TA worked with the eHIS software development company to incorporate specialized reporting functions. Facilities using the customized eHIS HIV module can generate automated reports on HIV care and treatment services for PACs and VAAC, as well as PEPFAR/USAID. These special functions both reduce reporting burden and improve the accuracy and completeness of data submissions.

“This is a great system in that it helps revolutionize our procedures,” said Dr. Long. “For us, the healthcare providers, it gives us the power to better monitor patients, request reimbursement from SHI, and process detailed patient reports with a single click. For our patients, it means we have more time to care for them, and we can do so more quickly and effectively by making patient records instantly accessible.”

“It is exciting that the eHIS pilot project here in Tuan Giao will serve as a model for the entire province as well as for Vietnam as a whole when VAAC begins to use it to manage and distribute ARV treatment,” said Dr. Chien.

Dr. Do Thi Nhan, Director of Care & Treatment Department at VAAC also recognized the project’s contributions: “USAID SMART TA has been a pioneer in helping health centers apply electronic health information systems for treatment and program reporting, as required by the MOH. This will help ensure the sustainability of HIV programs given upcoming funding cuts, and also strengthen the facilities’ ability to evaluate the effectiveness and ongoing quality of their treatment programs.”

Looking ahead

As USAID SMART TA completes its mission, Dien Bien and Nghe An provinces are prepared for a complete transition to SHI for PLHIV in 2017. In Dien Bien the project is implementing customized eHIS HIV modules for eight additional DHCs. Across both provinces, all treatment facilities are now eligible for SHI reimbursement for HIV services, and key stakeholders are well-informed and engaged in transition efforts. Given these achievements, USAID SMART TA and the new USAID SHIFT (Sustainable HIV Response From Technical Assistance) project will expand support for a smooth SHI transition in Lao Cai and Bac Giang provinces, while continuing to monitor and support SHI activation for HIV services in Dien Bien and Nghe An.

“I have worked with USAID SMART TA since the beginning and we have done many good things together,” said Dr. Long. “We are now continuing that good work by ensuring that PLHIV, all the way to the commune level, have health insurance to help pay for their care and treatment. SMART TA provides excellent technical support and offers comprehensive solutions, approaches, and interventions, and has long served as the bridge to help PLHIV get access to healthcare services.”

Dr. Nhan from VAAC also noted that “USAID SMART TA has cooperated closely with VAAC and other partners from the very beginning to support Dien Bien and Nghe An Departments of Health efforts to consolidate HIV facilities so that HIV patients can receive treatment services covered by SHI, as directed by the MOH. Dien Bien and Nghe An are the first two provinces in Vietnam to complete the consolidation process and be eligible for SHI reimbursement of HIV services.”

Those communes, tucked away on mountainsides and by muddy rivers running through fertile valleys, while still strongholds of tribal tradition, today have a new custom: Being leaders on the road to Vietnam’s cost-effective means of ending the AIDS epidemic by 2030.

Mr. Thang, the HIV patient in Nghe An, knows this well. Now on ARV since 2006, when it became available in Nghe An, he is confident in his ability to continue care and treatment for his HIV, thanks to his SHI. Mr. Thang has come a long way since his days in prison. With his HIV under control and no fear of losing access to his medicine, thanks to his SHI card, Mr. Thang now works as treatment support staff in Vinh hospital. “HIV patients can get sick and need to be hospitalized anytime, so SHI is necessary because it covers 80 percent of inpatient services. Even though SHI costs me 621,000 Vietnamese Dong, my father reminds me that it is the most important thing to purchase because it covers HIV tests, treatment and even hospitalization fees that can cost several million Dong. I want to live and as long as I do, I will volunteer and contribute, so I tell other HIV patients that they should buy SHI immediately so that they are also covered.”



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