



PROJECT FINAL REPORT

December 2016



USAID Community HIV Link – Southern Project

Implemented by the Centre for Promotion of Quality of Life (LIFE)

May 5th, 2014 – September 30th, 2016

Table of Contents

Glossary	2
Acronyms and Abbreviations	2
Project At a Glance	3
1. Project Overview	4
2. Program Effectiveness Assessment	5
2.1 Performance achievements on HIV service provision to FSW, IDU, MSM and PLHIV (Objective 1)	5
2.2 Performance achievements on LIFE and CBOs' strengthened capacity to ensure sustainable services delivery (Objective 2)	10
2.3 Performance achievements on networking and coordination (Objective 3)	12
3. Program Efficiency Assessment	14
4. Monitoring and Evaluation	14
5. Program Management and Financial Information.....	15
6. Lessons Learned	15

GLOSSARY

90-90-90 targets	90% of people living with HIV diagnosed by 2020 90% of diagnosed people on antiretroviral treatment by 2020 90% of people in treatment with fully suppressed viral load by 2020
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ACRONYMS AND ABBREVIATIONS

ARV	Antiretroviral
C-Link project	USAID Community HIV Link – Southern Project
CBO	Community-based organization
CoPC	Continuum of Prevention to Care
DoH	Department of Health
FSW	Female sex worker
HTC	HIV testing and counseling
IDU	Injecting drug user
LIFE	Centre for Promotion of Quality of Life
M&E	Monitoring and evaluation
MSM	Men who have sex with men
PAC	Provincial Center for HIV/AIDS Prevention and Control
CBS	Community-based supporters (members of CBOs)
OPC	Outpatient clinic
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
USAID	United States Agency for International Development

PROJECT AT A GLANCE

The “USAID Community HIV Link – Southern” project was granted by USAID to the Centre for Promotion of Quality of Life (LIFE) for a two-year period from May 2014 to May 2016. The project overall goal was to strengthen community HIV/AIDS services to support a sustainable national HIV/AIDS response.

Implemented in Ho Chi Minh City, Can Tho City and An Giang Province, the Community HIV Link-Southern project was aimed to achieve the following specific objectives:

1. Deliver effective community-based HIV/AIDS services to a total of 6,000 key populations (KPs) including 4,000 high risk populations (namely, injecting drug users (IDU), female sex workers(FSW) and men who have sex with men (MSM)) and 2,000 people living with HIV (PLHIV) in Ho Chi Minh City (HCMC), Can Tho and An Giang Province;
2. Strengthen capacity for community-based organizations working on HIV/AIDS in HCMC, Can Tho and An Giang;
3. Facilitate networking and coordination with key stakeholders in the HIV/AIDS sector at the provincial and national level.

The USAID Community HIV Link-Southern Project was implemented through a network of 23 community-based organizations (CBOs). Over the two years, the project has achieved the following outcomes:

Objective 1:

- 8,000 IDU, FSW and MSM were reached by the project
- 90.3% successfully took an HIV test
- 8.7% of these tested KP were confirmed HIV positive
- 87.2% of these HIV-positive cases were enrolled in the care program
- 2000 PLHIV received care and support from the project, in which:
 - 362 new cases found by the project
 - 762 old cases found by the project
 - 1,507 pre-ART and ART patients do not have regular check-ups
 - 64 ART patients lost to follow up

Objective 2:

- LIFE’s organizational and financial management capacity was significantly improved and acknowledged by USAID OFM pre-award survey in February 2016.
- 6 CBOs have strengthened organizational capacity; specifically, these CBOs have developed a business plan, specific training needs for building staff professionalism (e.g. public relations, presentation skills) so as to prepare for legally registering their organization.

Objective 3:

- A client referral and data tracking-verification system was established between LIFE, CBOs, the HIV/AIDS program coordinating agencies (PAC) and HIV service providers (HTC and OPC) in HCMC, Can Tho and An Giang.

PROJECT FINAL REPORT

May 4th, 2014 – September 30th, 2016

1. PROJECT OVERVIEW

As PEPFAR Vietnam gradually transitions from a direct service delivery to a technical assistance model and increases its focus on improving program efficiency, assistance has been necessary and important to strengthen the roles of community-based organizations in the provision of HIV/AIDS services. In this context, the Centre for Promotion of Quality of Life (LIFE) was granted by USAID with an award “USAID Community HIV Link – Southern” (No. AID-440-F-14-00001) on May 5th, 2014 to deliver HIV services key populations who are people who injecting drugs (IDU), female sex workers (FSW) and men who have sex with men (MSM) and people living with HIV/AIDS (PLHIV) for a period of two years.

The overall goal of the project is to strengthen community HIV/AIDS services to support a sustainable national HIV/AIDS response. Specifically, the project aims to achieve three objectives:


1. Deliver effective community-based HIV/AIDS services to a total of 6,000 key populations (KPs) including 4,000 high risk populations (namely, injecting drug users (IDU), female sex workers(FSW) and men who have sex with men (MSM)) and 2,000 people living with HIV (PLHIV) in Ho Chi Minh City, Can Tho and An Giang Province;
2. Strengthen capacity for community-based organizations working on HIV/AIDS in HCMC, Can Tho and An Giang;
3. Facilitate networking and coordination with key stakeholders in the HIV/AIDS sector at the provincial and national level.

This project was implemented in Ho Chi Minh City, Can Tho City and An Giang Province through a network of 23 community-based organizations and in coordination with the Centres for Provincial HIV/AIDS Prevention and Control (PAC) in HCMC and Can Tho and the Provincial HIV/AIDS Association in An Giang.

The duration of this project was two years, from May 5th, 2014 to May 4th, 2016. Since LIFE requested additional time to complete the project documentation and final reports, USAID approved a no-cost extension of the project up to September 30th, 2016. The project budget was originally \$996,339 and then slightly modified to \$996,352.

2. PROGRAM EFFECTIVENESS ASSESSMENT

To achieve the committed objectives, the Community Link-Southern has implemented the following key strategies:



T1: Services provided across the continuum of prevention to care (COPC)

- Shift from vertical focus (only prevention or care and support) to provide services across the continuum from outreach--to HIV testing--to treatment—through care and support to ensure treatment adherence.

T2: Filling the gaps in each step of the COPC

- Focus on referring clients to HIV testing
- Make use of online and new social networks (e.g. among youth, students, office staff) to identify new and hard to reach clients so as to increase positive detection rate
- Establish strong linkage with OPC to promptly engage client to treatment

T3: Led by CBOs

- Encourage, support and enable CBOs to have autonomy in planning, budgeting, organizing their service provision among their community-based supporters. Provide capacity building to CBOs on M&E, care and support based on client needs, financial management, proposal writing, leadership training and organization operation registration.

T4: Create strong linkage with local health, HIV services and coordinating agencies (PAC)

- Establish a mechanism of “one CBO contact for one district” to effectively refer clients to HTC and provide care and support to clients of OPC.
- Set up a client code tracking and verification mechanism between CBOs and HIV service providers (HTC and OPC) and between LIFE and the HIV/AIDS program coordinating agencies-Centre for HIV/AIDS Prevention and Control (PAC).

2.1 Performance achievements on HIV service provision to FSW, IDU, MSM and PLHIV (Objective 1)

8000 IDU, FSW and MSM received HIV prevention, care and support services from the project. 2000 people living with HIV received care and support in ART adherence from the project in each year of the project.

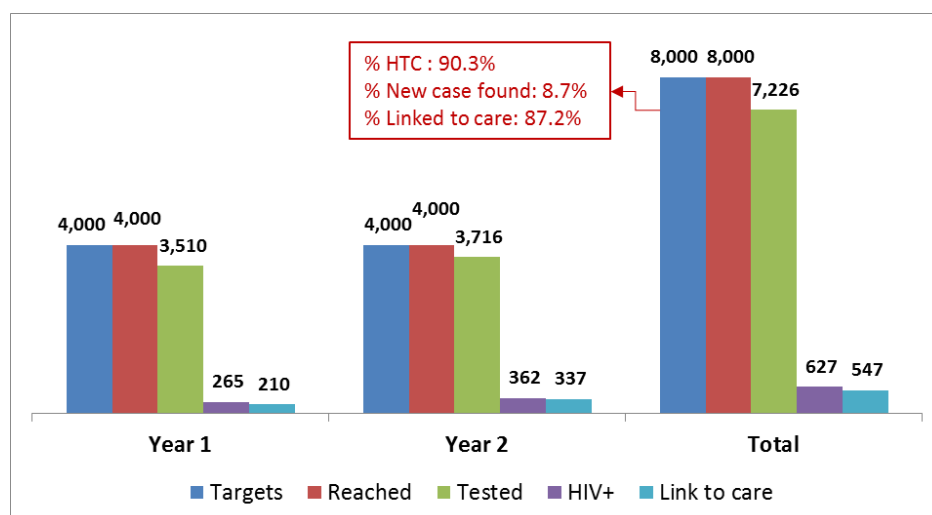
- 8000 IDU, FSW and MSM received HIV prevention, care and support services from the project. Among these KPs, 90.3% took an HIV test and 8.7% of these were confirmed HIV positive. 87.2%

of the positive cases were supported by CBOs to enrol to care and treatment. (Table 1 and Figure 1)

Table 1. Project Achievement in providing services to IDU, FSW and MSM from May 5, 2014 to September 30, 2016

Service provision to IDU, FSW and MSM by Community Link-Southern from May 5, 2014 to September 30, 2016					
	Target	Achievement			
	Reach	Reached	Tested	HIV+	Linked to care
Year 1	4,000	4,000	3,510	265	210
Year 2	4,000	4,000	3,716	362	337
Total	8,000	8,000	7,226	627	547
Percentage %		100%	90.3%	8.7%	87.2%

Figure 1. Project Achievements in Cascade, May 5, 2014 to September 30, 2016



- In Year 1, 2000 PLHIV were recruited from the following sources:
 - 265 new cases found by the project
 - 164 old cases in the community found by the project
 - 1,507 pre-ART and ART patients do not have regular check-ups
 - 64 ART patients lost to follow up (Figure 2)

- In Year 2, the C-Link team has improved the quality of care and support to OPC patients whose names were provided by the OPC to the CBOs. Meanwhile, efforts were invested in finding new cases and old cases and enrolling them to treatment program. The 2000 PLHIV received care and support in Year 2 include:
 - 362 new cases found by the project
 - 762 old cases found by the project
 - 1,507 pre-ART and ART patients do not have regular check-ups
 - 64 ART patients lost to follow up (Figure 3)

Figure 2. PLHIV served by C-Link-Southern from May 2014 to May 2015 (Year 1)

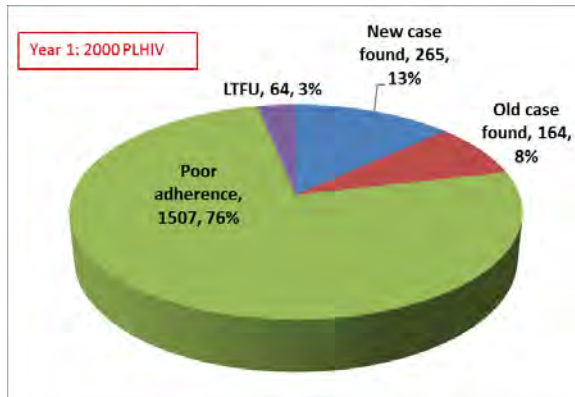
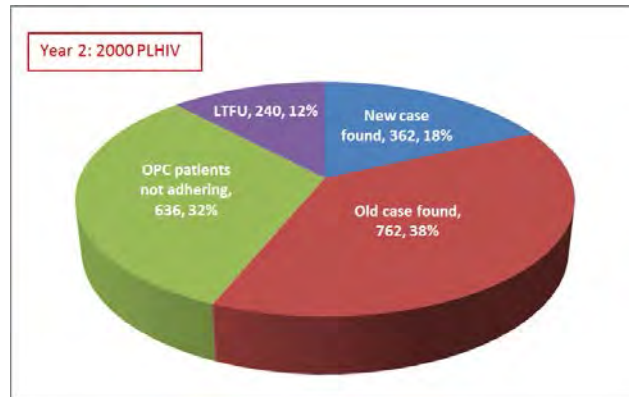


Figure 3. PLHIV served by C-Link-Southern from May 2015 to September 2016 (Year 2)



The above results have been achieved thanks to the following key activities.

- A HIV technical guideline and an M&E guideline have been developed** to guide and ensure all CBOs in the three project provinces/cities to provide services to KPs. The C-Link team worked with the PACs and USAID and other partners to update service coverage and gaps/needs of KPs in the project districts in each pro along the continuum from prevention to care, develop the HIV prevention, care and support guideline was developed in Year 1 and then revised in Year 2 to contribute to the transition guided by PEPFAR and USAID.

Figure 4. The project HIV prevention, care and support guideline developed in Year 1 (on the left) and then revised in Year 2 (on the right)



- All CBOs' community-based supporters and supervisors in three project sites received a 2-day training HIV service provision across continuum of prevention, care and support (COPC) and M&E and a 2-day advanced training on PLHIV care and support**
- In Year 1, a total of 87 community-based supporters (CBS) and supervisors from 22 CBOs participated a 2-day training in An Giang (23), Can Tho (24) and HCMC (40) based on the 6-step standardized operation procedure for HIV service provision across continuum of prevention, care and support (COPC) developed by LIFE. Specifically, the CBS and supervisors learned new outreach methodologies to reach hard-to-reach and new KPs, behaviour change communication focused on getting to know HIV status and early treatment of ARV and once found HIV positive..
- The CBS were also trained on how to use the M&E system using Microsoft Excel and a set of tools to screen KP as per the project technical requirements, how to use the client referral card, client logbook and forms/reports. After the training, participants have good understanding

about the overall project mission and value, and they feel confident in reaching/serving the key populations and clear understanding on the project's planning, implementing and reporting system. A booklet with contact information of and services provided by the CBOs, districts where they are working was produced and placed at HTC and OPC for service providers' use to introduce to clients.

- In Year 2, a 2-day refresher/orientation a total of 40 CBS from 23 CBOs in HCMC, Can Tho City and An Giang Province attended this training. The participants learned the new way of providing care and support for PLHIV specifically, they learned how to recognize and treat the symptoms commonly suffered by PLHIV (pain, abdominal pain, bloating, fever, diarrhea, coughing). Emphasis was put on the community-based care and support with close collaboration with clinics.

Figure 5. SOP for provision of HIV services across COPC

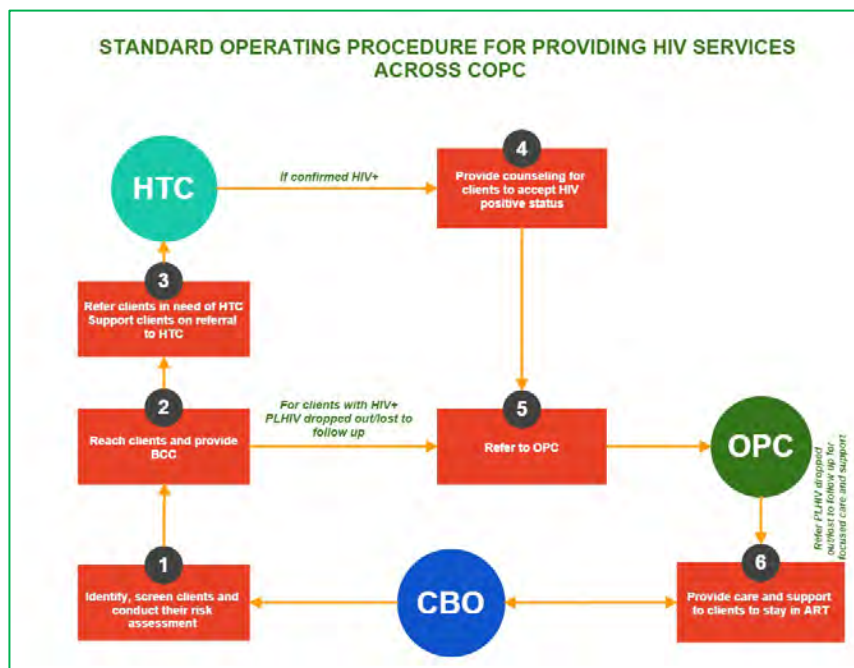


Figure 6. Client referral card

"Dự án Kết nối cộng đồng phòng chống HIV phía nam do USAID tài trợ"
TRUNG TÂM NÂNG CAO CHẤT LƯỢNG CUỘC SỐNG (LIFE)

NHÓM: MÃ NHÓM: [CL] [] [] []

THẺ CHUYỂN GỬI
Ngày tháng năm 20.....

MÃ KH: []

Dịch vụ chuyển gửi:

Địa chỉ chuyển gửi:

Mã TVXN / Mã bệnh nhân, điều trị:

Xác nhận chuyển gửi
(Ký tên và đóng dấu)

Figure 7. Booklet of CBOs and their services

- **Series of small group communications conducted by the CBOs for their targeted KPs to talk about safe sex, safe injection, the importance of knowing own HIV status and early treatment if found out positive. Events on Eliminating stigma and discrimination against key affected populations and PLHIV were also conducted by LIFE in collaboration with the CBOs in HCMC, Can Tho and An Giang.** The events attracted the attendance of leaders from the Provincial Health Department, representatives from the PACs, all CBOs, and 200 community members per event. All three events were well received by the participants and the authorities not only because of the active roles of the CBOs in HIV/AIDS response but their ability to mobilize and engage key populations in the activities and their talent in running the whole events with well-structured program activities using ‘edutainment’ (educational-entertainment) approach.

Figure 8. Reaching out to identify KP, HCMC, August 2015



Figure 9. Event to eliminate stigma and discrimination against KP and PLHIV, HCMC, May 2015



- **Thousands of key holders containing HIV key messages, booklets to introduce CBO services, contact information (and HIV key messages), 5 success stories and 6 project updates for sharing in the project workshops and partners’ workshops, CSO’s national events, Facebook of LIFE and the CBOs and LIFE website.** Success stories of the CBOs, project updates, products e.g. BCC materials were shared in the project events/workshops, CSO events organized by VUSTA and uploaded onto LIFE’s webpage www.life-vietnam.org and LIFE’s Facebook www.facebook.com/LIFECentreVietnam for convenient reference by project clients, other community members, interested individuals and organizations.

Information related CBOs’ services also provided in one of the leaflets. Particularly, to enable service providers to refer clients back to CBOs for care and support, a booklet with names and all contact details of all CBOs providing HIV services was produced and placed at the office of all HIV service providers. Further, the Community Link-Southern team had various excellent opportunities to promote CBO activities through pictures, posters presented in the national CSO conferences, 6th AIDS Scientific Conference.

2.2 Performance achievements on LIFE and CBOs' strengthened capacity to ensure sustainable services delivery (Objective 2)

- *LIFE's organizational and financial management capacity was significantly improved and acknowledged by USAID OFM pre-award survey in February 2016.*
- *5 CBOs namely G3VN, Glink, Aloboy, MforM and Nu Cuoi have improved their organizational capacity and developed at a stage that could be legally registered*

2.2.1 Strengthening the capacity of LIFE Centre

A Business Sector Partnership Strategy (BSPS) for period 2016-2020 of LIFE Centre has been developed with overall goal to mobilize diversified resources to sustain its programs and related activities. In the BSPS period 2016-2020, LIFE will maximize its strengths, and its cooperation with companies will focus on the topics where LIFE has extensive experience, such as HIV/AIDS, and improving the capacity and health care of workers. LIFE will also explore the benefits of having wide connections and networking with other organizations and with vulnerable communities and groups of CBOs. Furthermore, LIFE will make a significant investment to enhance organizational capacity and implement suitable change-management strategies in order to be able to take advantage of new opportunities and overcome challenges.

A draft organizational development strategy has also been developed: With valuable input from the PCD Project Director and the USAID Prevention Specialist, after a three-day workshop (March 28, 29, 30), LIFE has formulated three programs for the next five years 2016-2020: (1) HIV/AIDS program contributing towards '90-90-90' targets, (2) Ensure the rights of factory low-waged workers and (3) Enhance resilience of vulnerable communities to climate change and related health hazards. LIFE also aimed to considerably increase the budget for 2nd and 3rd programs by year to gradually cover up for the HIV/AIDS program in the context of decreased international funding.

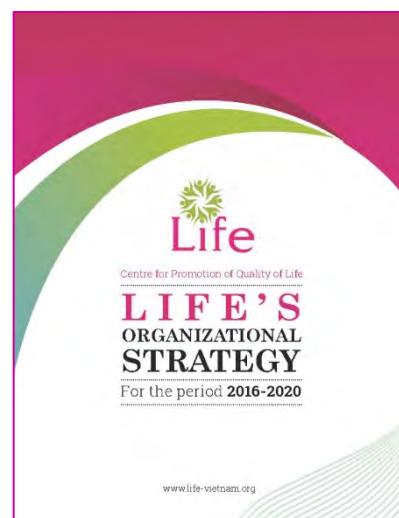


Figure 10. LIFE's organizational strategy 2016-2020

2.2.2 Strengthen the organizational capacity of the CBOs

To enable CBOs to deliver HIV services effectively and develop their organization towards sustainability, the project provided various training as well as workshop attendance opportunities to CBO leaders as well as active members of the CBOs. Specifically:

- **Proposal Writing and Resource Mobilization Training:** Forty-two (42) community-based supporters (CBS) from 23 CBOs in HCMC, Can Tho City and An Giang Province, after the two-day training, clearly understood how to work with business sector e.g. Win-Win approach, mutual benefits for community and business. Two-third of the CBOs knew how to conduct donor research to identify potential partner/donor and developed their project ideas into concept papers.



Figure 11. "Connecting Community with Businesses" Event, Ho Chi Minh City, October 2015

- **Workshop and 'exposure' to engage with private sector in HIV response:** Thirty-three (33) community-based supporters from 23 CBOs in HCMC, Can Tho City and An Giang Province attended the training on followed by a workshop between the CBOs and the private sector with participation of more than 90 participants. Outcome of this workshop has been the open atmosphere to introduce and discuss their views, values, activities and areas for potential collaboration in the development work, philanthropy/humanitarian work.

- **Leadership Skills training:** Forty (40) leaders from 23 CBOs in HCMC, Can Tho City and An Giang Province received a two-day training to learn and practice basic leadership skills. Different from what they have learned about leadership theories, this time the participants learned leadership skills and how to apply such skills into their CBO management. The CBO leading members particularly appreciated a discussion where CBO leaders shared challenges when managing/leading their organization and learned feasible solutions from the trainers and other trainees' experience-sharing.



Figure 12. Leadership skill training, An Giang Province, November 2015

- **Training on Organization Legal Registration:** Thirty-two (32) leaders from the CBOs received this one-day training. Outcome of the training was the change in the mind of the CBO leaders that registering for their organization was possible and that could be done with thorough preparation of all team members. By the end of the training, approximately 10 CBOs decided that they would proceed with legal registration.
- **Attendance to 6th National AIDS Scientific Conference for sharing project good practices:** 4 LIFE staff and 10 leaders of the well-performing CBOs shared project achievements, obtained updated HIV/AIDS technical information and networking during the conference, the team received updated knowledge and information about HIV/AIDS - related issues, as well as lessons learned and experiences from other NGOs and CBOs in the north.



Figure 13. LIFE, CBOs enjoyed the visit USAID OH Director to the project booth at the 6th National AIDS Scientific Conference, November 2015



Figure 14. LIFE, CBOs and VAAC Deputy Director at the 6th National AIDS Scientific Conference, November 2015

- **Prioritized capacity building have been provided to potential CBOs.** The LIFE project team has screened among 23 CBOs to select potential CBOs for receiving more focused coaching on organizational strengthening. Eight CBOs namely Alo Boy, Nu Cuoi, Vuot Song, MForM, G3 VN, G-Link (in HCMC) and Niem Tin and Hy Vong (in An Giang Province) were selected. These CBOs have undergone an organizational capacity assessment (OCA) to identify needs for capacity building support. Each assessed CBO was supported to develop a capacity building plan which responded their identified needs and level of their organization development. These CBOs in HCMC had been supported to connect with business sectors, receive input from LIFE management on their proposals (to other donors), business plan on condom sale, exposure to national workshops and events, study visits to self-reliant HIV and related service models in Bangkok, Thailand. At the time of this project reporting, 6 CBOs in HCMC have been further developed to a stage that they can get legally registered. Meanwhile, the LIFE team also provided input to the business plan (street-based food stalls) of Niem Tin and Hy Vong in An Giang. Their proposals were sent to the PAC and the Provincial AIDS Association of An Giang Province for support after the project transitioned out of An Giang in April 2016.
- **Attendance to the annual CSO Workshops 2015 and 2016 organized by Vietnam Union for Science and Technology Associations (VUSTA) for promoting the role of CBOs and networking:** CBO leaders and other senior members attended the “Towards Sustainable Development” Workshops organized by VUSTA in Hanoi. The CBOs reported having gained a better understanding of opportunities, challenges and possible solutions related to legal environment for CSO to operate and contribute. In addition, the team recognized the importance of conducting a donor research, identify potential funding/resources, and equipping resource mobilization skills, learning and networking with other CSO for building synergies. Most importantly, from attending the above-mentioned conference and workshops, the LIFE-CBO teams gained a good understanding of the new directions of the national HIV program and strategies to achieve 90-90-90 objectives in 2020 and the role and contribution of CBO in the challenge to stop AIDS in Vietnam in 2030.
- **A study visit to self-reliant service provision models in Bangkok, Thailand has been conducted in August 2016.** A team of 8 participants from LIFE (2) and CBOs that have good project performance as well as potential skills attend to a study tour to Bangkok Thailand to learn and exchange experience, advantages, challenges and solutions on community-led lay test, self-test, ART, PrEP to key populations. The team learned how CBOs could run free as well as free-of-charge services to KP. Especially, how Thai Red Cross could mobilize support and resources from the Thailand government agencies and donors to sustain HIV related services as well as receive strong support and service demand from not only KP communities but general population as well.

2.3 Performance achievements on networking and coordination (Objective 3)

A mechanism for client referral and support of OPC patients between CBOs and HIV service providers (HTC and OPC) was formally established.

A data tracking and verification system between LIFE and the Provincial AIDS Centers (PACs) was established.

- ***The cooperation mechanism between LIFE/CBO and HIV/health service providers/PAC was officially issued in early September 2015, by the PAC in HCMC, and by PACs in An Giang and***

Can Tho in October 2015. With this official launch, the HTC and OPC providers felt more confident to collaborate with the CBS and CBOs; Such a document included forms to be signed by CBS/CBO to ensure their safeguarding of clients' information confidentiality and one form to be signed by client to provide consent for the HTC/OPC to disclose their information for the CBS of the CBOs. This helped CBOs provide further support on treatment adherence more easily and addressed challenges mentioned in the previous reports.



Figure 15. Coordination meeting between LIFE, CBOs, service providers and PAC in HCMC, March 2015

- **Three meetings between COPC supporters and service providers were conducted subsequently in An Giang, Can Tho and HCMC** with total of 135 participants - An Giang (37), Can Tho (38) and Ho Chi Minh City (60). The meetings aimed to review referral system, services uptake and client's feedback. The PACs and all HTCs/OPCs agreed that it would be necessary and important to formalize the cooperation between the HTC/OPCs and the CBOs. The HTCs and OPCs stated that they should be able to implement this document, i.e. confidently introducing PLHIV to CBOs for caring and supporting, once the PAC formally issued this document.

It is also important to note that the attendance of LIFE staff and CBOs in national workshops and conferences also added significant value to promote the role of community-based and -led organizations in providing effective HIV services to KP and PLHIV.

- **The Project Final Meeting** towards on August 25th, 2016 was organized with nearly 300 participants from USAID, PACs of the project provinces/city, HTC and OPC service providers, various partners from international and local NGOs, CBOs and mass media. At the workshop, the Community Link team proudly presented the project achievements not only on HIV related service provision to the 8,000 KPs and 2,000 PLHIV but also the capacity building investments on the CBOs, which were explicitly voiced in a 10-minute video clip. USAID Mission Director acknowledged considerable contributions of the community-based organizations towards the 90-90-90 goals of the HCMC HIV/AIDS program as well as the national response.



Figure 16. USAID Mission Director at the Project Final Workshop, August 2016

3. PROGRAM EFFICIENCY ASSESSMENT

The project received strong support from the Centre for HIV/AIDS Prevention and Control (PACs) from all three project provinces HCMC, Can Tho and An Giang. Thanks to this, the project has been implemented in the most needed districts where there was limited program support but high demand from the KPs. The project team also worked very closely with the PAC to engage the HTC and OPC in all project sites to collaborate with the CBOs on client referral and support. The project has established a strong cooperation between LIFE and PAC and applied a model “CBO with strategic districts” in which LIFE assigned one CBO to be actively and closely working in one district, i.e. being the main contact CBO in terms of working with health service provider, local authority and other social service providers.

Additionally, the project also coordinated closely with the PACs particularly in HCMC to make use of the coordination meetings and outreach/prevention/care and support service sharing workshops organized by the PAC as the opportunities for LIFE and CBOs to dialogue and receive feedback from the HTC and OPC. Whenever possible, the project shared the costs for the CBOs to attend those meetings.

4. MONITORING AND EVALUATION

The project has developed the following indicators to monitor the progress and outcomes of the project.

Objective 1:

- Number of key populations (disaggregated by sex) reached by the project
- Number of key populations (disaggregated by sex) successfully uptake HIV testing
- Number of key populations (disaggregated by sex) successfully enrolled to care program

Objective 2:

- Number of CBOs are able to obtain funding from other resources than the project
- Leaders/Senior members of targeted CBOs representing the voice of CBOs in provincial and national events

Objective 3:

- Referral systems between community service and health service providers established and effectively supporting clients referred to by CBOs



Figure 17. Project M&E guideline developed in Year 1 (top) and revised in Year 2 (bottom)

On the 20th of each month, all CBOs sent M&E data to LIFE for checking for data entry correctness and consolidation. The submitted data included certification from the HTC for clients’ test uptake and from OPC for PLHIV care and support. LIFE then sent consolidated data on new cases found to the PAC for verification to avoid no overlaps/duplication with other projects. The data verification process was one of the most significant achievements by the project and replicated in many other provinces by the Global Fund supported project. Further, the information generated from the project M&E system has been used by LIFE and the CBOs for CBO coordination across districts and service provision quality control and improvement.

5. PROGRAM MANAGEMENT AND FINANCIAL INFORMATION

The project was directed by the Chief of Party who is also the Director of LIFE Centre. The project team also included Technical Specialist, Monitoring & Evaluation Specialist, Partnership Coordinator, Organizational Development Specialist and three site-based Project Officers. While the project team has autonomy to manage the project as specified in the project document, we received technical support and advice from the technical team both from Hanoi and HCMC particularly the project AOR. Milestones and means of verification were always sent to the AOR for approval prior to submission to Bangkok-based Payment Unit at USAID/RDMA/OFM.

This project was awarded with a FOG (FAA)-typed grant, costs of the milestones were invoiced to Bangkok-based Payment Unit once the submitted milestones have been verified and approved by the AOR.

6. LESSONS LEARNED

While most of the CBOs in HCMC were very familiar with financial management, HR management and M&E system, CBOs in An Giang and Can Tho had difficulties in such task and need close supervision of LIFE staff. It was unfortunate that most outreach work has been stopped in Can Tho (from October 1, 2015) and phased out quickly in An Giang (from January 1, 2016) as LIFE has restructured the project interventions to address PEPFAR COP15 transition plan.

Resources mobilization for sustainable development remained a big challenge for all CBOs in Can Tho and An Giang and for about two-third of CBOs in HCMC. The two year project though has established good foundation for CBOs to further develop their technical capacity and organizational development; the timeframe was too short for the CBOs to sustain HIV prevention activities in a sustainable manner through community organizations. Community-based organizations would need more time to develop their own writing skills project or business plan or investment project for the activities of both groups to autonomy somewhat financially. Besides, to be able to convince our partners, donors, potential investors or high-level government agencies, community-based organizations would need to practice how to document success stories, case studies as well as improve their communication and particularly advocacy skills. Further support would be needed to sustain the momentum developed through this project. Further, CBOs would need more time to not only find innovative and cost-efficient ways to provide services for KPs but to improve their human resource management, organizational management and communication skills and public relation and leadership skills. Most importantly, the CBOs would need to seriously work on a resource mobilization plan and/or a business plan for sustaining their organization.