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2009

Vietnam

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Executive_Summary_Vietnam.doc	application/msword	11/14/2008	PEPFAR/Vietnam Executive Summary	JPearsonV

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

PEPFAR/Vietnam submitted a Partnership Compact Concept Note on September 30, 2008. The Concept Note sets forth the country's Five-Year (FY 2009 - 2013) Strategy, and provides direction to the in-country prevention, care, and treatment programs.

Major areas of strategic focus include:

- Policy and systems strengthening to formulate achievable and mutually supportive policies, strategies, targets, guidelines, partnerships and advocacy systems;
- Integration of HIV/AIDS activities with other key health and social sector programs;
- Strengthening human resource development programs and systems, particularly for essential health and social service workers, addiction counselors and managers;
- Expanding coverage of Methadone Maintenance Therapy;
- Improving coverage, program quality and sustainability of ART; and
- Improving laboratory quality assurance.

A copy of the PEPFAR/Vietnam Partnership Compact Concept Note has been uploaded as a supporting document.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador_Letter_Vietnam.pdf	application/pdf	11/13/2008	Ambassador's Letter	JPearsonV

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	James	Sarn	PEPFAR Coordinator	jsarn@usaid.gov
DOD In-Country Contact	Tanya	Do	Acting DOD Program Manager	dot@vn.cdc.gov
HHS/CDC In-Country Contact	Mitchell	Wolfe	CDC Director	wolfemi@vn.cdc.gov
Peace Corps In-Country Contact	N/A	N/A	N/A	N_A@N_A.gov
USAID In-Country Contact	Ellen	Lynch	lynche@usaid.gov	elynch@usaid.gov
U.S. Embassy In-Country Contact	Virginia	Palmer	Deputy Chief of Mission	palmerve@state.gov
HHS/OS In-Country Contact	Michael	Iademarco	Health Attache	iademarcomf@state.gov
Global Fund In-Country Representative	Virginia	Palmer	Deputy Chief of Mission	palmerve@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009? \$0
Does the USG assist GFATM proposal writing? Yes

Does the USG participate on the CCM?

Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	660,000			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	284,800	0	284,800
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	1,180	0	1,180
Care (1)				
End of Plan Goal	110,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	82,500	20,000	102,500
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	4,500	0	4,500
8.1 - Number of OVC served by OVC programs	0	8,345	450	8,795
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	158,080	84,000	242,080
Treatment				
End of Plan Goal	22,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	22,000	10,000	32,000
Human Resources for Health				
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	80	0	80

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	443,500	0	443,500
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,445	0	1,445
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	95,000	30,000	125,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	5,000	0	5,000
8.1 - Number of OVC served by OVC programs	12,000	2,000	14,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	177,500	84,000	261,500
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	29,000	10,000	39,000
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	130	0	130

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: American Society for Clinical Pathology

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12215.09
System ID: 12215
Planned Funding(\$): ■
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Clinical & Lab Standards Institute (CLSI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12217.09
System ID: 12217
Planned Funding(\$): ■
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: HHS/CDC TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10870.09
System ID: 10870
Planned Funding(\$): ■
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: State-OGAC TBD Activities (typically TBD country agency)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10896.09
System ID: 10896
Planned Funding(\$): ■
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8672.09
System ID: 10494
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: USAID TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10892.09
System ID: 10892
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: HPI (Follow-on)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8674.09
System ID: 10515
Planned Funding(\$): \$1,772,890
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Mechanism Name: ASCP LAB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12238.09
System ID: 12238
Planned Funding(\$): \$725,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society for Clinical Pathology
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3112.09
System ID: 10540
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Armed Forces Research Institute of Medical Sciences
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5205.09
System ID: 10497
Planned Funding(\$): \$130,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: ASPH Fellowship Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10563.09
System ID: 10563
Planned Funding(\$): \$160,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name: AED Smartworks Follow-on

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7270.09
System ID: 10539
Planned Funding(\$): \$598,530
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Chemonics International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CLSI LAB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12237.09
System ID: 12237
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Clinical and Laboratory Standards Institute
New Partner: Yes

Mechanism Name: Department of Med Admin CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10744.09
System ID: 10744
Planned Funding(\$): \$320,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Department of Medical Administration
New Partner: No

Mechanism Name: CDC-FHI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10562.09
System ID: 10562
Planned Funding(\$): \$1,520,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: USAID-FHI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3107.09
System ID: 10533
Planned Funding(\$): \$10,336,194
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: National Institute for Hygiene and Epidemiology
Planned Funding: \$80,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Sub-Partner: STDs/HIV/AIDS Prevention Center

Planned Funding: \$92,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Ho Chi Minh City Provincial AIDS Committee

Planned Funding: \$500,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Haiphong Provincial Health Service

Planned Funding: \$350,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Campha Township Health Center

Planned Funding: \$38,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Hanoi Women's Union

Planned Funding: \$90,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: An Giang Preventive Medicine Center

Planned Funding: \$120,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Bach Mai Hospital

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Can Tho Provincial Health Service
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Van Don District Health Center
Planned Funding: \$67,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Nordic Assistance Vietnam
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Khanh Hoa Provincial AIDS Center
Planned Funding: \$45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Nghe An Provincial AIDS Center
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Hanoi Fatherland Front Association
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Catholic Relief Services
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Long An Provincial Health Service

Planned Funding: \$135,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Da Nang Provincial Health Service

Planned Funding: \$38,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Ministry of Health, Vietnam

Planned Funding: \$150,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Consultation for Investment in Health Promotion

Planned Funding: \$60,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Center for HIV/AIDS Care & Treatment in Hanoi

Planned Funding: \$45,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV

Sub-Partner: Center for Health Education and Communication

Planned Funding: \$70,243

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Quang Ninh Provincial AIDS Committee

Planned Funding: \$60,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mong Cai Township Health Center

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$50,000
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Mechanism Name: Food and Nutrition Technical Assistance (FANTA)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10557.09
System ID: 10557
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Food and Nutrition Technical Assistance
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10498.09
System ID: 10498
Planned Funding(\$): \$941,125
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Hanoi School of Public Health
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
18-OHSS	5732.24566.09	PEPFAR, Vietnam requests early funding for the Hanoi School of Public Health (HSPH) which implements programs through a cooperative agreement with CDC, Vietnam. The HSPH is a key Government of Vietnam partner and with technical assistance and financial support from PEPFAR, Vietnam is a prime partner in the implementation of programs in two key areas; strategic information and policy and systems strengthening. The HSPH cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$600,000	\$596,125

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10561.09
System ID: 10561
Planned Funding(\$): \$1,103,700
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Harvard Medical School of AIDS Initiative in Vietnam
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3093.09
System ID: 10499
Planned Funding(\$): \$6,928,250
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
17-HVSI	5692.24576.09	PEPFAR, Vietnam requests early funding for the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) which implements programs through a cooperative agreement with CDC, Vietnam. The HCMC PAC is a key Government of Vietnam partner working across a variety of technical areas to implement a comprehensive HIV program. The HCMC PAC cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$625,000	\$450,000
01-MTCT	5543.24567.09	PEPFAR, Vietnam requests early funding for the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) which implements programs through a cooperative agreement with CDC, Vietnam. The HCMC PAC is a key Government of Vietnam partner working across a variety of technical areas to implement a comprehensive HIV program. The HCMC PAC cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$679,950	\$650,000
03-HVOP	5811.24568.09	PEPFAR, Vietnam requests early funding for the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) which implements programs through a cooperative agreement with CDC, Vietnam. The HCMC PAC is a key Government of Vietnam partner working across a variety of technical areas to implement a comprehensive HIV program. The HCMC PAC cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$255,000	\$100,000
08-HBHC	5518.24570.09	PEPFAR, Vietnam requests early funding for the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) which implements programs through a cooperative agreement with CDC, Vietnam. The HCMC PAC is a key Government of Vietnam partner working across a variety of technical areas to implement a comprehensive HIV program. The HCMC PAC cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$2,275,000	\$2,461,000

09-HTXS	5829.24574.09	PEPFAR, Vietnam requests early funding for the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) which implements programs through a cooperative agreement with CDC, Vietnam. The HCMC PAC is a key Government of Vietnam partner working across a variety of technical areas to implement a comprehensive HIV program. The HCMC PAC cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$1,665,000	\$1,272,000
12-HVTB	5514.25370.09	PEPFAR, Vietnam requests early funding for the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) which implements programs through a cooperative agreement with CDC, Vietnam. The HCMC PAC is a key Government of Vietnam partner working across a variety of technical areas to implement a comprehensive HIV program. The HCMC PAC cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$300,000	\$350,000
13-HKID	9535.24572.09	PEPFAR, Vietnam requests early funding for the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) which implements programs through a cooperative agreement with CDC, Vietnam. The HCMC PAC is a key Government of Vietnam partner working across a variety of technical areas to implement a comprehensive HIV program. The HCMC PAC cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$15,000	\$195,000
14-HVCT	9509.25371.09	PEPFAR, Vietnam requests early funding for the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) which implements programs through a cooperative agreement with CDC, Vietnam. The HCMC PAC is a key Government of Vietnam partner working across a variety of technical areas to implement a comprehensive HIV program. The HCMC PAC cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$520,000	\$400,000

16-HLAB	9503.25797.09	PEPFAR, Vietnam requests early funding for the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) which implements programs through a cooperative agreement with CDC, Vietnam. The HCMC PAC is a key Government of Vietnam partner working across a variety of technical areas to implement a comprehensive HIV program. The HCMC PAC cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$270,000	\$320,000
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Mechanism Name: US Lab Consortium

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5255.09

System ID: 10500

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: International Laboratory Branch Consortium Partners

New Partner: No

Mechanism Name: ORC/MACRO

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5171.09

System ID: 10501

Planned Funding(\$): \$300,000

Procurement/Assistance Instrument: Contract

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Macro International

New Partner: No

Mechanism Name: MSH/Strengthening Pharmaceutical Systems

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 12214.09

System ID: 12214

Planned Funding(\$): \$250,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Management Sciences for Health

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Vietnam Administration for HIV/AIDS Control (VAAC)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5170.09
System ID: 10502
Planned Funding(\$): \$16,152,381
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Vietnam
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10560.09
System ID: 10560
Planned Funding(\$): \$315,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Labor, Invalids and Social Affairs
New Partner: Yes

Mechanism Name: General Statistics Office

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7540.09
System ID: 10503
Planned Funding(\$): \$175,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Planning and investment
New Partner: No

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 11190.09
System ID: 11190
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3106.09
System ID: 10504
Planned Funding(\$): \$280,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Institute for Hygiene and Epidemiology
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
16-HLAB	5709.24593.09	PEPFAR, Vietnam requests early funding for the National Institute of Hygiene and Epidemiology (NIHE) which is designated as the Government of Vietnam national reference laboratory and implements programs through a cooperative agreement with CDC, Vietnam. With technical assistance and financial support from PEPFAR, Vietnam NIHE is a prime partner in the carrying out programs in two key areas: laboratory infrastructure and strategic information. The NIHE cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$200,000	\$20,000
17-HVSI	5694.24594.09	PEPFAR, Vietnam requests early funding for the National Institute of Hygiene and Epidemiology (NIHE) which is designated as the Government of Vietnam national reference laboratory and implements programs through a cooperative agreement with CDC, Vietnam. With technical assistance and financial support from PEPFAR, Vietnam NIHE is a prime partner in the carrying out programs in two key areas: laboratory infrastructure and strategic information. The NIHE cooperative agreement budget year ends on March 31, 2009. FY 2009 funding will need to be available at this time in order to ensure continuation of services and seamless programming.	\$250,000	\$260,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New Partners Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7214.09
System ID: 10523
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Nordic Assistance Vietnam
New Partner: No

Mechanism Name: Community REACH Vietnam

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3102.09
System ID: 10534
Planned Funding(\$): \$10,452,389
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: CARE International
Planned Funding: \$676,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: International Center for Research on Women
Planned Funding: \$128,571
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Pathfinder International
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Worldwide Orphans Foundation
Planned Funding: \$334,920
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Mai Hoa
Planned Funding: \$18,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Center for Community Health and Development
Planned Funding: \$164,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Pastoral Care
Planned Funding: \$60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: World Vision International
Planned Funding: \$403,920
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Medecins du Monde
Planned Funding: \$1,418,792
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: AIDS Healthcare Foundation
Planned Funding: \$316,764
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Catholic Relief Services
Planned Funding: \$130,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Consultation for Investment in Health Promotion
Planned Funding: \$182,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Doctors of the World
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Health and Environment Service Development Investment
Planned Funding: \$70,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Population Services International
Planned Funding: \$1,200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Save the Children US
Planned Funding: \$1,474,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HKID - Care: OVC
Sub-Partner: Vietnam Nurses Association
Planned Funding: \$117,199
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection
Sub-Partner: Pro Poor Center
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: IDUP - Biomedical Prevention: Drug Use
Sub-Partner: STDs/HIV/AIDS Prevention Center (SHAPC) Hanoi
Planned Funding: \$212,250
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Institute for Social Development Studies
Planned Funding: \$123,529
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Sub-Partner: University Research Co.
 Planned Funding: \$120,000
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Vietnam Community Mobilization Center for HIV/AIDS Control
 Planned Funding: \$60,000
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined
 Planned Funding: ██████████
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Program Budget Codes: MTCT - Prevention: PMTCT

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5175.09
System ID: 10524
Planned Funding(\$): \$6,950,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HTXD	9381.24651.09	PEPFAR/Vietnam wants to ensure sufficient funding for ARV drugs without any break in service. Therefore we are requesting early funding in case of an unforeseen emergency, such as very rapid roll-out of services, a need to provide drugs for non-PEPFAR sites due to stock out in the National program, a sudden high need for costly second line drugs, etc	\$3,000,000	\$1,800,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10559.09
System ID: 10559
Planned Funding(\$): \$325,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Pasteur Institute
New Partner: Yes

Mechanism Name: AIDStar

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7269.09
System ID: 10512
Planned Funding(\$): \$3,119,598
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: PATH TB Country Support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5217.09
System ID: 10525
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7769.09
System ID: 10526
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Regional Development Mission/Asia
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3661.09
System ID: 10510
Planned Funding(\$): \$177,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/ Substance Abuse and Mental Health Services Administration
Funding Source: GHCS (State)
Prime Partner: Substance Abuse and Mental Health Services Administration
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
19-HVMS	15499.24614.09	PEPFAR, Vietnam requests early funding for HHS/SAMHSA technical advisor. This funding will include, but not be limited to costs associated with SAMHSA staff salary and support, required travel, and payment of initial ICASS invoice, due in December. Additionally, the current SAMHSA technical advisor is departing post in mid-November, and a replacement will be arriving at that time. Salary, support (eg housing) and relocation expenses will be incurred in November/December	\$77,500	\$44,250
06-IDUP	25416.09	PEPFAR, Vietnam requests early funding for HHS/SAMHSA technical advisor. This funding will include, but not be limited to costs associated with SAMHSA staff salary and support, required travel, and payment of initial ICASS invoice, due in December. Additionally, the current SAMHSA technical advisor is departing post in mid-November, and a replacement will be arriving at that time. Salary, support (eg housing) and relocation expenses will be incurred in November/December	\$132,750	\$132,750

Table 3.1: Funding Mechanisms and Source

Mechanism Name: SAMHSA Agency Partnered Local GHCS Activities

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10558.09
System ID: 10558
Planned Funding(\$): \$133,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/ Substance Abuse and Mental Health Services Administration
Funding Source: GHCS (State)
Prime Partner: Substance Abuse and Mental Health Services Administration
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
06-IDUP	24795.09	PEPFAR, Vietnam requests early funding for HHS/SAMHSA technical advisor. This funding will include, but not be limited to costs associated with SAMHSA staff salary and support, required travel, and payment of initial ICASS invoice, due in December. Additionally, the current SAMHSA technical advisor is departing post in mid-November, and a replacement will be arriving at that time. Salary, support (eg housing) and relocation expenses will be incurred in November/December	\$99,750	\$99,750

Mechanism Name: American Society for Microbiology

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12216.09
System ID: 12216
Planned Funding(\$): \$475,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: Yes

Mechanism Name: TB CAP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6133.09
System ID: 10536
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Tuberculosis Control Assistance Program, KNCV Foundation
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6132.09
System ID: 10537
Planned Funding(\$): \$2,448,875
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: United Nations Resident Coordinator
New Partner: No

Sub-Partner: Joint United Nations Programme on HIV/AIDS
Planned Funding: \$775,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: United Nations Office on Drugs and Crime
Planned Funding: \$950,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: World Health Organization
Planned Funding: \$530,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Ministry of Health, Vietnam Administration of AIDS Control
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Ministry of Labor, Invalids and Social Affairs
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Ministry of Public Security
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Ministry of Health, Vietnam
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Sub-Partner: Vietnam Women's Union
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Hanoi Fatherland Front Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Hanoi Youth Union
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Hanoi School of Public Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: National Institute for Hygiene and Epidemiology
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: UNC/Measure Evaluation Follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3099.09
System ID: 8919
Planned Funding(\$): \$430,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3108.09
System ID: 10527
Planned Funding(\$): \$829,585
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID Local GHCS Partnered Activities

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10556.09
System ID: 10556
Planned Funding(\$): \$4,578,162
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC-GAP-Funded HQ Activities

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3694.09
System ID: 10496
Planned Funding(\$): \$698,751
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC-GHCS-Funded HQ Activities

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3367.09
System ID: 10495
Planned Funding(\$): \$3,277,614
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
08-HBHC	5532.24554.09	PPEPFAR, Vietnam requests early funding for HHS, CDC management, staffing and programming requirements. This funding will include, but not be limited to costs associated with staff salaries and support, required travel, contracts, procurement of needed equipment and supplies and payment of initial ICASS invoice, due in December, ect. This funding will ensure that programs continue to run smoothly and seamlessly. This request covers ongoing and mandatory costs expected to be incurred during the period October 1, 2008 - April 30, 2009	\$236,500	\$367,504
09-HTXS	9418.24557.09	PPEPFAR, Vietnam requests early funding for HHS, CDC management, staffing and programming requirements. This funding will include, but not be limited to costs associated with staff salaries and support, required travel, contracts, procurement of needed equipment and supplies and payment of initial ICASS invoice, due in December, ect. This funding will ensure that programs continue to run smoothly and seamlessly. This request covers ongoing and mandatory costs expected to be incurred during the period October 1, 2008 - April 30, 2009	\$100,000	\$208,755
16-HLAB	9500.24558.09	PPEPFAR, Vietnam requests early funding for HHS, CDC management, staffing and programming requirements. This funding will include, but not be limited to costs associated with staff salaries and support, required travel, contracts, procurement of needed equipment and supplies and payment of initial ICASS invoice, due in December, ect. This funding will ensure that programs continue to run smoothly and seamlessly. This request covers ongoing and mandatory costs expected to be incurred during the period October 1, 2008 - April 30, 2009	\$210,000	\$0
19-HVMS	9687.24560.09	PPEPFAR, Vietnam requests early funding for HHS, CDC management, staffing and programming requirements. This funding will include, but not be limited to costs associated with staff salaries and support, required travel, contracts, procurement of needed equipment and supplies and payment of initial ICASS invoice, due in December, ect. This funding will ensure that programs continue to run smoothly and seamlessly. This request covers ongoing and mandatory costs expected to be incurred during the period October 1, 2008 - April 30, 2009	\$1,341,500	\$694,254

18-OHSS	25679.09	PPEPFAR, Vietnam requests early funding for HHS, CDC management, staffing and programming requirements. This funding will include, but not be limited to costs associated with staff salaries and support, required travel, contracts, procurement of needed equipment and supplies and payment of initial ICASS invoice, due in December, ect. This funding will ensure that programs continue to run smoothly and seamlessly. This request covers ongoing and mandatory costs expected to be incurred during the period October 1, 2008 - April 30, 2009	\$168,000	\$221,675
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Mechanism Name: CDC-Gap-Funded Local Activities

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 10745.09

System ID: 10745

Planned Funding(\$): \$2,156,249

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: CDC-GHCS-Funded Local Activities

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 10746.09

System ID: 10746

Planned Funding(\$): \$2,126,326

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: DoD - Defence-Partnered HQ activities

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3109.09

System ID: 10541

Planned Funding(\$): \$72,144

Procurement/Assistance Instrument: USG Core

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7228.09
System ID: 10511
Planned Funding(\$): \$54,660
Procurement/Assistance Instrument: USG Core
Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Prime Partner: US Department of Health and Human Services
New Partner: No

Mechanism Name: DoD - State Dept Partnered Activities (ICASS, etc.)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10543.09
System ID: 10543
Planned Funding(\$): \$4,150
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: HHS/CDC ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7251.09
System ID: 10505
Planned Funding(\$): \$1,470,002
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8686.09
System ID: 10509
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / East Asian and Pacific Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID - State Partnered Activities (ICASS, etc.)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 10555.09

System ID: 10555

Planned Funding(\$): \$213,891

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	An Giang Preventive Medicine Center	N	\$120,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Bach Mai Hospital	N	\$50,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Campha Township Health Center	N	\$38,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Can Tho Provincial Health Service	N	\$200,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	\$100,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Center for Health Education and Communication	N	\$70,243
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Center for HIV/AIDS Care & Treatment in Hanoi	N	\$45,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Consultation for Investment in Health Promotion	N	\$60,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Da Nang Provincial Health Service	N	\$38,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Haiphong Provincial Health Service	N	\$350,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Hanoi Fatherland Front Association	N	\$40,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Hanoi Women's Union	N	\$90,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Ho Chi Minh City Provincial AIDS Committee	N	\$500,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Khanh Hoa Provincial AIDS Center	N	\$45,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Long An Provincial Health Service	N	\$135,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Ministry of Health, Vietnam	N	\$150,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Mong Cai Township Health Center	N	\$50,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	National Institute for Hygiene and Epidemiology	N	\$80,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Nghe An Provincial AIDS Center	N	\$12,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Nordic Assistance Vietnam	N	\$40,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Quang Ninh Provincial AIDS Committee	N	\$60,000
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	STDs/HIV/AIDS Prevention Center	N	\$92,300
3107.09	10533	Family Health International	U.S. Agency for International Development	GHCS (State)	Van Don District Health Center	N	\$67,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	AIDS Healthcare Foundation	N	\$316,764
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	CARE International	N	\$676,300
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	\$130,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Center for Community Health and Development	N	\$164,500
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Consultation for Investment in Health Promotion	N	\$182,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Doctors of the World	N	\$200,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Health and Environment Service Development Investment	N	\$70,500
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Institute for Social Development Studies	N	\$123,529
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	International Center for Research on Women	N	\$128,571
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Mai Hoa	N	\$18,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Medecins du Monde	N	\$1,418,792
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Pastoral Care	N	\$60,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Pathfinder International	N	\$100,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Population Services International	N	\$1,200,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Pro Poor Center	N	\$40,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Save the Children US	N	\$1,474,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	STDs/HIV/AIDS Prevention Center (SHAPC) Hanoi	N	\$212,250
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	University Research Co.	N	\$120,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Vietnam Community Mobilization Center for HIV/AIDS Control	N	\$60,000
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Vietnam Nurses Association	N	\$117,199
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	World Vision International	N	\$403,920
3102.09	10534	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Worldwide Orphans Foundation	N	\$334,920
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Hanoi Fatherland Front Association	N	\$0
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Hanoi School of Public Health	N	\$0
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Hanoi Youth Union	N	\$0
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Joint United Nations Programme on HIV/AIDS	N	\$775,000
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Ministry of Health, Vietnam Administration of AIDS Control	N	\$0
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Ministry of Health, Vietnam	N	\$0
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Ministry of Labor, Invalids and Social Affairs	N	\$0
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Ministry of Public Security	N	\$0
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	National Institute for Hygiene and Epidemiology	N	\$0
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	United Nations Office on Drugs and Crime	N	\$950,000
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	Vietnam Women's Union	N	\$0
6132.09	10537	United Nations Resident Coordinator	U.S. Agency for International Development	GHCS (State)	World Health Organization	N	\$530,000

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$4,635,485

Program Area Narrative:

PROGRAM AREA SETTING

HIV prevalence among pregnant women at most antenatal care (ANC) sites in Vietnam remains under 1%. The Vietnam Ministry of Health's (MOH) 2007 sentinel surveillance revealed rates higher than 1% in several provinces, including Hanoi, Ho Chi Minh City, Lao Cai, Dien Bien, and Lang Son. However the prevalence rate in urban areas overall nationwide remained essentially stable at 0.34%. But with an estimated 1.5 million deliveries per year, this still translates to about 5,100 HIV-infected pregnant women giving birth to 1,300-1,800 HIV-infected newborns in the absence of prevention of mother-to-child transmission (PMTCT) interventions. The government of Vietnam remains committed to expanding PMTCT programs, with the goal of providing counseling to 90% of pregnant women, testing to 60%, offering antiretroviral (ARV) prophylaxis to all HIV-infected mothers and their infants, and providing ongoing care and treatment to 90% of HIV-infected mothers and their infants by 2010. Despite these goals, scale-up has remained slower than hoped.

KEY ACCOMPLISHMENTS

As a result of the considerable expansion of the PMTCT program in mid-2008, PEPFAR supported counseling and HIV testing for 252,402 pregnant women between October 2007 and September 2008. A total of 1,110 pregnant women (22% of the total estimated HIV-infected pregnant women in the country) were diagnosed as infected in this time period. 958 HIV-infected pregnant women (19% of the total) and 1,004 babies received ARVs for PMTCT prophylaxis.

PEPFAR directly supports PMTCT programs in 14 provinces (Hanoi, Ho Chi Minh City (HCMC), Quang Ninh, Hai Phong, An Giang, Ba Ria-Vung Tau, Soc Trang, Binh Duong, Thai Binh, Nam Dinh, Nghe An, Bac Ninh, Son La, and Cao Bang). By the end of FY08, PEPFAR will be directly supporting the minimum package of PMTCT care in 21 provinces, operating in 41 service outlets. Among the outlets offering PMTCT services will be 26 district and reproductive health centers and 348 commune health centers that provide HIV counseling and testing. All sites will be linked to designated ANC sites, hospitals, or outpatient clinics (OPCs) where either prophylactic ARVs or ARV therapy (ART) is provided to HIV-infected mothers and their children.

PEPFAR coordinates its PMTCT program with several key partners: the Global Fund, the World Bank, and UNICEF. Round 6 of Global Fund provides counseling and testing, ARV prophylaxis, and infant formula for exposed children up to six-months old in 25 districts in 20 provinces. Global Fund works only at the district level, and there are eighteen provinces where both Global Fund and PEPFAR provide some support (see uploaded "Geographic Coverage" document). Global Fund support will last through 2012. The World Bank supports counseling and testing in four HCMC sites and refers patients to PEPFAR PMTCT services. UNICEF has discontinued providing direct support to PMTCT sites. Former UNICEF sites have been either handed over to the government or NGOs and/or integrated into adult outpatient care facilities. Though UNICEF does not administer PMTCT programs, in 2008 it provided limited training support to the HCMC Provincial AIDS Committee's PEPFAR-supported sites, including the training of trainers and the training of health care providers in infant feeding, behavior change, and counseling and testing.

Boehringer-Ingelheim Pharmaceutical will continue to donate nevirapine (NVP) pills and suspensions for single-dose use at selected hospitals in 45 provinces until 2009. The Clinton HIV/AIDS Initiative (CHAI) plans to provide support for training, early infant diagnosis, co-trimoxazole for exposed children, and formula replacement for a limited number of infants. With PEPFAR support, MOH's Department of Therapy is revising the national ARV guidelines, including those for PMTCT, and are expected to be issued soon.

As part of the national implementation protocol, PMTCT and opt-out testing are part of routine ANC. Also, the national implementation protocol calls for HIV testing of pregnant women to be free of charge. Women who test positive during pregnancy are typically given AZT starting at 28 weeks, followed by a single-dose of NVP at labor, and one week of AZT/3TC postpartum. Women who test positive when they go into labor receive a single-dose of NVP. Affiliated out-patient clinics provide clinical staging and evaluation for opportunistic infections and tuberculosis. Co-trimoxazole prophylaxis and treatment is provided to mothers during and after pregnancy. In FY08, food support was provided by PEPFAR to HIV-infected pregnant women as well. Additionally, HIV-infected women referred for sexually transmitted infections (STIs) are counseled about family planning and condom use, and provided with opt-out HIV testing.

According to MOH guidelines, infants are given a single-dose of NVP at birth followed by either one or four weeks of AZT depending on how long the mother received AZT prophylaxis before labor. Infant follow-up includes: co-trimoxazole at four to six weeks of age; formula for exposed and infected children if the mother and counselor agree that the option is acceptable, feasible, affordable, safe, and sustainable; and HIV PCR testing at some sites. Antibody testing is provided at 18 months, as directed by the national guidelines for HIV diagnosis and treatment. There were 910 PCR tests performed in FY07 in Ho Chi Minh City at the Pasteur Institute. The number of PCR tests conducted nationwide is not available.

Linkages between the PMTCT program and counseling and testing, palliative care, and ARV services have been established and strengthened at many sites by 1) social workers in larger PMTCT sites who help mother-child pairs access community and other services; 2) community-based case managers who provide support at the commune level; 3) regular meetings between service providers at the different sites; and 4) reporting requirements that include the tracking of referrals. In addition, partner counseling and testing is offered at all PEPFAR sites.

PEPFAR has supported capacity building activities at all levels. PEPFAR provided technical support to a national PMTCT implementation protocol, which will serve to standardize PMTCT services nationwide. In FY08, commune health care workers received training to improve counseling and care skills to support HIV-infected women, their partners, and children. They also support early referral to outpatient clinics and legal, vocational, and other social support services. Provincial and district health care workers received refresher trainings to update their knowledge in order to improve the quality of services. The Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC), with PEPFAR support, has organized and implemented five courses on PMTCT for obstetric care providers. New MOH guidelines on ARV prophylaxis, in accordance with recent WHO guidelines, will be issued soon for use in FY09.

With the aim of increasing access to HIV testing, Population Services International (PSI) completed an assessment of perceptions of HIV in several high prevalence provinces. Coordinating with MOH, this partner designed a marketing campaign that produced posters, wall charts, fliers, and billboards targeting pregnant women with messages reassuring the public that HIV testing is a normal part of antenatal care. In addition, social marketing to raise awareness about primary prevention, and the importance of seeking early ANC and HIV testing during pregnancy, was implemented through media campaigns in PEPFAR-supported provinces. The impact of these interventions will be assessed and the interventions will be expanded based on the lessons learned.

Currently, PCR for early infant diagnosis (EID) is available through the National Institute for Hygiene and Epidemiology (NIHE) in Hanoi and the Pasteur Institute in Ho Chi Minh City. The first draft of the early infant diagnosis guidelines is available but further revision is necessary. Until EID is approved as a diagnostic tool, it can only be used as a reference for pediatricians for care and ART initiation. This means that in Vietnam, the HIV status of an infant can only be legally established by the Serodia test at 18 months of age.

CHALLENGES/OPPORTUNITIES

Despite the fact that PMTCT services are available in many provinces, access to these services, and subsequently true national coverage of PMTCT, remains low with only 17%, or 252,402/1,500,000) of pregnant women receiving HIV testing. Due to a shortage of health care personnel, the lack of skills and training, and poor management, services provided through the national program are often of substandard quality. Instead of receiving services, HIV-infected women are often unnecessarily referred to other facilities. The Vietnamese government is still unable to purchase ARVs for PMTCT prophylaxis and primarily relies on Boehringer-Ingelheim Pharmaceutical donations for single-dose nevirapine supply. PEPFAR has been asked to provide AZT to the national program. But because of poor service quality at some sites, and poor ARV management and funding, PEPFAR has not yet provided this support.

The current lack of a national protocol and scale-up plan for PMTCT has led to additional challenges, including: limiting the extent of donor coordination in expanding coverage; hindered efforts to ensure program supervision or quality; and a failure to develop personnel retention and data management plans.

Even though Vietnam's new HIV/AIDS law states that pregnant women should receive free HIV testing, the government has not yet been able to enforce this. Hospitals are still able to decide individually whether or not to charge for this service. PEPFAR has been able to negotiate with the majority of large hospitals to provide the test (with donated kits) for free. But as health care facilities are trying to make up for shortfalls in their own budgets, not all have agreed to provide HIV testing for free. For the many women who seek ANC at non-PEPFAR-supported hospitals, the test can be a considerable sum added to the already high cost of routine testing and other ANC services. Moreover, the concentrated nature of the epidemic still poses a barrier to early HIV testing since the population in general, and pregnant women specifically, are often unaware of the risk of contracting HIV and are reluctant to be tested. As a consequence, though there has been some improvement in FY08, 45% of women still defer testing until labor, when it is required by the hospitals for all untested women.

Referral of mothers and, to a lesser extent, infants to OPCs for follow-up, care, and treatment, has been challenging due to overcrowded clinics, post-partum customs that discourage mothers from taking babies out of the house during their first three months, and the often lengthy travel distances between home and OPCs.

Finally, recent changes in the health care administrative system continue to pose interruptions to the PMTCT network. This includes establishing Preventive Medicine Centers at the district level without clear government guidelines on the roles and responsibilities of the staff and the organization. Moreover, frequent staff turnover and/or routine staff rotation prevents health care staff from practicing and retaining skills, which then requires frequent refresher training.

KEY STRATEGY ELEMENTS

PEPFAR plans to focus on several key areas to enhance PMTCT services in FY09 and to assist the government's effort to reach 90% of pregnant women in 2010. First and foremost is access and affordability of care. Second, PEPFAR will closely coordinate with government and other partners to provide PMTCT services in a logical and non-redundant fashion. Third, PEPFAR will work to strengthen human capacity within the PMTCT service by providing trainings and technical assistance. Finally, PEPFAR will work with the MOH to improve monitoring and evaluation as well as quality assurance within PMTCT programs.

In order to increase the number of women receiving PMTCT services, PEPFAR will increase the number of service outlets,

enhance linkages between PMTCT and other program areas, increase the marketing of PMTCT services, and decrease the out-of-pocket costs to women receiving services. PEPFAR plans to provide services to 21 high prevalence provinces, 26 national and provincial hospitals, 92 districts and 660 communes. Family centered care will be increasingly used to increase linkages while decreasing costs. PMTCT will be integrated into the Maternal and Child Health program in Vietnam. Women diagnosed with sexually transmitted diseases will be provided opt out HIV testing. PSI will continue to provide marketing of PMTCT services to increase awareness of the available services.

PEPFAR will work closely with the Vietnam Administration for HIV/AIDS Control and other partners to enhance PMTCT services. VAAC will play the central role in coordinating the PMTCT program nationwide. The National Hospital of Ob/Gyn will be the lead PMTCT program in the country. PEPFAR will work with CHAI, the Global Fund, and the national program to provide 90% of pregnant women with HIV testing and counseling by 2010. In addition, PEPFAR will provide technical support to develop national training, on-site provider tools, and PMTCT update and management conferences.

PEPFAR will strengthen the human capacity of the PMTCT program. In FY09, health care workers will receive refresher trainings and attend workshops on the new MOH PMTCT guidelines. PEPFAR will also support training at four Vietnam Ministry of Defense (MOD) PMTCT sites. Program counselors will continue to receive training on providing support and guidance for women testing positive for HIV by providing early referral to OPCs and legal, vocational, and other social support services.

PEPFAR will provide technical assistance to support implementation of nationwide quality assurance procedures. Routine program monitoring and evaluation will be performed. Finally, PEPFAR will support a national reporting system.

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10745.09	Mechanism: CDC-Gap-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 9853.25386.09	Planned Funds: \$107,479
Activity System ID: 25386	
Activity Narrative: Funding in this activity provided to support salaries and benefits packages for the following locally employed staff members associated with MTCT: - Care and Treatment Program Officer, Hanoi, LES (50%) - PMTCT Program Officer, Hanoi, LES (100%) - Project Officer, HCMC, LES (50%)	
In addition, this activity supports costs for travel associated with MTCT.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 15387	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15387	9853.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7129	3694.08		\$47,522

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10746.09	Mechanism: CDC-GHCS-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 9382.25401.09	Planned Funds: \$23,733

Activity System ID: 25401

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with MTCT staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15377

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15377	9382.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$35,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5175.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 25419.09

Planned Funds: \$300,000

Activity System ID: 25419

Activity Narrative: This activity was carried out in FY08 under HBHC but will be part of MTCT starting this year to better reflect SCMS technical support to the expanding PMTCT sites. This activity supports the ARV drugs activity in which SCMS procures medicines for PMTCT sites. \$300,000 for technical assistance to support the ARV drugs logistics is being requested..

SCMS will continue to contribute to the success of the PMTCT program by Activity 1) Providing regular technical assistance to the PMTCT sites to ensure proper storage and handling of medicines, record keeping and good dispensing practice. Proper site management feeds directly into the ARV drug activity to ensure an uninterrupted HIV medicines and commodity supply. Due to the collaboration with VAAC and CHAI on PMTCT, SCMS supplies ARVs to the pregnant women throughout the country if national government supplies are not available. Formal training and on the job training is part of this activity. A second related activity is that SCMS will also support VAAC to improve its ability to manage the supply chain, including medicines for ARVs

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3102.09

Mechanism: Community REACH Vietnam

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 25426.09

Planned Funds: \$840,000

Activity System ID: 25426

Activity Narrative: SUMMARY AND BACKGROUND

Pact-supported partnerships are part of a PEPFAR-coordinated effort to increase the scale, quality and effectiveness of both government and civil society HIV interventions in Vietnam. Prevention of mother-to-child transmission (PMTCT) activities will be carried out via partnerships with one international non-governmental organization (NGO), University Research Corporation, and additional partners TBD to provide PMTCT services in at least four provinces. The key emphasis area for this activity is wraparound programs (family planning and safe motherhood). The specific target populations are prenatal mothers, women and children living with HIV, and health care workers.

ACTIVITIES AND EXPECTED RESULTS

PMTCT programs will be carried out via a combination of international (and possibly local) NGOs with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future civil society engagement in the national response; and 3) to ensure effective coordination among Pact partners, additional PEPFAR partners, and relevant government and non-governmental initiatives. Local organizations also receive a package of organizational development capacity building services to build long-term sustainability and ensure active engagement of local civil society actors. Pact will be responsible for the purchasing and distribution of HIV test kits to implementing partners.

1) New in COP09, TBD partners will support the establishment and provision of PMTCT services in four TBD provinces. Through a competitive process, Pact will identify TBD partners to support the national strategy by increasing both the geographic and numeric coverage of PMTCT services, with a focus on high prevalence provinces, in an effort to increase the number of HIV positive pregnant women tested early and receiving early ARV prophylaxis. Pact TBD partners will promote HIV testing for pregnant women at the commune level through targeted outreach and referral to district testing facilities and reach out to neighboring districts as well. TBD partners will provide training to 100 health care workers, who will provide PMTCT services in keeping with the national protocol. Health care workers will provide ARV prophylaxis for pregnant women testing positive, infant formula for children in need and referral to a continuum of services, including: maternal nutrition, ART, post-exposure prophylaxis for newborn infants of HIV-positive women, palliative care services, home- and community-based care, and OVC care and support. TBD partners will provide testing to 68,400 pregnant women and ARV prophylaxis to 164 women through 18 sites.

2) University Research Corporation (URC) will integrate PMTCT services into prenatal, obstetric/delivery, and postpartum care services in 8 district hospitals in two CDC/LIFE-GAP provinces (Thai Binh and Nam Dinh). COP09 activities will include: establishment of appropriate guidelines and protocols at each facility, technical training and on-going support to ensure staff conduct PMTCT on par with international best practices, and integration of quality assurance and quality improvement (QA/QI) methods. URC will also strengthen referrals between PMTCT and ART sites, and promote PMTCT services for MARPs via peer support/community groups and through outreach to communes and neighboring districts. URC will provide ARV prophylaxis for pregnant women testing positive, infant formula for children in need and referral to a continuum of services, including: maternal nutrition, ART, post-exposure prophylaxis for newborn infants of HIV-positive women, palliative care services, home- and community-based care, and OVC care and support.

Select commune health stations in focus districts will be trained to provide women who may be at risk with referrals to district hospitals for testing and service provision. Commune health center staff will also be trained in health promotion and in referral to additional support services for pre/postnatal women and PLHIV. In COP09, URC will train 200 individuals (40 from district hospitals and preventive medicine centers; 160 from commune health Stations) and provide testing to 30,400 women and ARV prophylaxis to 72 women through eight sites. URC will refer these women to facilities providing post-exposure prophylaxis for their infants.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$132,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$99,590

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$12,976

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$11,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3109.09	Mechanism: DoD - Defence-Partnered HQ activities
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 9726.24722.09	Planned Funds: \$0
Activity System ID: 24722	

Activity Narrative: The funding for this activity of \$3,900 will be taken from COP 2008 carryover funding.

SUMMARY AND BACKGROUND:

PEPFAR will support the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) to work with the Vietnam Ministry of Defense (MOD) in the training of military physicians and nurses employed by Vietnam's Ministry of Defense (MOD) to provide Prevention of Mother to Child Transmission (PMTCT) care. In FY07 this activity was implemented by the U.S. Department of Defense (DOD) supported by the University of Hawaii (UH). Because many of the trainings and workshops were held in Thailand and Hawaii, this approach was costly and considered unsustainable, as technical advisors and military health professionals often had to travel overseas. In addition MOD physicians and nurses also received little information about local PMTCT guidelines and Vietnam's existing civilian services and referral networks. This activity with UH as the implementing partner was yellow-lighted by OGAC. In order to address these issues, in FY09, the in-country PEPFAR team determined that the CDC-supported HAIVN is the most appropriate partner to ensure that MOD's physicians and nurses will receive the technical assistance needed to effectively address PMTCT issues in the military community. Where military facilities lack HIV-related services, MOD physicians will be encouraged to refer patients to civilian sites that already offer services, including delivery and provision of infant formula.

The DOD in-country staff will actively participate in the PEPFAR care and treatment technical working group to ensure close interagency coordination and oversight for this activity. In addition, in-country DOD staff will work closely with the CDC-funded HAIVN to assure that they reach intended clinicians and care centers.

ACTIVITIES and EXPECTED RESULTS:

ACTIVITY 1 (Funding \$3,900) DOD person will participate in PEPFAR care and treatment technical working group as well as provide support and oversight to both MOD and the implementing partner. Funding in this activity is provided to support personnel compensation, benefits and technical travel costs for the following positions in this program area: DOD Care and Treatment Program Officer (Hanoi) - 10

New/Continuing Activity: Continuing Activity

Continuing Activity: 15399

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15399	9726.08	Department of Defense	US Department of Defence/Pacific Command	7130	3109.08	Center of Excellence	\$80,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3093.09 **Mechanism:** N/A
Prime Partner: Ho Chi Minh City Provincial AIDS Committee **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Prevention: PMTCT
Budget Code: MTCT **Program Budget Code:** 01
Activity ID: 5543.24567.09 **Planned Funds:** \$650,000
Activity System ID: 24567

Activity Narrative: This is a continuing activity from FY08.

FY09 funds will continue to support HCMC PAC's strategy to maintain prevention of mother-to-child transmission (PMTCT) services in the city and expand antiretroviral prophylaxis to more sites. In FY09, activities will focus on: 1) maintaining the services in 24 sites; 2) expanding the coverage of the minimum service package with antiretroviral (ARV) prophylaxis in two current antenatal care (ANC) sites; 3) improving the quality of services, especially referrals; and 4) promoting early HIV testing during ANC.

HCMC has the highest number of HIV-infected pregnant women (about 600 per year) in Vietnam. From April 2007 to March 2008, 135,446 pregnant women received HIV counseling and testing and 590 HIV-positive women were identified. Among those, 534 women and 594 infants received ARV prophylaxis. HCMC also has the highest service coverage in the nation with PMTCT service outlets available in all 24 districts and 228 communes.

PMTCT is integrated into routine ANC, with "opt-out" testing employed at all sites. Currently, PEPFAR supports antiretroviral prophylaxis at two obstetric hospitals, two general city hospitals, and eight district health centers, which treat women who are referred from other districts. Clinical staging and evaluation for opportunistic infections and TB, co-trimoxazole prophylaxis and ART during and after pregnancy, are provided at affiliated OPCs. HIV-positive women will be referred for sexually transmitted infection (STI) screening and treatment. Women with STI symptoms will be counseled and provided with HIV testing in order to improve primary prevention. The STI model will be expanded to one more site in FY09.

More OPCs are now available throughout the city, making it easier to refer pregnant women before and after delivery for follow-up care and treatment. Tools, such as standardized referral forms, routine service provider coordination meetings, and facilitators, such as treatment supporters and OPC case managers, have improved communication with patients and strengthened linkages between OB/GYN hospitals, the community, and OPCs, reducing loss to follow-up of mother-infant pairs. If feasible, the family-centered care model will be applied at all levels where PMTCT and pediatric and adult care and treatment will be provided in the same location or area, making it more convenient for family members to access services.

Health workers at city and district levels will receive refresher training to introduce the new Ministry of Health (MOH) guidelines on PMTCT and Decision 28 on data management. This will improve counseling, education, and care skills to support HIV-positive women, their partners, and children born to HIV-positive mothers and to support early referral to OPCs, legal and vocational support, and other social support services. Community health care workers, treatment supporters, and case managers will continue to serve as educators and adherence supporters during the antenatal period. They will play an integral role in linking women, children, and their families to comprehensive services available in HCMC, including counseling and testing, care and treatment, community and home-based care and additional OVC services.

PEPFAR support will also focus on building the capacity of PMTCT staff by supporting quarterly technical assistance (TA) and quality assurance (QA) activities provided by an experienced TA team. This TA team includes the master trainers who will provide supportive supervision to PMTCT staff in the city in terms of clinical, management and laboratory assistance. In addition, PEPFAR will support HCMC PAC to organize semi-annual sharing experience meetings, which participants from all PMTCT and pediatric sites in the city will be invited.

Social marketing activities such as regular media campaigns to increase the awareness of HIV testing and the importance and availability of PMTCT services in the city, will aim to increase access to PMTCT services and increase the number of pregnant women getting tested for HIV during antenatal care visits.

Since FY06, PEPFAR has been supporting the HCMC's Provincial AIDS Committee to develop computer software for PMTCT patient and data management. It is expected that this software will be available for use by the end of 2008. In FY09, in addition to continued improvement of the paper-based reporting system, HCMC PAC will complete the development and pilot of the PMTCT software at selected city and district sites. This reporting system is in line with, and will support data collection and reporting to, the national monitoring and evaluation system.

COP08 narrative:

This is a continuing activity from FY07.

FY08 funds will continue to support Ho Chi Minh City's (HCMC) strategy to expand PMTCT services in the city. In FY08, activities will focus on:

- 1) expanding services to two general hospitals and reproductive health centers;
- 2) improving the quality of services, especially referrals;
- 3) promoting early HIV testing during antenatal care (ANC);
- 4) assessing the reasons for loss to follow up of women and evaluation of the effectiveness of the program; and
- 5) finalizing and implementing the PMTCT monitoring and evaluation software.

HCMC has the highest number of HIV-positive pregnant women (over 600 per year). From Aug 2006 to July 2007, 150,000 pregnant women received HIV counseling and testing and 751 HIV-positive women were identified. Among those, 524 women and 526 children received ARV prophylaxis. HCMC also has the highest service coverage in the nation, with 90% geographic and numeric coverage and all 24 districts and 208 communes providing PMTCT services.

In FY08, PEPFAR will continue to support HCMC Provincial AIDS Committee (HCMC PAC) to expand PMTCT services to two city general hospitals and the City Reproductive Health Center where a significant portion of the city's pregnant women come to seek ANC.

PMTCT is integrated into routine ANC, and "opt-out" testing will be implemented at all sites. Currently,

Activity Narrative: PEPFAR supports ARV prophylaxis at two obstetrics hospitals and six district health centers, where women are referred from other districts. However, to ensure timely access to ARV prophylaxis and reduce travel time for pregnant women, more district health centers will provide ARV prophylaxis in FY08. Clinical staging and evaluation for opportunistic infections (OIs), TB, cotrimoxazole prophylaxis and treatment during and after pregnancy for mothers are provided at affiliated out-patient clinics (OPCs). HIV-positive women will be referred for STI screening and treatment, women with genital ulcers or urethral discharge will be counseled and provided with HIV testing in order to improve primary prevention.

Activities will also focus on strengthening linkages between OB/GYN hospitals, community, and OPCs to reduce loss to follow-up of mother-infant pairs. More OPCs, supported by different donors are now available through out the city, making it easier to refer pregnant women before and after birth for follow-up care and treatment. This will be accomplished through standardized referral forms and service providers and OPC case managers' frequent communication to patients. The family-centered care model will be applied at all levels if possible, where PMTCT, pediatrics and adult care and treatment will be provided in the same location or area, making it more convenient for family members to access services.

Health workers at the commune level will receive refresher training to improve counseling, education and care skills to support HIV-positive women, their partners, and children born to HIV-positive mothers and to support early referral to OPCs, legal and vocational support, and other social support services. Community health care workers and case managers will continue to serve as educators and adherence supporters during the antenatal period. They will play an integral role in linking women, children and their families to comprehensive services available in HCMC, including counseling and testing, care and treatment, community- and home-based care and additional OVC services including a new drop-in center that will provide psychosocial support through trained case manager and support groups.

More than 50% of HIV-positive pregnant women were identified at the two city OB hospitals where testing is not free of charge. The result is about half of HIV-positive pregnant women delivering at city OB hospitals were diagnosed at labor, too late for long term prophylaxis and sometimes even single-dose NVP. Starting in FY07 and increasingly in FY08, PEPFAR will provide HIV test subsidization to the two city hospitals to increase the number of HIV-positive pregnant women diagnosed during ANC. Social marketing activities such as media interventions to increase awareness of HIV testing and PMTCT services will also aim to increase service assessment and uptake of HIV testing among pregnant women.

In FY08, PEPFAR will support HCMC PAC to carry out a survey to determine the reasons for loss to follow up of women once discharged from OB hospitals. PEPFAR will also support HCMC PAC to assess the effectiveness of the program and identify program gaps.

Starting in FY06, PEPFAR has been supporting HCMC PAC to develop computer software for PMTCT patient and data management. In FY08, in addition to continued improvement of the paper-based reporting system, HCMC PAC will complete the development of PMTCT software and will pilot the software at selected city and district sites. This reporting system is in line with and will support data collection and reporting to the national monitoring and evaluation system.

This is a continuing activity from FY07.

FY08 funds will continue to support Ho Chi Minh City's (HCMC) strategy to expand PMTCT services in the city. In FY08, activities will focus on: 1) expanding services to two general hospitals and reproductive health centers; 2) improving the quality of services, especially referrals; 3) promoting early HIV testing during antenatal care (ANC); 3) assessing the reasons for loss to follow up of women and evaluation of the effectiveness of the program; and 4) finalizing and implementing the PMTCT monitoring and evaluation software.

HCMC has the highest number of HIV-positive pregnant women (over 600 per year). From Aug 2006 to July 2007, 150,000 pregnant women received HIV counseling and testing and 751 HIV-positive women were identified. Among those, 524 women and 526 children received ARV prophylaxis. HCMC also has the highest service coverage in the nation, with 90% geographic and numeric coverage and all 24 districts and 208 communes providing PMTCT services.

In FY08, PEPFAR will continue to support HCMC Provincial AIDS Committee (HCMC PAC) to expand PMTCT services to two city general hospitals and the City Reproductive Health Center where a significant portion of the city's pregnant women come to seek ANC.

PMTCT is integrated into routine ANC, and "opt-out" testing will be implemented at all sites. Currently, PEPFAR supports ARV prophylaxis at two obstetrics hospitals and six district health centers, where women are referred from other districts. However, to ensure timely access to ARV prophylaxis and reduce travel time for pregnant women, more district health centers will provide ARV prophylaxis in FY08. Clinical staging and evaluation for OIs, TB, cotrimoxazole prophylaxis and treatment during and after pregnancy for mothers are provided at affiliated out-patient clinics (OPCs). HIV-positive women will be referred for STI screening and treatment, women with genital ulcers or urethral discharge will be counseled and provided with HIV testing in order to improve primary prevention.

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Health workers at the commune level will receive refresher training to improve counseling, education and

Activity Narrative: care skills to support HIV-positive women, their partners, and children born to HIV-positive mothers and to support early referral to OPCs, legal and vocational support, and other social support services. Community health care workers and case managers will continue to serve as educators and adherence supporters during the antenatal period. They will play an integral role in linking women, children and their families to comprehensive services available in HCMC, including counseling and testing, care and treatment, community- and home-based care and additional OVC services including a new drop-in center that will provide psychosocial support through trained case manager and support groups.

More than 50% of HIV-positive pregnant women were identified at the two city OB hospitals where testing is not free of charge. The result is about half of HIV-positive pregnant women delivering at city OB hospitals were diagnosed at labor, too late for long term prophylaxis and sometimes even single-dose NVP. Starting in FY07 and increasingly in FY08, PEPFAR will provide HIV test subsidization to the two city hospitals to increase the number of HIV-positive pregnant women diagnosed during ANC. Social marketing activities such as media interventions to increase awareness of HIV testing and PMTCT services will also aim to increase service assessment and uptake of HIV testing among pregnant women.

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Starting in FY06, PEPFAR has been supporting HCMC PAC to develop computer software for PMTCT patient and data management. In FY08, in addition to continued improvement of the paper-based reporting system, HCMC PAC will complete the development of PMTCT software and will pilot the software at selected city and district sites. This reporting system is in line with and will support data collection and reporting to the national monitoring and evaluation system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15267

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15267	5543.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$679,950
9383	5543.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$132,000
5543	5543.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$102,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,000

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5170.09

Prime Partner: Ministry of Health, Vietnam

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 5542.24579.09

Activity System ID: 24579

Mechanism: Vietnam Administration for
HIV/AIDS Control (VAAC)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,920,000

Activity Narrative: This is a continuing activity from FY08.

This ongoing activity will support the national prevention of mother-to-child transmission (PMTCT) scale-up strategy to reach 80% geographic coverage, and provide counseling to 90% and testing to 70% of all pregnant women. It will also provide ARV prophylaxis to 90% of HIV-infected mothers and their infants, and continuing care and treatment services to 100% of HIV-infected mothers and their babies.

This activity focuses on four main objectives in support of the program area strategy: 1) expanding PMTCT coverage; 2) strengthening referrals and linkages between PMTCT sites and outpatient clinics (OPCs) and community-based programs; 3) promoting early HIV testing during antenatal care (ANC); and 4) improving the quality services.

In FY09, the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) will retain PMTCT services in 19 currently-supported provinces and expand to additional district and commune sites in those same provinces. The goal is to strategically expand both geographic and numeric coverage nationwide so that the number and proportion of HIV-positive pregnant women tested early, who can then receive appropriate ARV prophylaxis and/or treatment, is increased.

At the national level, the National OB/GYN Hospital (NHOG) continues to act as the lead to implement the national PMTCT network. NHOG will provide training and technical assistance and quality assurance (TA/QA) to provinces and produce information, education, and communication (IEC) materials. Health workers at all levels will receive new or refresher trainings to improve their knowledge in the provision of PMTCT services, to update new national PMTCT guidelines and Decision 28, and the new data management guidance that was recently released by Ministry of Health. PEPFAR will continue to support capacity building at VAAC through training and TA for new VAAC staff in PMTCT programming.

PMTCT is integrated into routine ANC, and "opt-out" testing will be implemented at all sites. All sites will provide HIV counseling and testing, aimed at identifying HIV-infected pregnant women early. ARV prophylaxis will be provided onsite or at a designated adult outpatient clinic closely linked to the PMTCT site. Clinical staging and evaluation for opportunistic infections (OIs) and TB, and the provision of co-trimoxazole prophylaxis and treatment during and after pregnancy, will be offered at affiliated OPCs.

In FY08, the sexually transmitted infections (STIs) model was piloted at one PMTCT site. Based on this model, HIV-positive women referred for STIs screening and provider-initiated counseling will be scaled up so that women with genital ulcers or urethral discharge will be counseled and provided with HIV testing. In FY09, with lessons learned from the pilot site, PEPFAR will support the expansion of the STI model to two more provinces.

The family-centered care model will be applied at all levels if possible, in order that PMTCT and pediatric and adult care and treatment can be provided in the same location or area, making it more convenient for family members to access services. New PEPFAR-supported PMTCT sites will be started in areas where other services, especially adult and pediatric OPCs and home-based care, already exist. PEPFAR will work closely with other donors such as the Global Fund, the Clinton HIV/AIDS Initiative (CHAI), the World Bank, and with VAAC to coordinate service expansion for maximum use of resources and to promote the family-centered care model.

PEPFAR will continue to support VAAC's social marketing activities that are designed to raise the community's awareness about PMTCT programs and increase the uptake of ANC and HIV testing and counseling.

PEPFAR will also provide technical support for the development and monitoring of DNA PCR testing using dried blood spots for early infant diagnosis (EID). PEPFAR will support the National Institute for Hygiene and Epidemiology (NIHE) and the Pasteur Institute to provide training to health care providers and laboratory staff on the implementation of dried blood spot testing. They will continue to support the expansion of EID by adding two regional laboratories, bringing the total number of laboratories providing DNA PCR for EID to four nationwide in FY09.

COP 08 narrative:

This is a continuing activity from FY07.

This ongoing activity will support the national PMTCT scale-up strategy to reach 80% geographic coverage, provide counseling to 90% and testing to 60% of pregnant women, provide prophylaxis to 100% of HIV-positive mothers and their infants, and continuing care and treatment services to 90% of HIV-positive mothers and their babies.

This activity focuses on five main objectives in support of the program area strategy:

- 1) expanding PMTCT coverage;
- 2) strengthening referrals and linkages between PMTCT sites to out-patient clinics (OPCs) and community-based programs providing counseling, care and treatment and other support services to mothers, children and family members;
- 3) promoting early HIV testing during antenatal care (ANC);
- 4) evaluating the effectiveness of the program; and
- 5) building capacity to oversee PMTCT programs at the Vietnam Administration for HIV/AIDS Control (VAAC).

In FY08, VAAC will expand PMTCT services in 13 high-prevalence provinces that currently receive or will begin to receive PMTCT services in FY07, and will expand services to three additional provinces that do not have adequate PMTCT coverage, starting at the provincial level. The goal is to increase both geographic and numeric coverage nationwide to increase the number and proportion of HIV-positive pregnant women who are tested early and subsequently receive appropriate ARV prophylaxis and/or treatment.

Activity Narrative: At the national level, the National OB/GYN Hospital continues to act as the principal implementer, educator and technical assistance (TA) and quality assurance (QA) provider, to provide training, implementation assistance, produce information, education and communication (IEC) materials, provide QA and monitoring of the provinces and to lead the implementation of the national PMTCT network.

PMTCT is integrated into routine ANC, and “opt-out” testing will be implemented at all sites. All sites will provide HIV counseling and testing, aimed at identifying HIV-positive pregnant women early. ARV prophylaxis will be provided on-site or at a designated adult OPCs closely linked to the PMTCT site. Clinical staging and evaluation for OIs, TB, cotrimoxazole prophylaxis and treatment during and after pregnancy for mothers will be provided at affiliated OPCs. HIV-positive women will be referred for STI screening, and provider-initiated counseling will be scaled up such that women with genital ulcers or urethral discharge will be counseled and provided with HIV testing.

The family-centered care model will be applied at all levels if possible, where PMTCT, pediatrics and adult care and treatment will be provided in the same location or area, making it more convenient for family members to access services. New PEPFAR-supported PMTCT sites will be started in areas where other services, especially adult and pediatric OPCs and home-based care already exist. PEPFAR will work closely with other donors such as Global Fund, Clinton Foundation HIV/AIDS Initiative, World Bank, and with VAAC to coordinate service expansion for maximum use of resources and to promote the family-centered care model.

Health workers at the commune level will receive refresher training to improve counseling, education and care skills to support HIV-positive women, their partners, and children born to HIV-positive mothers and to support early referral to OPCs, legal and vocational support, and other social support services. Community health care workers and case managers will continue to serve as educators and adherence supporters during the antenatal period. They will play an integral role in linking women, children and their families to comprehensive services available, including counseling and testing, care and treatment, community- and home-based care and additional OVC services including a new drop-in center in Hanoi that will provide psychosocial support through trained case manager and support groups.

Since FY06, PEPFAR has supported the Ministry of Health (MOH) to provide HIV testing free of charge at the district level and lower, but not at the national and provincial level. However, the cost of HIV testing is causing some women to delay HIV testing until delivery and program data show that many HIV-positive pregnant women have received only single dose NVP as a PMTCT prophylaxis option. To promote early identification of HIV-positive women, starting in FY07 and increasing in FY08, PEPFAR will continue to help subsidize (full or partially) HIV testing at the provincial level and higher.

In FY08, PEPFAR will support VAAC to begin an assessment of the effectiveness of the national program. The assessment will help to expose the gaps and weaknesses of the program systematically and provide recommendations to strengthen the program.

PEPFAR will continue to support capacity building at VAAC through several activities: TA for development of national guidelines, a national implementation protocol and scale-up plan, training and TA for new VAAC staff in PMTCT programming and evaluation, and support to develop a national protocol and implementation for DNA PCR utilizing dried blood spots (refer to Laboratory Infrastructure section). PEPFAR will continue to advocate for the expansion of PCR for early infant diagnosis (EID) to two additional regional laboratories, increasing the total number of laboratories providing PCR for EID to four nationwide in FY08.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15291

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15291	5542.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,840,000
9384	5542.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$1,353,000
5542	5542.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$22,000

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7251.09 **Mechanism:** HHS/CDC ICASS
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Prevention: PMTCT
Budget Code: MTCT **Program Budget Code:** 01
Activity ID: 9688.24595.09 **Planned Funds:** \$39,344
Activity System ID: 24595
Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.
New/Continuing Activity: Continuing Activity
Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3107.09 **Mechanism:** USAID-FHI
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 16393.24668.09

Planned Funds: \$210,000

Activity System ID: 24668

Activity Narrative: During FY07 and FY08 FHI had to revise down the number of PMTCT sites that it supports due to a variety of factors including:

- 1) presence of other partners supporting PMTCT activities
- 2) geographical location - in district sites located close to a provincial PMTCT program it was decided that it was not efficient or cost-effective to establish district level PMTCT services and
- 3) capacity of the site to provide PMTCT services. By the end of COP08-FY08 FHI supported six district level PMTCT sites including Tan Chau, Tien Bien and Cho Moi in An Giang, Van Don and Mon Cai in Quang Ninh and the Provincial Hospital in Lao Cai.

During FY08 a total of 1200 women received counseling and testing and 44 mother-infant pairs received ART prophylaxis and follow up care.

In COP09 FHI will continue to support PMTCT activities in the above six sites through support for PMTCT programs integrated into family-centered care out-patient clinics linked to counseling and testing services, commune health stations, CHBC and district/provincial OBGYN departments. In FY09 FHI will support the establishment of new PMTCT services in a total of 3 sites; two districts in Nghe An (Dien Chau district and district TBD) and a district TBD in Dien Bien making a total of nine PMTCT sites supported by FHI. During FY09, FHI will focus on improving quality of PMTCT services in all sites with in-service training, on the job mentoring and QA/QI. FHI will focus efforts on improving access of women to PMTCT services by supporting the development of strong referral links between PMTCT services at the commune and district level, the district ante-natal and pediatric clinics and the district HIV out-patient clinic. CHBC teams will also be trained in how to provide follow-up services to women/couples receiving PMTCT services. All pregnant women will be assessed for their nutrition status and appropriate food interventions provided that are in keeping with OGAC guidance on food and nutrition programs. Nutrition counseling and education including safe infant feeding counseling, education and support will be integrated into all PMTCT programs.

FHI will work closely with key partners to provide high quality PMTCT services, in particular the MOH, US-CDC, SCMS and UNICEF. This will include the revision and development of SOPs, training packages and services systems including the possible use of DBS for PCR.

COP08 narrative

This is a new activity in FY08.

Family Health International (FHI) will contribute toward the Vietnamese national PMTCT scale-up strategy by providing PMTCT services at district sites, where FHI also has adult and pediatrics care and treatment services in a family-centered model.

To date FHI provides PMTCT services at three sites: one district-level PMTCT site (Van Don District, Quang Ninh Province) and two other sites implemented with partners (UNICEF in Tan Chau, An Giang and CDC-Life GAP in Cam Pha, Quang Ninh). A total of 60 women have received PMTCT counseling and testing across these three sites since FHI became involved in PMTCT in March 2007 and a total of five mother-infant pairs have received full ART/PMTCT coverage.

In FY07 FHI expanded PMTCT services to three new districts: Thot Not, Can Tho; Hai An, Hai Phong; and Tinh Bien, An Giang. A total of 700 women will receive counseling and an estimated 53 mother-infant pairs will receive full ART/PMTCT coverage. In FY08 FHI will expand PMTCT services to seven more districts, bringing the total number of districts receiving PMTCT services to 13.

FHI's approach is based on family-centered care principles, integrating PMTCT into existing FHI-supported continuum of care (CoC) sites which consist of linked HIV out-patient clinics (OPCs) and home-care teams. PMTCT services will be integrated into ANC and "opt-out" HIV counseling and testing will be implemented in all sites. Clinical staging and evaluation for OI, TB, cotrimoxazole prophylaxis and treatment will be provided during and after pregnancy for mothers at FHI-supported OPCs, that are located nearby. ARV prophylaxis and follow-up will be provided at the OPC.

Infants will be given single-dose Nevirapine and one week of AZT. Infant follow-up includes cotrimoxazole at six weeks; formula for six months, if needed, and if mother and counselor agree that the option is acceptable, feasible, affordable, safe, and sustainable; antibody testing at 18 months as directed by national guidelines; and DNA PCR testing for early infant diagnosis (EID) at two and six months, currently through two labs, one in the North and one in the South. HIV-infected babies will continue to receive formula supplement until 12 months of age and will be closely monitored for growth and nutritional status.

FHI will support the development of strong referral links between PMTCT services at the commune and district level. Home-based care teams will continue to be trained in how to provide follow-up services to women/couples receiving PMTCT services. To create a more enabling environment, FHI will support local stigma and discrimination reduction activities.

FHI will work closely with key partners to provide high-quality PMTCT services, in particular the Vietnam Ministry of Health, US CDC, Management Sciences for Health, and UNICEF. This will include joint development of standard operating procedures (SOPs) and services systems including the use of dried blood spots (DBS) for PCR.

In order to ensure quality services, FHI will support the training, mentoring, QA/QI, and supportive supervision of PMTCT providers in close coordination with the Vietnam Administration of HIV/AIDS Control (VAAC) and other PEPFAR partners.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16393	16393.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$210,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10543.09

Mechanism: DoD - State Dept Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 24744.09

Planned Funds: \$900

Activity System ID: 24744

Activity Narrative: A portion of this activity is being paid with 2008 carryover funding. The \$900 represents 2009 funding.

This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3367.09	Mechanism: CDC-GHCS-Funded HQ Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 24797.09	Planned Funds: \$8,029
Activity System ID: 24797	
Activity Narrative: This activity represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total projected 2009 fees for this service as a cost of doing business.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7269.09	Mechanism: AIDStar
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 12250.26170.09	Planned Funds: \$500,000
Activity System ID: 26170	
Activity Narrative: PEPFAR re-competed the social marketing program in 2008. The awardee, Population Services International (PSI), will begin to develop the work plan in October 2008 after which more precision will be know regarding the planned activities.	
<p>The scope of work that PSI will deliver will strive to increase uptake of PMTCT services in the priority provinces. PEPFAR currently supports PMTCT service provision in five high-prevalence provinces in Vietnam – Hanoi, Ho Chi Minh City, Quang Ninh, Hai Phong and An Giang. The USG is planning for further program expansion to additional geographic areas, however current coverage of PMTCT is low and there are no communication activities to support uptake of PMTCT among women attending ANC clinics in the priority provinces.</p> <p>Research across different countries has identified the following challenges in promotion of PMTCT services:</p> <ul style="list-style-type: none">• Knowledge and awareness of vertical transmission or ability to prevent it• Lack of access to HIV testing and treatment services• High levels of stigma resulting in low numbers of women accepting HIV testing HIV and low numbers of women revealing positive sero-status to partners and obtaining preventive services• Weak linkages to sustained care and treatment services <p>PSI will expand promotion of and support to pregnant women to seek VCT and related PMTCT services in early pregnancy and strengthening referral networks. PSI will work with USG partners and other service providers in Vietnam including VCT and PMTCT services, drug rehabilitation services, care and support services, and others engaged in outreach to high-risk populations.</p> <p>The results of the program will increase uptake of PMTCT services and be monitored by the following illustrative indicators:</p> <ul style="list-style-type: none">• Number of service outlets providing the minimum package of PMTCT services according to national and international standards• Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results• Number of individuals trained in the provision of PMTCT services according to national and international standards.• Numbers of individuals reached through community outreach activities that promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful• Percentage of pregnant women tested for HIV and get counseled for PMTCT	

New/Continuing Activity: Continuing Activity

Continuing Activity: 15307

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15307	12250.08	U.S. Agency for International Development	Population Services International	7269	7269.08	PSI - Vietnam	\$600,000
12250	12250.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$470,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10561.09

Mechanism: N/A

Prime Partner: Harvard Medical School of AIDS Initiative in Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 26171.09

Planned Funds: \$36,000

Activity System ID: 26171

Activity Narrative: SUMMARY AND BACKGROUND:

PEPFAR will support the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) to work with the Vietnam Ministry of Defense (MOD) in the training of military physicians and nurses employed by Vietnam's Ministry of Defense (MOD) to provide Prevention of Mother to Child Transmission (PMTCT) care. In FY07 this activity was implemented by the U.S. Department of Defense (DOD) supported by the University of Hawaii (UH). Because many of the trainings and workshops were held in Thailand and Hawaii, this approach was costly and considered unsustainable, as technical advisors and military health professionals often had to travel overseas. In addition MOD physicians and nurses also received little information about local PMTCT guidelines and Vietnam's existing civilian services and referral networks.

As a result, this activity with UH as the implementing partner was yellow-lighted by OGAC. In order to address these issues, in FY09, the in-country PEPFAR team determined that the CDC-supported HAIVN is the most appropriate partner to ensure that MOD's physicians and nurses will receive the technical assistance needed to effectively address PMTCT issues in the military community. Where military facilities lack HIV-related services, MOD physicians will be encouraged to refer patients to civilian sites that already offer services, including delivery and provision of infant formula.

The DOD in-country staff will actively participate in the PEPFAR care and treatment technical working group to ensure close interagency coordination and oversight for this activity. In addition, in-country DOD staff will work closely with the CDC-funded HAIVN to assure that they reach intended clinicians and care centers.

ACTIVITIES AND EXPECTED RESULTS:

HAIVN will be supported to conduct a five day training program on PMTCT. HAIVN will increase the capacity of 25 military Obstetricians/Gynecologists and nurses through: clinical mentoring; ensuring MOH guidelines are implemented; ensuring patients are linked to PEPFAR supported voluntary counseling and testing sites located at the hospital; establishing links to civilian resources.

By the end of FY09, PMTCT services will be established in four Obstetrical/Gynecological clinics located within the military hospitals that are supported by the PEPFAR Vietnam program. These military hospitals and their locations are as follows: Hospital No. 103 in Hanoi, Hospital No. 175 in Ho Chi Minh City, Hospital No. 121 in Can Tho, and Hospital No. 17 in Da Nang.

It is important to note that although military health care facilities are mandated to care for military personnel and their family members, more than 80 percent of the clients who access their services are civilians.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

- Military Populations
- Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$36,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Program Area Narrative:

The HIV/AIDS epidemic in Vietnam has historically been fueled by injecting drug use that has concentrated the burden of HIV in marginalized, high-risk populations in urban centers and along drug transport corridors. PEPFAR-supported biological and behavioral surveillance (IBBS) has documented HIV prevalence rates as high as 65% among injecting drug users (IDU) in at least one PEPFAR priority province (Hai Phong), and has revealed that injecting drug use is likely the most important driver of new infections among sex workers and other high-risk populations. For example, commercial sex workers (CSW) who report injecting are three to 30 times more likely to be infected with HIV than those who do not, and the prevalence of injecting among CSW is a strong predictor of HIV prevalence in this population. Overall, national HIV prevalence among populations of CSW is estimated at about 4%, and the IBBS found HIV prevalence of 9% among men who have sex with men (MSM) in Hanoi and 5% in Ho Chi Minh City.

Studies suggest that many married and unmarried men in Vietnam pay for sex with partners ranging from street-based sex workers to women working at guest houses and entertainment establishments. Rapid social and economic change has ignited hotspots for sexual transmission of HIV in urban settings, and increased migration for work has been accompanied by increases in the number of entertainment establishments in which men can meet transactional sex partners. A 2004 DKT study found that 90% of mobile men reported having commercial sex, and the 2005 Survey and Assessment of Vietnamese Youth (SAVY) found that 33% of sexually active urban men between the ages of 14 and 25 reported having had sex with a sex worker. Formative work by PEPFAR partners suggests that it is not uncommon for urban men – and some women – to remain abstinent until marriage, and then to have extramarital relationships. A Family Health International (FHI) study in entertainment establishments found that 60 to 70% of married men reported visiting sex workers, usually in the company of peers.

But despite these reports, HIV prevalence in the general adult population in Vietnam has remained low at 0.5% (UNAIDS) – a figure that is lower than the estimate for the US. While male clients of sex workers are an important target group for efforts to prevent the diffusion of HIV from high-risk groups to members of the general population, it appears that the kinds of long-term and concurrent sexual partnerships among both men and women that drive the spread of HIV in the highest prevalence countries are not sufficiently common in Vietnam to sustain a generalized epidemic. No women, and only 1% of the men, surveyed in the household-based 2005 Vietnam AIDS Indicator Survey (AIS), reported having more than one sexual partner in the past year, though these figures likely reflect some social desirability bias resulting in underreporting. A late average age of sexual debut – 20 years for men and 19 for women – may also help to mitigate the risks of sexually transmitted infections among many youth. In the AIS, less than 1% of never-married 18- to 24-year-old youth reported that they had ever had sex. However, according to the Vietnam Ministry of Health (MOH), injection drug use accounts for more than 60% of new HIV infections among youth, and alcohol and other drug use also appear to be important correlates of sexual risk in segments of the urban youth population.

Injecting drug use remains the central focus of USG-supported prevention efforts in Vietnam, but addressing risk behaviors associated with commercial and transactional sex, MSM, male norms, and alcohol and other drug use, have all emerged as critical prevention priorities. In addition, ensuring that CSW and other most at-risk populations (MARPs) beyond IDU have access to addiction-related services – including programs supporting primary prevention of drug abuse, risk reduction, counseling, and drug treatment – remains an HIV prevention imperative in Vietnam.

The social and geographic concentration of HIV in stigmatized and marginalized populations has prompted the USG and many other donors to prioritize peer outreach approaches to efficiently bring HIV services to those with the greatest needs. The World Bank, DfID, Global Fund (GF), and the Asian Development Bank (ADB) all fund peer outreach programming, but with limited technical support.

However, using even the most conservative estimates of population sizes for MARPs, coverage of basic prevention services remains low. For example, according to the latest program reports, PEPFAR-supported peer outreach efforts provided education to a maximum of 31% of the CSW in Hanoi, a priority province. The successful referral of high-risk individuals to HIV counseling and testing (CT) and other care and treatment services also remains a priority. According to the latest reports, less than 1% of CSW in Hanoi have received CT. With these data in mind, the PEPFAR team will focus in FY09 on improving the coverage and quality of services in existing catchment areas, without pursuing additional geographic expansion. In addition, the team will redouble its efforts to improve CT uptake among MARPs by refining training for outreach workers, further integrating HIV counseling and testing services in MARPs-friendly settings, expanding the use of provider-initiated counseling and testing approaches in STI, TB, and methadone sites, and expanding the use of outreach-based HIV counseling and testing to bring services more directly to high-risk and hard-to-reach populations.

In the initial “emergency” phase of PEPFAR support, the Vietnam team sought to empower peers who are themselves well-connected to networks of high-risk and marginalized populations to offer or provide referrals to an expanding set of prevention, care, and treatment services, as well as to play a greater role in program planning and advocacy. Over time, the program has put mechanisms in place to supplement peer outreach for CSW, MSM, and IDU with: integration of addiction services into programming for CSW and MSM; provision of outreach-based CT services; community-based drop-in centers offering addictions counseling, CT, and sexually transmitted infection (STI) treatment; referrals to family planning services to prevent unintended pregnancy among women at high risk for HIV infection; linkages to outpatient clinics (OPCs) offering a full range of HIV care and treatment services; integration of intensive case-finding approaches for TB into programming for high-risk populations; and

linkages to community-based care and support.

Looking ahead, the Vietnam team is emphasizing coordination and resource sharing across partners and with other donors to strengthen service coverage and quality in the face of rising costs and fewer resources. Using the findings from Boston University's (BU) recently completed evaluation of PEPFAR-supported peer outreach programs as a springboard for action, PEPFAR continues to work with the Government of Vietnam (GVN) and other partners to support a series of national and provincial workshops aimed at harmonizing approaches to hotspot mapping and size estimation, peer educator training, commodities forecasting, program linkages, quality improvement, and monitoring and evaluation systems. The initial national workshop was viewed as such a success that the MOH issued formal guidance codifying the workshop findings as recommendations for conducting peer outreach efforts in Vietnam. Furthermore, the GVN has embraced PEPFAR-supported peer outreach coordinators in PEPFAR priority provinces as formal focal points for local coordination, and is encouraging other donors to support these positions in additional provinces.

Sex work is illegal in Vietnam, and government campaigns aimed at curtailing sex work have both made formal brothels rare, and have caused the venues in which sex workers meet prospective clients to evolve rapidly. Street and scooter-based sex work is now prevalent in urban centers, and PEPFAR partners are finding that the utility of peer outreach is limited by the independence and high mobility of street- and scooter-based sex workers. To improve partner capacity to implement tailored strategies to address the diverse needs of sex workers, PEPFAR will continue support for an assessment of targeted intervention approaches to address the many forms of transactional sex in Vietnam, and particularly the needs of CSW who use drugs.

Entertainment establishments have also become common venues for sex workers and their clients to meet in Vietnam, but ensuring access to prevention education and commodities in these settings remains challenging given owners' fear of police scrutiny. Condoms are often unavailable at critical non-traditional outlets such as guest houses and karaoke bars. To supplement peer outreach efforts, expanded condom social marketing programming through Population Services International (PSI) will raise risk perceptions associated with multiple sexual partnerships and transactional sex, and will improve access to condoms and risk reduction education in non-traditional venues. PEPFAR will continue to supply condoms for free distribution and social marketing through the Condoms Commodities Fund. Through UNODC, the Ministry of Public Security (MOPS) will initiate education programs for police and public security, to foster their support for the delivery of prevention services in key establishments and among most at-risk populations. Through new awards, Abt Associates will draft national guidance for implementation of the 100% Condom Use Program in entertainment establishments and will pilot this program in An Giang province. Chemonics will enhance peer education programming for beer promoters and other women and men who may engage in transactional sex and will also serve as a new technical focal point for identifying best practices in economic rehabilitation programming for former sex workers and recovering IDU.

Complementing existing programs for sex workers, a consortium led by PSI will refine an outreach and media-based campaign aimed at addressing risky male norms and promoting partner reduction and correct, consistent condom use for male clients of sex workers. This initiative will also work in entertainment establishments to mitigate the HIV risks associated with alcohol use. In addition, FHI will hone its efforts to address HIV risks faced by truckers and transport workers, and will build upon an assessment conducted in FY08 to implement a cross-border program with the PEPFAR Cambodia team to address the needs of Vietnamese women who engage in transactional sex along the border and in Phnom Penh.

Limited information is available on the diversity and size of the MSM population in Vietnam, but PEPFAR is working to address this gap through strategic information activities, including the inclusion of MSM in future rounds of the IBBS. In FY09, FHI will continue to innovate to better understand and address the needs of hard-to-reach and diverse MSM populations through outreach, interventions in MSM-friendly entertainment establishments, and the implementation of a popular web-based intervention providing education, counseling, and service referrals to MSM. UNAIDS will complement FHI's efforts by building the capacity of MSM groups to implement sustainable prevention programming, and to engage in advocacy for access to HIV-related services. This programming will also be expanded in FY09 to support advocacy networks for CSW and recovering IDU, to realize the leading role these traditionally marginalized individuals can and should play in establishing national and local priorities for action.

To mitigate HIV risk among youth, the Vietnam team will support two efforts: first, a partnership through Pact, Inc. with Save the Children US that emphasizes preventing sexual and drug use related risks among street youth, orphans, and youth in vocational training institutions. This effort will address gender norms that contribute to young men's HIV risk and will also integrate assessments to identify the characteristics of youth that are most likely to initiate or engage in sexual or drug-using risk behavior. Second, a relatively small investment in supporting the integration of HIV prevention education into secondary school curricula in support of the Ministry of Education and Training should help to reinforce and maintain a low level of risk behavior among a large segment of the youth population in Vietnam. This programming complements a five-year ADB project supporting media and community-based interventions for mainstream and higher-risk youth.

Positive prevention will be addressed by continuing to mainstream prevention activities into care and treatment efforts, including the integration of specific risk reduction counseling for HIV-infected individuals and discordant couples into HIV counseling and testing services. Abt will also build the capacity of members of PLHIV groups to provide prevention counseling and services in community settings to PLHIV and their family members and peers.

To address a key programming gap in Vietnam, PEPFAR will provide new support to UNODC in FY09 to expand access to HIV-related services among prison populations in Vietnam. Although little is known about HIV prevalence rates in prisons in Vietnam, many prisons house large populations of individuals who were convicted of drug- and/or sex work-related offences, and few HIV-related services are available in prison settings. UNODC will work with MOPS to develop national guidelines for providing drug treatment and HIV services in prison settings; training prison staff; and piloting services in one or two prisons in PEPFAR focus provinces.

With DOD support in FY09, a bio-behavioral survey on sexual and drug risks in the military will be conducted to inform future investments in strategic HIV prevention programming for this population.

To ensure access to comprehensive programming among MARPs in Vietnam, all HVAB activities will also receive HVOP funding. For the purposes of assessing program coverage, partners have been asked only to count individuals reached via interactive one-on-one and small group educational approaches towards direct targets. FY09 targets have been established according to the proportion of effort partners are devoting to activities that are split-funded across the HVAB, HVOP and IDUP budget codes. The introduction of the new IDUP budget code – with no accompanying targets – may make it appear that the PEPFAR program in Vietnam is reaching fewer individuals, because so many individuals previously counted as beneficiaries of HVOP programming were IDU. However, we have tried to provide targets for IDUP activities in that section of the COP to mitigate this perception.

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3107.09	Mechanism: USAID-FHI
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 9480.24669.09	Planned Funds: \$214,247
Activity System ID: 24669	

Activity Narrative: INTERVENTIONS FOR MEN WHO HAVE SEX WITH MEN (MSM): \$84,622

FHI will continue to train health educators and peer educators to deliver effective AB messages as part of a comprehensive ABC strategy for MSM in the six current sites in PEPFAR focus and selected provinces. Outreach teams will incorporate AB messages, including partner reduction, in daily contacts with MSM and where possible with peers and family members. Outreach workers will be trained to help clients develop strategies to reduce risk of HIV transmission. BCC materials stressing similar messages will be distributed appropriately. Additional risk reduction counseling, HIV counseling and testing, STI services and referrals to substance abuse treatment will be available at MSM oriented drop-in centers.

FHI will continue to provide technical assistance to support the maintenance of the MSM internet-based forum and website (<http://adamzone.vn> and <http://naman.vn>) which are managed by local organizations (T&A Communications and Consultation of Investment in Health Promotion—CIHP). These websites extend their reach to discrete MSM nationwide and will include discussions on being faithful and partner reduction as part of its comprehensive ABC approach. Counseling will be provided in a manner that enables MSM accessing on-line service to strategize appropriate ways to reduce risk of HIV transmission.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 5,000
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful: 50

TRUCKERS INTERVENTION: \$33,226

FHI, with its partners, will continue to strengthen two existing trucker interventions in HCMC, Hanoi, border gates (such as Quang Ninh). The messages developed for these interventions focus on health and family and include key themes of remaining faithful to a single partner.

A cross-sectional survey of truckers' risk behaviors will guide many aspects of the intervention. Regular mapping of truck stops will guide the outreach interventions and distribution of targeted BCC messages. Collaboration with petrol vendors, drink vendors and entertainment establishment owners to gain their interest in and support for the interventions will be an integral part of the work. Similarly, collaboration with other organizations, projects and community leaders will serve to expand coverage and strengthen referral linkages.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 30,000
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful: 70

PROVINCIAL OUTREACH COORDINATORS: \$96,399

HVAB funding will support PEPFAR Outreach Coordinators housed in the Provincial AIDS Centers (PACs) in nine strategic provinces where they will: 1) coordinate all PEPFAR Outreach/BCC activities and; (2) ensure the coordination of PEPFAR activities with those sponsored by the government and other donors at the provincial level. The outreach coordinators will serve as focal points for all outreach/BCC including, but not limited to, injecting drug users (IDU), commercial sex workers (CSW), and MSM as well as coordinating referrals to prevention, care and treatment and an increasing array of drug and alcohol abuse treatment services in the province.

In order to ensure outreach coordinator effectiveness, FHI will continue to provide training in data management, analysis and application. The provincial outreach coordinators will facilitate regular meetings among PEPFAR and other implementation and management staff to 1) ensure consistent AB prevention messages are mainstreamed; 2) facilitate donor efforts to avoid overlaps; and 3) maximize coverage of target populations. They will facilitate ongoing monitoring and evaluation of outreach programs in the provinces and ensure its integration into the provincial outreach plan.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: N/A
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful: 10

New/Continuing Activity: Continuing Activity

Continuing Activity: 15252

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15252	9480.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$222,561
9480	9480.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$255,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 3102.09**Prime Partner:** Pact, Inc.**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 9482.24680.09**Activity System ID:** 24680**Mechanism:** Community REACH Vietnam**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$1,554,000

Activity Narrative: Pact will support activities via partnerships with both international and local non-governmental organizations and their sub-partners (including community-based organizations (CBOs) and faith-based organizations (FBOs) to promote abstinence, fidelity and partner reduction for appropriate populations in PEPFAR focus provinces. The primary emphasis area for these activities is gender (addressing male norms and behaviors, and increasing gender equity in HIV and AIDS programs). Specific target populations will include: current and potential male clients of sex workers, vulnerable youth, MSM, FSW, and PLHIV.

The majority of HVAB funds will be used to target current and potential male clients of sex workers with BCC interventions and IEC messaging via a consortium of international and local partners, initiated in FY06. Support will also be provided to the Ministry of Education and Training (MOET) to institutionalize and expand its FY07/08 pilot curriculum on sexual and reproductive health and HIV prevention for secondary school students, incorporating age-appropriate messaging on sexual abstinence and life-skills training, to 5 focus provinces. The remainder of COP09 AB funding will support current and TBD local partners (awarded as part of the Local Partnerships Initiative - LPI) to implement AB prevention interventions targeting MSM, FSW and PLHIV via peer education and outreach. In keeping with host-country priorities, Pact partners provide age-appropriate sexual prevention activities under the HVOP budget code as a complement to AB activities. AB programs focus on high-risk youth, partner reduction and gender-norm modification, especially as relates to commercial sex work.

PSI: \$ 900,000

PSI will expand its behavior change program targeting current and potential male clients of sex workers within the seven PEPFAR focus provinces. This comprehensive behavior change program addresses male social norms regarding sex work by promoting fidelity and partner reduction. In addition, the program works to enhance men's perceptions of sexual risk.

There are three main components to this activity: a) a mass media communication campaign targeting potential and current male clients of sex workers via print media, billboards, bus-stops, websites, etc; b) community outreach including interpersonal communication activities targeting men in entertainment establishments, universities and sites with high concentrations of mobile populations; and c) community mobilization activities including edutainment events in entertainment establishments and universities. Under COP09, PSI will expand current activities to engage a greater number of individuals in existing provinces. PSI and its sub-partners, Provincial AIDS Committees/Centers, SCUS, AIDS Program and Hanoi Medical University/Consultation of Investment in Health Promotion, will train 180 outreach workers to provide AB prevention outreach to a total of 206,250 individuals.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 206,250

Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful: 180

MOET: \$ 230,000

To address changing social norms regarding youth and sex, SCUS will continue to provide technical assistance to the Ministry of Education and Training (MOET) to institutionalize a comprehensive, government-mandated curriculum on sexual health, HIV prevention, and Life Skills training in secondary schools nationwide, with expansion of the pilot curriculum to two additional provinces. The curriculum, which includes both intra- and extra-curricular components, is a comprehensive, skills-based sexual health and HIV prevention course that emphasizes healthy life choices, including abstinence, partner reduction, and sexual negotiation.

Overall, the program will provide training and support for teachers and administrators to adopt the new curriculum, monitor school performance, and enhance MOET capacity to implement the Action Program on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students, 2007-2010, developed jointly by MOET and SCUS with PEPFAR support. Under COP09, SCUS will expand pilot provinces to include Nghe An and An Giang, in addition to HCMC, Quang Ninh and Quang Tri (COP08). The program will also place greater emphasis on interpersonal peer outreach within schools and HIV-related stigma reduction. SCUS will train 250 individuals to reach 15,000 secondary school students with AB prevention interventions.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 15,000

Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful: 250

SHAPC: \$ 50,000

Local NGO SHAPC will continue to support interventions targeting Hanoi university students who are becoming sexually active and engaging in sexual and other risk behaviors, with program expansion to one additional university during COP09. Activities will include training of peer educators on HIV prevention including abstinence and faithfulness messages, peer education approaches and BCC methodologies, peer outreach targeting at-risk university students, and establishment of student-managed clubs. Student clubs will provide recreational activities, information exchange, counseling, and other social services and referrals to CT and other services. SHAPC will train 45 peer educators and reach 2,667 students with messages on HIV prevention.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 2,667

Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful: 45

CARE INTERNATIONAL: \$ 25,000

CARE will continue to support AB prevention programming through 12 local CBOs and FBOs in Hanoi,

Activity Narrative: HCMC, Quang Ninh, Can Tho, Nghe An and An Giang targeting MSM, FSW and PLHIV. CARE provides local organizations with training on prevention outreach, behavior change communication (BCC), counseling skills, techniques for reaching hidden MARPs, and CT referral. Under COP09 CARE will focus on strengthening C/FBO organizational and human resource management capacities in order to reduce high turnover in peer outreach workers, and begin preparations for phase-out of financial support for organizations with high capacity. Additionally, CARE will review sub-grantee prevention plans and phase out those programs not in keeping with provincial goals in an ongoing effort to align prevention activities with provincial priorities. CARE will train 14 individuals to reach 1,600 individuals with AB prevention and HIV referral interventions.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 1,600

Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful: 14

LOCAL PARTNERSHIP INITIATIVE (LPI): \$ 90,000

VICOMC, a local NGO identified under the LPI, will continue to provide interpersonal behavior change communication to MSM in four districts in Hanoi (Cau Giay, Long Bien and Tu Liem, with the potential addition of Ha Dong town, in a newly incorporated area of Hanoi). With capacity development support from Pact, VICOMC provides training and resources to two MSM self-help groups that conduct outreach to MSM engaging in high-risk behaviors. Outreach workers engage MSM at popular meeting points to deliver messages on partner reduction and sexual negotiation skills. Club events (singing contests and fashion shows) deliver behavior change communication messages in an MSM-friendly environment. VICOMC also produces a monthly MSM newsletter which provides a forum for advocacy and stigma reduction, networking and additional BCC. Under COP09, VICOMC will train 10 outreach workers to reach 500 new MSM with AB HIV prevention interventions.

CHP, a local NGO identified under the LPI, will continue to provide AB prevention outreach to MSM and seafarers in Hai Phong City, with potential expansion of MSM outreach to rural areas of Hai Phong and seafarer outreach to one additional district during COP09. Trained outreach workers provide BCC for MSM in local hotspots and meeting places, and for seafarers on their boats. In Hai Phong city, outreach workers also run a drop-in center for MSM to socialize, and access HIV prevention information and counseling. Pact provides CHP with capacity building support to improve outreach and activities. CHP will train 12 peer educators to reach 1,700 individuals with AB HIV prevention interventions.

Through the LPI, Pact will continue to support small grants partners identified under COP07 and COP08, and identify new partnerships under COP09, to design and implement initiatives to extend proven community-based prevention approaches to hidden and hard-to-reach at-risk populations. These initiatives will address the diversity of individual needs among at-risk populations via an essential prevention package, including outreach, behavior change communications, commodities, service referral, and community mobilization. Pact will provide LPI grantees with a package of capacity-building services to ensure effective program management and quality assurance, as well as to strengthen grantees for an ongoing and increasingly effective role in the overall national response. Organizations and focus provinces will be determined in consultation with USAID. Continuing COP08 and new COP09 LPI partners will train 13 outreach workers to reach approximately 1,300 individuals with AB HIV prevention interventions.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 3,500

Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful: 35

PACT DIRECT: \$ 259,000

The AB programs above will be carried out with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent grant award and administration system; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future CSO engagement in the national response; and 3) to ensure effective coordination among Pact partners, additional PEPFAR partners, and relevant government and non-governmental initiatives. Local organizations will also receive a package of organizational development capacity building services to build long-term sustainability and ensure active and growing engagement of local civil society.

Under COP09, Pact will support AB interventions in all seven focus provinces using a combination of grants and assistance to at least six non-governmental organizations, as detailed above. Pact will provide technical assistance and ensure that grantees deliver an appropriate and targeted package of prevention services including, but not limited to, harmonization of AB messages and BCC approaches that lead to changes in behavior, addressing gender norms, male involvement, alcohol and drugs, and ensuring referrals to CT, STI, addictions counseling, and HIV care and treatment services as necessary.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15308

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15308	9482.08	U.S. Agency for International Development	Pact, Inc.	7117	3102.08	Community REACH Vietnam	\$197,250
9482	9482.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$325,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,324,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$230,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10555.09

Mechanism: USAID - State Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 25475.09

Planned Funds: \$3,939

Activity System ID: 25475

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3108.09 **Mechanism:** N/A
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB
Budget Code: HVAB **Program Budget Code:** 02
Activity ID: 5512.24657.09 **Planned Funds:** \$36,211
Activity System ID: 24657

Activity Narrative: Funding in this activity is provided to support personnel compensation and operational costs associated with PEPFAR staff members for this program area at USAID. These costs include personnel travel, education allowances and housing. The following positions are supported with funding in this activity:
 - HIV/AIDS Prevention Specialist (Hanoi) - 50%

Funding in this activity is also provided to cover the costs of rent, telecommunications and other utilities allocated to this program area. These costs include things such as residential rent and utilities for staff members in this program, office rent allocated to this program area and rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices.

Funding in this activity is provided for this program's share of outside TDY/TA costs which are paid for by USAID. Note this locally-paid TA and not covered centrally.

This activity also represents a portion of funding allocated to this program area for IRM Tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15365

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15365	5512.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$212,060
9493	5512.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$141,871
5512	5512.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$60,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7214.09 **Mechanism:** New Partners Initiative
Prime Partner: Nordic Assistance Vietnam **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB
Budget Code: HVAB **Program Budget Code:** 02
Activity ID: 15976.25418.09 **Planned Funds:** \$0
Activity System ID: 25418

Activity Narrative: FAITH-BASED INTERVENTION: Central funding - No in-country funding
 Through the New Partners Initiative, Nordic Assistance to Vietnam (NAV) will build the capacity of faith-based organizations (FBOs) in six provinces to prevent the spread of HIV/AIDS and to address the care needs of PLWHA and OVC by working through FBO networks. NAV has been working on HIV/AIDS prevention and care in Vietnam since 1996, and was the first organization to bring together Buddhists and Catholics in interfaith teams to provide care and support and to address the complex issues related to HIV/AIDS prevention and stigma and discrimination.

NAV will provide initial training for 285 members of communicator teams comprised of Buddhist monks and nuns, Catholic priests and nuns, and lay volunteers in Behavior Change Communication (BCC) and stigma & discrimination. NAV will support the establishment of a communicator team for each FBO and project site. The prevention programs will encourage the voluntary participation of members of local self-help groups (SHGs). The communicator teams will reach 20,000 individuals with comprehensive ABC and stigma reduction messages through peer outreach and other activities.

Through this initiative, NAV will build the local capacity of Buddhist and Catholic organizations to effectively manage HIV/AIDS programs in a sustainable manner.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and or being faithful: 20,000

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful : 285

New/Continuing Activity: Continuing Activity

Continuing Activity: 15976

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15976	15976.08	U.S. Agency for International Development	Nordic Assistance Vietnam	7214	7214.08	New Partners Initiative	\$0

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$8,535,144

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10745.09 **Mechanism:** CDC-Gap-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 25387.09 **Planned Funds:** \$112,018

Activity System ID: 25387

Activity Narrative: Funding in this activity is provided to support salaries and benefits packages for the following locally employed staff members associated with HVOP:
 - Prevention Program Officer, HCMC, LES (100%)
 - Vulnerable Populations Coordinator, Hanoi, LES (50%)
 - Vulnerable Populations Section Chief, Hanoi, LES (50%)

In addition, this activity supports costs for travel associated with HVOP.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10746.09 **Mechanism:** CDC-GHCS-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 15837.25402.09 **Planned Funds:** \$135,444

Activity System ID: 25402

Activity Narrative: TRANSACTIONAL SEX ASSESSMENT: \$75,000
 In FY08, CDC will lead a rapid assessment of transactional sex practices in Hanoi and Ho Chi Minh City. This assessment will provide a better understanding of different forms of sex work in Vietnam and recommendations for improving sex work programming.

FY09 funds will be used to support the dissemination of the assessment findings and improve CSW programming within PEPFAR and other programs funded by other donors. In particular, workshops will be held at national and provincial levels to 1) discuss implications of the assessment findings; 2) develop strategies to improve the reach to individuals engaging in most risky sexual behaviors, particularly CSW who engage in drug use; and 3) design interventions tailored to the needs of this population. Approximately 300 individuals, including program managers, community outreach workers, and relevant government authorities, will be key participants in the workshops. Based on the assessment findings and outcomes of the workshops, the PEPFAR team will assist MOH/VAAC to revise existing CSW-targeted outreach training curricula and put forward a training plan that benefits outreach workers across the programs.

ADMINISTRATIVE COSTS: \$60,444
 This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with MTCT staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15837

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15837	15837.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$107,902

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$75,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3108.09	Mechanism: N/A
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 6480.24658.09	Planned Funds: \$700,000
Activity System ID: 24658	

Activity Narrative: USAID CONDOM COMMODITY FUND: \$500,000

Condom procurement is an essential component of the PEPFAR comprehensive ABC approach to HIV prevention programs. In FY09 PEPFAR will procure more than 15 million male and female condoms and water-based lubricant sachets for community based outreach and distribution to PEPFAR and other donor programs, in addition to targeted social marketing to traditional and non-traditional outlets in more than 30 provinces.

In FY09 PEPFAR will ensure continued access to commodities for at-risk populations through outreach and social marketing efforts in the geographical areas where the epidemic is most severe. In conjunction with social marketing partner PSI, PEPFAR will implement a two-tiered strategy.

In the first tier, branded Protector Plus condoms will be distributed free of charge by outreach partners including MOH/VAAC, PSI, FHI, HCMC PAC and Pact sub-partners. A small number of female condoms will be promoted for sex workers and MSM, ensuring equitable access to gender-appropriate prevention services.

In the second tier, PSI will expand a targeted social marketing system to increase availability of and access to condoms at non-traditional outlets such as karaoke bars, drinking establishments and other locations where commercial sex is likely to be procured or transacted. This strategy takes place in close cooperation with other major condom donors and marketers such as the Department for International Development (DfID), German development organization KfW, and DKT to maximize collaboration, increase coverage and reduce overlap.

In accordance with the PEPFAR Vietnam condom social marketing strategy and Vietnamese regulations, the team will procure branded Protector Plus condoms for free distribution. This brand will be clearly marked "not for sale" in accordance with Vietnamese law and will not undercut sales of branded Number One condoms. As new regulations allow procurement of water based lubricant through Central Contraceptives Procurement, the PEPFAR team will work in conjunction with PSI and others to determine appropriate brands and quantities of water based lubricant for most-at-risk populations.

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: N/A

Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: N/A

Additional Funds through April 2009 Reprogramming: \$200,000

Condom social marketing and free distribution for high risk populations remains a prime strategy in the PEPFAR/Vietnam HIV prevention portfolio. Annually, the PEPFAR team has allocated funds for procurement of approximately 12 million condoms for HIV prevention partners. During the past months several factors suggest additional condoms will be required by the end of calendar year 2009. First, as partners institutionalize condom forecasting and reporting procedures they are realizing more efficient and targeted distribution to high risk groups. Following a March 2009 PEPFAR partners condom meeting, nearly all partners requested an increase in their condom needs estimates. Second, the 2008 selection of three new USAID partners requires we ensure adequate condom stocks are available to support programs as they roll out and scale up activities. Finally, PEPFAR has recently received GVN requests to contribute condoms to the national program beyond PEPFAR focus provinces. While the team is managing these requests, it is important to ensure adequate stocks to meet partner program needs, prevent shortages and to manage unexpected requests. Accordingly, the PEPFAR Vietnam team requests an additional \$200,000 be added to the USAID Commodities Fund. This will provide approximately five million additional condoms for HIV prevention programs in Vietnam.

There are no targets attached to condom procurement in COP 2009; therefore, additional funding to this activity will not change targets. The additional funding just provides partners with better tools to carry out their jobs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15367

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15367	6480.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$500,000
9589	6480.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$450,000
6480	6480.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7214.09	Mechanism: New Partners Initiative
Prime Partner: Nordic Assistance Vietnam	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 15969.24647.09	Planned Funds: \$0
Activity System ID: 24647	
Activity Narrative:	
FAITH-BASED INTERVENTION: Central funding - No in-country funding Through the New Partners Initiative, Nordic Assistance to Vietnam (NAV) will build the capacity of faith-based organizations (FBOs) in six provinces to prevent the spread of HIV/AIDS and to address care needs of PLWHA and OVC by working through FBO networks. NAV has been working on HIV/AIDS prevention and care in Vietnam since 1996, and was the first organization to bring together Buddhists and Catholics in interfaith teams to provide care and support and to address the complex issues related to HIV/AIDS prevention and stigma and discrimination.	
NAV will provide initial training for 100 members of communicator teams comprised of Buddhist monks and nuns, Catholic priests and nuns, and lay volunteers in Behavior Change Communication (BCC) and stigma & discrimination. NAV will support the establishment of a communicator team for each FBO and project site. The prevention programs will encourage the voluntary participation of members of local self-help groups (SHGs). The communicator teams will reach 10,000 individuals with comprehensive ABC and stigma reduction messages through peer outreach and other activities.	
Through this initiative, NAV will build the local capacity of Buddhist and Catholic organizations to effectively manage HIV/AIDS programs in a sustainable manner.	
Number of targeted condom service outlets: N/A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 10,000 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 100	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 15969	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15969	15969.08	U.S. Agency for International Development	Nordic Assistance Vietnam	7214	7214.08	New Partners Initiative	\$0

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10555.09 **Mechanism:** USAID - State Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 24781.09 **Planned Funds:** \$25,210

Activity System ID: 24781

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10556.09 **Mechanism:** USAID Local GHCS Partnered Activities

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 9597.24782.09 **Planned Funds:** \$670,893

Activity System ID: 24782

Activity Narrative: Funding in this activity is provided to support personnel compensation and operational costs associated with PEPFAR staff members for this program area at USAID. These costs include personnel travel, education allowances and housing. The following positions are supported with funding in this activity:

- HIV Prevention & Drug Rehabilitation Advisor (Hanoi) - 70%
- Senior HIV/AIDS Prevention Advisor (Hanoi) - 80%
- HIV/AIDS Prevention Specialist (Hanoi) - 70%
- HIV/AIDS Prevention Specialist (HCMC) - 50%
- Substance Abuse Treatment Specialist (Hanoi) - 50%

Funding in this activity is also provided to cover the costs of rent, telecommunications and other utilities allocated to this program area. These costs include things such as residential rent and utilities for staff members in this program, office rent allocated to this program area and rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices.

This activity also represents a portion of funding allocated to this program area for IRM Tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15366	9597.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$531,372

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3102.09	Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5816.24682.09	Planned Funds: \$1,576,000
Activity System ID: 24682	

Activity Narrative: Pact will support condoms and other prevention activities via partnerships with both international and local non-governmental organizations and their sub-partners (including community-based organizations (CBOs) and faith-based organizations (FBOs). These activities will include condom promotion and distribution, BCC and IEC targeting most-at-risk populations through peer-driven outreach, and STI management referral in PEPFAR focus provinces. The primary emphasis area for these activities is gender (addressing male norms and behaviors, increasing gender equity in HIV and AIDS programs, and reducing violence and coercion). Specific target populations will include: at-risk youth, current and potential male clients of sex workers, FSW, MSM, and PLHIV.

The majority of other sexual prevention funds will be used to target at-risk youth and current and potential male clients of sex workers with BCC interventions and IEC messaging (programs initiated in FY06). Support will also be provided to the Ministry of Education and Training (MOET) to institutionalize and expand its FY07 pilot curriculum on sexual and reproductive health and HIV prevention for secondary school students, incorporating age-appropriate messaging and life-skills training, to five focus provinces. The remainder of COP09 sexual prevention funding will support both international and local partners (awarded as part of the Local Partnerships Initiative - LPI) to implement sexual prevention interventions targeting FSW, MSM, and PLHIV.

SCUS: \$ 400,000

In order to address increasing HIV vulnerability among Vietnamese youth, SCUS will continue supporting sexual prevention behavior change communication and condom promotion interventions targeting vulnerable youth in four PEPFAR focus provinces, with expansion to three additional focus provinces under COP09. SCUS outreach activities engage at-risk street youth and work undertaken in partnership with the Ministry of Labor, Invalids and Social Affairs to reach students enrolled at vocational training schools. This activity will minimize the spread of HIV through unprotected sex by reaching at-risk youth who exchange sex informally and practice high-risk sex.

The program has four components: a) training of a cadre of peer educators to support youth to adopt healthy lifestyles; b) peer outreach including BCC on condom use and negotiation, condom promotion, and alcohol and drug avoidance; c) mid-media events and dissemination of materials; and d) referral to CT, STI, addictions counseling/treatment services, and 50 condom outlets. This activity will also include outreach to key gatekeepers, such as parents, teachers, business owners and law enforcement officials. Under COP09, SCUS will train 316 peer educators to provide HIV sexual prevention and life-skills training to 38,000 individuals. SCUS will also add new program services including job counseling, emergency shelter and transitional housing for most-at-risk youth, and awareness-raising among law enforcement and juvenile justice officials.

Number of targeted condom service outlets: 50

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 38,000

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 316

MOET: \$ 230,000

SCUS will also continue to provide technical assistance to the Ministry of Education and Training (MOET) to institutionalize a comprehensive, government-mandated curriculum on sexual health, HIV prevention, and Life Skills training in secondary schools nationwide, with expansion of the pilot curriculum to two additional provinces. The curriculum, which includes both intra- and extra-curricular components, is a comprehensive, skills-based sexual health and HIV prevention course that emphasizes healthy life choices, including safer sexual practices, partner reduction and negotiation skills.

The program provides training and support for teachers and education managers to adopt the new curriculum, monitoring of school performance, and enhanced MOET management capacity to implement the Action Program on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students, 2007-2010, developed jointly by MOET and SCUS with PEPFAR support. Under COP09, SCUS will expand targeted provinces to include Nghe An and An Giang, in addition to HCMC, Quang Ninh and Quang Tri (COP08). The program will also place greater emphasis on interpersonal peer outreach within schools and HIV-related stigma reduction. SCUS will train 250 individuals to reach 15,000 secondary school students with sexual prevention interventions.

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 15,000

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 250

SHAPC: \$ 50,000

Local NGO SHAPC will continue to support interventions targeting at-risk university students in Hanoi, with program expansion to one additional university during COP09. Activities will include training of peer educators on BCC methodologies, provision of condoms to sexually active students via condom service outlets, peer outreach targeting at-risk university students, and establishment of student-managed clubs. Student clubs will provide recreational activities, information exchange, counseling, other social services and referrals to CT and related services. SHAPC will train 45 peer educators and reach 2,667 high-risk students with HIV sexual prevention outreach.

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 2,667

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 45

Activity Narrative: PSI: \$ 300,000

PSI will expand its BCC program targeting current and potential male clients of sex workers within the seven PEPFAR focus provinces. This comprehensive program addresses male social norms regarding sex work by promoting safe sexual practices, fidelity and partner reduction. In addition, the program increases understanding of perceived sexual risk among men.

There are three main components to this activity: a) a mass media communication campaign targeting potential and current male clients of sex workers via print media, billboards, bus-stops, websites, etc; b) community outreach including interpersonal communication activities targeting men in entertainment establishments, universities and sites with high concentrations of mobile populations; and c) community mobilization activities including edutainment events in entertainment establishments and universities. PSI will continue to coordinate these activities with condom social marketing activities. Under COP09, PSI will expand current activities to engage a greater number of individuals in existing target provinces. PSI and its sub-partners, Provincial AIDS Committees/Centers, SCUS, and AIDS Program and Hanoi Medical University/Consultation of Investment in Health Promotion, will train 60 outreach workers to provide other sexual prevention outreach to a total of 68,750 individuals.

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 68,750

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 60

MdM: \$ 95,000

MdM will continue to support its integrated prevention, care and support program for FSW, MSM and PLHIV in Hanoi and HCMC via community outreach activities and out-patient clinics, with expansion to one additional district in Hanoi during COP09. MdM addresses risk behaviors among MARPs via mobile outreach teams that work in and near entertainment establishments (e.g., massage parlors, karaoke bars) and other locations where at-risk populations are difficult to reach. Mobile teams provide clients with referral cards for convenient access to services at MdM-supported clinics, including CT and STI services. MdM also refers appropriate clients to PMTCT and addictions treatment. Under COP09, MdM will train 8 individuals to provide HIV sexual prevention interventions to 3,630 individuals. 4 condom outlets will be supported under this program.

Number of targeted condom service outlets: 4

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 3,630

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 8

CARE INTERNATIONAL: \$ 55,000

CARE will continue to support sexual prevention programming through 12 local CBOs and FBOs in Hanoi, HCMC, Quang Ninh, Can Tho, Nghe An and An Giang targeting MSM, FSW and PLHIV. CARE provides local organizations with training on prevention outreach, behavior change communication (BCC), counseling skills, techniques for reaching hidden MARPs, and CT referral. Under COP09 CARE will focus on strengthening C/FBO organizational and human resource management capacities in order to reduce high turnover in peer outreach workers, and begin preparations for phase-out of financial support for organizations with high capacity. Additionally, CARE will review sub-grantee prevention plans and eliminate those programs not in-keeping with provincial goals in an ongoing effort to align prevention activities with provincial priorities. CARE will train 30 individuals to reach 3,400 individuals with sexual prevention outreach and HIV referral interventions.

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 3,400

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 30

LOCAL PARTNERSHIP INITIATIVE (LPI): \$ 100,000

VICOMC, a local NGO identified under the LPI, will continue to provide interpersonal BCC to MSM in four districts in Hanoi (Cau Giay, Long Bien and Tu Liem, with the possible addition of Ha Dong town, a new area added to Hanoi). With technical and organizational development support from Pact, VICOMC supports two MSM self-help groups that conduct outreach to MSM at popular meeting points to deliver messages on safe sex, partner reduction and sexual negotiation skills. Access to condoms and lubricants is also ensured in partnership with PSI. Club events (singing contests and fashion shows) deliver BCC messages in a comfortable environment. VICOMC also produces a monthly MSM newsletter which provides a forum for advocacy and stigma reduction, networking and additional BCC. Under COP09, VICOMC will train 15 outreach workers to reach 1,000 new MSM with sexual HIV prevention outreach interventions.

CHP, a local NGO identified under the LPI, will continue to provide sexual prevention interventions for MSM and high-risk seafarers in Hai Phong City, with potential MSM outreach expansion to rural areas surrounding Hai Phong and seafarer outreach expansion to one additional district during COP09. CHP-trained outreach workers will provide BCC and relevant commodities to MSM in local hotspots and meeting places, and to seafarers on their boats. In Hai Phong City, outreach workers also run a drop-in center for MSM to socialize while they access HIV prevention information, counseling, and commodities. Pact provides CHP with capacity-building support to improve outreach and activities, as well as longer-term institutional development. CHP will train 13 peer educators to reach 2,000 individuals with sexual HIV prevention interventions.

Activity Narrative: Through the LPI Pact will continue to support small grants partners identified during COP07 and COP08, and newly identified under COP09, to design and implement initiatives to extend proven community-based prevention approaches to at-risk populations (FSWs, MSM, etc). These initiatives will address the diversity of individual needs among at-risk populations through outreach, behavior change communication, commodities, service referral, and community mobilization. Pact will provide LPI grantees with a package of technical and organizational development capacity building services. Organizations and focus provinces will be determined at a later date. Continuing COP08 and new COP09 LPI partners will train 8 outreach workers to reach approximately 900 individuals with sexual HIV prevention interventions.

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 3,900

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 36

PACT DIRECT: \$ 246,000

The sexual prevention programs mentioned above will be carried out with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system for provision of grants to international and local NGOs; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future CSO engagement in the national response; and 3) to ensure effective coordination among Pact sexual prevention partners, additional PEPFAR partners, and relevant government and non-governmental initiatives. Local organizations will also receive a package of organizational development capacity building services to build long-term sustainability and ensure active and growing engagement of local civil society actors.

Pact will also support sexual prevention interventions in all seven focus provinces using a combination of grants and assistance to at least 7 non-governmental organizations, as detailed above. Pact will provide technical assistance and ensure that grantees deliver a package of prevention services including, but not limited to, harmonization of sexual prevention messages and BCC approaches that lead to changes in behavior, addressing gender norms, male involvement, alcohol and drugs, and ensuring referrals to CT, STI, addictions counseling, and HIV care and treatment services as necessary.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15315

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15315	5816.08	U.S. Agency for International Development	Pact, Inc.	7117	3102.08	Community REACH Vietnam	\$150,000
9610	5816.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$180,000
5816	5816.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$126,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,246,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$230,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8674.09	Mechanism: HPI (Follow-on)
Prime Partner: Abt Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 19469.24626.09	Planned Funds: \$432,265
Activity System ID: 24626	

Activity Narrative: ABT ASSOCIATES 100% CUP GUIDANCE AND CURRICULUM DEVELOPMENT; 100% CUP IMPLEMENTATION IN AN GIANG: \$100,000

The 100% Condom Use Programs (100% CUP) piloted in Vietnam have been largely project-based, with major challenges achieving the principle of "no condom, no sex". While guidelines for the Vietnam "National Condom Promotion Program" will be launched in 2008, these emphasize general outreach and communication for HIV prevention at entertainment establishments (EE) including karaoke shops, massage parlors and saunas. Following guideline development, practical guidance materials and a training curriculum for 100% CUP targeting EE is essential to support correct and consistent condom use among sex workers and their clients. Through this activity, Abt Associates will assist the MOH to develop national guidance and a training curriculum for HIV prevention through implementation of the 100% Condom Use Program. Abt will provide technical assistance to VAAC, relevant ministries and institutions to review existing initiatives in Vietnam and other countries, to draft national guidance and a training curriculum for the 100% CUP targeting EE, and to field test them. The activity contains three components:

1. Abt will support VAAC to review existing 100% CUP initiatives at EE to identify models for implementation. Abt will support sharing of experiences among stakeholders to raise their awareness on 100% CUP implementation. Concerned ministries such as MOPS and MOLISA as well as other stakeholders will be involved.
2. Abt will facilitate a VAAC lead working group to draft national guidance on implementation of the 100% CUP targeting EE (including supervision and monitoring tools) and a training curriculum. They will provide technical assistance for this and to accelerate implementation of national condom promotion guidelines launched in 2008. The development of tools for supervision and monitoring of the 100% CUP implementation will be an integral part of this process.
3. Abt will field test the draft guidance materials and training curriculum in selected provinces, particularly in An Giang where PEPFAR supports a 100% CUP pilot. Draft national guidance and a training curriculum will be completed through COP 09 support. Abt will also guide field testing in conjunction with EE owners, law enforcement and health program implementers. Following field testing, Abt will lead revision of the materials, incorporating supervision and monitoring tools.

The 100% CUP is an integral part of the PEPFAR Vietnam 5-Year Strategy and comprehensive ABC HIV prevention programs. Whereas many outreach programs target either sex workers or potential clients, the 100% CUP is uniquely positioned to join these facets together with the explicit cooperation of law enforcement, health authorities, and other stakeholders. This collaboration assists the PEPFAR team to reach planned FY 09 targets not only through outreach, but by reducing the fear or arrest and stigmatization that causes sex workers and clients to avoid health seeking behaviors.

While supporting development of 100% CUP guidance and curriculum, Abt Associates will maintain and expand operation of a PEPFAR pilot 100% Condom Use Program in An Giang, targeting vulnerable groups with emphasis on direct sex workers and potential clients. The 100% CUP will be implemented through a provincial partnership among police, health and local authorities, establishment owners and sex workers; it will be linked to ongoing HIV and STI services. In An Giang the program is founded on: a) an MOU for 100% condom use signed by partner agencies; b) establishment of a provincial management unit including the Provincial TB and HIV Center and law enforcement; c) elaboration of a strategic plan with responsibilities, targets, and M&E components; and d) a regular reporting schedule.

Populations targeted include sex workers and their clients, traditionally marginalized by law enforcement and social standards. To effectively reach these often hidden populations, Abt Associates will develop a list of venues to ensure adequate coverage. Teams of community representatives and police will be trained to liaise with target venues and will be responsible for monitoring and ensuring the compliance with the program. Stakeholders will receive training on condom use and 100% program guidelines and provisions. Review of existing condom distribution networks and establishment of additional distribution networks will be coordinated with the PEPFAR condom social marketing partner, PSI. IEC activities for clients and sex workers will promote use of condoms in commercial sex and use of condoms with non-commercial sex partners. Finally, incorporation of STI services into the program will highlight the role of STI workers and physical examinations for sex workers and—if appropriate—contact tracing to ascertain the sources of the infection and provide information to direct prevention efforts.

Number of targeted condom service outlets: 30

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 3,000

Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: 200

ABT ASSOCIATES POSITIVE PREVENTION: \$224,265

Abt Associates will lead ongoing PEPFAR support for MOH positive prevention programming in Vietnam. FY09 funding will support continued refinement of the current positive prevention training module developed by Constella Futures, and to support a core of 200 PLWHA trainers employing positive prevention messages. Training will be provided to 3,500 people to promote HIV prevention messages and 8,000 PLWHA will be reached.

In collaboration with PLWHA groups, 200 PLWHA trainers will refine the existing positive prevention training module to promote behavior change communication (BCC) through skills-building to adopt safer behaviors employing a range of prevention methods including correct, consistent condom use. The module teaches life skills, counseling (including referral for addiction treatment), and will address difficulties faced by women, and male norms and behaviors. Specific interventions will address HIV re-infection and provide support for PLWHA by providing clear referrals to the network model in PEPFAR focus provinces.

The module will be used by the core group of 200 PLWHA prevention trainers. Drawn from existing PLWHA Vietnam Page 77

Activity Narrative: groups, including Bright Futures, trainers will conduct workshops to build capacity among members of multiple PLWHA groups from each of the original 7 PEPFAR focus provinces. This will also boost local organizational capacity as well as development of networks, linkages and referral systems. Trainers will establish relationships with other service providers, including VCT and outpatient clinic (OPC) sites, to enable mutual referral among trainers and service providers. The 200 PLWHA prevention trainers will hold workshops for PLWHA groups and other service providers in intervention provinces. Three workshops in each province (total 21) will train 3,500 participants to teach PLWHA abstinence or faithfulness or correct and consistent condom use as appropriate, establish condom outlets, and mobilize communities to promote safer behaviors. Condoms will be provided to groups and individuals as a component of the training on a regular basis. A component of this activity will link with other PEPFAR prevention activities to ensure that PLWHA groups are provided with regular and adequate supplies of condoms.

Number of targeted condom service outlets: 60
 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 8,000
 Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: 3,500

ABT ASSOCIATES 06 PARTNERS: \$108,000
 This is a continuing activity, however the program has been removed from the Pact scope of work, and added to this mechanism to reduce overhead costs. The program is split funded between HVOP and IDUP. FY 09 funding will support the third year of program implementation, improvement and refinement of program activities.

Abt Associates will continue to prevent the spread of HIV/AIDS to female and male sexual partners of drug rehabilitation center (06 center) returnees in 4 Hanoi districts. Abt developed the program in Hanoi, working with partners ISDS, the Hanoi Women's Union, DOLISA, the Hanoi Provincial AIDS Center, police and others. Recruiting a project coordinator and four district coordinators, Abt trained peer educators and engaged participants in Hanoi's Long Bien, Hai Ba Trung, Dong Da, and Hoang Mai districts. Participants (primary sexual partners of returnees from and residents of rehabilitation centers and prisons) were invited to individual confidential interviews and have blood drawn for HIV rapid test. HIV positive participants have been referred to free HIV care and treatment services.

With FY 09 funding Abt will ensure that all program participants, regardless of HIV status, will benefit from peer outreach, focus groups, psychological counseling and behavior change communication that provide individuals and their sexual partners with comprehensive ABC messaging and the motivation, skills, and commodities needed to adopt safer behaviors. Through the program, outreach workers will continue to address male and female behavioral norms and stress messages that spouses/sexual partners of former 06 center residents have the right to refuse sexual relationships and that should they decide to engage in sexual activity, correct and consistent condom use is vital. Using individual- and couple-oriented approaches, outreach workers help partners negotiate the adoption of safer sexual practices, and provide drug use prevention and risk-reduction education. Center releasees, their primary partners (who may also be current/former drug users), and family members will continue be provided with referrals to the full range of HIV/AIDS services in Hanoi, including counseling and testing, substance abuse treatment, HIV/AIDS care and treatment, PMTCT, and care and support services for infected/affected children.

Number of targeted condom service outlets: N/A
 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 1,500
 Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: 50

New/Continuing Activity: Continuing Activity

Continuing Activity: 19469

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19469	19469.08	U.S. Agency for International Development	Abt Associates	8674	8674.08	HPI - Vietnam	\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7269.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9598.24616.09

Activity System ID: 24616

Mechanism: AIDStar

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$1,207,832

Activity Narrative: CONDOMS AND LUBRICANTS SOCIAL MARKETING AND DISTRIBUTION: \$1,207,832

Social marketing of condoms and other prevention commodities, and promotion of safer behavior, are essential elements of the PEPFAR-supported HIV prevention portfolio in Vietnam. Although PEPFAR is supporting a large number of partners in providing targeted, outreach based services to high-risk groups including injecting drug users (IDU), commercial sex workers (CSW), men who have sex with men (MSM), and prospective male clients of sex workers, social marketing approaches are necessary to ensure that key populations have sustainable access to prevention commodities such as male and female condoms and lubricant in key high-risk settings and hotspots, and recognize the importance of adopting safer behaviors.

PSI was recently announced as the recipient of a competitive award to continue the social marketing activities it initiated for the PEPFAR team under the Pact, Inc. mechanism. Hence for five years starting in FY08, PSI will have a more direct partnership with PEPFAR Vietnam as its primary social marketing partner.

In FY09, USAID will purchase Number One condoms, Protector Plus condoms, female condoms and water-based generic lubricants through its contraceptives and commodities fund (CCF) procurement, and PSI will purchase branded Number One water-based lubricants due to USG restrictions on using the CCF to purchase branded lubricant. The branded Number One products will be packaged and marketed together, and the Protector Plus condoms, female condoms and generic lubricant will be freely distributed to targeted MARPs as part of outreach efforts to these populations. Lubricants will always be packaged and promoted in tandem with condoms.

In FY 09, PSI will continue to promote correct and consistent condom use as part of a comprehensive ABC approach to reduce sexual risk, and will socially market condoms and other commodities to enhance demand and promote sustainability. Revenues generated through condom sales will be used to offset program costs. Communication campaigns will be refined to encourage consistent and correct use of condoms, particularly among at-risk individuals. Interpersonal communication activities will tailor risk-reduction messages appropriately to different sub-populations and ensure that high-risk individuals have adequate support to consistently use condoms.

PSI has already built strong relationships with entertainment establishment (EE) owners through existing projects and has done a significant level of mapping of strategic EEs -- such as hotels, guest houses, karaoke bars and massage parlors -- and non-traditional sales outlets for education and social marketing activities. In FY09, PSI will extend the scope of its work to reach to EE-owners and staff. These efforts will allow PSI to provide more comprehensive HIV prevention programming to at-risk populations in these settings.

PSI will also support the PEPFAR team by developing and maintaining logistical networks that deliver and monitor distribution of prevention commodities (male and female condoms and lubricant) for free distribution among MARPs by PEPFAR partners throughout Vietnam. The free distribution plan for Protector Plus condoms and generic lubricant will be developed in close collaboration with existing PEPFAR outreach programs. Products and services for MARPs in a matter that promotes the adoption of risk reduction practices and provides linkages to services for sustained behavior change.

PSI will strengthen partnerships with Provincial Health Departments (PHD) and local NGOs to improve their ability to develop evidence-based, client-focused social marketing programs. These efforts will the capacity of these organizations to implement sustainable social marketing approaches and to develop compelling behavior change campaigns. Social marketing workshops will be offered to Provincial Health Departments (PHD) involved in MOH/VAAC HIV/AIDS activities, as well as other organizations involved in HIV prevention.

PSI will carry out regular assessments and formative evaluations to inform the development of more effective strategies for targeting and reaching most-at-risk populations with condom social marketing services.

Through its FY09 activities, PSI will provide prevention services and commodities at 1000 non-traditional outlets (NTOs); 8 million (8,000,000) male condoms will be distributed; 10,000 female condoms will be distributed; 300,000 lubricant sachets will be distributed; more than 2,000 CSW and MSM will be trained in the use of female condoms (FC) and lubricants, and 45,000 individuals will be reached through community outreach that promote HIV/AIDS prevention. Approximately 380 individuals will be trained to promote HIV/AIDS prevention as a component of this program.

Number of targeted condom service outlets: 1,000

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 45,000

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 380

New/Continuing Activity: Continuing Activity

Continuing Activity: 15344

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15344	9598.08	U.S. Agency for International Development	Population Services International	7269	7269.08	PSI - Vietnam	\$1,000,000
9598	9598.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$875,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$121,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3107.09	Mechanism: USAID-FHI
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 9600.24670.09	Planned Funds: \$2,132,089
Activity System ID: 24670	

Activity Narrative: INTERVENTIONS FOR MEN WHO HAVE SEX WITH MEN (MSM): \$727,549

FHI will continue to support behavior change communication, STI interventions and referral to VCT and HIV care and treatment for MSM in 6 current sites in PEPFAR focus and selected provinces and the maintenance of the current internet-based forum and website. The program employs 5 complementary strategies including outreach, drop-in centers, "MSM-friendly" services, community advocacy and mobilization, and internet-based efforts. Programs will continue to target MSM at entertainment establishments (e.g., massage parlors, saunas, bars), most at-risk MSM (e.g., male sex workers and MSM using or injecting drugs), and hard-to-reach MSM including those who are isolated, non-gay identified and married. In addition, FHI will work closely with PEPFAR condom social marketing partner PSI to accurately forecast need for and distribution of PEPFAR supplied male and female condoms and water based lubricant. FHI MSM prevention interventions will promote correct consistent condom use and will ensure timely commodity distribution in target areas.

FHI will continue to provide technical assistance to support maintenance of the MSM internet-based forum and websites (<http://adamzone.vn> and <http://naman.vn>) which are managed by local organizations (T&A Communications and Consultation of Investment in Health Promotion—CIHP). These websites aim to reach discrete MSM nationwide and will include discussions on being faithful and partner reduction as part of its comprehensive prevention approach. Counseling will be provided in a manner that enables MSM accessing on-line service to strategize appropriate ways to reduce risk of HIV transmission. Approximately 50 individuals involved in administering and moderating the forum and website will be trained to provide on-line counseling, and an estimated 5,000 individuals will be reached. FHI will work closely with T&A and CIHP to build capacity and sustainability.

In FY 09 FHI will provide technical assistance and build capacity of local organizations including government, NGOs and CBOs. This will include adaptation of training curricula, in-service training, mentoring and technical assistance to intervention sites beyond FHI-supported implementing agencies. FHI will also support formation of one-to-two local NGOs or CBOs, operated by and for MSM in Vietnam. FHI will continue to advocate for MSM programming in the national HIV/AIDS strategic plan and to address stigma and discrimination towards MSM.

Number of targeted condom service outlets: 65

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 27,000

Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: 200

INTERVENTIONS FOR COMMERCIAL SEX WORKERS (CSW): \$813,426

With FY09 funding, FHI will continue to support high quality comprehensive outreach services for sex workers and to maintain the successful "one-stop-shop" model of drop-in centers where women receive HIV prevention information, condoms, STI treatment, VCT and referral to drug addiction counseling and HIV care, treatment and social support. Recognizing the strong correlation of drug injection and HIV prevalence among sex workers, FHI will prioritize reaching women doubly at risk of HIV transmission through drug use and sex work.

Fresh interactive educational and motivational materials will ensure women do not become weary of standard prevention messages. New mobile models of VCT and STI treatment will ensure treatment for women who live far from static service sites, or have concerns about visiting a drop-in center associated with sex work. To ensure adequate condom stocks at each intervention site, FHI will designate key staff in each province to work closely with PEPFAR condom social marketing partner PSI. These staff will maintain responsibility for submitting quarterly reports for PSI to accurately forecast need for and distribution of PEPFAR supplied male and female condoms and water based lubricant. FHI CSW prevention interventions will promote correct consistent condom use and will ensure timely distribution with focus on entertainment establishments.

The FHI internal mandate to build capacity of local agencies to implement, manage and monitor CSW interventions will be applied in all CSW service sites. In service of this goal, FHI will build capacity with mass organizations such as the Women's Union and NGOs. These organizations will also receive technical assistance to provide vocational training and job placement opportunities for women who want to leave sex work.

Number of targeted condom service outlets: 435

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 37,700

Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: 273

CAMBODIA CROSS BORDER INTERVENTION: \$208,463

A recent rapid assessment suggests that several thousand Vietnamese women migrate to Cambodia each year for short term work in casinos or as sex workers in various entertainment establishments. Evidence further suggests that infection among relatively young and inexperienced women occurs more frequently during the early period of sex work. The potential HIV infection risk is clear, but is it less clear how Vietnamese women can be efficiently and effectively reached in the border area of Svay Rieng (Cambodia). Casino staff work long hours and are tightly controlled by casino managers; they report reluctance to attend group or formal peer education sessions during their spare time. Language barriers (and also possible legal status issues) make effective outreach problematic for Vietnamese women in this area and in the brothels and entertainment venues in Phnom Penh.

FHI/Vietnam and FHI/Cambodia will work with FHI/Cambodia's implementing partners (Reproductive Health Association of Cambodia and the Cambodian Red Cross and other partners) to recruit, support, train and supervise Vietnamese-speaking outreach workers and health care staff to serve Vietnamese commercial

Activity Narrative: sex workers and “entertainment workers” in Bavet town, Phnom Penh and 1 TBD province (identified through COP 08 work). Vietnamese-speaking outreach workers and peer educators will reach both community-based and casino-based sex worker/entertainment workers. An important component of the outreach will be the design, development, production and wide distribution of HIV, reproductive health and other health-related information. The outreach workers will be active participants in the design and development of the BCC materials in order to ensure appropriate targeting. Such information will be both print and electronic and will be available on both sides of the border—particularly those areas that appear to be active source communities. FHI Cambodia’s implementing partners will offer Vietnamese female sex workers and their partners friendly VCT and STI services in Vietnamese language and refer them to accessible care and treatment.

Number of targeted condom service outlets: 44
 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 1,500
 Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: 39

TRUCKERS INTERVENTIONS: \$286,252
 FHI, with its partners, will continue to strengthen existing trucker interventions in HCMC, Hanoi, and border gates such as Quang Ninh. These interventions for truckers aim to reduce commercial sex uptake and promote safer sex behaviors and health seeking behaviors. They include condom promotion at trucking rest-stops near commercial sex areas, diagnosis and treatment of STIs, and access to counseling and testing.

A cross-sectional survey of truckers’ risk behaviors and service utilization will guide the intervention and provide evaluation data. Regular mapping of truck stops will guide the outreach interventions and distribution of targeted BCC messages. The outreach interventions for truckers will closely cooperate with interventions for FSWs in the same locations. The trucker interventions in Mong Cai district, Quang Ninh, Hanoi and HCMC will be integrated with FSW interventions in the same locations. Collaboration with petrol vendors, drink vendors and entertainment establishment owners to gain their interest in and support for the interventions will be an integral part of the work. Collaboration with other organizations, projects and community leaders will serve to expand coverage and strengthen referral linkages.

Number of targeted condom service outlets: 109
 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: NA (to be reported in HVAB)
 Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: NA (to be reported in HVAB)

PROVINCIAL OUTREACH COORDINATORS: \$96,399
 HVOP funding will support PEPFAR Outreach Coordinators in nine provinces where the country’s epidemic is most severe. Provincial outreach coordinators will focus on the following: (1) coordinate all PEPFAR Outreach/BCC activities; and (2) ensure the coordination of PEPFAR activities with programs sponsored by the government and other donors at the provincial level. They are housed inside the PAC and serve as a focal point for all Outreach/BCC. This includes, but is not limited to, outreach for injecting drug users (IDU), commercial sex workers (CSW) and men who have sex with men (MSM) with referrals to prevention, care and treatment. Coordinators will also facilitate referral to an increasing array of drug and alcohol abuse treatment services in their provinces. In order for provincial outreach coordinators to work effectively, FHI will continue to strengthen their capacity through training for data management, analysis and application. With support from VAAC and technical assistance from FHI, these outreach coordinators will facilitate regular meetings among PEPFAR and other staff to ensure availability and equal access to HIV prevention services. They will develop and maintain comprehensive records of all Outreach/BCC activities and resources supported by PEPFAR, the government and other donors in the province and will advise how to resources may be most effectively and efficiently allocated.

Number of targeted condom service outlets: N/A
 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: N/A
 Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: N/A (to be reported in HVAB)

New/Continuing Activity: Continuing Activity

Continuing Activity: 15245

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15245	9600.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$100,000
9600	9600.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$50,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7251.09	Mechanism: HHS/CDC ICASS
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 9688.24596.09	Planned Funds: \$77,953
Activity System ID: 24596	
Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 15398	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5170.09

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)

Prime Partner: Ministry of Health, Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5810.24580.09

Planned Funds: \$339,684

Activity System ID: 24580

Activity Narrative: PEER OUTREACH FOR COMMERCIAL SEX WORKERS: \$339,684

The Vietnam Ministry of Health (MOH), which coordinates donor-funded HIV/AIDS activities, is responsible for implementing community-based peer outreach programs for injecting drug users (IDU) and commercial sex workers (CSW). Outreach workers, who are key to these programs, are trained to provide behavior change communication (BCC) services. They provide health information and help motivate high-risk individuals to adopt safer sexual and drug use-related behaviors. At-risk individuals receive condoms and are referred to services, including voluntary counseling and testing (CT), HIV care and treatment, drug and alcohol abuse treatment programs, family planning, and sexually transmitted infections (STI) services. Outreach workers also refer clients to peer support groups, drop-in centers, vocational skills training, job placement, and micro credit/microfinance programs.

With PEPFAR support, MOH's outreach services are now provided in 29 provinces with high HIV prevalence. From October 1, 2007 to July 1, 2008, 30,994 at-risk individuals were reached with BCC services and 9,719 (31%) received CT through MOH-supported outreach workers. With FY07 funds, MOH successfully organized two regional outreach workshops that involved hundreds of peer outreach workers, local government officials, representatives from both the Ministry and the Departments of Labor, Invalids and Social Affairs (MOLISA/DOLISA), and local and international NGOs. The workshops promoted best practices in: providing outreach services to high-risk populations; using data to improve program planning and service quality; and promoting the important role of peer outreach workers in HIV prevention.

In FY08, PEPFAR is supporting MOH to train 176 peer outreach workers to work with CSW in 11 provinces (Hanoi, Hai Phong, Quang Ninh, Nghe An, An Giang, Son La, Thai Nguyen, Binh Duong, Da Nang, Khanh Hoa, and Ba Ria-Vung Tau). FY09 funds will be used to maintain CSW-focused outreach activities in these geographic areas and improve the quality of services. PEPFAR-supported provincial outreach coordinators will be responsible for coordinating BCC interventions. As MOH outreach services are provided to CSW in multiple provinces where outreach programs are funded by other partners and donors, interventions will be planned in cooperation with provincial outreach coordinators to avoid overlapping in target districts. Staff training, "hot-spot" mapping, and quality assurance/quality improvement activities will be coordinated to ensure effective utilization of available resources. MOH will also develop strategies to improve referrals to CT, HIV and STI care and treatment, and other social support services.

Targeted strategies to better address the diverse needs of CSW will be developed based on the results of the FY08-funded Transactional Sex Assessment. The goal will be to increase contact with hard-to-reach groups of sex workers, including establishment-based CSW (with participation of bar and hotel owners), cell phone-based or scooter-based CSW, and to ensure equitable access to HIV/AIDS services for drug-using CSW (based on CSW/IDU needs assessment results). The program will place particular emphasis on reaching and meeting the needs of CSW who also face HIV risks associated with drug use.

FY09 funds will continue to support MOH's HIV/AIDS community centers in five provinces (Hai Phong, Quang Ninh, Thai Nguyen, Nghe An, and Hanoi). These centers will offer space for group meetings, refresher-training courses, and for clients to learn risk-reduction skills. Outreach coordinators will host coordination meetings and training sessions in these centers, facilitating networking among different outreach groups and other service providers. This work complements other peer outreach efforts conducted by the MOH and supported in the IDUP section.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 12,000

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 176

New/Continuing Activity: Continuing Activity

Continuing Activity: 15292

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15292	5810.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,350,000
9627	5810.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$900,000
5810	5810.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$675,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$295,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3093.09	Mechanism: N/A
Prime Partner: Ho Chi Minh City Provincial AIDS Committee	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5811.24568.09	Planned Funds: \$100,000
Activity System ID: 24568	

Activity Narrative: PEER OUTREACH PROGRAMMING: \$100,000

PEPFAR supports the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) to take the lead governmental role to implement community-based peer outreach programs as well as coordinate activities by multiple donors in the city. Outreach workers are responsible for accessing high-risk populations and providing them with the skills to adopt safer behaviors as well as linking them to CT clinics, HIV care and treatment outlets, and STI services. Outreach workers may also refer clients to peer support groups, PEPFAR-funded drop-in centers, vocational skills trainings, and microfinance projects. Women engaging in sex work as well as male clients of sex workers will receive condoms and condom education as part of a comprehensive ABC approach to reduce risk.

PEPFAR has been supporting outreach activities through HCMC PAC since 2005 and in FY09 will continue to support HCMC PAC to improve the quality of outreach services through quality assurance mechanisms, refresher trainings, and ongoing technical support for peer educators. All BCC outreach activities will be coordinated by the HCMC PAC to ensure coverage is sufficient and avoid duplication and redundancy of efforts across donors and partners.

In the first six months of FY08 funding, PEPFAR-funded outreach workers reached more than 3,700 new high-risk individuals and provided them with BCC messages and risk reduction counseling. Thirty percent of these new contacts were successfully referred to CT services. In addition, 24 health educators in two districts—District 10 and Binh Thanh District—were hired to provide HIV prevention messages inside entertainment establishments to owners and female staff. In Binh Chanh district, eight health collaborators—professional health workers and respected elders in the community—were trained to provide HIV prevention messages to high-risk migrant workers inside their temporary housing.

For strategic and capacity reasons, there will be no geographic expansion of outreach activities in FY09. Efforts will focus on improving service quality, increasing referral rates to HIV services, and better accessing MARPs in the targeted districts. Novel techniques for contacting hard-to-reach groups of sex workers, including establishment-based CSW, cell phone-based CSW, and scooter-based CSW, will be developed based on the results of the FY08-funded Transactional Sex Assessment.

In FY09, PEPFAR will continue to fund outreach activities in six districts (Districts 1, 2, 4, 10, Binh Thanh and Binh Chanh) and train 56 peer educators, health educators, and health collaborators in behavior change communication (BCC) for HIV prevention targeting commercial sex workers (CSW), migrant workers, and their partners. Outreach workers will access 4,300 new CSW, a decrease from FY08, but will focus on increasing successfully referrals to CT and STI services to 50%.

Number of targeted condom service outlets: 6

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 4,300

Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: 56

New/Continuing Activity: Continuing Activity

Continuing Activity: 15268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15268	5811.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$255,000
9625	5811.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$170,000
5811	5811.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$78,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3694.09

Mechanism: CDC-GAP-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5824.24561.09

Planned Funds: \$71,842

Activity System ID: 24561

Activity Narrative: This activity supports a portion of the costs associated with US Direct Hire staff salaries, benefits, allowances and relocation costs of program staff and their family members included in this activity:
- Senior Prevention Advisor, Hanoi, USDH (50%)

New/Continuing Activity: Continuing Activity

Continuing Activity: 15388

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15388	5824.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7129	3694.08		\$197,898
9596	5824.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$166,700
5824	5824.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$166,628

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 6132.09

Mechanism: N/A

Prime Partner: United Nations Resident Coordinator

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other
sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 12261.24703.09

Planned Funds: \$650,000

Activity System ID: 24703

Activity Narrative: UNAIDS MARPS COORDINATION AND CAPACITY BUILDING: \$200,000

This is a continuation of FY07 and FY08 activities to: 1) strengthen coordination and advocacy for Most At Risk Populations (MARPs); and 2) build capacity for the response to HIV among men who have sex with men (MSM), commercial sex workers (CSW), and injecting drug users (IDU).

While the Vietnamese HIV epidemic remains concentrated among MARPs, the national focus on IDU programs may overshadow the needs of other groups such as MSM and CSW. Given the significant interaction between drug and sexual risks revealed by the 2006 IBBS, it is imperative to strengthen coordination between all MARPs interventions by standardizing approaches and strengthening advocacy for IDU, sex workers and MSM. UNAIDS will continue to lead coordination of these activities and will build capacity of stakeholders to address HIV on a larger scale. This activity consists of two objectives:

1. Increased Coordination and Advocacy for MARPs

UNAIDS remains responsible for coordination and advocacy of national and provincial MSM working groups and for strengthening links with the regional MSM Purple Sky Network. Due to the observed interaction of drug use and sexual risk, in FY08 UNAIDS expanded its advocacy role to address recovering IDU and sex work in addition to MSM. FY09 funds will support continued advocacy for all high risk groups through standardization and consolidation of peer educator manuals for IDU, sex workers and MSM. At the provincial level UNAIDS will support operation of six current MSM working groups and advocate establishment of at least 4 more. Through collaboration with local and international IDU and CSW advocates, UNAIDS will develop strategies to reduce stigmatization of drug users and sex workers and to encourage peer participation in decisions that affect their health and welfare, including HIV/AIDS prevention, care and treatment. Strategies focus on: a) coordination of MARP working groups and interventions, and; 2) generation of strategic information to inform service development and implementation for these high risk populations (e.g. size estimation and development of a research agenda on MARPs and HIV).

UNAIDS will continue to increase MARP access to HIV prevention information by translating, printing and disseminating MSM material; using existing web access, mailing lists, electronic or printed bulletins and the UNAIDS website; and joining forces with experienced IDU and CSW advocates to ensure prevention information is readily on hand. Advocacy for inclusion of MARPs in policy and programming decisions at the national level will continue.

New in FY09, UNAIDS will work to coordinate a unified approach to MARP interventions with international agencies such as (but not limited to) WHO, UNODC, PEPFAR and Vietnamese government partners including the Vietnam Administration of AIDS Control (VAAC); the Ministry of Labor, Invalids and Social Affairs (MOLISA); and the Ministry of Public Security (MOPS). This includes work with MOPS to advocate services in prisons (including prevention addressing male-to-male sex) and with MOLISA on (male) sex workers to address service overlap and gaps.

2. Improved Capacity for MSM Access to HIV Services

In FY07, UNAIDS conducted a needs assessment on MSM and HIV issues, which led to development of a capacity-building plan for 2008-2010. Implementation of the plan commenced in FY08. In FY09, UNAIDS will continue training sessions to strengthen MSM interventions using the previously developed materials. UNAIDS will also support establishment of MSM community-based organizations through leadership training and institutional development for self-help groups and MSM CBOs, seed funds for self-help groups and support for their legal registration. Since previous MSM interventions have increased media attention—some reflecting a stigma towards this group—UNAIDS will continue media work to improve the image of MSM. Research on social perceptions of homosexuality and work with mass media to address stereotypes will support efforts to combat discrimination against MSM.

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 1,000

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 200

UNODC HIV PREVENTION AND SERVICES IN CLOSED SETTINGS: \$250,000

The Vietnamese custodial system includes more than 800 correctional facilities and associated clinics with over 20,000 security and health staff. Of an estimated 150,000 detainees, more than 35,000 are incarcerated drug users. Current HIV services in custodial settings remain weak, and while the Ministry of Public Security (MOPS) offers basic health care and small-scale prevention campaigns, a significant response to the epidemic is lacking.

While no public data quantify HIV prevalence across Vietnamese prison facilities, informal discussions suggest infection rates are high, sparking concerns for the health and safety of prison staff and those in custody. As such, addressing health needs of confined persons living with HIV, reducing transmission risk to detainees and custodial staff, and ensuring a detention-to-community continuum of care are needed to integrate the Vietnamese correctional structure with the national strategy on HIV/AIDS.

As lead UN agency for HIV programs in closed settings, the UN Office on Drugs and Crime (UNODC), in collaboration with UNAIDS, partners with MOPS to develop guiding principles and programs related to HIV service in prisons. This includes provision of UN technical advice and assistance for: (a) HIV/AIDS and TB services for custodial populations (detainees, security and support staff) equivalent to that in the community; (b) Preventing transmission of HIV and other infections among detainees, staff, and the community; and (c) Promoting a continuum of care between custodial facilities and the community to address the needs of PLHIV.

UNODC will receive FY09 assistance to complete four concrete activities, increasing knowledge, skills and resources to combat HIV in custodial settings. UNODC will:

Activity Narrative: 1. Translate, publish and distribute UN technical 'best practice' guidelines for prisons and closed settings. Central and provincial MOPS and prison agencies will receive the following translated 'best practice' documents: (a) HIV Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response; (b) Effectiveness of Interventions to Address HIV in Prisons; (c) Interventions to Address HIV in Prisons: HIV Care, Treatment and Support; and (d) Interventions to Address HIV in Prisons: Drug Dependence Treatments.

2. A national seminar on 'HIV in Prisons and Closed Settings', and two regional technical workshops will take place – one in Hanoi and one in HCMC.

3. UNODC will facilitate development a draft national strategy on HIV prevention, care and treatment in prisons. A series of policy meetings will garner support from senior MOPS leaders on the need for, and contents of, a national framework for HIV service in prisons. UNDOC will coordinate assistance from other international stakeholders in order to assist MOPS to begin drafting the framework.

4. UNODC will lead in-service training of central MOPS Department of Prisons and Department of Healthcare officials and officers, and officials and officers from up to four pilot prison locations, on UN 'best practice' guidelines. An initial assessment will determine technical, human resource, and financial needs to adopt the program framework in pilot prisons, including continuum of care links between prison and the community. Support will include technical and policy-related training, including in-service mentoring with a UNODC global expert dedicated to the facility for 4-6 weeks. This prison-based support could be coordinated with prison-oriented assistance provided by Nordic Assistance to Vietnam, with possibilities for additional service support through in-reach models of care and treatment from community-based programs supported by PEPFAR through Family Health International and others.

By the end of FY09 200 prison staff will be trained, 2,000 prisoners will receive HIV prevention training, and a total of 20,000 prison staff and prisoners will receive HIV prevention messaging and other HIV prevention-related communication.

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 20,000

Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: 2,000

UNODC HIV PREVENTION SUPPORT FOR POLICE: \$200,000

Building on previous MOPS initiatives supported by UNODC and UNAIDS, this FY09 activity will provide information and training for new police recruits to make informed behavioral decisions, and increase HIV/AIDS knowledge among other MOPS staff. Training will improve police understanding and attitudes towards HIV prevention and sensitize officers to address correlated issues of drug addiction and HIV. This improved understanding would enhance police officers' approaches towards vulnerable at-risk populations, including IDU and sex workers, in the execution of their duties. This will be accomplished through: training for trainers and peer educators; peer education courses; modification of training materials; provision of training and support for MOPS departments at central and provincial level; and support for the use of existing MOPS media to disseminate HIV prevention messaging and related information.

UNODC, in close cooperation with UNAIDS and in partnership with the MOPS Department of Healthcare, will conduct training for trainers (TOT) courses for 400 peer educators who will deliver HIV/AIDS courses for 8,000 MOPS members in provinces to be determined in consultation with UNODC, MOPS, and PEPFAR. Peer educators from the MOPS healthcare system, including prisons and detention centers, and other MOPS staff, will be trained on peer education and HIV/AIDS/STI prevention, referral to HIV testing, care and treatment services, and national HIV policy. UNODC also will provide technical assistance to MOPS to set up clubs to support prevention outreach and as condom access points for officers.

Peer educators will be equipped with HIV prevention training kits to support their outreach. They will also employ communication kits based on the UN Peer Education Kit for Uniformed Services to assist them in their prevention interventions. Peer educator messages will be reinforced through IEC campaigns via domestic media channels including the MOPS weekly television program and daily newspaper.

By the end of FY09, 400 police peer education trainers will be trained, 30 outreach support clubs supplying condoms and other prevention materials to police will be established, and an additional 8,000 police will be provided HIV/AIDS prevention training.

Number of targeted condom service outlets: 30

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 8,000

Number of Individuals trained to promote HIV/AIDS prevention through behavior change other than Abstinence and/or being faithful: 400

New/Continuing Activity: Continuing Activity

Continuing Activity: 15282

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15282	12261.08	U.S. Agency for International Development	United Nations Resident Coordinator	7111	6132.08		\$200,000
12261	12261.07	U.S. Agency for International Development	Joint United Nations Programme on HIV/AIDS	6132	6132.07	UNAIDS	\$130,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$450,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3109.09	Mechanism: DoD - Defence-Partnered HQ activities
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 10043.24724.09	Planned Funds: \$0
Activity System ID: 24724	

Activity Narrative: This activity will utilize \$120,800 of COP 2008 Yellow Lighted funds under COP 2009

The new recruit population within MOD has been targeted with abstinence (AB) and other prevention (OP) activities as they are considered to be at risk due to their younger age, time spent living in remote areas, and tendency towards risk taking behavior. However, little data collection has taken place along side AB/OP programming that would allow one to qualify: the level of risk this population has, how effective the prevention programs targeting this population have been/are, or how to direct future programming in a strategic manner. Therefore this narrative is requesting the funds necessary to complete a nationally representative sero-behavioral survey within the new recruit population in order to collect sexual risk and drug use data.

The Bangkok-based Armed Forces Research Institute of Medical Sciences (AFRIMS), a special medical detachment of the Walter Reed Army Institute of Research (WRAIR), will provide technical assistance with the execution and implementation of a the Ministry of Defense's bio-behavioral survey. AFRIMS/WRAIR has extensive experience in conducting surveys in collaboration with the Royal Thai Army as well as other militaries. The surveys conducted in Thailand have been a key surveillance indicator to inform HIV/AIDS public health policy.

SURVEY COMMODITIES: \$87,500

DOD will procure the necessary commodities (reagents, disposables, etc.) for implementation of the sero-behavioral survey.

PERSONNEL: \$33,300

Funding in this activity is provided to support personnel compensation, benefits and technical travel costs for the following positions in this program area:

- DOD Prevention Program Officer (Hanoi) - 90%.

This individual will be actively involved in the prevention TWG and will be instrumental in coordinating efforts between MOD, the in-country DOD team, and AFRIMS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15402

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15402	10043.08	Department of Defense	US Department of Defence/Pacific Command	7130	3109.08	Center of Excellence	\$230,000
10043	10043.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$50,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3367.09 **Mechanism:** CDC-GHCS-Funded HQ Activities
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 15977.24553.09 **Planned Funds:** \$97,149

Activity System ID: 24553

Activity Narrative: Funding in this activity supports the procurement of contractual services to provide technical support to HVOP activities:
 - Contractual: Technical Advisor for Prevention/Rehabilitation, HCMC (25%)

This activity also represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15977

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15977	15977.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$75,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10563.09 **Mechanism:** ASPH Fellowship Program
Prime Partner: Association of Schools of Public Health **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 24807.09 **Planned Funds:** \$40,000
Activity System ID: 24807

Activity Narrative: Through the CDC cooperative agreement with the Association of Schools of Public Health (ASPH), students and graduates gain practical first hand experience by participating in assignments and projects designed to enhance their academic training. In Vietnam ASPH Fellows work under the mentorship of experienced CDC technical and management staff and make considerable contributions to PEPFAR. CDC Vietnam supports this program with the goal of providing a multidisciplinary international experience for two future public health professionals (one each in Hanoi and Ho Chi Minh City).

ASPH Fellows in Vietnam are important members of the PEPFAR Vietnam team. Though they participate in many activities and assignments during their year-long Fellowship, their positions are primarily focused on provision of management support to the Grants Management Unit within the CDC Vietnam office. Each Fellow serves as a primary point of contact for one of the larger programmatically comprehensive cooperative agreements (the Ministry of Health in Hanoi, and the Provincial AIDS Committee in Ho Chi Minh City) assisting Government of Vietnam counterparts in developing work plans, budgets, accomplishing quarterly and annual reporting, developing applications for continued funding, etc. Their work requires them to interact directly and frequently with government partners while liaising with CDC management and financial staff and the PEPFAR, Vietnam technical teams.

The cooperative agreements with the Ministry of Health and Ho Chi Minh City Provincial AIDS Committee support a broad but integrated range of activities to address the HIV epidemic in Vietnam. These two key government partners work with the ASPH Fellows and the larger PEPFAR Vietnam team to implement activities across a variety of program areas including HVOP.

This activity provides funding for a portion of the ASPH Fellowship program in Vietnam for coordination of HVOP activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7270.09	Mechanism: AED Smartworks Follow-on
Prime Partner: Chemonics International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5814.24710.09	Planned Funds: \$166,765
Activity System ID: 24710	

Activity Narrative: Supporting recovering drug users in achieving the social and economic stability they need to get and stay off of drugs is a key HIV prevention priority in Vietnam. In addition, economic rehabilitation services can help to provide sex workers with viable and safer alternatives to prostitution, and can improve treatment outcomes and quality of life for people living with HIV/AIDS (PLWHA).

In FY09, Chemonics will play a leading role in sustainably building others' capacity to implement best-practice approaches to the economic rehabilitation of recovering injecting drug users (IDU), commercial sex workers (CSW) and people living with HIV/AIDS (PLWHA) in the domains of vocational training, job placement, and micro credit/microfinance programming. This new partner will also sharpen the focus of workplace programming previously supported by PEPFAR through AED/SMARTWork to 1) bring peer education programming to targeted workplaces likely to employ individuals who may face elevated risks of HIV infection, 2) reduce workplace stigma and discrimination against high-risk individuals and PLWHA, and 3) build the capacity of the Ministry of Labor, Invalids, and Social Affairs (MOLISA) to support HIV/AIDS programming and the economic rehabilitation of most-at-risk populations (MARPS).

Both the economic rehabilitation and the workplace prevention activities described below are being split-funded in equal amounts across the HVOP and the new IDUP budget codes, so the budgets and targets provided below represent half of the totals anticipated for this new partner.

ECONOMIC REHABILITATION OF MARPS: \$100,000

Chemonics will increase the number of PLWHA, CSW and recovering IDU who receive vocational training, employment counseling and job placement services, and micro credit/microfinance support. To achieve this goal, Chemonics will identify and develop best practice sustainable approaches to the economic rehabilitation of MARPs in Vietnam, building upon assessments conducted with FY08 funds of locally viable models, and of the vocational needs and aspirations of most-at-risk populations in Vietnam. In FY09, Chemonics will work closely to with existing partners to sustainably integrate economic rehabilitation approaches into their current programs aimed at supporting the needs of recovering IDU, CSW and PLWHA. Funding will also support the piloting and assessment of innovative localized approaches to providing these services. Building on relationships previously established through PEPFAR support, Chemonics will also continue to work closely with MOLISA to implement strategies and/or incentive systems to encourage employers to hire, retain, and provide services to recovering drug users, PLWHA, and other MARPS.

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 500

TARGETED WORKPLACE PROGRAMMING: \$66,765

In FY09, Chemonics will also increase the capacity of targeted workplaces to sustain curriculum-based peer outreach programs for employees -- such as beer and cigarette promoters, hostesses, and mobile men -- who may find themselves at elevated risk for HIV infection. This work will involve the identification of strategic workplaces in which to focus prevention efforts, and should build the capacity of these workplaces to implement sustainable programming aimed at mitigating the sexual and drug-related risks faced by these populations. Chemonics will work closely with MOLISA to foster a supportive policy and implementation environment for these targeted services, and should work closely with key social marketing partner PSI to ensure access to prevention commodities and reinforcing education among these populations. Should Chemonics demonstrate an ability to develop some sustainable and promising workplace intervention models targeting high-risk populations with this initial funding, the PEPFAR team will explore options for expanded support through partnerships with other donors or technical assistance to MOLISA in future years.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 1,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 15314

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15314	5814.08	U.S. Agency for International Development	Chemonics International	7270	7270.08	Chemonics - Vietnam	\$220,000
9606	5814.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$98,695
5814	5814.06	HHS/Centers for Disease Control & Prevention	Academy for Educational Development	3822	3822.06	SMARTwork	\$0

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10543.09 **Mechanism:** DoD - State Dept Partnered Activities (ICASS, etc.)
Prime Partner: US Department of State **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 24745.09 **Planned Funds:** \$0
Activity System ID: 24745
Activity Narrative: Note this activity will be paid with 2008 carryover funding.

This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3112.09 **Mechanism:** N/A
Prime Partner: Armed Forces Research Institute of Medical Sciences **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 24718.09 **Planned Funds:** \$0
Activity System ID: 24718

Activity Narrative: This activity will utilize \$350,000 of COP 2008 Yellow Lighted funds under COP 2009

The new recruit population within MOD has been targeted with abstinence (AB) and other prevention (OP) activities as they are considered to be at risk due to their younger age, time spent living in remote areas, and tendency towards risk taking behavior. However, little data collection has taken place alongside AB/OP programming that would allow one to qualify: the level of risk this population has, how effective the prevention programs targeting this population have been/are, or how to direct future programming in a strategic manner. Therefore this narrative is requesting the funds necessary to complete a nationally representative sero-behavioral survey within the new recruit population to collect sexual risk and drug use data.

The Bangkok-based Armed Forces Research Institute of Medical Sciences (AFRIMS), a special medical detachment of the Walter Reed Army Institute of Research (WRAIR), will provide technical assistance with the execution and implementation of a the Ministry of Defense's bio-behavioral survey. AFRIMS/WRAIR has extensive experience in conducting surveys in collaboration with the Royal Thai Army as well as other militaries. The surveys conducted in Thailand have been a key surveillance indicator to inform HIV/AIDS public health policy.

TECHNICAL ASSISTANCE: \$ 300,000

DOD will support AFRIMS involvement to provide the training and technical assistance (TA) needed to support health care workers located in Military Institute of Hygiene and Epidemiology (MIHE) and Southern Preventive Medicine Center (SPMC), to complete data collection and data interpretation. More specifically, this will cover training and TA on development of survey methodology, protocol, and data collection instruments.

DEVELOPMENT OF SURVEY: \$ 50,000

DOD will support AFRIMS to develop a behavioral survey questionnaire with appropriate field testing and format to survey participants.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

The introduction of the new "injecting and non-injecting drug users" budget code (IDUP) in FY09 provides an important opportunity to highlight efforts to scale up programming for this priority population. However, this change has also made it essential for the Vietnam team to split-fund a large number of continuing activities that were historically supported under the "condoms and other prevention" budget code (HVOP) into both the IDUP and HVOP categories. To avoid confusion, we have opted to rewrite the narratives for many of these ongoing activities in FY09 to reflect their relative scope under each of these budget codes. In addition, although there are no required targets associated with the IDUP budget code in FY09, we have provided illustrative

targets in each of the activity narratives to document the fact that this budgetary shift is not actually resulting in a reduction in beneficiaries of PEPFAR-supported prevention programming in Vietnam. This effort should also help to establish provisional benchmarks to facilitate the development of partner work plans and improve program coverage.

INJECTING AND NON-INJECTING DRUG USERS

Addressing the HIV prevention needs of injecting drug users (IDU) remains the foremost priority in Vietnam's efforts to combat HIV/AIDS. The government of Vietnam (GVN) estimates that more than 60% of all HIV infections in Vietnam are among IDU, and many additional infections result from transmission to the sexual partners and children of these individuals. PEPFAR-supported behavioral and biological surveillance (IBBS) has documented HIV prevalence rates as high as 65% among IDU in at least one PEPFAR priority province (Hai Phong), and has revealed that injecting drug use is likely the most important driver of new infections among commercial sex workers (CSW) and other high-risk populations. For example, CSW who report injecting are three to 30 times more likely to be infected with HIV than those who do not, and the prevalence of injecting among sex workers is a strong predictor of overall HIV prevalence in this population.

The concentration of HIV infection in IDU populations in Vietnam has spurred the PEPFAR team to focus HIV prevention, care, and treatment efforts in key urban settings and along drug transport corridors to prevent the continued spread of HIV. Unfortunately, even in these focused settings, stigma and discrimination against IDU in Vietnam – exacerbated by historical campaigns characterizing drug use as a “social evil” – have made it difficult to obtain accurate IDU population size estimates and to expand access to needed services. The GVN has officially “registered” more than 180,000 IDU nationally, but the actual size of this population is many times higher. In addition, using even the most conservative estimates of population size, coverage of basic prevention services remains low. For example, according to the latest program reports, PEPFAR-supported peer outreach efforts only provided education to a maximum of 4% of the estimated number of IDU in Hanoi, and a maximum of 40% of the estimated number of IDU in Ho Chi Minh City. The successful referral of these individuals to HIV counseling and testing (CT) and other care and treatment services also remains a key priority given the burden of HIV infection among IDU. According to the latest program reports, a maximum of 5% of the number of IDU in Hanoi, and a maximum of 13% of the number of IDU in Ho Chi Minh City, have received CT.

The notion that the PEPFAR team should focus its efforts in FY09 on improving access to services in existing catchment areas – rather than continuing to expand into new geographic locations and provinces – is further amplified by the findings from Boston University's (BU) recently completed evaluation of PEPFAR-supported peer outreach programs. In interviewing IDU in priority areas for current PEPFAR programming, the BU team had no difficulty identifying a large number of IDU who reported no exposure to either PEPFAR- or other donor-supported outreach efforts in the past year.

In the initial “emergency” phase of support to Vietnam, the PEPFAR team has sought to empower peers who are themselves well-connected to networks of high-risk and often marginalized populations to offer or provide referrals to an expanding set of prevention, care, and treatment services, as well as to play a greater role in program planning and advocacy. Over time, the program has put mechanisms in place to supplement peer outreach with: efforts that work with existing drug users to prevent the initiation of new users to drug use; integration of services for injecting and non-injecting drug use (including methamphetamine use) into programs targeting CSW and men who have sex with men (MSM); provision of outreach-based CT services; establishment of community-based drop-in centers offering addiction counseling, CT, sexually transmitted infection (STI) treatment, and economic rehabilitation services; linkages to outpatient clinics (OPCs) offering a full range of HIV care and treatment services; linkages to medication-assisted therapy (i.e., methadone) in sites that are often co-located with OPCs; linkages to community based care and support; and provision of HIV prevention, care, and treatment services to the sexual partners and family members of current and recovering drug users.

Because building sustainable mechanisms to train individuals in evidence-based approaches to addiction treatment is perhaps the greatest human capacity development challenge pertaining to HIV in Vietnam, the local team has also prioritized the creation and institutionalization of training programs for case managers, professional addictions counselors and health personnel placed considerable resources thorough prior COP development and reprogramming. These efforts will be consolidated under a new PEPFAR addictions services training mechanism in FY09 to foster coordination and sustainability.

Looking ahead, the Vietnam team is championing resource sharing across PEPFAR-supported partners and other donors to improve service coverage and quality in the face of rising costs and fewer resources. Using the findings from the BU evaluation as a springboard for action, PEPFAR continues to support national and provincial workshops focused on improving and harmonizing approaches to hotspot mapping and size estimation, peer educator training, commodities forecasting, program linkages, quality improvement, and monitoring and evaluation systems. The initial national workshop was viewed as such a success that the MOH issued formal guidance to all 64 provinces codifying the workshop findings as recommendations for the conduct of peer outreach efforts in Vietnam. Furthermore, the GVN has embraced PEPFAR-supported peer outreach coordinators in PEPFAR priority provinces as focal points for the coordination of all peer outreach programming for most-at-risk populations at the provincial level, and is encouraging other donors to support these positions in additional provinces. The coordinated implementation of activities supported by PEPFAR, the World Bank (WB), DfID, AusAID, and other donors, should help ensure that current and recovering IDU have access to a full range of risk reduction, HIV care and treatment, and drug treatment services.

Other donors and stakeholders in Vietnam have historically questioned the ability of USG to make inroads in reducing HIV risk among IDU given current USG policy restrictions on funding needle and syringe programming. However, this sentiment is changing in response to the local team's efforts to coordinate service delivery with other stakeholders, and in light of the leading role that USG has played in the development and implementation of the methadone pilot program. The FY09 COP includes support for expansion of the methadone pilot program to eight sites beyond those previously established in Ho Chi Minh City, Hai Phong, and Hanoi. Although the GVN has not yet approved the scale up of methadone beyond the pilot sites, PEPFAR is supporting sustainable technical assistance and training platforms to ensure service quality as access to methadone is eventually expanded further through other donor support.

Beyond improving access to pharmacotherapy, supporting recovering drug users in achieving the social and economic stability they need to get and stay off of drugs is a key HIV prevention priority in Vietnam. In FY09, Chemonics will play a leading role in building others' capacity to implement best-practice approaches for economic rehabilitation of IDU, CSW and people living with HIV/AIDS (PLHIV) in the domains of vocational training, job placement, and microcredit/microfinance programming. Through this partner, the local team also hopes to foster private investment in improving the quality of private drug treatment services in Vietnam to meet rising demand.

Addressing the concentration of HIV in the IDU population is further complicated by the GVN's continued practice of placing drug users and sex workers in custodial rehabilitation centers for periods of 18 months to four or more years. Currently, an estimated 60,000 IDU reside in more than 84 centers nationwide. Reliable data is lacking on HIV prevalence among center residents, but prevalence has been estimated as high as 70%. The further concentration of high-risk individuals in rehabilitation centers makes these settings a high priority for service delivery, particularly given that the vast majority of centers only offer detoxification and labor programs, with no formal drug treatment or HIV programming. However, human rights concerns about the fact that many residents are placed in centers with no judicial process, concerns about the risks of treatment interruption among individuals who may be started on antiretroviral medications in centers but who will return to communities all across the country upon release, and concerns about the sustainability of building infrastructure in centers that should rightly give way to more efficient and evidence-based drug treatment models, have all presented the team with difficult and important challenges regarding expanded support. PEPFAR is currently supporting a pilot program that provides HIV-related services to current and former residents of the Nhi Xuan rehabilitation center. A formal evaluation of the program is underway, but it is clear from review of routine program data that in-center HIV counseling and testing and OPC services are underutilized, and are not conveniently located to accommodate the ongoing needs of clients post-release. With this in mind, PEPFAR has put mechanisms in place through prior reprogramming and through the FY09 COP to support training and in-reach models using existing community-based OPC staff to bring needed pre-release services to residents of five more centers without building additional center infrastructure, and facilitating the continuity of care in the community upon release. In FY09, a new cooperative agreement with the ministry that operates the centers will expedite the adoption of alternative best-practice drug treatment models.

To address a new priority for FY09, PEPFAR will extend its support to UNODC beyond the community-based drug treatment centers that are now being recognized as a viable alternative to custodial rehabilitation centers in the northwest, to also support the development of national guidelines, training, and pilot intervention programming for HIV prevention in prisons in Vietnam.

BLOOD SAFETY

The Ministry of Health's (MOH) National Institute of Hematology and Blood Transfusion leads Vietnam's blood safety efforts with support from WHO, the Luxembourg Agency for Development Cooperation, and the WB. They are stocking three national blood banks, improving blood screening capabilities, establishing national guidelines to ensure universal testing of donated blood, promoting appropriate clinical use of blood and blood products, and promoting a voluntary blood donation system.

However, Vietnam's large military health system, which is operated by the Ministry of Defense (MOD) and serves both military and civilian personnel, has been receiving no such assistance apart from provisional national screening guidance that has been in place for over a decade.

In 2005, a survey by the U.S. Department of Defense (DOD) and MOD found that funds and TA were not sufficiently addressing blood safety needs within the MOD health care system. A review of Military Hospital 103 in Hanoi found that 80% of blood units were obtained from paid donors, and that screening procedures and storage equipment were outdated. The hospital's laboratories did not have a quality assurance program. It was not clear whether HIV-positive donors were informed of their status, and counseling, care, and treatment were not offered to those who tested positive.

To address these needs, PEPFAR will support improved blood safety in five military hospital sites to prevent medical transmission of HIV by: 1) improving storage and screening capacity of blood products; 2) promoting adherence to the national policy on blood safety, which calls for the screening of all donated blood; 3) promoting appropriate clinical use of blood; 4) strengthening collaboration with key national partners from MOH and other international donors; 5) expanding CT and referral systems; and 6) promoting the establishment of a 100% volunteer blood donor system.

INJECTION SAFETY

Poor medical injection practices exist in many of Vietnam's hospitals. Sharps containers and disposable needles are often not available. Surveys indicate that many nurses in government and private facilities lack knowledge of correct injection safety techniques and have little information about post-exposure prophylaxis procedures. A 2005 MOH study found that 35.4% of nurses failed to wash their hands prior to giving injections and 9.5% recapped used needles. MOH reported 515 HIV-related sharps injuries in 2006 but the actual number is believed to be much higher.

In FY07 and FY08, PEPFAR supported the development of an injection safety curriculum through collaboration with the World Health Organization (WHO), the Vietnamese Nurses Association (VNA), and Pact. With this curriculum now completed, PEPFAR will support implementation in FY09 of three injection safety activities in priority PEPFAR provinces through: 1) provision of training to nurses on injection safety practices; 2) design, printing, and dissemination of job aids on injection safety; and 3) procurement of equipment and supplies for health services safety at civilian and military sites.

MALE CIRCUMCISION

In light of the fact that Vietnam is facing a concentrated HIV epidemic in which most new infections occur as a result of injecting drug use, the Vietnam team has not prioritized the implementation of male circumcision activities in COP09.

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3109.09

Mechanism: DoD - Defence-Partnered HQ activities

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 5539.24723.09

Planned Funds: \$0

Activity System ID: 24723

Activity Narrative: This activity will utilize \$500,000 of COP 2008 Yellow Lighted funds under COP 2009

The objectives of PEPFAR Vietnam and Vietnam Ministry of Defense (MOD) blood safety program are: to establish standards for HIV blood safety within the MOD healthcare system; to promote a robust, voluntary blood donor program; to support establishment of sustainable high quality blood safety programs; to strengthen linkages between the military and civilian sectors; and to establish policies and procedures for appropriate HIV counseling, testing, and referral for persons who test positive within blood safety centers.

By the end of FY09 the DOD Vietnam PEPFAR program will support five blood safety laboratories with the capacity to carry out HIV screening. These five sites are: Hospital 103 in Ha Noi City, Hospital 175 in HCMC, Hospital 121 in Can Tho City, Hospital 17 in Da Nang City, and Hospital 87 in Nha Trang City.

These five blood safety centers support a safe blood supply for the hospitals in which they are embedded, as well as neighboring military and civilian hospitals (presuming adequate supply). In addition, four of these laboratories (the exception being Hospital 87 in Nha Trang City), will each support one co-located Provider Initiated Testing and Counseling (PITC) center.

Due to a lack of resources at the Ministry of Defense (MOD), and limited funding support in this area by other donors, MOD requires continued PEPFAR support for blood safety activities. Priority areas include equipment maintenance, and equipment purchase for upgrading blood safety capacity, continued quality management and technical assistance for HIV diagnosis, and the establishment/maintenance of referral procedures for HIV positive individuals. The Armed Forces Research Institute of Medical Sciences (AFRIMS) and the US Army Blood Program through Pacific Command (PACOM) will provide technical assistance to the MOD's blood safety program.

It is important to note that although military health care facilities are mandated to care for military personnel and family members, approximately 90% of clients are civilians.

DOD in country staff will actively participate in the PEPFAR laboratory technical working group to ensure close interagency coordination and oversight for this activity.

EQUIPMENT MAINTENANCE PROGRAM: \$200,000

PEPFAR will sub contract a local technical agent to provide scheduled maintenance services for all existing blood safety centers and HIV referral laboratories.

EQUIPMENT PROCUREMENT: \$200,000

PEPFAR will procure necessary equipment to increase the capacity of blood safety programs in five established sites, in adherence with updated national blood safety regulations.

REFRESHER TRAINING: \$100,000

PEPFAR will carry out refresher training at MOD sites as needed using DOD/PACOM/AFRIMS developed training packages that utilize both international and national guidelines.

Number of service outlets carrying out blood safety activities: 5

Number of individuals trained in blood safety: 60

New/Continuing Activity: Continuing Activity

Continuing Activity: 15401

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15401	5539.08	Department of Defense	US Department of Defence/Pacific Command	7130	3109.08	Center of Excellence	\$600,000
9496	5539.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$425,000
5539	5539.06	Department of Defense	Armed Forces Research Institute of Medical Sciences	3112	3112.06		\$288,084

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$140,639

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3102.09	Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 5816.24683.09	Planned Funds: \$140,639
Activity System ID: 24683	

Activity Narrative: Injection safety activities will be carried out to support the implementation of the national guidelines and national training curriculum on injection safety for nurses in PEPFAR focus provinces. The primary emphasis area for this activity is workplace programs (collaboration with the professional Vietnam Nurses Association). The target population is health care workers (nurses).

This activity is a follow-on to activities initially supported by PEPFAR under WHO in COP07 and integrated into Pact's portfolio in COP08.

VNA/MOH: \$ 117,199

The Vietnam Nurses Association (VNA) will continue to support the Ministry of Health (MOH) by implementing a national training curriculum on injection safety. Master trainers, trained under COP08, will be supported to roll out the training package to health workers in PEPFAR supported treatment sites, and these sites will be supported to ensure that injection safety processes and practices are put in place. PEPFAR funding will also be used to provide 25,000 Sharps containers to supported sites.

The VNA will also continue to support the National Network for Injection Safety, an information sharing and capacity building network of government and non-government organizations. In COP09, VNA will train 525 health staff through 15 training courses.

Number of individuals trained in medical injection safety: 525

PACT DIRECT: \$ 23,440

Pact's primary mandate is three-fold: 1) to provide an effective and transparent grant award and administration system; 2) to provide access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future engagement in the national response; and 3) to ensure effective coordination among Pact partners, additional PEPFAR partners, and relevant government and non-governmental initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15315

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15315	5816.08	U.S. Agency for International Development	Pact, Inc.	7117	3102.08	Community REACH Vietnam	\$150,000
9610	5816.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$180,000
5816	5816.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$126,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$140,639

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 10543.09	Mechanism: DoD - State Dept Partnered Activities (ICASS, etc.)
Prime Partner: US Department of State	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 24746.09	Planned Funds: \$0
Activity System ID: 24746	
Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3109.09	Mechanism: DoD - Defence-Partnered HQ activities
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 24737.09	Planned Funds: \$0
Activity System ID: 24737	

Activity Narrative: This activity will utilize \$139,250 of COP 2008 Yellow Lighted funds under COP 2009

By the end of COP 2008 funding, the Vietnam PEPFAR program will be supporting four referral laboratories, five blood safety laboratories, and four out-patient/in-patient centers embedded within military infectious disease departments. The four referral laboratories are: the Military Institute for Hygiene and Epidemiology (MIHE) based in Hanoi, the Southern Preventative Medicine Center (SPMC) based in HCMC, Hospital 121 in Can Tho, and Hospital 17 in Da Nang. The five blood safety laboratories are: Hospital 103 in Hanoi, Hospital 175 in HCMC, Hospital 121 in Can Tho, Hospital 17 in Da Nang, and Hospital 87 in Nha Trang. The four out-patient/in-patient centers embedded within military infectious disease departments are as follows: Hospital 103 in Hanoi, Hospital 175 in HCMC, Hospital 121 in Can Tho, and Hospital 17 in Da Nang.

Through FY09, the PEPFAR supported MOD sites (above), request the funds necessary to participate in and coordinate efforts with civilian PEPFAR partners who have been active in establishing an injection safety program at MOH sites. The injection safety program has been developed through collaboration efforts between World Health Organization (WHO), Vietnamese Nurses Association (VNA), and PACT, with financial support under PEPFAR in FY07 and FY08. A national curriculum has been completed, and civilian PEPFAR partners are focusing program efforts in three areas: utilizing the national training curriculum on injection safety to create a TOT workforce, designing and distributing supporting written material, and the provision of sharps containers.

TRAINING: \$ 59,882

PEPFAR will support the attendance of a minimum of two MOD health care workers per infectious disease department/laboratory, to attend a TOT civilian injection safety training workshop. Moreover, these funds will support the dissemination injection safety knowledge (i.e. through written material distribution) to participant coworkers, ensuring that injection safety principles in the workplace are implemented.

Number of individuals trained in medical injection safety: 26

PROCUREMENT OF SHARPS CONTAINERS: \$ 45,000.

The second activity will support the procurement of sharps containers for the military site outlined above as well as approximately 100 civilian sites.

PERSONNEL: \$ 34,368

The third activity will support personnel compensation, benefits, and technical travel costs for the following position in this program area:

- DOD Technical Advisor/Program Manager (HCMC) - 25%. The DOD technical Advisor/Program Manager will provide oversight to the injection safety program ensuring workplace implementation, and actively participate in the prevention technical working group.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$59,882

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$9,575,211

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5175.09	Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 24794.09	Planned Funds: \$950,000
Activity System ID: 24794	
Activity Narrative: In FY08, SCMS procured methadone to support the new Methadone treatment program for six clinics. Technical support was also provided to the sites. In FY09 SCMS will continue to provide methadone to support the expansion of the pilot methadone treatment program for recovering injecting drug users in Vietnam.	
METHADONE PROCUREMENT: \$650,000 Through close collaboration with the VAAC and PEPFAR partners, SCMS will quantify, procure, import, and arrange for storage and distribution of methadone.	
TECHNICAL ASSISTANCE FOR DRUG MANAGEMENT: \$300,000 SCMS staff will also provide technical assistance to FHI, CDC and other implementing partners for the methadone pilot. This technical assistance will include visiting the sites regularly to monitor inventory, ensuring proper pharmaceutical management, and providing assistance to ensure the smooth roll-out of the methadone program. New sites will receive additional support to bring them quickly up to speed. Developing the capacity of VAAC to provide long-term management for pharmaceuticals will be a priority area, especially in considering other commodity sources and ensuring commodity security.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 10558.09	Mechanism: SAMHSA Agency Partnered Local GHCS Activities
Prime Partner: Substance Abuse and Mental Health Services Administration	USG Agency: HHS/ Substance Abuse and Mental Health Services Administration
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 24795.09	Planned Funds: \$99,750
Activity System ID: 24795	

Activity Narrative: Funding in this activity is provided to cover the costs of rent, telecommunications and other utilities allocated to this program area. These costs include things such as residential rent and utilities for staff members in this program, office rent allocated to this program area and rental of conference meeting rooms for PEPFAR -wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices.

Funding in this activity is provided to support technical travel costs for staff in this program area.

Equipment represents a portion of the costs associated with the procurement of residential furniture for USG direct hire staff.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7270.09

Mechanism: AED Smartworks Follow-on

Prime Partner: Chemonics International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention:
Injecting and non-Injecting
Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 24715.09

Planned Funds: \$166,765

Activity System ID: 24715

Activity Narrative: Supporting recovering drug users in achieving the social and economic stability they need to get and stay off of drugs is a key HIV prevention priority in Vietnam. In addition, economic rehabilitation services can help to provide sex workers with viable and safer alternatives to prostitution, and can improve treatment outcomes and quality of life for people living with HIV/AIDS (PLWHA).

In FY09, Chemonics will play a leading role in sustainably building others' capacity to implement best-practice approaches to the economic rehabilitation of recovering injecting drug users (IDU), commercial sex workers (CSW) and people living with HIV/AIDS (PLWHA) in the domains of vocational training, job placement, and micro credit/microfinance programming. This new partner will also sharpen the focus of workplace programming previously supported by PEPFAR through AED/SMARTWork to 1) bring peer education programming to targeted workplaces likely to employ individuals who may face elevated risks of HIV infection, 2) reduce workplace stigma and discrimination against high-risk individuals and PLWHA, and 3) build the capacity of the Ministry of Labor, Invalids, and Social Affairs (MOLISA) to support HIV/AIDS programming and the economic rehabilitation of most-at-risk populations (MARPS).

Both the economic rehabilitation and the workplace prevention activities described below are being split-funded in equal amounts across the HVOP and the new IDUP budget codes, so the budgets and targets provided below represent half of the totals anticipated for this new partner.

ECONOMIC REHABILITATION OF MARPS: \$100,000

Chemonics will increase the number of PLWHA, CSW and recovering IDU who receive vocational training, employment counseling and job placement services, and micro credit/microfinance support. To achieve this goal, Chemonics will identify and develop best practice sustainable approaches to the economic rehabilitation of MARPs in Vietnam, building upon assessments conducted with FY08 funds of locally viable models, and of the vocational needs and aspirations of most-at-risk populations in Vietnam. In FY09, Chemonics will work closely to with existing partners to sustainably integrate economic rehabilitation approaches into their current programs aimed at supporting the needs of recovering IDU, CSW and PLWHA. Funding will also support the piloting and assessment of innovative localized approaches to providing these services. Building on relationships previously established through PEPFAR support, Chemonics will also continue to work closely with MOLISA to implement strategies and/or incentive systems to encourage employers to hire, retain, and provide services to recovering drug users, PLWHA, and other MARPS.

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 500

TARGETED WORKPLACE PROGRAMMING: \$66,765

In FY09, Chemonics will also increase the capacity of targeted workplaces to sustain curriculum-based peer outreach programs for employees -- such as beer and cigarette promoters, hostesses, and mobile men -- who may find themselves at elevated risk for HIV infection. This work will involve the identification of strategic workplaces in which to focus prevention efforts, and should build the capacity of these workplaces to implement sustainable programming aimed at mitigating the sexual and drug-related risks faced by these populations. Chemonics will work closely with MOLISA to foster a supportive policy and implementation environment for these targeted services, and should work closely with key social marketing partner PSI to ensure access to prevention commodities and reinforcing education among these populations. Should Chemonics demonstrate an ability to develop some sustainable and promising workplace intervention models targeting high-risk populations with this initial funding, the PEPFAR team will explore options for expanded support through partnerships with other donors or technical assistance to MOLISA in future years.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 1,000

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3102.09

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: IDUP

Activity ID: 25480.09

Activity System ID: 25480

Mechanism: Community REACH Vietnam

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention:
Injecting and non-Injecting
Drug Use

Program Budget Code: 06

Planned Funds: \$1,008,000

Activity Narrative: Pact will support activities for injecting and non-injecting drug users via both international and local partnerships that will include peer-driven outreach targeting current and potential users, condom promotion and distribution, and referrals to CT, STI management, HIV care/treatment, and addictions counseling and treatment services in six PEPFAR focus provinces. The primary emphasis area for these activities is gender (addressing male norms and behaviors, increasing gender equity in HIV and AIDS programs, and reducing violence and coercion). Specific target populations will include injecting drug users and at-risk youth.

The majority of funding under the IDUP budget code will be used to target at-risk youth with behavior change interventions in six focus provinces (SCUS program initiated in FY06). Additional funding will be used to target injecting drug users and their peer networks via comprehensive prevention programs (with referral to care and support) through international and current/TBD local partners (awarded as part of the Local Partnerships Initiative - LPI).

SCUS: \$ 550,000

To address increasing drug use and HIV vulnerability among Vietnamese youth, SCUS will continue to support behavior change interventions targeting vulnerable youth in four PEPFAR focus provinces, with expansion to three additional focus provinces during COP09. The SCUS program includes a special package of services for injecting and non-injecting drug users. Programming promotes reduction of substance use and abuse, with a focus on prevention of drug use initiation, support for cessation, and prevention of sharing of needles and other drug use equipment. The program established a pilot halfway house with COP08 funding for youth releasees of drug rehabilitation centers in HCMC to support addiction counseling and social reintegration along with other integration services.

Under COP09, SCUS will train 434 peer educators to provide HIV and drug use prevention, addiction counseling (as necessary), and life-skills training to 52,000 individuals. SCUS will also add new services including job counseling, emergency shelter and transitional housing for most-at-risk youth, and awareness-raising among law enforcement and juvenile justice officials.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 52,000

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 434

SHAPC: \$ 50,000

Local NGO SHAPC will continue to support interventions targeting at-risk university students in Hanoi, with program expansion to one additional university during COP09. Activities will include training of peer educators on BCC methodologies, provision of condoms to sexually active students via condom service outlets (under sexual prevention), peer outreach targeting at-risk university students, and establishment of student-managed clubs. Student clubs will provide recreational activities, information exchange, counseling, and other social services and referrals to CT, STI, addictions counseling/treatment, and related services. SHAPC will train 45 peer educators and will reach 2,666 high-risk students with interventions on injecting and non-injecting drug use-related HIV prevention.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 2,666

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 45

MdM: \$ 60,000

MdM will continue to support its integrated prevention, care and support programs for IDU in Hanoi and HCMC via community outreach activities and out-patient clinics, with expansion to one additional district in Hanoi during COP09. MdM addresses risk behaviors among IDUs via mobile outreach teams that work in locations where IDUs are difficult to reach. Mobile teams provide IDUs with referral cards for convenient access to services at MdM-supported clinics, including CT and STI services. MdM also refers appropriate clients to PMTCT and addictions counseling, case management and treatment. Under COP09, MdM will train four individuals to provide prevention interventions to 2,770 individuals.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 2,770

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 4

CARE INTERNATIONAL: \$ 80,000

CARE will continue to support prevention for current and potential IDUs through twelve local CBOs and FBOs in Hanoi, HCMC, Quang Ninh, Can Tho, Nghe An and An Giang. CARE provides local organizations with training on prevention outreach, behavior change communication (BCC), counseling skills, techniques for reaching hidden IDUs, and CT referral. Under COP09 CARE will focus on strengthening C/FBO organizational and human resource management capacities in order to reduce high turnover in peer outreach workers, and begin preparations for phase-out of financial support for organizations with high capacity. Additionally, CARE will review sub-grantee prevention plans and eliminate those programs not in-keeping with provincial goals in an ongoing effort to align prevention activities with provincial priorities. CARE will train 44 individuals to reach 5,000 individuals with prevention and referral interventions.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 5,000

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 44

LOCAL PARTNERSHIP INITIATIVE (LPI): \$ 100,000

Activity Narrative: The Pro-Poor Center (PPC), a local NGO identified under the LPI, was supported to assess the knowledge, attitudes, practices and needs related to HIV risk and prevention among IDUs in one district in Nghe An province and to design a program that responds to the needs identified. Under COP09, PPC will build on COP08 implementation of this tailored IDU intervention by expanding it to one additional district in Nghe An. PPC will train 20 peer outreach workers to reach 800 IDUs with prevention interventions.

Through the Local Partners Initiative (LPI) Pact will continue to support small grants partners identified during COP07 and COP08, and newly identified under COP09, to design and implement initiatives to extend proven community-based prevention approaches for IDUs. These initiatives will address the diversity of individual needs among IDUs and potential drug users through outreach, behavior change communication, commodities, service referral, and community mobilization. Pact will provide LPI grantees with a package of capacity-building services to ensure effective program management, monitoring and reporting. Organizations and focus provinces will be determined at a later date. Continuing COP08 and new COP09 LPI partners will train approximately 43 peer outreach workers to reach approximately 1,700 individuals with prevention interventions.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 2,500

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 63

PACT DIRECT: \$ 168,000

The above prevention programs will be carried out with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system for provision of grants to international and local NGOs; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future CSO engagement in the national response; and 3) to ensure effective coordination among Pact prevention partners, additional PEPFAR partners, and relevant government and non-governmental initiatives. Local organizations will also receive a package of organizational development capacity building services to build long-term sustainability and ensure active and growing engagement of local civil society actors.

Under COP09, Pact will support prevention among injecting and non-injecting drug user interventions in six focus provinces using a combination of grants and assistance to at least five non-governmental organizations, as detailed above. Pact will provide technical assistance and ensure that grantees deliver a package of prevention services including, but not limited to, harmonization of injecting drug use HIV prevention messages and BCC approaches that lead to changes in behavior, addressing gender norms, alcohol and drugs, and ensuring referrals to CT, STI, addictions counseling and treatment, and HIV care and treatment services as necessary.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,008,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 10870.09	Mechanism: HHS/CDC TBD
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 25821.09	Planned Funds: ██████████
Activity System ID: 25821	
Activity Narrative: This PHE activity, entitled "A public health evaluation of the impact of HIV prevention programming among IDU in northwestern Vietnam. The PHE tracking ID associated with this activity is VN.08.0173.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation ██████████

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 10896.09	Mechanism: State-OGAC TBD Activities (typically TBD country agency)
Prime Partner: To Be Determined	USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 29777.09	Planned Funds: ██████████
Activity System ID: 29777	

Activity Narrative: ACTIVITY 1: \$100,000

This activity provides funding for a national multi-day conference that will offer a comprehensive overview of current evidenced based drug addiction treatment practices, emerging trends and existing programs offered internationally, and nationwide. It also offers an excellent platform to move the nascent addictions field in Vietnam to the next level, by providing an opportunity to promote change in current thinking, programming and improve the quality of treatment services in Vietnam. Through a series of plenary and workshop presentations participants will learn of alternative methods to drug treatment that are tailored to not only the Heroin issue but other drug use that is taking place in Vietnam. During this conference it would also be an opportunity where PLHIV and recovering drug users meet with policy makers, program planners, service providers (including NGOs & CBOs) to discuss what they need in order to help them rehabilitate effectively – to reintegrate into mainstream society, to repair and restore relationships with friends and family, to stop drug use or use drugs safely, to avoid HIV transmission and other health risks, to get a reasonable job and to help avoid drug-related crime.

A theme for the conference could be “A Life In the Community for Everyone”.

One approach to organizing the conference could be to leverage our connections to International and National Organizations to our comparative advantage & links with (a) NGO/CBO networks to invite PLHIV/IDU groups, and (b) UN & GVN agencies to access the right people and apply the right pressure to achieve broad and relevant GVN participation.

Make use of PEPFAR and the UNRC's high-level connections with DPM Truong Vinh Trong, in his capacity as the Chair of the National Committee on AIDS, Prostitution and Drug Prevention & Control, and with the Minister of MOLISA, firstly to agree to co-lead the conference and secondly to help get the right people to come and commit to and participate in the conference, i.e. relevant representatives from:

- ? Party Central Committee and National Assembly (ensuring we invite National Assembly reps who attended the Phnom Penh HIV & IDU workshop);
- ? Party Commission on Science & Nature and the Party Commission on Culture and Ideology (these bodies may have changed names);
- ? MPS – high level Policy, SODC and Uniformed police departments;
- ? MOLISA – high level policy and DSEP;
- ? MOH – VAAC and higher-level policy areas;
- ? MOJ – court system/judges and high-level policy areas/departments around sentencing and prospective community/MMT diversion.
- ? VYF – leaders and 06 managers from HCMC

Other expert speakers (regional/international), I/NGOs, CBOs and donors working in Vietnam would also be invited to make presentations.

Kick off the conference introducing the various organizations represented, and move straight into having some regional/international experts make some VERY short, punchy evidence-based presentations with an education & advocacy slant (with simultaneous translation – enforce this through strong facilitation) on:

- 1) drug use & addiction
- 2) the effects of heroin/opiates & amphetamines/ATS on the brain
- 3) drug-related HIV
- 4) MMT
- 5) closed settings, and
- 6) the police role in helping addicts to access quality services, reduce the risk of HIV transmission and facilitate drug users to stop using.
- 7) Other topics welcome to add

It is our hope that participants would leave this conference inspired, motivated and armed with new information that you can take back to your work. It would provide an opportunity to network with other attendees, to share what it is they are doing at home and to find out what is happening around the country. This is an exciting time for those of us that work in the behavioral health arenas specifically addictions.

ACTIVITY 2: \$360,000

This request is for a 1-year temporary contract for an MMT Medical Officer.

The Medicated Assisted Therapies (MMT) Medical Officer (1) coordinates, and collaborated on planning, scientific evidence based practice related to the use of pharmacologic treatments for drug abuse; (2) Provides options and recommendations to the SAMHSA Treatment Advisor For PEPFAR, PEPFAR and HHS Health Attache regarding program changes for such treatments; (3) identifies, supports, or conducts short-term and long-term analyses of new and existing key issues related to drug abuse and addiction treatment with medications, including technical assistance, treatment standards, and knowledge development and application projects; (4) monitors MMT in Vietnam in collaboration and coordination with PEPFAR agencies in VN for clinical and other issues through site visit and report reviews; and (5) develops technical assistance materials and conducts and delivers in-service medical education training to physicians involved in substance abuse treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism ID: 7251.09
Prime Partner: US Department of State
Funding Source: GHCS (State)

Mechanism: HHS/CDC ICASS
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 9688.24597.09

Planned Funds: \$59,358

Activity System ID: 24597

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3093.09
Prime Partner: Ho Chi Minh City Provincial AIDS Committee
Funding Source: GHCS (State)

Mechanism: N/A
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 5811.24569.09

Planned Funds: \$329,250

Activity System ID: 24569

Activity Narrative: IDU PEER EDUCATION: \$136,250

The Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) is the city's lead government agency in coordinating and implementing peer education for current and recovering injecting drug users (IDUs). PEPFAR has been funding these activities since FY05 and has supported opioid substitution therapy (methadone maintenance treatment) since FY07.

There are three main groups of peer educators (PE) supported through PEPFAR: 1) PE that target active IDUs in the community; 2) PE that assist recovering former residents of government drug rehabilitation centers to reintegrate into their home communities and access support services after release; and 3) PE that work inside rehabilitation centers as a component of the center-to-community transition program.

In the first six months of FY08, PE provided BCC messages, risk reduction counseling, referrals, and a range of medical and psycho-social services to 2,700 high-risk individuals in the community, 35% of whom were successfully referred to HIV counseling and testing (CT) services. Twenty PE targeting former rehabilitation center residents in target city districts 1, 4, 8 and Binh Thanh provided assistance to 689 former center residents as they reintegrated into their communities. Former residents were referred to HIV and relapse prevention services in collaboration with government social workers and PEPFAR-funded addiction counselors/case managers. Inside the Nhi Xuan rehabilitation center, peer education and referral to medical and case management services were provided to 1,000 residents, 95% of whom accessed CT services.

PEPFAR provides enhanced assistance to the Nhi Xuan rehabilitation center and to four counseling and community support centers in four city districts, to pilot the delivery of comprehensive pre- and post-release support services designed to facilitate social reintegration and reduce the risk of relapse and HIV. PE play a vital role in this program by providing recovering IDU in the community and residents of the centers with information on HIV and drug use, and encouraging them to access HIV, medical and psychosocial support services. PEPFAR will continue to strengthen the quality and effectiveness of the Nhi Xuan pilot, assessing opportunities to further reduce post-release relapse rates among clients through improving individual pre-release planning around life-skills and relapse avoidance.

In FY09, PEPFAR will partner with HCMC PAC to train peer educators in referral techniques and behavior change communication (BCC) for HIV prevention, targeting those most at-risk for HIV infection. Peer educators will reach 4,800 new clients in the community (including former rehabilitation center residents) and 1,000 residents inside the Nhi Xuan center. Activities will aim to decrease injection-related HIV transmission through reducing relapse among most at-risk populations (MARPs). These activities also contribute to the drug use reduction goals outlined in the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam 5-Year Strategy. PEPFAR will work closely with the HCMC PAC to provide financial and technical assistance for implementation, monitoring, and evaluation.

There is no proposed geographical expansion in FY09 outside of the focus high-risk city districts. PEPFAR will continue to support HCMC PAC to improve the quality of outreach services through quality assurance mechanisms, in-service training and ongoing technical support for peer educators. Linkages and referral mechanisms will continue to be strengthened between community outreach and CT, STI, and HIV care and treatment services for high-risk individuals, as well as drug treatment, job placement and other social and economic support services. Enhanced risk reduction counseling and addiction and relapse prevention services continue to be core elements of the current service package at MARP-friendly community centers.

PEPFAR will maintain outreach services in seven districts—1, 2, 4, 8, 10, Binh Thanh, and Binh Chanh—as well as in Nhi Xuan drug rehabilitation center. The 120 peer educators will be employed and trained to counsel current and recovering drug users on the HIV risks associated with sharing injecting equipment, on relapse prevention techniques, and continue to refer them to CT, HIV care and treatment, addiction counseling, case management, employment and other support services.

Knowing that many injecting drug users partake in high-risk sexual behavior, clients will also receive condoms as part of a comprehensive ABC approach aimed at reducing the risks associated with injecting drug use and commercial sex. Outreach workers will refer clients to peer support groups, drop-in centers, vocational skills training, and job placement.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 5,800

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: N/A

TRANSITIONS PROGRAM: \$50,000

In August 2006 the Ho Chi Minh City Provincial AIDS Committee and PEPFAR launched a pilot program to provide comprehensive substance abuse, psychosocial care and HIV prevention, care and treatment for residents of the Nhi Xuan drug rehabilitation center prior to their release. Similar services (peer education, CT, case management/addictions counseling, and HIV care and treatment) were established in counseling and community support centers (CCSCs) in target city districts 1, 4, 8 and Binh Thanh to ensure continuity of care as residents transitioned from the center to their home communities. Since the program's inception, HCMC PAC has played a key role in the pilot, training and placing peer educators, providing salary support for key staff and managing HIV outpatient care in Nhi Xuan center and in districts 1 and 4. Another PEPFAR partner, FHI, has played a closely coordinated role in this pilot, training and placing addiction counselors/case managers in Nhi Xuan center and all target districts, providing salary support for key staff and managing HIV outpatient care in districts 8 and Binh Thanh.

With FY09 funds, HCMC PAC will continue its support for the original pilot transition program by promoting family and community reintegration for returnees, preventing drug relapse, and providing medical care for HIV patients in the Nhi Xuan center and in four CCSCs. This will be accomplished through: 1) ongoing support for peer educators in Nhi Xuan and the CCSCs – detailed in the IDU Peer Education section above;

Activity Narrative: 2) collaboration with full-time and voluntary DOLISA health educators & social workers participating in the transitional pilot; 3) referral mechanisms to drug relapse prevention counseling and psychological counseling in CCSCs; 4) improved access to HIV treatment and social support for returnees; and 5) linking clients to available methadone therapy. All services will strive to integrate HIV and substance abuse prevention, care and treatment and other psychosocial services, and to assure quality through mentoring and supervision.

Based on available data, the PEPFAR team has determined that while the package of transitional services provided in Nhi Xuan center and the four CCSCs is essential for recovering drug users, precise replication of this model in other rehabilitation centers and districts is prohibitively expensive. In order to provide HIV and substance abuse prevention, care and treatment to the highest possible number of recovering center residents, PEPFAR partners used FY 08 resources to develop a model that both builds the capacity of center staff and makes good use of experienced technical assistance and training from established PEPFAR partners. Existing rehabilitation center health staff have been trained to administer ART and to improve CT services. Trained case managers (also selected from existing rehabilitation center staff) work inside the centers to provide addiction counseling and to coordinate referral and assignment to services in the home community upon release. This model eliminates costly investments in center infrastructure, avoids problems associated with "service saturation" at fixed in-center CT sites, promotes sustainability leading up to gradual reductions in donor funding in ensuing years and precludes investment in a Vietnamese rehabilitation center system that may change due to recent political influences.

With FY09 funding, HCMC PAC will support the original Nhi Xuan pilot model, but will also play a leading role in strengthening addiction counseling/case management capacity in more districts of HCMC and in developing and implementing the alternative model for other rehabilitation centers. Funding will support salaries and associated activities for five trained case managers in each of five new city districts (a total of 25 case managers; districts yet to be determined) in addition to the existing 26 FHI-funded case managers in the four Nhi Xuan pilot target districts. At an additional three HCMC area rehabilitation centers, the PAC or centers themselves will provide salary support for in-center case managers. If a formal and sustainable partnership mechanism can be established between case managers and DOLISA social workers (full-time and voluntary) in city districts, new case managers will mentor and work closely with these social workers, with back-up support from FHI's training program for social workers around drug addiction, HIV and addiction counseling. HCMC PAC will lead efforts to develop basic program monitoring information to inform improvements of transition programming citywide.

In recognition of Vietnam taking increased responsibility for covering the financial and resource costs of programs and salaries, and in light of the fact that donor funding will reduce incrementally over the next five years, PEPFAR proposes a phase-out funding approach for the salaries of the 25 new case managers. In FY 09 PEPFAR will provide USD 50,000 and this sum will be reduced by USD 10,000 per year thereafter. This approach should lead to increased national and provincial ownership of programs and more sustainable interventions.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 750

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: N/A

METHADONE: \$143,000

In response to the problems associated with illicit drug use, the government of Vietnam has approved a pilot program in medication-assisted opioid dependence treatment using methadone maintenance therapy (MMT). The Vietnam Ministry of Health's (MOH)/Vietnam Administration for HIV/AIDS Prevention and Control (VAAC) is designated as the coordinating agency for this program. PEPFAR, through USAID and CDC, provides substantial technical and financial support to MOH/VAAC and partners in this effort.

In FY08, as part of GVN's pilot methadone maintenance treatment (MMT) program, PEPFAR supported HCMC PAC to establish two MMT clinics in Districts 4 and 6 and provide MMT services to approximately 500 individuals.

In FY09, PEPFAR will continue to support HCMC PAC to maintain MMT services in Districts 4 and 6 (in addition to another PEPFAR partner-supported clinic in Binh Thanh District). Funds will also support the expansion of MMT services to one additional district, bringing the total number of patients on MMT at the HCMC PAC-supported sites to approximately 750. Clients will be linked to medical services, such as CT and HIV care and treatment, as well as social support services, including support groups, vocational skills training, job placement, and microfinance programs.

Number of individuals provided with MMT: 750

New/Continuing Activity: Continuing Activity

Continuing Activity: 15268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15268	5811.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$255,000
9625	5811.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$170,000
5811	5811.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$78,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$187,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 6132.09	Mechanism: N/A
Prime Partner: United Nations Resident Coordinator	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 12261.24704.09	Planned Funds: \$500,000
Activity System ID: 24704	

Activity Narrative: UNODC HIV PREVENTION AND SUBSTANCE ABUSE TREATMENT AMONG HIGHLAND DRUG USERS: \$500,000

Consistent with PEPFAR Vietnam's efforts to refine its focus on the role of drug use in the HIV epidemic, this UNODC initiative provides evidence-based community support for HIV prevention in northwestern Son La, Dien Bien and Lao Cai provinces, marked by high rates of drug use and HIV infection with few available HIV services. The program relies on peer education and referral of drug users to voluntary substance abuse treatment and aftercare without assignment to 06 drug rehabilitation centers.

FY09 assistance will expand access to prevention services developed through FY07 and FY08 PEPFAR support, and expand geographic coverage in the three target provinces. The program will also advance coordination and implementation with World Bank projects, the AusAID/Dutch-funded HAARP program, and PEPFAR LIFE-Gap programs in Dien Bien and Son La. Coordination with UNAIDS and other PEPFAR partner projects in these provinces will also be advanced.

Through FY09 funding, 500 community drug abuse recovery support and peer outreach workers will be trained to provide HIV prevention education, and referral to HIV testing, care and treatment, and to community based substance abuse treatment options for 4,000 drug users. Outreach and support staff will improve links between community-based HIV prevention, substance abuse treatment, and PEPFAR or other donor-sponsored HIV testing and service. Substance abuse treatment options include medically-supervised detoxification, recovery management and support, and relapse prevention support neglected by mainstream HIV initiatives. These substance abuse treatment and HIV prevention services will be offered in clients' home districts and communes, avoiding the stigma, fear and family difficulties associated with compulsory government detoxification centers.

Building upon the foundations established in FY08, the peer education model will be tailored in FY09 to highland ethnic minority drug users and their families through service development that fits unique close-knit communities, including use of minority languages and support from drug users' relatives and neighbors. This will enable these provinces to expand the scale, accessibility, and geographic coverage including development of culturally-appropriate HIV prevention education materials distributed to approximately 14,000 households.

FY09 assistance outputs will include:

1. A report on baseline HIV risk behavior for project sites, focused on qualitative data, will be completed largely by existing peer workers recruited and trained in FY07 and FY08. The report will address prevention, care and treatment needs, accessibility, and barriers among IDU and other MARPs. These data will be collected in new FY09 geographic areas, and will complement existing quantitative data collected through the Integrated Biological and Behavioral Surveillance (IBBS). Services will expand thematically, geographically, and by risk population groups based on qualitative data collected through the FY08 UNODC program.
2. Provincial and district Department of Public Security and Department of Labor, Invalids and Social Affairs personnel will be trained to support provincial HIV prevention and referral service.
3. Community based HIV and injecting drug use prevention and education materials will be developed and distributed.
4. Community based HIV prevention and services referral programs, including substance abuse treatment, will be developed and implemented.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 4,000

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 500

In accordance with the PEPFAR Vietnam five year strategy and a refined focus on the role of drug use in the HIV epidemic, this UNODC initiative provides evidence based community support for HIV prevention in northwestern Son La, Dien Bien and Lao Cai provinces marked by high rates of drug use and HIV infection with scarce HIV services. The program relies on peer education and referral of drug users to voluntary substance abuse treatment and aftercare without assignment to 06 drug rehabilitation centers.

FY09 assistance will expand access to prevention services developed through FY07 and FY08 PEPFAR, and expand geographic coverage in the three target provinces. The program will also advance coordination and implementation with World Bank projects, the AusAID/Dutch-funded HAARP program, and CDC/Life-Gap programs in Dien Bien and Son La. Coordination with UNAIDS and other PEPFAR partner projects in these provinces, will also be advanced.

Through FY09, 500 community drug abuse recovery support and peer outreach workers will be trained to provide HIV prevention education, and referral to HIV testing, care and treatment, and to community based substance abuse treatment options for 4,000 drug users. Outreach and support staff will improve links between community-based HIV prevention, substance abuse treatment, and PEPFAR or other donor-sponsored HIV testing and service. Substance abuse treatment options include medically-supervised detoxification, recovery management and support, and relapse prevention support neglected by mainstream HIV initiatives. These substance abuse treatment and HIV prevention services will be offered in clients' home districts and communes, avoiding the stigma, fear, and family difficulties associated with compulsory government compulsory detoxification centers.

In continuation of FY08 activities the peer education model will be tailored to highland ethnic minority drug users and their families through service development that fits unique close-knit communities, including use of minority languages and support from drug users' relatives and neighbors. This will enable these provinces to expand the scale, accessibility, and geographic coverage including development of culturally-appropriate HIV prevention education materials distributed to approximately 14,000 households.

Activity Narrative: FY09 assistance outputs include:

1. A surveillance report on baseline HIV risk behavior for project sites, focused on qualitative data will be a peer-driven intervention completed largely by existing peer workers recruited and trained in FY07 and FY08. The report will address prevention, treatment, and care needs, accessibility, and barriers among IDU and other MARPs. These data will be collected in new FY09 geographic areas, and will complement existing quantitative data collected through the FY07 IBBS survey. They will expand thematically, geographically, and by risk population groups based on qualitative data collected through the FY08 UNODC program.
2. Provincial and district Department of Public Security and Department of Labor, Invalids, and Social Affairs personnel will be trained to support provincial HIV prevention and referral service.
3. Community-based HIV and injecting drug use prevention and education materials will be developed and distributed.
4. Community-based HIV prevention and services referral programs, including substance abuse treatment, will be developed and implemented.

Condom Service Outlets: N/A
 Number Reached: 4,000
 Number Trained: 500

New/Continuing Activity: Continuing Activity

Continuing Activity: 15282

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15282	12261.08	U.S. Agency for International Development	United Nations Resident Coordinator	7111	6132.08		\$200,000
12261	12261.07	U.S. Agency for International Development	Joint United Nations Programme on HIV/AIDS	6132	6132.07	UNAIDS	\$130,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 10556.09

Mechanism: USAID Local GHCS Partnered Activities

Prime Partner: US Agency for International Development

Funding Source: GHCS (State)

Budget Code: IDUP

Activity ID: 24783.09

Activity System ID: 24783

Activity Narrative: Funding in this activity is provided to support personnel compensation and operational costs associated with PEPFAR staff members for this program area at USAID. These costs include personnel travel, education allowances and housing. The following positions are supported with funding in this activity:

- HIV Prevention & Drug Rehabilitation Advisor (Hanoi) - 30%
- Senior HIV/AIDS Prevention Advisor (Hanoi) - 20%
- HIV/AIDS Prevention Specialist (Hanoi) - 50%
- HIV/AIDS Prevention Specialist (Hanoi) - 30%
- HIV/AIDS Prevention Specialist (HCMC) - 50%

Funding in this activity is also provided to cover the costs of rent, telecommunications and other utilities allocated to this program area. These costs include things such as residential rent and utilities for staff members in this program, office rent allocated to this program area and rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices.

This activity also represents a portion of funding allocated to this program area for IRM Tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8674.09

Prime Partner: Abt Associates

Funding Source: GHCS (State)

Budget Code: IDUP

Activity ID: 25479.09

Activity System ID: 25479

Mechanism: HPI (Follow-on)

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Program Budget Code: 06

Planned Funds: \$100,000

Activity Narrative: 06 PARTNERS: \$100,000

This is a continuing activity, however in FY09 the program has been relocated from a sub agreement under the Pact scope of work, and added to this new direct mechanism with Abt to reduce overhead costs. The program is split-funded between HVOP and IDUP. FY09 funding will support the third year of program implementation, improvement and refinement of program activities.

Abt will continue to prevent the spread of HIV/AIDS to female and male sexual partners of drug rehabilitation center (06 center) returnees in 4 Hanoi districts. Abt originally developed the program in Hanoi, working with partners ISDS, the Hanoi Women's Union, DOLISA, the Hanoi Provincial AIDS Center, police and others. Recruiting a project coordinator and four district coordinators, Abt trained peer educators and engaged participants in Hanoi's Long Bien, Hai Ba Trung, Dong Da, and Hoang Mai districts. Participants (primary sexual partners of returnees from and residents of rehabilitation centers and prisons) were invited to individual confidential interviews and have blood drawn for HIV rapid test. HIV positive participants have been referred to free HIV care and treatment services.

With FY09 funding Abt will ensure that all program participants, regardless of HIV status, will benefit from peer outreach, focus groups, psychological counseling and behavior change communication that provide individuals and their sexual partners with comprehensive ABC messaging and the motivation, skills, and commodities needed to adopt safer behaviors. Through the program, outreach workers will continue to address male and female behavioral norms and stress messages that spouses/sexual partners of former 06 center residents have the right to refuse sexual relationships and that should they decide to engage in sexual activity, correct and consistent condom use is vital. Using individual- and couple-oriented approaches, outreach workers help partners negotiate the adoption of safer sexual practices, and provide drug use prevention and risk-reduction education. Center releasees, their primary partners (who may also be current/former drug users), and family members will continue be provided with referrals to the full range of HIV/AIDS services in Hanoi, including counseling and testing, substance abuse treatment, HIV/AIDS care and treatment, PMTCT, and care and support services for infected/affected children.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 1,500
Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 50

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7269.09

Mechanism: AIDStar

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention:
Injecting and non-Injecting
Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 25481.09

Planned Funds: \$300,000

Activity System ID: 25481

Activity Narrative: BREAK THE CYCLE: \$300,000

Many prevention interventions in Vietnam focus on potential "core transmitters" such as injecting drug users (IDU) and commercial sex workers (CSW) who are already engaged in very high-risk behavior. The Break the Cycle (BTC) program seeks to minimize the spread of HIV due associated with drug use by integrating drug demand reduction into existing behavior change communication and outreach activities targeting most-at-risk populations.

Preventing the initiation of drug use is fundamental to addressing the upstream cause of most new HIV infections in Vietnam. The vast majority of current IDU were first introduced to injection drug use by injecting peers, sexual partners or family members. The BTC program seeks to limit the size of the IDU population by establishing and reinforcing norms among existing IDU that prevent the introduction of new users to drugs. Many IDU have regrets that they themselves initiated drug use, and can therefore provide compelling personal arguments against drug use initiation. Specifically, the BTC program works by engaging active IDU through peer networks, and encouraging them to:

- Reduce injecting in the presence of non-injectors,
- Reduce discussions about injecting when at-risk youth or non-injectors are present,
- Refrain from teaching non-injectors how to inject, and to
- Develop skills for refusing/managing requests to give others their first injection.

An evaluation of the original implementation of the BTC model in the UK found that the program was associated with a 50% reduction in injections in the presence of non-injectors, greater disapproval among IDU for initiating new users, reductions in the number of requests received by IDU to initiate others, and significant declines in the initiation of new users. With USG support, the model has been adapted and implemented to support HIV prevention in Central Asia, but this initiative marks the first adaptation of BTC to the South-East Asian context.

With FY08 funding, PEPFAR will pilot the adaptation and integration of BTC program components into existing PEPFAR-supported IDU peer outreach programs in two provinces (Quang Ninh and Hai Phong). Focus groups and surveys among IDU in targeted locations will be conducted to determine local factors surrounding initiation of injection and to inform adaptation of the existing model to Vietnam.

In FY09, PSI will further adapt the model to the local context and mainstream its implementation through existing peer outreach programs for IDU in Vietnam. At least 80 peer educators from existing PEPFAR programs operating in these locations will be trained to implement the intervention. The provision of this additional training should help to address an often expressed desire on the part of outreach workers to bring novel educational content to the IDU populations they currently serve. All training, program implementation, educational materials, and monitoring and evaluation activities will be consistent across program sites. By leveraging the large existing IDU outreach networks PEPFAR has helped to establish in Vietnam, it should be possible to efficiently integrate the materials and lessons learned from the BTC pilot into existing IDU outreach efforts.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 5,000

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 100

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3367.09

Mechanism: CDC-GHCS-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 25376.09

Planned Funds: \$287,676

Activity System ID: 25376

Activity Narrative: This activity supports a portion of the costs associated with US Direct Hire staff salaries, benefits, allowances and relocation costs of program staff and their family members included in this program area:
- Senior Prevention Advisor, Hanoi, USDH (50%)

In addition, this activity supports procurement of contractual services to provide technical support to IDUP activities:
- Contractual: Technical Advisor for Prevention/Rehabilitation, HCMC (75%)

This activity also represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3107.09

Mechanism: USAID-FHI

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Activity ID: 25422.09

Activity System ID: 25422

Program Budget Code: 06

Planned Funds: \$1,980,618

Activity Narrative: IDU OUTREACH: \$1,020,618

Despite significant resources available to combat HIV/AIDS in Vietnam, the country's large population and concentrated epidemic calls for a highly focused approach to HIV prevention. This requires prioritizing high coverage, effective behavior change strategies, and comprehensive services for most-at-risk populations, especially those with risks related to drug use.

The 2005-2006 Integrated Biological and Behavioral Surveillance (IBBS) revealed that HIV infection rates were three to thirty times higher among commercial sex workers (CSW) who reported IDU than those who did not, and that drug injection was a strong predictor of overall HIV prevalence in this population. Based on recognition these populations are fueling the epidemic, outreach-based prevention efforts to reach drug injectors (including injecting sex workers) have taken a high priority in the PEPFAR prevention portfolio. To coordinate programmatic coverage and ensure access to a comprehensive package of services and commodities, FHI leads PEPFAR/Vietnam IDU efforts with the MOH and works closely with DfID, World Bank, Global Fund, and the Asian Development Bank to improve the system of community-based outreach, peer and health education, drop-in centers and referrals to counseling and testing for IDU.

Activities

Using improved population size information and recommendations from the 2007-2008 Boston University peer outreach evaluation, FHI will sharpen outreach partners' focus on IDU to increase quality and coverage of existing interventions, improve referral to counseling and testing, and offer more needed services at MARP-friendly community sites. Special attention will be paid to meeting the needs of hidden and recently initiated injectors, employing the increasing array of community-based substance abuse treatment alternatives to prevent drug user placement in (06) rehabilitation centers. To accomplish this, enhanced training will hone peer educator and health educator skills; their efforts will be synchronized with other donor initiatives by PEPFAR funded provincial outreach coordinators. Trained addiction counselors will refocus their efforts on daily drug addiction counseling while their program management duties are reduced. Integration of prevention interventions into "one-stop-shop" drop-in centers will ensure services are consolidated and efficient referrals to counseling and testing are completed. Drop-in center activities will be modified to serve not only IDU, but their family members as well.

Health educators and peers will utilize their networks to contact community-based IDU, employing key messages to advocate behavior change and a reduction of drug use and risky sexual practices. One key message is the importance of learning HIV status to protect drug users' health and the health of their families. IDU will be encouraged to access drop-in centers and other service points where they will receive information, motivation, condoms and referral to VCT and HIV care and treatment. A second key message is that there is hope for people who wish to stop using drugs. IDU who want to quit using will be placed in direct contact with trained addiction counselors; in Hanoi, HCMC and Hai Phong they will be linked to the national pilot methadone treatment program. For IDU who are unable to stop using, clients will be encouraged to avoid sharing injecting equipment will be directed to points where clean injecting equipment is available.

Recognizing that economic rehabilitation is a critical part of the path to recovery, FHI will assist recovering drug users to obtain employment and will work with employers to place recovering clients. In FY 08 new PEPFAR partner Chemonics initiated nationwide efforts to assist economic rehabilitation of recovering drug users. In close collaboration with the Chemonics program, FHI will work with recovering users, prioritizing re-building of confidence and self-esteem; improving life skills; training in basic job-search skills; and preparation for regular employment. Recovering clients will be encouraged to achieve realistic goals, in conjunction with continuing addiction counseling, relapse prevention counseling, methadone treatment and other social services tailored to individual needs.

FHI will develop IDU outreach programs in Quang Ninh, Hai Phong, and Can Tho as model learning sites to build government agency and other donor program capacity. In country study tours to these model sites will foster capacity of other provincial programs and leverage resources contributing to a sustainable national response to HIV prevention.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 21,000

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 100

METHADONE IMPLEMENTATION: \$ 560,000

The national pilot Methadone Maintenance Therapy (MMT) program began operation in April 2008 with 6 pilot MMT clinics in Hai Phong and HCMC. In FY 08 an additional 6 MMT clinics were opened in Hanoi. Throughout the process FHI has used PEPFAR funds to support Vietnamese government implementation of five pilot clinics, maintaining strong links to HIV service delivery through existing outpatient clinics. FHI MMT sites continue to receive methadone from central procurement managed by the MOH with PEPFAR financial and technical support through SCMS. Pre-service and in-service training at all national MMT clinics is implemented by FHI, providing needed technical support for clinicians and staff. In FY09 FHI will continue to support implementation of the national methadone program through the Vietnam Administration of AIDS Control (VAAC).

FY09 funding will allow FHI to maintain 5 existing MMT clinics in Hanoi, Hai Phong and HCMC while expanding to 4 new sites selected in consultation with the MOH, PEPFAR and other stakeholders. Development and expansion of the program will stress: 1) integration of methadone treatment with HIV prevention, care and treatment; 2) links to social support such as job creation and vocational training; 3) expanded addiction counseling and psychosocial support; 4) increased involvement families and the community; and 5) increased involvement of patients in peer support.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 1,450

Activity Narrative: Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 36

METHADONE EVALUATION: \$250,000

Basic program monitoring and evaluation are requisite components of any new health intervention. Evaluation of the national pilot Methadone Maintenance Therapy program will provide valuable information for PEPFAR, the government and other stakeholders to improve program function and make wise planning decisions. Through this activity, FHI will examine the effectiveness of the methadone pilot for opiate users in Hai Phong and Ho Chi Minh City by measuring and monitoring: drug use and drug injecting behavior; drug-related criminal behavior; sexual risk behavior; HIV, Hepatitis and Hepatitis C infection; physical and mental health indicators; and quality of life measures. The evaluation will follow a cohort with baseline and follow-up data collected at admission and every 3 months thereafter. Data will be collected through a standard protocol for program check-in with individual clients. Standard data collection forms will be used for data extraction from patient files and from short individual interviews. The data will be used for continuous program quality improvement. All clients enrolled in the program will be interviewed. It is expected that approximately 1,000 individuals will be enrolled in pilot methadone maintenance programs in HCMC and Hai Phong.

The data collection forms will be developed using as reference the Addiction Severity Index (or ASI), a standard tool widely used to monitor patients receiving drug treatment services. WHO quality of life measurement tools (WHOQOL-BREF) and additional individual behavioral questions will measure program impact on patients. Other data will be gathered from routine data collection forms at the clinics. These tools were developed for use by physicians and counselors to assess client plans and placement. It is expected these tools will be standardized as part of the patients' clinical records once their utility has been demonstrated to the Ministry of Health.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: N/A

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: N/A

TRANSITIONS PILOT PROGRAM \$150,000

In August 2006 the Ho Chi Minh City Provincial AIDS Committee and PEPFAR/Vietnam launched a pilot program to provide comprehensive substance abuse and HIV prevention, care and treatment for residents of the Nhi Xuan rehabilitation center prior to their release. Similar services (peer education, VCT, case management, and HIV care and treatment) were established in HCMC target districts 1, 4, 8 and Binh Thanh to ensure continuity of care as residents transitioned from center to home community. Since the program's inception, FHI has played a key role in the pilot, training and placing addiction counselors and case managers in Nhi Xuan and all target districts, providing salary support for key staff and managing HIV outpatient care in districts 8 and Binh Thanh.

FY09 funds will continue support for the original pilot transition program by promoting family and community reintegration for returnees, preventing drug relapse, and providing medical care for HIV patients in the Nhi Xuan center and target districts. This will be accomplished through: 1) salary support for case management; 2) support for voluntary DOLISA social workers participating in the transitional pilot; 3) drug relapse prevention counseling and psychological counseling in target districts; 4) improved access to HIV treatment and social support for returnees; and 5) linking clients to available methadone therapy. All services will strive to integrate HIV and substance abuse prevention, care and treatment, and to assure quality through mentoring and supervision. Basic program monitoring, quality assurance and quality improvement will be continued for the original pilot program in Nhi Xuan and 4 HCMC districts, and for the Hanoi Community Support Center for recovering drug users.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 3,500

(1,500 reached by drug addiction counselors/case managers: and 2,000 reached by trained social workers)

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Gender
* Addressing male norms and behaviors
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$200,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 10555.09	Mechanism: USAID - State Partnered Activities (ICASS, etc.)
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 24780.09	Planned Funds: \$14,181
Activity System ID: 24780	
Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 10746.09	Mechanism: CDC-GHCS-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 25403.09	Planned Funds: \$52,396
Activity System ID: 25403	

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with IDUP staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5170.09

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)

Prime Partner: Ministry of Health, Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention:
Injecting and non-Injecting
Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 25374.09

Planned Funds: \$1,364,052

Activity System ID: 25374

Activity Narrative: PEER OUTREACH FOR INJECTING DRUG USERS: \$900,000

The Vietnam Ministry of Health (MOH), which coordinates donor-funded HIV/AIDS activities, is responsible for implementing community-based peer outreach programs for injecting drug users (IDU) and commercial sex workers (CSW). Outreach workers, who are key to these programs, are trained to provide behavior change communication (BCC) services. They provide health information and help motivate high-risk individuals to adopt safer sexual and drug use-related behaviors. At-risk individuals receive condoms and are referred to services including voluntary counseling and testing (CT), HIV care and treatment, drug and alcohol abuse treatment programs, and sexually transmitted infections (STI) services. Outreach workers also refer clients to peer support groups, drop-in centers, vocational skills training, job placement, and micro credit/microfinance programs.

With PEPFAR support, MOH's outreach services are now provided in 29 provinces with high HIV prevalence. From October 1, 2007 to July 1, 2008, 30,994 at-risk individuals were reached with BCC services and 9,719 (31%) received CT through MOH-supported outreach workers. With FY07 funds, MOH successfully organized two regional outreach workshops that involved hundreds of peer outreach workers, local government officials, representatives from both the Ministry and the Departments of Labor, Invalids and Social Affairs (MOLISA/DOLISA), and local and international NGOs. The workshops promoted best practices in: providing outreach services to high-risk populations; using data to improve program planning and service quality; and promoting the important role of peer outreach workers in HIV prevention.

In FY08, PEPFAR is supporting MOH to train 584 peer outreach workers to work with drug-using populations in 27 provinces. FY09 funds will be used to maintain outreach activities in these geographic areas and improve the quality of services. PEPFAR-supported provincial outreach coordinators will be responsible for coordinating BCC interventions. As MOH outreach services are provided to IDUs in multiple provinces where outreach programs are funded by other partners and donors, interventions will be planned in cooperation with provincial outreach coordinators to avoid redundancy in target districts. Efforts with regards to training, "hot-spot" mapping, and quality assurance/quality improvement activities will be coordinated to ensure effective utilization of available resources. MOH will also develop strategies to improve referrals to CT, HIV care and treatment, drug addiction, and other social support services.

Targeted strategies to better address the needs of CSW who use drugs will be developed based on an assessment conducted with FY08 funds. In FY 09 the program will seek to expand access to HIV/AIDS services for drug-using CSW, drug-using men who have sex with men, recovering IDUs (particularly those released from government 06 rehabilitation centers), and non-injecting drug (e.g., stimulants) users.

FY09 funds will continue to support MOH's HIV/AIDS community centers in five provinces (Hai Phong, Quang Ninh, Thai Nguyen, Nghe An, and Hanoi). These centers will offer space for group meetings, refresher-training courses, and for clients to learn risk-reduction skills. Outreach coordinators will host coordination meetings and training sessions in these centers, facilitating networking among different outreach groups and other service providers. The centers will also provide HIV prevention and drug addiction counseling services to clients. This work complements other peer outreach efforts conducted by the MOH and supported in the HVOP section.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 21,000

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 584

METHADONE: \$464,052

In response to the problems associated with illicit drug use, the government of Vietnam has approved a pilot program in medication-assisted opioid dependence treatment using methadone maintenance therapy (MMT). The Vietnam Ministry of Health's (MOH)/Vietnam Administration for HIV/AIDS Prevention and Control (VAAC) is designated as the coordinating agency for this program. PEPFAR, through USAID and CDC, provides substantial technical and financial support to MOH/VAAC and partners in this effort.

In FY08, PEPFAR is supporting MOH to establish MMT programs in four pilot district sites in Hanoi. When all MMT sites are operational they will serve approximately 1,000 IDUs in districts with a high prevalence of IDU and HIV (Hai Ba Trung, Long Bien, Tu Liem, and Ha Dong). Patients on MMT will be linked with medical and social support services such as CT and HIV care and treatment. They will also be referred to support groups, vocational skills training, job placement, and micro credit/microfinance programs. The FY09 funds will be used to maintain services at these four pilot sites and expand to three additional sites (location TBD). The expansion will bring the total number of patients on MMT at the MOH-supported sites to approximately 1,750.

In addition, the FY09 funds (\$100,000) will support the procurement of urine test kits for all MMT pilot sites through the MOH mechanism.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 1,750

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$952,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 10745.09	Mechanism: CDC-Gap-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 25388.09	Planned Funds: \$82,090
Activity System ID: 25388	
Activity Narrative: Funding in this activity is provided to support salaries and benefits packages for the following locally employed staff members associated with IDUP:	
- Vulnerable Populations Coordinator, Hanoi, LES (50%)	
- Vulnerable Populations Section Chief, Hanoi, LES (50%)	
In addition, this activity supports costs for travel associated with IDUP.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3661.09	Mechanism: N/A
Prime Partner: Substance Abuse and Mental Health Services Administration	USG Agency: HHS/ Substance Abuse and Mental Health Services Administration
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 25416.09	Planned Funds: \$132,750
Activity System ID: 25416	

Activity Narrative: Funding in this activity is provided to support personnel compensation for the following positions in this program area:
- SAMHSA Substance Abuse Technical Advisor (Hanoi) - 75%

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 10560.09

Mechanism: N/A

Prime Partner: Ministry of Labor, Invalids and Social Affairs

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 24799.09

Planned Funds: \$250,000

Activity System ID: 24799

Activity Narrative: The proposed activity would provide funding for the Ministry of Labor, Invalids and Social Affairs (MOLISA) to institutionalize drug addiction and HIV curricula into its staff training universities, and to identify and pilot a best-practice drug treatment service model in Vietnam. In collaboration with FHI, which is already developing and implementing HIV and drug addiction treatment curricula, MOLISA will work to institutionalize this curricula into its training universities. These activities will provide the first direct PEPFAR support to MOLISA with the goal of reaching a host-country owned, sustainable, rights-based and evidence-based solution to drug treatment in Vietnam. This will also create a public health environment that better coordinates and links HIV and addictions prevention.

Vietnam's primary response to injecting drug use (mainly heroin) has been the development of mandatory treatment in custodial, government-run rehabilitation centers ('06 centers'), in which detoxification is followed by one to four years of rehabilitation through labor and vocational training. These centers primarily serve drug-dependent males, and HIV prevalence among residents has been estimated as high as 50 percent. Managed by MOLISA, 06 centers have been politically popular, but subscribe to a punitive approach to drug addiction that is not based on international best practice.

Additionally, there are significant human resource gaps in the field of addictions treatment. It is difficult to staff the government-run 06 system and private drug treatment with qualified health care professionals due to low prestige, poor pay and limited career advancement opportunities. Furthermore, addiction counseling is a new concept in Vietnam, a country in which the mental health field is underdeveloped and an unpopular career choice.

The centers have limited medical and other psycho-social support services and after long periods of time in custody, returnees find it difficult to reintegrate into communities. It has been estimated that over 70 percent of returnees relapse into regular injecting drug use. The 06 system has failed to effectively treat drug addiction in Vietnam, and there are few drug rehabilitation, HIV/AIDS or other psycho-social support services available. The small number of private treatment clinics that currently exist are unable to provide sufficient level or quality of services for injecting drug users (IDU). These clinics must adhere to MOLISA guidelines, though anecdotal reporting suggests that service quality is equal to or lower than that provided in 06 centers. The lack of strong models for addictions care and treatment have stymied MOLISA's ability to provide technical oversight of private treatments services, and limited the Ministry's ability to advocate for private sector regulation or policy reform.

In addition to service delivery, there continue to be concerns around human rights within the 06 system. There is no judicial process for remanding individuals to the centers, and few mechanisms to ensure continuity of care and treatment for HIV-infected IDU in the centers and in the community after release. There are also concerns about the cost and sustainability of maintaining the 06 center system in the future.

In order to begin to address gaps in drug treatment through the public and private sector, the proposed activities will support MOLISA in the initial development of a stronger, sustainable, evidence-based approach to IDU needs in Vietnam.

INSTITUTIONALIZE ADDICTIONS COUNSELING AND CASE MANAGEMENT TRAINING PROGRAMS IN MOLISA UNIVERSITIES (\$40,000):

Addictions-training has been part of the FHI prevention portfolio since 2006. However, continuation in COP09 will involve scaling up a long-term, sustainable educational model by beginning to house these trainings in MOLISA universities.

Supporting MOLISA to institutionalize drug addiction and HIV curricula into its staff training universities will lead to a more sustainable PEPFAR intervention and the establishment of more effective drug treatment modalities in Vietnam. MOLISA would be seen as taking the lead in identifying and developing a quality alternative to both the 06 system and the currently limited private drug treatment system. FHI, with USAID support, is already developing and implementing HIV & drug addiction treatment curricula which focus on (1) pre-service medical, (2) in-service general concepts, (3) professional addiction counseling and (4) professional case management. Items 3 and 4 should be long-term training programs in order to generate effective and sustainable professional development and service provision. FHI will work with MOLISA to institutionalize drug addiction and HIV curricula, and develop a longer-term timeline for permanent handover of addictions training to MOLISA.

ALTERNATIVE DRUG TREATMENT PILOT (\$210,000):

COP 09 funding will be used to support MOLISA to identify and develop alternative drug treatment approaches and models, based on international best practice. This would include provision of an international consultant, who will work with the SAMSHA Technical Advisor, to assist MOLISA in identifying proper treatment models. The consultant would provide TA to MOLISA in generating recommendations for the most appropriate alternative drug treatment services to be piloted in Vietnam. MOLISA staff would also generate recommendations and guidance on potential international organizations that could assist Vietnam establishing sustainable and best-practice drug treatment.

Upon identification of an appropriate model, PEPFAR will support MOLISA to pilot an alternative drug treatment center. The PEPFAR Prevention team, including CDC, SAMSHA and USAID, will coordinate this process carefully to ensure that MOLISA and FHI activities are harmonized.

A private, evidence-based drug treatment pilot would:

- Provide best practice drug treatment services to clients
- Provide in-service training and mentoring to professional addiction counselors and case managers
- Link to MOLISA training universities and become a center of excellence for best-practice methods & approaches
- Provide free-of-charge treatment to a percentage of poorer clients
- Build a cohort of mental health and drug treatment professionals, infrastructure and services

Activity Narrative: - Raise the level of professional prestige around drug treatment
 - Serve as an entry point for an international private drug treatment partner to invest in and establish services on a for-profit basis

This small scale pilot would provide an opportunity for MOLISA to build on existing evidence-based models and international best practices to strengthen policy advocacy efforts with national policy-makers. MOLISA staff would work with existing FHI TA to train staff (including addiction counselors and case managers) and pilot a voluntary drug treatment center (location TBD). This center could serve in the future as a 'center of excellence' by providing best practice models, training and mentoring of drug treatment staff throughout Vietnam, and by providing short-to-medium term staff exchanges between the pilot and other centers.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: 300
 Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 30

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 10562.09	Mechanism: CDC-FHI
Prime Partner: Family Health International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 25400.09	Planned Funds: \$920,000
Activity System ID: 25400	

Activity Narrative: ADDICTIONS CAPACITY BUILDING: \$520,000

International evidence supports the efficacy of a skilled and well-trained addiction workforce to reduce drug use, criminal activity and sexual behavior that place individuals at high risk for HIV infection. Recognizing that heroin injection remains the upstream cause of most new HIV infections in Vietnam, PEPFAR has invested significant resources to recruit and train 100 professional drug addiction counselors between fiscal years 2005-2008. Addiction counselors provide individual and group counseling as well as community education. They work at methadone sites to support relapse prevention, and to promote access to and uptake of CT and other HIV services. Nevertheless, drug addiction counseling remains new to Vietnam and local expertise remains limited. High demand and tremendous unmet needs among clients highlight the need for a sustainable system of training and professional development for future leaders in the substance abuse field. To this end, FHI will develop and implement a program to develop addiction workforce capacity through technical assistance and training for treatment providers, social workers and related professionals.

Activities

FHI will develop an interdisciplinary consortium of government and non-government health workers and those in related fields who will be well-versed in evidence-based approaches to substance abuse treatment and recovery. This activity has four components.

First, FHI partners will develop basic courses on the principles of addiction and the relationship between addiction and HIV and other infectious diseases. These basic courses will be offered to staff from agencies that serve populations at high risk for substance abuse and HIV infection. Examples include government and non-governmental organizations (NGOs) involved in home- and clinic-based HIV care and treatment, government social workers who monitor current and former drug users in the community, medical and other public health students, and outreach workers supported by PEPFAR and other donors. Through this component PEPFAR will train 100 individuals in the basic principles of addiction.

Second, FHI will support trained trainers from institutional partners to provide introductory courses on addiction counseling, promoting the capacity to provide comprehensive services among international NGOs and government organizations. An advanced course on addiction counseling will improve the skills of those already trained but in need of specialized skills for work with families, adolescents or other groups affected by addiction. One training of trainers session (TOT) will provide for continuation beyond the life of this activity and publication of the curricula will enable sustained training for future drug counselors. Through this component, PEPFAR will train 40 individuals as professional addictions counselors. Participants will be carefully selected based on their job positions and background. Only those who are slated to become professional drug addiction counselors will participate in these courses.

In the third component, FHI will expand efforts to train 120 DOLISA social workers as case managers for recovering drug users. Basic social work principles will refocus social workers' historical role in Vietnam as parole officers to that of becoming supportive case managers, responsible for following up with drug users in the community and referring them to needed HIV care, addiction services, and vocational and other training and support. Basic case manager training will be supported by advanced guidance on working with special populations, the family and youth. An advanced course will be provided to case manager supervisors in the selected provinces. Developing a nationwide core of counselors and case managers will help "legitimize" the profession of addiction counseling and ensure sustainability without continued reliance on expensive foreign technical assistance. In addition, these curricula will be incorporated into the university system to provide a sustainable venue for training counselors and case managers.

The fourth component will develop ongoing mentoring, supervision and support for trained case managers and drug addiction counselors. After training, they will be strategically placed and will participate in ongoing mentoring to ensure professional development and high service standards.

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through prevention of drug use: N/A

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 260

METHADONE MAINTENANCE THERAPY: PRE-SERVICE TRAINING, IN-SERVICE TRAINING AND MENTORING: \$400,000

A. PRE-SERVICE TRAINING IN METHADONE MAINTENANCE THERAPY (MMT)

In FY08 Pathfinder International (PI) received PEPFAR funding to pilot an integrated HIV prevention curricula with a focus on MMT and basic addiction counseling for medical and nursing students at Hai Phong University and Hai Phong Secondary Medical School. Using FY08 PEPFAR funds, FHI partnered with Pathfinder to strengthen the capacity of the Hai Phong University to provide distance education in HIV prevention, care and treatment for post graduate health professionals. This involved supporting the school to design and develop two distance learning curricula. One course will be an "Introduction to HIV/AIDS Care and Treatment and the second course will be an "Introduction to Addiction Medicine and MMT". The curricula were developed using existing material from the Hai Phong pre-service curricula and various MOH approved in-service training courses. Faculty in the Hai Phong University were trained in both the technical and administrative skills required to implement these distance learning packages using technical assistance from FHI when necessary.

In FY08, two distance learning packages were developed for post graduate health professionals in HIV prevention care and treatment at Hai Phong University. At least 20 faculty members were trained and supported to implement these distance curricula in preparation for implementation in FY09.

In FY09 FHI will partner with Pathfinder International (PI) to continue the foundation work in institutionalizing quality HIV prevention, care and treatment training with a focus on MMT and addictions counseling for undergraduate doctors and nurses in Hai Phong University and Hai Phong Secondary Medical School. Pathfinder will continue to work with both schools to review and build the curricula, while improving the

Activity Narrative: quality of expertise required to implement them, by providing mentoring and support as pre-service lecturers implement the newly designed curricula.

In FY09 Pathfinder will provide further support to Hai Phong University to actually roll out the two distance learning packages developed in FY08. It is estimated that 75 post graduate health professionals will be trained using the two distance learning courses; In addition, in FY09, Pathfinder will identify another Medical University in a PEPFAR province TBD to strengthen their capacity to provide distance education in HIV prevention, care and treatment for post graduate health professionals. This will involve supporting them to review and adapt the two distance learning curriculum "Introduction to HIV/AIDS Care and Treatment and "Introduction to Addiction Medicine and MMT". developed in Hai Phong University. It will also involve Pathfinder training faculty in both the technical and administrative skills required to implement these distance learning packages using technical assistance from FHI where necessary. In FY09 Pathfinder will collaborate with the Working Group of deans and vice-deans to disseminate the distance learning curricula and advocate for the future scale-up and delivery of this curricula in additional pre-service faculties over the following years.

It is estimated that in FY09, 2 distance learning packages for post graduate health professionals in HIV prevention care and treatment will be developed in a Medical University TBD. At least 20 faculty members will be trained and supported to implement these distance curricula. A total of 75 individuals will be trained in key HIV prevention, care and treatment program areas using the distance learning education package from Hai Phong University.

A: Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 95

B. METHADONE MAINTENANCE THERAPY (MMT): IN-SERVICE TRAINING AND MENTORING
During FY08 FHI supported the Vietnam MOH to review and finalize a national methadone maintenance therapy curriculum for training clinicians, counselors and pharmacists working in methadone clinics in Vietnam. A methadone curricula review committee was established within MOH. FHI supported the training of 10 clinical master trainers in MMT. Two in-service training workshops were carried out in FY08 for 22 new methadone clinicians (doctors) from the six new MMT sites in Hanoi. These newly trained doctors each spent one week in established MMT clinics as part of their practicum training and to certify them as MMT clinicians. FHI supported the establishment of a methadone clinical mentoring network in Hanoi, Hai Phong and HCMC.

In FY08 FHI worked with Pathfinder International to adopt their nationally approved Integrated Supervision methodology for work with MMT providers. Using this methodology, a total of 10 experienced MMT clinicians were trained as clinical supervisors and paired with experienced national and international TA providers as they commenced their mentoring of new MMT colleagues. These experienced MMT mentors spent time in new sites helping clinicians and the clinical team start up MMT services. Once service was up and running, they helped the service providers set indicators to monitor service quality and design action plans for further improvement. Clinical mentors provided ongoing clinical supervision and on the job training - at first monthly and then every 3 months as sites matured. During FY08, two 3-day refresher MMT training workshops were held, one in the North and one in the South, attended by 60 MMT clinicians. FHI also supported one 2-day annual national clinical MMT experience sharing workshop where MMT clinicians met for 2 days to share clinical cases, complex clinical scenarios and input for revision of national MMT clinical guidelines.

In FY09 FHI will continue supporting the MOH scale up of MMT by institutionalizing methadone in-service training, clinical mentoring and supervision, and building national capacity for medical doctors in clinical MMT management. FHI will continue to support MMT in-service training, refresher training and clinical mentoring. In-service training for new MMT clinicians will be held on an as needs basis (at least 2 per year) depending on MOH scale up plans. At least four 3-day redresser training workshops will be held in FY09.

FHI will continue development of new and existing MMT master trainers and clinical supervisors. In FY09 at least 10 additional clinicians will be trained as MMT clinical supervisors using the Integrated Supervision methodology. A curriculum on mentoring and supervision will be developed, along with supervision forms and checklists. Trained mentors will continue to supervise existing MMT sites and will help start up new ones, though supervision will become less frequent as sites mature. An annual clinical MMT experience sharing workshop will also be supported in FY09.

B Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 94

TOTAL A and B (ALL MMT Tanning):

Number of individuals reached through community: N/A

Number of individuals trained to promote HIV/AIDS prevention through prevention of drug use: 189

New/Continuing Activity: New Activity

Continuing Activity:

Approximately 60,000 of an estimated 180,000 IDU in Vietnam are detained in 84 government rehabilitation ("06") centers for up to four years. HIV prevalence in these centers may be as high as 70%. In 2006, PEPFAR began supporting a pilot project of comprehensive HIV services at Nhi Xuan 06 center in HCMC. WB and GF have also been supporting ART for residents in other centers on a limited scale. Supporting recently released 06 residents to achieve the social and economic stability necessary to stay off of drugs is not only a key HIV prevention priority in Vietnam but also a priority of the adult C&Tx program.

WHO, PEPFAR, and other donors are supporting MOH's Department of Medical Administration to revise the national HIV diagnosis and treatment guidelines. In August 2008, VAAC introduced a set of national indicators for all HIV-related programs. VAAC is currently leading development of software for managing the C&Tx program and patient monitoring. Family Health International (FHI) is providing technical assistance to VAAC to develop the HBC/CBC protocol. FANTA will work with the National Institute of Nutrition in 2009 to develop national food and nutrition guidelines for PLHIV.

KEY ACCOMPLISHMENTS

PEPFAR has supported MOH to achieve a number of successes, including ART initiation and scale-up, quality program monitoring, establishment of a care and support package of care, development of high-quality guidelines and protocols, and strengthening human capacity. The Team has achieved end of program ART targets for PEPFAR phase 1 one year early: by September 2008, PEPFAR supported ART for 24,538 persons. In FY08, PEPFAR will expand ART support from 11 to 20 provinces, and increase the number of adult ART sites to 72 from 46. Expansion of care and support services will be coupled with clinical services and include referrals, transportation to clinics, and assistance with hospitalization. The C&Tx team is addressing gender equity by focusing on improved access to care and support through an assessment and mapping of women living with HIV, indicating their accessibility to existing HIV/AIDS and social services. Tools for incorporating gender issues, including addressing gender-based violence, into service provision, are being developed and shared with PEPFAR's implementing partners.

To address pervasive stigma and discrimination, PEPFAR supports stigma reduction training for community health care workers, and will support CBOs to integrate anti-stigma components into interventions. PEPFAR also supports the integration of STI programs into HIV/AIDS programs based on successes and lessons learned from the TB/HIV model. A situational assessment on nutrition status and needs among HIV-infected people conducted in July 2008 is contributing to a national strategy on nutrition, including microcredit initiatives.

PEPFAR supports VAAC and local authorities to build technical and management capacity within the HIV C&Tx programs. Monthly C&Tx technical working group (TWG) meetings, led by VAAC, include all donors and WHO to improve coordination on drug supply, commodity distribution, CD4 testing, and ART scale-up. PEPFAR also provides support to build capacity for health care workers through basic and refresher trainings on ART and data management; workshops on coordination and building management capacity; ART network meetings addressing complicated cases and referral systems among different services; annual C&Tx workshops for outpatient clinic (OPC) staff; and on-site technical assistance (TA) and quality assurance at OPC sites.

PEPFAR is collaborating with VAAC to conduct a programmatic evaluation of selected PEPFAR-supported ART sites; preliminary results will be available by the end of 2008.

CHALLENGES/OPPORTUNITIES

The government of Vietnam (GVN) continues to encourage PEPFAR to support a rapid nationwide increase in C&Tx coverage; however, to do so, a long-term sustainability plan that includes clear policies on human resource management is paramount. The most serious issue is the shortage of qualified staff and staff turnover, especially experienced doctors and counselors. Even well-established OPCs face high staff turnover, mainly due to low financial incentives and misconceptions about the risk of acquiring HIV and TB from patients. Pervasive stigma and discrimination affects access and negatively impacts the ability to rapidly expand programs.

Poor national ART protocol adherence and data recording still exists at some ART sites. In addition, the government wants to distribute OPCs evenly throughout Vietnam, placing some in low prevalence areas at the expense of high prevalence regions. With support from PEPFAR, there have been attempts to develop ART networks of highly experienced and trained health care workers. But training and quality assurance have not been established at the national and regional levels. So far, trainings and on-site mentoring have been primarily provided by PEPFAR implementing partners at PEPFAR-supported OPCs. VAAC has started to develop national training curricula on ART but it has yet to establish a national training group.

Strengthening coordination between donors, ministries, and partners is critical to increase service access, and decrease treatment interruption. Linking clinics and community- and home-based care with other services is a challenge that needs to be addressed in several provinces. There are networks of PLHIV and peer educators in most provinces but their involvement in providing support for ARV services is limited, as they have not been officially recognized by the government. In addition, national standard operating procedures (SOPs) for OPCs have not yet been developed, resulting in a range of models and service packages provided to PLHIV.

The C&Tx team is currently considering an assessment of cervical cancer screening. Pap smears are widely available in some places in Vietnam and cervical cancer rates may be decreasing, but data is likely poor quality.

OPCs supported by GF and the National Program provide only first-line ARVs. PEPFAR will provide 2nd-line ARVs to provinces supported by GF and/or the National Program as requested. However, few patients in these programs have access to second-line ARVs because of long delays in screening patients with suspected treatment failure in these sites. This is typically a result of a lack of staff experience, difficulties with specimen transportation, and the cost and availability of CD4 and viral load tests.

KEY STRATEGY ELEMENTS

The C&Tx program strategy will focus on continuing to develop comprehensive care, treatment and support at the clinic and the community level, improve program linkages, support quality scale-up, improve program monitoring and evaluation, and improve human capacity. In September of 2008, the OGAC Adult Treatment TWG visited Vietnam. The C&Tx team is addressing recommendations from this visit in order of priority, and includes refining resource allocation, providing services to 06 centers, improving linkages with community and methadone services, piloting a task-shifting model, and evaluating the national program. In line with the TWG's recommendation to allocate resources in accordance with need, PEPFAR will continue working with the GVN, GF, and WB to develop coverage plans and treatment targets to guide scale up of ART. In 2009, PEPFAR will support five additional (a total of 77) adult OPCs, at the national, provincial, and district level in 20 provinces. Some OPCs in PEPFAR focus provinces will function as family-centered clinics to provide ART for adults, as well as children where no specialized OPC for HIV-infected children exist. PEPFAR will support ART and care and support services for two hospices and five 06 centers through existing health facilities.

The Vietnam PEPFAR team recognizes that the HIV epidemic in Vietnam can best be addressed by integrating addiction treatment with HIV programs. Linkages between the methadone program and OPCs and community-based care will be strengthened to increase access to comprehensive treatment, care, and support services that will maximize adherence to ART and drug treatment.

With FY09 funds, PEPFAR will continue support of a micro-credit initiative to provide PLHIV and their families the means to improve their economic stability.

PEPFAR will directly support 29,000 patients on ART by September 2010, consisting of 26,550 adults and 2,450 children. Care and support will be directly provided to 90,000 and indirectly to 30,000 adults and children. PEPFAR will collaborate with GVN and other donors, to use epidemiological data and demonstrated provincial commitment as main determinants to open additional OPCs concurrent with closing or augmenting services at existing OPCs. PLHIV will be included in discussions about community-based need and geographic location of services, and will be involved to help scale-up services, maximize access, and support treatment adherence. Marketing of new and existing services will be enhanced through television and newspapers to ensure optimal community awareness of services.

PEPFAR will support OPC service quality improvement via TA and standard quality assurance, including addressing stigma and discrimination and equitable service access across gender. Routine programmatic evaluation will continue using tools developed in FY08 to assess program improvement. PEPFAR SI and C&Tx teams will continue working with the Hanoi Public Health School (HSPH) and HCMC PAC to conduct routine evaluations. PEPFAR will work with VAAC to develop SOPs and training manuals focused on clinical, psychological, social, spiritual, and preventive aspects of HIV care and treatment. These will include OI management, palliative care including pain management, prevention among positives, and malnutrition. Prevention with positives will include assessing family members' risk factors, counseling for healthy living, condom distribution, addiction counseling, and linkages to social and community services. The nutrition program, started in 2008, will move into Phase II with development of nutritional guidelines and a training strategy. PEPFAR will support VAAC to develop training curricula and workshops to implement the newly revised national ART guidelines. PEPFAR will continue to work with VAAC and WHO to monitor for emergence of drug resistance among ART patients.

To increase human capacity, PEPFAR will continue supporting master trainers through development of curricula for the training of trainers. PEPFAR will support a pilot task-shifting model at a small number of OPCs, moving some clinical roles from doctors to nurses. PEPFAR will provide technical and programmatic support for this important pilot initiative and for follow-on activities to scale-up.

FY09 funds will support nutrition assessment, micronutrient supplementation and therapeutic food as necessary. PEPFAR will continue to expand food by prescription initiatives begun with FY08 funds. Use of PLHIV as treatment supporters will be started at all OPCs. Treatment supporters will assist patients to access services, provide adherence support, and assist with HBC activities. Training and workshops for treatment supporters will be organized by PEPFAR and VAAC.

To provide essential services for 06 center residents, PEPFAR will support prevention, ART, care, and support for residents of five additional 06 centers. PEPFAR will continue working with GVN, GF and WB to improve referral between community-based OPCs and 06 centers to prevent treatment interruptions and increase residents' access to services.

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10896.09

Mechanism: State-OGAC TBD Activities (typically TBD country agency)

Prime Partner: To Be Determined

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29781.09

Planned Funds: ██████████

Activity System ID: 29781

Activity Narrative: The reported number of PLHIV in Vietnam as of Oct 31, 2008 is 135,169. It was estimated that at least 25% of HIV infected people have not accessed to care and treatment services in Vietnam.

We have been receiving feedback from partners on the difficulty of enrolling new patients in the community in spite of the fact that data show the needs of the population are quite high. In order to provide more support to the program and maximize the utilization of PEPFAR care and treatment services, this new activity will focus on Behavior Change Communication (BCC) activity targeting PLHIV who have not yet registered for or delayed access to care and treatment services.

This activity will consist of two elements: 1) Support an assessment to understand the existing barriers to access to available services by this harder-to-reach population and 2) The development of a tailored communication campaign aimed at increasing new patients that are positive and in need of care and treatment services including ARV based on the assessment data.

It is request that this will be one-time funding; however, we may need to look for continuing funding to support communication campaign in the coming years.

Prime Partner is TBD, pending additional in-country discussions.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8672.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 25873.09

Activity System ID: 25873

Mechanism: TBD

USG Agency: Department of Defense

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: ██████████

Activity Narrative: SUMMARY AND BACKGROUND:

In FY07, the PEPFAR Vietnam program supported a program to train military physicians employed by Vietnam's Ministry of Defense (MOD) to provide palliative care. The implementing partner for the program was the University of Hawaii (UH). Because many of the trainings and workshops were held in Thailand and Hawaii, this approach was costly and considered unsustainable, as technical advisors and military health professionals often had to travel overseas. MOD physicians also received little information about local palliative care guidelines and Vietnam's existing civilian services and referral networks. This activity using UH as the implementing partner was yellow-lighted by OGAC. In order to address these problematic issues, in FY09, PEPFAR plans to place this activity under TBD. The implementing partner will ensure that MOD's physicians and nurses will receive the technical assistance (TA) and support they need in Vietnamese and in a cost-effective manner. And where military facilities lack HIV-related services, MOD physicians will be encouraged to refer patients to civilian sites that already offer services, such as home-based care.

The implementing partner will encourage Vietnam's MOD to utilize established treatment and administrative protocols that mirror those implemented in civilian sites. For example, the U.S. Department of Defense has standardized commodity procurement through the Supply Chain Management System (SCMS). In this activity, SCMS will be responsible for procuring antiretroviral drugs, opportunistic infection medicines and CD4 reagents. PEPFAR will be responsible for hematology, biochemical, and viral load reagent procurement. With the implementing partners' involvement, MOD will receive further training related to treatment and administrative protocols in areas such as dispensing ARV drugs, adherence counseling, management of adverse reactions, and managing and reporting requirements.

The U.S. Department of Defense in-country staff will actively participate in the PEPFAR care and treatment technical working group to ensure close interagency coordination and oversight for this activity.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY # 1 \$19,200 – The first activity will support the implementing partner as they conduct palliative care quality assurance and technical assistance visits to four military palliative care sites to ensure that MOD staff are given: onsite training, TA, and mentoring; access to workshops providing established HAVN palliative care curriculum; linkages to civilian resources; and other support as needed. Moreover, the partner will ensure that MOD is aware of, and implements, MOH's treatment and administrative protocols at MOD treatment sites. Lastly, the implementing partner will liaise with SCMS and PEPFAR in order to ensure the sites receive appropriate supplies needed for patient care.

ACTIVITY # 2 \$160,800 – The second activity will support the implementing partner as they strengthen service delivery at four palliative care sites through supportive supervision ensuring that national treatment, administrative protocols, and systems are followed; appropriate monitoring of patient care takes place; patients efficiently flow through sites and; monitoring and evaluation of nursing capacity, and the need for task shifting is addressed.

By the end of FY09, palliative care services will be established in four outpatient clinics located within the infectious disease departments of the military hospitals that are supported by the PEPFAR Vietnam program. These military hospitals and their locations are as follows: Hospital No. 103 in Hanoi, Hospital No. 175 in Ho Chi Minh City, Hospital No. 121 in Can Tho, and Hospital No. 17 in Da Nang.

It is important to note that although military health care facilities are mandated to care for military personnel and their family members, more than 80 percent of the clients who access their services are civilians.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Military Populations
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10563.09	Mechanism: ASPH Fellowship Program
Prime Partner: Association of Schools of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 24808.09	Planned Funds: \$40,000
Activity System ID: 24808	

Activity Narrative: Through the PEPFAR cooperative agreement with the Association of Schools of Public Health (ASPH), students and graduates gain practical first hand experience by participating in assignments and projects designed to enhance their academic training. In Vietnam ASPH Fellows work under the mentorship of experienced PEPFAR technical and management staff and make considerable contributions to PEPFAR. PEPFAR Vietnam supports this program with the goal of providing a multidisciplinary international experience for two future public health professionals (one each in Hanoi and Ho Chi Minh City).

ASPH Fellows in Vietnam are important members of the PEPFAR Vietnam team. Though they participate in many activities and assignments during their year-long Fellowship, their positions are primarily focused on provision of management support to the Grants Management Unit within the CDC Vietnam office. Each Fellow serves as a primary point of contact for one of the larger programmatically comprehensive cooperative agreements (the Ministry of Health in Hanoi, and the Provincial AIDS Committee in Ho Chi Minh City) assisting Government of Vietnam counterparts in developing work plans, budgets, accomplishing quarterly and annual reporting, developing applications for continued funding, etc. Their work requires them to interact directly and frequently with government partners while liaising with CDC management and financial staff and the PEPFAR, Vietnam technical teams.

The cooperative agreements with the Ministry of Health and Ho Chi Minh City Provincial AIDS Committee support a broad but integrated range of activities to address the HIV epidemic in Vietnam. These two key government partners work with the ASPH Fellows and the larger PEPFAR Vietnam team to implement activities across a variety of program areas including HBHC.

This activity provides funding for a portion of the ASPH Fellowship program in Vietnam for coordination of HBHC activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8674.09

Prime Partner: Abt Associates

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 19473.26174.09

Activity System ID: 26174

Mechanism: HPI (Follow-on)

USG Agency: U.S. Agency for International
Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$400,000

Activity Narrative: Health Policy Initiatives was re-competed in 2008. The awardee will begin to develop the work plan in October 2008 after which more precision will be known regarding the following planned activities.

PEPFAR will support the Health Policy Initiative Vietnam program to implement four activities in this program area: continue support to the HIV/AIDS legal centers that were set up in 2005-2008; strive to improve consistency between the HIV/AIDS-related laws and policies and their implementation throughout the country; continue to build the capacity PLHA groups and other CSOs; and monitor the implementation of the HIV/AIDS-related laws in provincial plans.

Activity 1: Bring consistency to HIV/AIDS-related laws and policies and their translation into comprehensive programs throughout the country.

The 2008 revision of Vietnam's drug law decriminalized drug addiction, but did not fully legitimize the risk-reduction measures called for in the HIV/AIDS law. This inconsistency represents a significant obstacle to scaling up these interventions. HPI will conduct a review of remaining inconsistencies between the 2008 revision of the drug control law and HIV/AIDS laws, decrees, and plans, a review that will identify specific examples of problems posed for program implementers. The team will ensure that the implications of the inconsistencies are understood by means of media interviews, public meetings, and targeted awareness-raising sessions aimed at influential individuals. The HPI team will work closely with partners in GVN and CSOs, to draft a model law and/or proposed revision language to achieve consistency across these instruments (e.g., by incorporating appropriate attention to community-based strategies and reducing reliance on 05/06 centers). The line-by-line comparison analysis and model, or proposed revised language will be shared with all relevant government agencies (e.g., VAAC, MOLISA, MPS, as well as the National Assembly, Party bodies, and other stakeholders [e.g., CSOs, UNODC, UNAIDS]). HPI will convene a high-level meeting to review the proposed revisions. The team will also ensure that the Ho Chi Minh National Political Academy training includes discussion of the inconsistencies and their implications, and will share legal and other remedies for correcting them. The expected result of this activity is to improve the consistency among the drug control law and the HIV/AIDS law, implementing decree, VAAC risk-reduction plan, and provincial HIV/AIDS plans. The expected results of this activity will be greater consistency among the drug control law and the HIV/AIDS law, implementing decree, VAAC risk-reduction plan, and provincial HIV/AIDS plans.

Activity 2: Build the capacity of PLHA groups and other CSOs.

The network of PLHA groups in Vietnam is expanding and gaining in influence, with about 60 such groups, representing more than 4,000 members. Bright Futures has 6 core groups in 18 provinces and 1,000 members; the COHED-supported Hope Network has 20 groups in 10 provinces and also 1,000 total members. These groups provide support to PLHA, disseminate information and referrals for treatment, and engage in advocacy to reduce stigma and discrimination. To help PLHA groups build their leadership ranks and gain their full potential will require (1) improving the process for gaining official recognition; and (2) developing groups' capacity to conform to this process and establish themselves as full-fledged organizations. As one of the leading CSOs serving PLHA, HPI partner COHED is especially well placed to convene on behalf of the team a high level meeting with MOLISA, the Ministry of Home Affairs, VAAC, the National Assembly, Communist Party entities, leaders of PLHA groups, and the HIV/AIDS Vietnam Action Group (HAVAG, a coalition of CSOs), to review registration procedures and solicit specific suggestions for their revision. The meeting would be a vital first step toward convening a drafting group to develop a detailed policy. Through weekly meetings of the working group and consultations with government officials the HPI team will have facilitated the drafting of a proposed policy specifying revised registration procedures. The HPI team will then hold a national training session to present registration requirements (summarized in an easy-to-read "Ready Reference") and outline their implementation requirements. To expedite registration, the team will prepare template application and supporting materials for PLHA and other groups. HPI will provide technical assistance (TA) to organizations seeking to gain registration.

Only once PLHA and other groups are "made visible" by gaining legal recognition can capacity building efforts have significant and enduring impact. HPI will build the capacity of PLHA groups, encouraging their expansion into underserved locations, and helping them establish their presence and services there. Many MARPs (IDUs, sex workers, and men who have sex with men [MSM]) neither access health care nor participate in advocacy efforts for fear of being identified and mistreated. Drawing on its experience and contacts working with MARPs on HIV prevention, the HPI team will reach these groups and engage them in services and encourage and assist them to form advocacy organizations of their own. MARP-based NGOs could become effective advocates for HIV/AIDS-related services and powerful forces against stigma and discrimination. HPI will develop tailored strategies for organization of MARPs groups, drawing on examples of effective NGOs in other countries founded by IDUs, sex workers, and MSM. HPI will work with the founders of the MSM listserv recently established in Hanoi to assess their potential to become the basis of an MSM NGO. Through its ongoing work, HPI is approaching and helping to organize groups of sexual partners of IDUs now in 06 centers and prisons in Hanoi and recently released from them, and we will expand these efforts to other locations. In addition to assisting MARPs-based NGOs (as well as PLHA groups) in obtaining government registration, the project will offer small seed grants (e.g., \$2,000) to such organizations, helping them apply for registration and build their management capacity. By designing and providing regional training sessions for PLHA and other groups to develop personnel, management, budgeting, and accounting procedures, the project will equip nascent NGOs to operate independently. It will provide customized training in proposal preparation and fundraising, so that PLHA and MARPs groups are able to solicit and respond to available funding opportunities. This activity will work towards establishing a simplified and codified registration policy for NGOs and registering and launching at least one IDU, SW or MSM NGO. HPI will also train key staff of all PLHA groups in fundraising.

Activity 3: Offer quality legal aid to adults and children facing stigma and discrimination.

HIV/AIDS related stigma and discrimination act as barriers to prevention, treatment, and impact mitigation services. HIV/AIDS-affected children face special difficulties in accessing education and health care. HPI will focus on expanding the staff and capacity of existing HIV/AIDS legal clinics (adding attorneys and advocacy case managers, with preference for PLHA), increasing responsiveness, enhancing case-finding

Activity Narrative: and raising awareness about legal clinics and hotlines through leaflets, targeted media, and encouragement of referrals by VCT centers. These activities are designed to ensure that parents, teachers, and other adults know how to recognize discrimination against children and whom to contact for assistance. The HPI team will further build capacity for legal assistance by working with the Vietnam Lawyers' Association, American Bar Association (ABA) Rule of Law Initiative, law schools, and other stakeholders to provide training and clinical placements for lawyers, law students, advocacy case managers, and judges. HPI will provide training on international human rights law affecting PLHA and all staff will be trained to ensure that all contacts with clients and all client records remain confidential.

Activity 4: Monitor implementation of the HIV/AIDS law and provincial plans. Until now, the multisectoral coordinating bodies for HIV/AIDS established by national and provincial governments have not monitored the implementation of laws and provincial plans. To strengthen local monitoring capacity, the HPI team will work to develop and field auditing tools to assess implementation of the national HIV/AIDS law and implementing decree, as well as provincial HIV/AIDS plans. We will target the HCMC PA's network of 500 provincial leaders, interviewed for the evaluation of the HCMNPA training in 2007, to serve as respondents for proposed surveys on implementation of HIV/AIDS law and provincial plans. These data will provide the basis for "report cards" on the progress of implementation and the performance of multisectoral coordinating bodies. Report cards will summarize the volume of key activities (condom promotion, peer outreach/education, and other interventions for MARPs) and services provided (number of persons receiving ART), and levels of funding from different sources to gauge the extent of reliance on international donors and/or sustainable funding). These report cards will illuminate the progress of work being conducted under the auspices of the multisectoral coordinating bodies and spur the committees to action by holding them publicly accountable. HPI will work with individual provinces to identify strategies for improving coordination and will develop six-month remediation plans. An important policy advance will be to empower multisectoral bodies to make binding decisions on budget and staff allocations. Annual report cards will be produced and disseminated on implementation of provisions in national HIV/AIDS law and provincial plans.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19473

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19473	19473.08	U.S. Agency for International Development	Abt Associates	8674	8674.08	HPI - Vietnam	\$420,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10561.09

Mechanism: N/A

Prime Partner: Harvard Medical School of AIDS Initiative in Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5519.24801.09

Planned Funds: \$400,000

Activity System ID: 24801

Activity Narrative: In FY08, the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) worked with the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) to develop a national-level curriculum and strategy for training physicians and nurses on HIV/AIDS care and treatment. Training of the trainer (TOT) courses were conducted for physician trainers in Hanoi and Ho Chi Minh City (HCMC). With FY09 funding, HAIVN will continue to support VAAC and the provincial AIDS centers (PACs) in PEPFAR focus provinces to implement the training strategy. This activity will build a sustainable national team to provide training to physicians in HIV/AIDS clinics to support the ongoing scale-up of HIV/AIDS care and treatment in Vietnam. The team will provide initial trainings and regular follow-up workshops to provide continuing medical education and retraining. HAIVN will also work with VAAC and regional and provincial trainers to provide regular updates to physicians through workshops, newsletters, the Internet, and other educational resources.

In addition to didactic training activities, HAIVN staff will work with partner agencies in each of the provinces that receive PEPFAR-funded medications in order to provide on-site clinical mentoring and quality of care supervision at more than 40 HIV/AIDS outpatient clinics (OPCs) supported by PEPFAR and MOH. At the regional level, partner agencies include the National Institute for Infectious and Tropical Diseases (NIITD) in Hanoi and the Tropical Disease Hospital in HCMC. At the provincial level, HAIVN will partner with provincial general hospitals in the seven PEPFAR-focus provinces to support clinical care activities at district-based OPCs and in adjacent provinces.

At the national level, HAIVN will continue to partner with VAAC to complete the development of the HIV/AIDS care and treatment clinical training curriculum. The curriculum will be updated as needed in response to new information and changes in Vietnam's national guidelines and protocols. HAIVN will continue to provide technical assistance to VAAC and other partners on clinical issues, including care and support, antiretroviral treatment (ART), TB/HIV, and the prevention of mother-to-child transmission (PMTCT). HAIVN will continue to work with the VAAC care and treatment department to monitor the quality of clinical care and support services throughout the country.

In Hanoi, HAIVN will partner with NIITD to provide clinical training on HIV/AIDS care and support at the national, regional, and provincial levels. A new director took control of NIITD in October 2008 and is enthusiastic about building the capacity of the organization to provide training on HIV/AIDS care and treatment. This will present a new opportunity to build the institution into the national leader in HIV/AIDS clinical training. NIITD will provide TOT courses to expand the number of physicians qualified to teach in clinical training courses on HIV/AIDS throughout the country. At the regional level, NIITD will support HIV/AIDS training courses on HIV/AIDS care and support in Hanoi and the northern provinces. NIITD will also be responsible for providing baseline and refresher training to all physicians working in PEPFAR-supported and other donor-supported HIV outpatient clinics in this region. At the city level, NIITD will organize regular clinical conferences and will provide consultation services for patients with complex medical problems or ARV treatment failure.

In HCMC, HAIVN will continue to partner with the HCMC Provincial AIDS Committee (HCMC PAC) and the Tropical Disease Hospital to support the city-wide HIV network. The HIV network implements training courses, provides clinical consultations, and supervises the quality of clinical care in the city and in the southern provinces.

HAIVN will also partner with HCMC PAC to develop human resource capacity to deliver palliative care services at the Nhan Ai Hospital, a hospice for HIV-infected patients. By September 2008, Nhan Ai had 70 patients. In FY09, the hospital is scheduled to receive up to 300 patients and will implement ARV treatment in addition to palliative care.

In both Hanoi and HCMC, clinical electives will be offered for small groups of medical students in their final year of school. The electives are designed to provide short but intensive training in HIV/AIDS clinical care. One of the goals is to increase the number of physicians who choose to work in HIV clinics after graduation.

HAIVN will continue to support VAAC and the Vietnam Nursing Association (VNA) to provide training for nurses on basic and advanced HIV/AIDS care. In previous years, 65 nurse trainers have completed the joint PEPFAR-supported Vietnam Nursing Association (VNA)-Harvard Medical School Training-of-trainers (TOT) nursing program. In FY08, HAIVN supported VNA to complete a national curriculum for nursing training on HIV/AIDS. Programming in FY09 will continue to build nursing capacity in the provinces by providing curriculum, training materials, and technical and financial support to implement training that will benefit approximately 500 nurses.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15265

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15265	5519.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7106	3096.08	VCHAP Follow-on	
9551	5519.07	HHS/Centers for Disease Control & Prevention	Harvard University, Medical School - Division of AIDS	5178	3096.07	VCHAP	\$700,000
5519	5519.06	HHS/Centers for Disease Control & Prevention	Harvard University, Medical School - Division of AIDS	3096	3096.06	VCHAP	\$200,000

Emphasis Areas

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10562.09	Mechanism: CDC-FHI
Prime Partner: Family Health International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 24805.09	Planned Funds: \$500,000
Activity System ID: 24805	

Activity Narrative: Palliative Care In-Service Training

In FY08, FHI enhanced and scaled up the existing in-service palliative care training for physicians, and initiated plans to develop in-service training for nurses and pharmacists.

During FY08 FHI conducted a two-stage review of the previously developed 5-day in-service palliative care training package for clinicians. The first review was undertaken by local and international experts including the MOH, K Hospital, PEPFAR partners and the Asia Pacific Hospice and Palliative Care Network (APHPCN). FHI standardized the curriculum, adding session plans, enhanced participatory adult learning methods, handouts and other tools essential for roll-out of the curriculum to a cadre of local master trainers. A curriculum review committee was established to provide a final review of the full curriculum. FHI worked with the Department of Therapy (DOT) and submitted the palliative care in-service training curriculum for approval through the MOH Department of Science and Training.

In FY08, FHI funded and provided technical and training assistance for two palliative care in-service training workshops and trained approximately 50 physicians. FHI also supported an advanced palliative care in-service training workshop for 25 physicians. FHI undertook a review of the list of previously trained participants to ensure that future palliative care training workshops included targeted participants – from high prevalence provinces and districts where HIV or cancer care is currently being provided – this included working with the MOH, PEPFAR, LIFE-GAP and other partners to prioritize future training participants. In FY08 FHI worked with Pathfinder Intl. to adopt their nationally approved Integrated Supervision methodology for work with palliative care providers. Using this methodology, a total of 1 experienced palliative care clinicians were trained as clinical supervisors and paired with experienced national and international TA providers as they commenced their mentoring and supervision of newly trained palliative care colleagues. These experienced palliative care mentors spent time in the new sites helping the clinicians and the rest of the clinical team start up palliative care services. Once a service was up and running, they helped the service providers set indicators to monitor service quality and design action plans for further service improvement. In FY08, FHI also initiated the development of a palliative care clinical mentoring network. This network consists of Vietnamese physicians (including the master trainers and supervisors), supplemented in FY08, and to a lesser degree in FY09, with mentors from APHPCN. MOH/FHI worked with partners in developing a schedule for clinical mentoring. Priority was given to PEPFAR-supported services.

In FY08 FHI, MOH and other key partners reviewed the existing 3-month palliative care fellowship program developed initially by Harvard Medical School AIDS Initiative in Vietnam (HAIVN). The program was found to be human resource intensive, reaching only 5 fellows in each round of training. Following a review of the fellowship training it was adapted as a continuing education program for palliative care master trainers, clinical mentors and supervisors. A total of 15 individuals were enrolled into the modified fellowship program in FY08.

Palliative care master trainers were selected based on time available, placement in high client load HIV and cancer care services and support from supervisors to participate in the program. By the end of FY08, a total of 15 master trainers were identified. TOT was provided for existing and new master trainers who in turn became lead trainers for the 5-day in-service course.

The above palliative care activities did not in any way overlap with other existing palliative work supported by PEPFAR, rather they strategically complimented them. In FY08, with PEPFAR support, FHI continued to work with the MOH and PEPFAR partners to implement palliative care policies and develop a fellowship training program for nurses. With PEPFAR resources, FHI also developed palliative care learning sites, where clinicians trained through the PEPFAR-funded Vietnam Network to Strengthen HIV/AIDS Care and Treatment Capacity Project as part of their training.

In FY09, the palliative care in-service training curriculum will be reviewed and revised based on trainee and external feedback. A total of two in-service palliative care trainings will be offered, reaching 50 physicians. These trainings will reach participants beyond PEPFAR-supported sites. As in FY08, trainees will be selected strategically and will receive post-training follow-up visits from supervisors/clinical mentors. In FY09 more clinicians will be trained as clinical supervisors using the Integrated Supervision methodology. They will continue to help supervise existing sites and will help start up new sites. In FY09, the number of master trainers and clinical mentors/supervisors will increase to 30. A total of 15 new fellows will be recruited and receive intensive professional in-service training in palliative care.

In-service training courses for nurses and pharmacists will be established in FY09. A curriculum development committee will be formed for each curricula. The 5-day palliative care nurse training curriculum will be led by the DOT in partnership with the Viet Nam Nurses Association, K Hospital, FHI, PEPFAR and other key partners. The training curriculum will be presented to the MOH Department of Science and Training for approval. In FY09 one nurse training workshop will be held and 25 nurses trained.

Training of pharmacists in palliative care is essential for improving access to oral morphine and other palliative care medicines. The DOT and the drug administration department will lead the development of the curriculum with FHI, SCMS and other key PEPFAR partners. It is envisaged this training will run 2-3 days. As with the nurse in-service training, the curriculum will be submitted to the MOH for review and approval. One training workshop will be held in collaboration with SCMS with 25 pharmacists trained.

Starting in FY09, FHI will work with the Viet Nam Medical Association to establish an palliative care provider group. To facilitate this process, 1-2 palliative care symposiums or grand-rounds will be organized with clinic mentors/supervisors, master trainers and previous trainees invited to present their work and learn from national experts.

PEPFAR will coordinate the two agreements awarded to FHI by collaborating on annual work plans and

Activity Narrative: meeting periodically. A total of 130 individuals will receive in-service training in palliative care.

Pre-Service Training in Adult HIV Care and Treatment including Palliative Care and CHBC.

In FY 08 Pathfinder International (PI) received PEPFAR funding to pilot an integrated HIV prevention curricula that included palliative care and community and home based care (CHBC) for medical and nursing students at Hai Phong University and Hai Phong Secondary Medical School. Using FY 08 PEPFAR funds, FHI partnered with Pathfinder to strengthen the capacity of the Hai Phong University to provide distance education in HIV prevention, care and treatment for post graduate health professionals. This involved supporting the school to design and develop two distance learning curricula. One course that was developed was an "Introduction to HIV/AIDS Care and Treatment and the second course was an "Introduction to Addiction Medicine and MMT". The curricula were developed using existing material from the Hai Phong pre-service curricula and various MOH approved in-service training courses. Faculty in the Hai Phong University were trained in both the technical and administrative skills required to implement these distance learning packages using technical assistance from FHI when necessary. In FY08, 2 distance learning packages were developed for post graduate health professionals in HIV prevention care and treatment at Hai Phong University. At least 20 faculty members were trained and supported to implement these distance curricula in preparation for implementation in FY09.

In FY 09 FHI will partner with Pathfinder International (PI) to continue to support work in institutionalizing quality HIV prevention, care and treatment training including palliative care and community and home based care for undergraduate doctors and nurses in Hai Phong University and Hai Phong Secondary Medical School. Pathfinder will continue to work with both schools to review and build the curricula, while improving the quality of expertise required to implement them, by providing mentoring and support as pre-service lecturers implement the newly designed curricula.

In FY09 Pathfinder will provide further support to Hai Phong University to actually roll out the two distance learning packages developed in FY08. It is estimated that 75 post graduate health professionals will be trained using the two distance learning courses; In addition, in FY09, Pathfinder will identify another Medical University in a PEPFAR province TBD to strengthen their capacity to provide distance education in HIV prevention, care and treatment for post graduate health professionals. This will involve supporting them to review and adapt the two distance learning curriculum an "Introduction to HIV/AIDS Care and Treatment and an "Introduction to Addiction Medicine and MMT" developed in Hai Phong University. It will also involve Pathfinder training faculty in both the technical and administrative skills required to implement these distance learning packages using technical assistance from FHI where necessary. In FY09 Pathfinder will collaborate with the Working Group of deans and vice-deans to disseminate the distance learning curricula and advocate for the future scale-up and delivery of this curricula in additional pre-service faculties over the following years.

It is estimated that in FY09, 2 distance learning packages for post graduate health professionals in HIV prevention care and treatment will be developed in a Medical University TBD. At least 20 faculty members will be trained and supported to implement these distance curricula. A total of 75 individuals will be trained in key HIV prevention, care and treatment program areas using the distance learning education package from Hai Phong University.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3109.09 **Mechanism:** DoD - Defence-Partnered HQ activities
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 24739.09 **Planned Funds:** \$0
Activity System ID: 24739
Activity Narrative: SUMMARY and BACKGROUND:

The funding for this activity of \$64,168 will be taken from COP 08 yellow lighted budget of DOD program

In FY07, PEPFAR Vietnam program supported a program to train military physicians employed by Vietnam's Ministry of Defense (MOD) to provide palliative care. The implementing partner for the program was the University of Hawaii (UH). Because many of the trainings and workshops were held in Thailand and Hawaii, this approach was costly and considered unsustainable, as technical advisors and military health professionals often had to travel overseas. MOD physicians also received little information about local palliative care guidelines and Vietnam's existing civilian services and referral networks. This activity using UH as the implementing partner was yellow-lighted by OGAC. In order to address these problematic issues, in FY09, PEPFAR plans to place this activity under TBD. The implementing partner will ensure that MOD's physicians and nurses will receive the technical assistance (TA) and support they need in Vietnamese and in a cost-effective manner. And where military facilities lack HIV-related services, MOD physicians will be encouraged to refer patients to civilian sites that already offer services, such as home-based care.

The implementing partner will encourage Vietnam's MOD to utilize established treatment and administrative protocols that mirror those implemented in civilian sites. For example, the U.S. Department of Defense has standardized commodity procurement through the Supply Chain Management System (SCMS). In this activity, SCMS will be responsible for procuring antiretroviral drugs, opportunistic infection medicines and CD4 reagents. PEPFAR will be responsible for all other procurement of commodities associated with the palliative care program. With the implementing partners' involvement, MOD will receive further training related to treatment and administrative protocols in areas such as dispensing ARV drugs, adherence counseling, management of adverse reactions, and managing and reporting requirements.

The PEPFAR in-country staff will actively participate in the PEPFAR care and treatment technical working group to ensure close interagency coordination and oversight for this activity. In addition, in-country PEPFAR staff will work closely with the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) to assure that they reach intended clinicians and care centers.

ACTIVITIES and EXPECTED RESULTS

ACTIVITY #1 Funding \$34,168 Funding in this activity is provided to support personnel compensation, benefits and technical travel costs for the following positions in this program area:
- DoD Technical Advisor/Deputy Program Manager (HCMC) - 25%. This individual will be instrumental to coordinating the palliative care effort between MoD, PEPFAR, and the implementing partner. This individual will also be an active member on the care and treatment TWG.

ACTIVITY #2 Funding \$30,000 Funding in this will support the purchase of commodities (reagents, consumables, etc.) needed for the palliative care program.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10557.09 **Mechanism:** Food and Nutrition Technical Assistance (FANTA)
Prime Partner: Food and Nutrition Technical Assistance **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 24792.09 **Planned Funds:** \$180,000
Activity System ID: 24792

Activity Narrative: This is a continued activity for FY2009.

The Academy of Educational Development (AED) Food and Nutrition Technical Assistance Project (FANTA) has assisted numerous countries to formulate policies and technical guidance for HIV/AIDS and nutrition, develop appropriate training curricula and job aides for nutrition support, and establish programs to directly address the nutritional needs of those who are most vulnerable within HIV/AIDS care and treatment programs. Drawing heavily on this experience, FANTA began working with USG/Vietnam, Vietnam Administration of HIV/AIDS Control (VAAC), National Institute of Nutrition (NIN) and other USG partners in FY2008 to identify gaps in HIV/AIDS and nutrition programming. The findings and recommendations identified the direction for future efforts to address the nutrition and food needs of clinically malnourished PLHIV and OVC in Vietnam and pointed to the need for more comprehensive and standardized nutrition materials and programming. FANTA activities in FY2009 (COP08) which are targeted for adult PLHIV include:

1) Strengthen the local capacity for leadership on nutrition and HIV. FANTA is supporting the development of a technical working group on nutrition, food, and HIV and technical support and capacity building for the establishment of a nutrition focal person within NIN. The technical working group (TWG) will be led by the Government of Vietnam (GVN) through the VAAC and composed of stakeholders working in nutrition, food, and HIV in Vietnam in the NIN. Support will ensure ownership and coordination of activities by the GVN and provide access to expert opinion and input on nutrition, food, and HIV activities implemented in Vietnam. Members of the TWG include representatives from VAAC, the NIN, the Consultants Administration of Vietnam, PEPFAR, UNICEF, and a range of partners such as the Food and Nutrition Technical Assistance II Project (FANTA-2), FHI, PACT, World Vision, CARE, Médecins du Monde (MdM), the Clinton Foundation, Save the Children U.S., and Vietnam Cooperation with the Harvard Medical School AIDS Initiative in Vietnam (HAIVN). The TWG will provide technical input on materials developed and activities implemented, and assist with the development and dissemination and scale-up plans and identification of next steps.

2) Support the development and operationalization of national guidelines on nutrition care and support of PLHIV and HIV-positive pregnant and lactating women. There are currently no national guidelines or protocols on nutrition care and support for PLHIV, OVC and HIV-positive pregnant and lactating women. VAAC and NIN have requested technical support to develop national guidelines on nutrition care and support of PLHIV. National guidelines will serve to advocate for the importance of nutrition in HIV treatment and care, provide guidance for programs and service providers, and ensure standard messages and approaches for nutrition care and support. The TWG also will assist in developing plans for national dissemination of the guidelines, training program managers, trainers, and service providers in their use, and monitoring and evaluating their operationalization.

3) Strengthen nutrition screening, assessment, and counseling in clinical and community-based services. With the assistance of Albion Street Center (ASC), FHI is piloting nutrition screening, counseling, and assessment tools and materials and standard operating procedures for the use of these tools and materials by service providers and PLWHA support groups. FANTA will work with ASC, FHI and the Technical Working group to assess the quality of data collected with these tools (e.g. anthropometric assessment of PLWHA and OVC) in PEPFAR/Vietnam-supported sites to identify systemic inadequacies to guide the finalization of the national-level tools and materials.

4) Technical assistance to design, implement and evaluate a food-by-prescription (FBP) program in clinic sites. OPCs and PLWHA support groups in Vietnam currently provide limited food support for PLHIV and OVC. Building on lessons learned in similar PEPFAR programs in Haiti, Kenya and Uganda, USG/Vietnam will implement a Food by Prescription (FBP) program in F2009 to be an effective and replicable approach to meeting nutritional needs of clinically malnourished PLWHA in USG programs. USG/Vietnam's Food by Prescription strategy includes the following components: (1) clear eligibility and exit criteria, (2) skilled nutrition assessment and counseling as a standard of care for clinical management of clients, (3) food procurement, distribution and storage, (4) prescriptions for individual take-home therapeutic and supplementary food products as part of clinical HIV care and treatment services, and (5) quality improvement within the clinics so that the Food by Prescription program can be effectively integrated and functional. FANTA is working with UNICEF, Clinton Foundation, and USG partners to forecast the amount of food needed for therapeutic and supplementary purposes and to determine resource allocation, geographic targeting and appropriate foods for use in the Food by Prescription program. FANTA is also working with partners to identify appropriate foods which meets the energy requirements of clients as determined by their nutrition status and advise on the product specifications and production standards (e.g. GMP and safety).

There are few data available on the prevalence of severe and moderate malnutrition among PLWHA, but health service providers at hospitals and OPCs and PLWHA support group members reported seeing high levels of malnutrition among their clients. Identifying the causes of malnutrition as a result of HIV infection is complicated by the fact that a high percentage of HIV-positive clients in urban areas are IDUs. The provision of food and even nutrition counseling messages may not have the same outcomes with this group as with non-drug-using PLWHA.

Results from the FBP program pilot will be used to guide scale-up. MOH approval for a national-level FBP program and identification of a national supply chain management system must precede national-level implementation. Implementation will be strengthened by the development of FBP guidelines on protocols, systems, partner roles, food product specifications, quality control information, and M&E approaches and indicators. The success of national-level scale-up of a FBP program will also depend on the availability of trained clinical staff and monitoring and evaluation of implementation.

5). Support pre-service curriculum development and training in nutrition and HIV in nursing and medical schools. FANTA is conducting a comprehensive assessment of how nutrition and HIV are addressed in current nursing and medical school curricula and identification of entry points for nutrition and HIV content.

Activity Narrative: In FY2010 (COP09), FANTA will continue their support USG/Vietnam, specifically to: (1) strengthen the national technical working group on nutrition, food, and HIV and support for a focal person within NIN; (2) assist with specifications for procurement of appropriate therapeutic and supplementary food(s) for clinically malnourished PLWHA patients in care and treatment programs, pregnant/lactating women in PMTCT programs, and infants of HIV-positive women from early weaning (~6 mo) to 2 years of age; (3) provide technical assistance to the food processing company producing the therapeutic/supplementary food(s) to establish systems for distribution to clinic sites, inventory control, provision to patients, and record keeping based on the Kenya FBP program experience; (4) work with VAAC, NIN, USG partners and to establish training and QA approaches to effectively integrate and strengthen nutrition assessment and counseling within all PEPFAR-supported care and treatment sites (including PMTCT); (5) assist the same partners to establish guidelines and protocols for the introduction of the FBP model for clinically malnourished PLWHA, PMTCT women and OVC in 20 hospitals and 25 health centers; (6) provide recommendations on specifications for appropriate daily multi-micronutrient supplements for adult PLWHA, PMTCT pregnant/lactating women and OVC whose diets are likely to be inadequate to meet basic vitamin/mineral requirements; and (7) finalize national guidelines and protocols in nutritional care and support of PLWHA.

Finally, FANTA will share current scientific knowledge and program experience from other countries with PEPFAR/Ethiopia and its implementing partners, particularly with regard to linking clinical nutrition support with food security and livelihood assistance, including "wrap-arounds" with food aid and MCH/nutrition programming, to address the longer-term food and nutrition needs of PLWHA and their families.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$180,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7270.09

Mechanism: AED Smartworks Follow-on

Prime Partner: Chemonics International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 9564.24712.09

Planned Funds: \$265,000

Activity System ID: 24712

Activity Narrative: Supporting the people living with HIV/AIDS PLHIV and the residents from government rehabilitation centers in achieving the social and economic stability they need to get and stay off of drugs is not only a key HIV prevention priority in Vietnam but also a key priority of Adult Care and Support. In addition, economic rehabilitation services can improve treatment outcomes and quality of life for PLHIV.

In COP09, builds on the previous supports in COP07 and COP08, a new partner will play a leading role in sustainability by building others' capacity to implement best-practice approaches to the economic rehabilitation of PLHIV and residents from governmental rehabilitation centers in the domains of vocational training, job placement, and micro credit/microfinance programming in conjunction with prevention programming (please see the HVOP and IDUP narratives). This partner will also sharpen the focus of workplace programming previously supported by PEPFAR through AED/SMARTWork to 1) continue to consultations with the Vietnam business sector, the Ministry of Labor, Invalids and Social Affairs (MOLISA), the Vietnam Chamber of Commerce and Industry (VCCI), the Vietnam General Confederation of Labor (VGCL) and local PLHIV groups; 2) work within local enterprises to promote employment, employees' rights and workforce policies and reduce workplace stigma and discrimination against high-risk individuals and PLHIV, 3) build the capacity of the Ministry of Labor, Invalids, and Social Affairs (MOLISA) to support HIV/AIDS programming and the economic rehabilitation of most-at-risk populations (MARPS) and to implement the strategies and/or incentive systems developed in COP08 to encourage employers to hire, retain, and provide services to PLHIV and other MARPs, and 4) work with all PEPFAR partners' OPCs, drop-in centers, MMT clinics, home based care and support groups to provide information and counseling services on employment opportunities.

In COP09, the new partner will seek to increase the number of PLHIV and recovering IDU in all 7 focus provinces who receive vocational training, employment counseling and job placement services, and micro credit/microfinance support. To achieve this goal, based on the assessment identifying the vocational and job needs and aspirations of PLHIV and most-at-risk populations in Vietnam supported in COP08, the partner will seek to identify existing local and international best practice models in these areas. The partner will then strive to work with existing implementing partners to sustainably integrate these services into their current programs aimed at supporting the needs of these populations. The partner will also support the piloting of innovative and localized approaches to provide these services. The partner will provide vocational trainings, job-placement and micro-credit/finance services to 1500 PLHIV and MARPs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15323

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15323	9564.08	U.S. Agency for International Development	Chemonics International	7270	7270.08	Chemonics - Vietnam	\$265,000
9564	9564.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$270,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10555.09

Mechanism: USAID - State Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 24779.09

Planned Funds: \$17,332

Activity System ID: 24779

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10745.09

Mechanism: CDC-Gap-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5533.25389.09

Planned Funds: \$129,105

Activity System ID: 25389

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with HBHC staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

Funding in this activity is also provided to support the salaries and benefits packages of the following locally employed staff members associated with this program.

Palliative Care Program Officer, Hanoi, LES (100%)
Senior Medical Officer, HCMC, LES (50%)

New/Continuing Activity: Continuing Activity

Continuing Activity: 15389

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15389	5533.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7129	3694.08		\$195,983
9854	5533.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$212,976
5533	5533.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$82,314

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10746.09

Mechanism: CDC-GHCS-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 25404.09

Planned Funds: \$190,057

Activity System ID: 25404

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with HBHC staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.). Such costs also include those allowable expenses associated with the assignment of US direct hire HBHC staff such as housing, utilities, education allowances and benefits, etc.

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10543.09

Mechanism: DoD - State Dept Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 24748.09

Planned Funds: \$3,250

Activity System ID: 24748

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7214.09

Mechanism: New Partners Initiative

Prime Partner: Nordic Assistance Vietnam

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 15884.24648.09

Planned Funds: \$0

Activity System ID: 24648

Activity Narrative: Through the New Partners Initiative, Nordic Assistance to Vietnam (NAV) will build the capacity of faith-based organizations (FBOs) in six provinces to prevent the spread of HIV and AIDS and to address care needs of People Living with HIV (PLHIV), Orphans and Vulnerable Children (OVC) and AIDS patients by working through FBO networks. NAV has been working on HIV and AIDS prevention and care in Vietnam since 1996, and was the first organization that brought together Buddhists and Catholics in interfaith teams to provide care and support and to address the complex issues related to HIV Prevention and Stigma and Discrimination.

The priority for FY 2009 for the existing partners will be to improve the quality and attention towards PLHIV. Training on home-based and palliative care will be divided into three areas: counseling, nutrition and hygiene, and medical care. In total 260 individuals will be trained to provide HIV-related palliative care for HIV-infected individuals.

For the new partners in Quang Ninh, Hai Phong, Ha Noi and HCMC, the focus will be on introducing the concepts of home-based and palliative care. This will include setting-up caregiver networks consisting of five key caregivers and minimum 15 collaborators, and to provide capacity building.

The aim will be to provide home-based and palliative care to 1,700 individuals. While concepts of home-based and palliative care will be introduced to new partners, the priority for existing partners will be to ensure that services are comprehensive and in line with PEPFAR and Ministry of Health guidelines. Areas that will be prioritized for quality improvement are: 1) Ensuring appropriate needs assessments and regular follow-up of the care services to PLHIV, AIDS patients and their families; 2) Improving AIDS patients' nutrition and hygiene; 3) Providing counseling that responds to the situation of the individual and the family and; 4) Filling current gaps with regard to individual's needs for medical care.

A further priority will be to strengthen, formalize and systematize identified referral links between FBO partners and institutions such as provincial health centers, hospitals, educational institutions and legal services. In order to maintain caregivers' motivation and to avoid burn-out of NAV staff and its partners there will also be prioritized attention given to their psycho-social well-being.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15884

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15884	15884.08	U.S. Agency for International Development	Nordic Assistance Vietnam	7214	7214.08	New Partners Initiative	\$0

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5175.09 **Mechanism:** N/A
Prime Partner: Partnership for Supply Chain Management **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 16264.24650.09 **Planned Funds:** \$200,000
Activity System ID: 24650

Activity Narrative: BACKGROUND:

OI medicines continue to require procurement within Vietnam, as most of these medicines are already registered in Vietnam and thus are not eligible for importation, undeGovernment of Vietnam (GVN) law, as emergency aid. Since these medicines cannot be purchased by SCMS as a USAID contractor who must follow USG's FAR rules, an alternate funding mechanism has been chosen through CDC. In COP08, the plan is to develop local capacity to procure and manage ARVS through the MOH/LIFE-GAP project and these efforts will continue in COP09.

SCMS will supportIFE-GAP in the management of OI medicines, including selection, procurement technical assistance, storage and inventory management, reporting, and distribution. SCMS staff will continue to visit clinical sites and providetechnical assistance (TA) for good stock management, storage and record. SCMS will provide TA to VAAC and the PACs, in collaboration with PEPFAR, to develop a more sustainable approach to providing OI medicines. SCMS will continue to provide assistance to the HCMC PAC in its efforts to manage OI medicines.

USG/Vietnam will also procure and distribute a limited amount of food targeted for clinically malnourished PLWHA and PMTCT women during pregnancy and lactation. SCMS will assist in delivery of the product(s) to designated health center clinic sites, and will support the clinic sites on inventory control, storage, and record keeping (SCMS) are included in other activity narratives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16264

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16264	16264.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7118	5175.08		\$610,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10556.09

Mechanism: USAID Local GHCS Partnered Activities

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5554.24784.09

Planned Funds: \$372,481

Activity System ID: 24784

Activity Narrative: Funding in this activity is provided to support personnel compensation and operational costs associated with PEPFAR staff members for this program area at USAID. These costs include personnel travel, education allowances and housing. The following positions are supported with funding in this activity:

- Care and Treatment Specialist (Hanoi) - 60%
- Care and Treatment Advisor (Hanoi) - 60%
- Community Based Care and Treatment Specialist (Hanoi) - 50%
- Substance Abuse Treatment Specialist (HCMC) - 50%

Funding in this activity is also provided to cover the costs of rent, telecommunications and other utilities allocated to this program area. These costs include things such as residential rent and utilities for staff members in this program, office rent allocated to this program area and rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices.

This activity also represents a portion of funding allocated to this program area for IRM Tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15368

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15368	5554.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$250,280
9594	5554.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$205,040
5554	5554.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$310,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 6132.09	Mechanism: N/A
Prime Partner: United Nations Resident Coordinator	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 17300.24705.09	Planned Funds: \$330,000
Activity System ID: 24705	

Activity Narrative: SUMMARY AND BACKGROUND:

WHO will provide technical support to the National HIV drug resistance (HIV DR) working group to implement the Country Plan on HIV DR and to facilitate National HIV DR laboratories to obtain WHO's accreditation. WHO will also provide technical assistance in data collection of HIV DR early warning indicators (HIV DR EWIs).

In the rapid scale-up of ART, concern has been raised for the potential emergence of HIV DR, as monitoring of approximately 200 ART sites in the country has become increasingly challenging. WHO has played critical roles in facilitating development and implementation of the National HIV DR strategies in close collaboration with PEPFAR and other members of HIV DR working group. The National HIV DR Working Group was officially established in the middle of 2008 and the Country Plan on HIV DR is expected to be approved within 2008.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Funding - \$20,000; Sub-Partner – WHO): WHO will provide technical and coordination support to the National HIV DR working group to plan, monitor and address the issues in implementing the Country Plan on HIV DR, consisting of HIV DR prevention and HIV DR surveillance activities, designation of National HIV DR laboratory(ies), and development of National HIV DR database. It is expected that the working group will focus its discussion in planning and analyzing the HIV DR surveillance activities (i.e. HIV DR threshold survey, HIV DR monitoring survey, and HIV DR EWIs) to inform National Program on care and treatment to prioritize its support and supervision functions, to optimize HIV DR prevention activities and to revise National policies, guidelines and patient monitoring system. WHO will also facilitate the designated National HIV DR laboratories to obtain the WHO accreditation.

ACTIVITY 2 (Funding - \$10,000; Sub-Partner – WHO): WHO's advisor will provide technical assistance to VAAC and relevant institutes in collecting and analyzing data on HIV DR EWIs, which has been adapted and piloted in Vietnam in 2007 with WHO's support. HIV DR EWI is designed to monitor potential HIV DR risks at each ART sites, including drug supply continuity, appropriate initial prescribing practices, appointment keeping, lost-to-follow-up and first-line retention. In fiscal year 2009, the Country Plan suggests further data collection for HIV EWI will be expanded to fifty ART sites. Actual data collection will be funded by other sources.

ACTIVITY 3 (Funding - \$300,000; Sub-Partner – Vietnam Women's Union)
The Women, AIDS and Reproductive Health Center of the Vietnam Women's Union (VWU-WARC) and United Nations Volunteer (UNV), implement a microfinance scheme for members of people living with HIV (PLHIV) support groups, called "Empathy Clubs" in two provinces in Northern Vietnam. The program has been very successful and enjoys a 100% payback rate.

Reports of inflation at rates of around 25% this past year have made food security more difficult for HIV infected women and OVC. Because ART is not available in all provinces in the country, HIV infected mothers and their children have to travel long and costly distances to access ART and other needed services. However, the Vietnamese have traditionally maintained an entrepreneurial spirit and are very industrious at finding jobs that can support their families. With small loans, they will be able to start a small business that can prosper in their neighborhoods.

In 2008, USG/Vietnam received plus-up funds to catalyze a self-sustaining food security and livelihood program for Empathy Clubs in the seven PEPFAR-supported provinces. The target group is HIV infected and affected individuals, with preference to (1) those persons identified through the clinical nutrition program in out-patient clinics (OPCs) who are assessed to be in need of supplemental or therapeutic foods; and (2) HIV infected women and caregivers supporting OVC.

Approximately 1050 direct beneficiaries in 7 provinces will have access to an average loan of USD 500 (VND 8.3M) and a three-day training courses on small business management. Program beneficiaries and additional Empathy Club members will also receive training on community-based nutrition screening, assessment, and counseling and home based care.

In COP09, USG/Vietnam will expand this support to an additional 700 direct beneficiaries (in two rounds at an average of 25 scheme participants per club – 4 clubs per 7 provinces). For each direct beneficiary there would be at least 5 indirect beneficiaries (family members). Each participant will undergo three-day training courses on small business management and related skills, and have access to an average loan of USD 500 (VND 8.3M). Capacity building on small business management skills will complement this effort and ensure a higher rate of success among its members.

An additional 50 per participants per club will also receive trainings nutrition screening, assessment, and counseling and home-based care. Links with nutrition counseling will ensure that additional household funds spent on food are spent on the most nutritious choices. A total of 800 individuals will be trained in the COP09 program. It is anticipated that at least 85% of the loan activities will succeed beyond 12 months, and that funds from re-paid loans in FY09 will circulate back to the community and can be rotated for new loans which may benefit directly 700 people. Community members will follow up with the people identified to see if they meet the qualifications for small loans for the purpose of food security once they exit the feeding scheme. Central and Provincial VWU staff will regularly monitor and evaluate the recipients' activities and provide support and supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17300

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17300	17300.08	U.S. Agency for International Development	United Nations Resident Coordinator	7111	6132.08		\$100,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3367.09

Mechanism: CDC-GHCS-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5532.24554.09

Planned Funds: \$367,504

Activity System ID: 24554

Activity Narrative: This activity supports a portion of the costs associated with US Direct Hire staff salaries, benefits, allowances and relocation costs of program staff and their family members included in this activity.

Associate Director, Care & Treatment, Hanoi, USDH (50%)
Associate Director, Ho Chi Minh City Office, USDH (65%)

In addition, this activity supports procurement of contractual services to provide technical support to HBHC activities:
Contractual: Short Term TA - Care & Treatment (50%)

This activity also represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total projected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15378

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15378	5532.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$316,973
9592	5532.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$658,995
5532	5532.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3367	3367.06		\$600,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3093.09

Mechanism: N/A

Prime Partner: Ho Chi Minh City Provincial AIDS Committee

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5518.24570.09

Activity System ID: 24570

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$2,461,000

Activity Narrative: This is a continuing activity from FY 08.

The Ho Chi Minh City Provincial AIDS Committee (HCMC PAC), with PEPFAR assistance, will support strong linkages and referrals between methadone maintenance therapy (MMT) programs and antiretroviral therapy (ART) clinics. A multi-disciplinary technical working group, composed of staff from HIV/AIDS, TB, and mental health facilities, will be formed to provide training and technical assistance as required. Clinicians from MMT and ART clinics will (i) meet biweekly to share experiences, knowledge and skills; and, (ii) participate in monthly rounds of selected hospitals to view and discuss care and treatment approaches for HIV-positive patients on MMT.

PEPFAR will assist HCMC PAC in developing standard operating procedures around official linkages between ART clinics and PLHIV networks. These procedures will increase the likelihood that (i) out-patient clinics (OPCs) can track clients who miss appointments; and (ii) clients stay in the program. PLHIV networks will be engaged to assist with ART adherence and counseling.

PEPFAR will continue to support HCMC PAC in improving skills within the HCMC PAC Strategic Information team, around the provision of quality assurance (QA) and technical assistance (TA) services, and the implementation of routine program monitoring and evaluation (M&E). This critical assistance will build local capacity to sustain the HIV/AIDS response in HCMC, and will be delivered in close collaboration with the Ministry of Health's Vietnam Administration of HIV/AIDS Control (VAAC) and other PEPFAR partners, including the World Health Organization and Family Health International.

As part of this effort to increase local QA, TA and M&E skills, PEPFAR and VAAC will support HCMC PAC to develop a standardized quality assurance tool that can be employed across all outpatient clinics (OPCs) in HCMC. Furthermore, PEPFAR will continue supporting HCMC PAC to (i) complete the installation of, and apply, patient monitoring software in all OPCs across HCMC, (ii) set up two HIV drug-resistance monitoring sites in HCMC and (iii) support the evaluation of early warning indicators of drug resistance.

Although not funded under this activity narrative, PEPFAR will provide funding to other partners in support of HCMC PAC's HIV care and treatment efforts, including: social and nutritional support for HIV/AIDS patients through FHI and PACT; technical assistance for MMT and palliative care through FHI; and training and mentoring on ART clinical management for all OPCs in HCMC, through the Harvard Medical School AIDS Initiative in Vietnam.

2) COP 08 narrative

COMPILED 2008 ACTIVITY SUMMARY: <<2008 ActID-5518.08; \$2,275,000>>Clinical care and support for PLWHA<<2008 NARRATIVE FOR 5518.08>> BEGIN NARRATIVE: This is a continuing activity from FY07. The Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) is the principle PEPFAR partner providing clinical care and support for PLWHA in HCMC. The PEPFAR Vietnam 2007 semi-annual program report (SAPR) reported that there were 8,444 PLWHA provided with basic palliative care services at nine HCMC PAC-supported out-patient clinics (OPCs). HCMC has the largest number of PLWHA of the 64 provinces in Vietnam. It is estimated that the number of HIV cases in HCMC will increase from 72,400 in 2006 to 89,900 in 2010, including 1,750 HIV-infected children in 2006 and 3,850 in 2010. In line with the PEPFAR Vietnam 5-Year Strategy to increase care and support services to 110,000 PLWHA by September 2009, HCMC PAC will continue its partnership with PEPFAR to boost local capacity to care for HIV-infected individuals in clinical settings, with strong linkages to community- and home-based care. In FY08, HCMC PAC will maintain palliative care services at 11 existing OPCs and expand to two others, as well as maintain the two methadone clinics set up by HCMC PAC in FY07. Based on the National Palliative Care Guidelines and OGAC guidance, HCMC PAC will support a comprehensive package of services (see Palliative Care Basic program narrative). Sexually transmitted infection (STI) diagnosis and treatment will be strengthened through linkages with STI services, including the HCMC Dermato-Venereology (DV) Hospital and district DV clinics, and supported by PEPFAR and the UK's Department for International Development (DfID). Patients registered at HCMC PAC OPCs will also be provided quality counseling via case managers and referrals to PMTCT, TB/HIV care, drug addiction treatment, and psychosocial support services in their communities, which include referrals to PLWHA support groups and the SMARTWork employment program. In collaboration with the central drug procurement agency, HCMC PAC will purchase and distribute opportunistic infection (OI) and home-based care drugs, lab supplies, and other commodities to all PEPFAR-supported sites in HCMC in a timely fashion. PEPFAR will support methadone procurement and distribution to maintain three PEPFAR-supported HCMC PAC methadone clinics linked to HIV service delivery in existing OPCs in HCMC. HCMC PAC will also procure drug urine test kits for all six pilot methadone clinics in Vietnam.

PEPFAR will support home- and community-based care and support for all PLWHA receiving care at HCMC PAC sites. PEPFAR will continue the efforts started in FY07 to assist very poor households to access low-cost, nutritious meals and food supplements. In addition, programs will assist PLWHA with hospitalization fees and transportation to clinics, and assist with referrals as needed. With support from PEPFAR partners, HCMC PAC will provide initial and refresher training on stigma reduction in the health care setting, clinic operational procedures, counseling and laboratory procedures for healthcare providers, training to improve antiretroviral therapy (ART) readiness and adherence for patients and caregivers, and training on medication assisted treatment (MAT) for healthcare providers in accordance with national methadone guidelines. With support from the PEPFAR Strategic Information and the PEPFAR Care and Treatment teams, HCMC PAC will improve patient care monitoring, program monitoring, and quality assurance tools in support of the national M&E system. PEPFAR will continue to support HCMC PAC to develop and apply patient monitoring software in all OPCs in HCMC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15269

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15269	5518.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$2,275,000
9533	5518.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$2,108,000
5518	5518.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$780,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$435,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$100,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5170.09	Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)
Prime Partner: Ministry of Health, Vietnam	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 5517.24582.09	Planned Funds: \$3,421,000
Activity System ID: 24582	

Activity Narrative: This is a continuing activity from FY08.

In FY08, PEPFAR supported Vietnam's Ministry of Health (MOH) through a cooperative agreement with Vietnam Administration for HIV/AIDS Control/LIFE-GAP (VAAC/LG) to provide clinical care and support for PLWHIV at the provincial and district levels in 20 PEPFAR provinces in coordination with MOH- and Global Fund-supported programs. The PEPFAR Vietnam 2008 Annual Program Results (APR) reported that there were 14,754 adult outpatients being provided direct care and support services at 33 adult outpatient clinics; and 120 healthcare providers attended refresher trainings on HIV/AIDS care and the national outpatient clinic operational protocol.

In FY09, VAAC will continue its partnership with PEPFAR to boost local capacity in order to care for HIV-infected individuals in clinical settings, with strong linkages to community- and home-based care.

Based upon the National Palliative Care Guidelines and OGAC guidance, VAAC/LG will support comprehensive clinical palliative care services in six provinces with high HIV prevalence as well as in selected additional high prevalence provinces VAAC/LG has partnered with the Global Fund to ensure that resources are not duplicated, and that geographic coverage is maximized. In addition, with PEPFAR support, VAAC/LG will maintain basic clinical care services at provincial outpatient clinics in other 23 PEPFAR provinces (see uploaded Geographic Coverage document). The package of services provided is described in the Adult Care and Treatment program narrative. VAAC/LG will support the National Institute for Dermatology and Venereology (NIDV) to enhance sexually transmitted infections (STI) diagnosis and treatment for outpatients. This will be achieved by providing training and technical assistance to outpatient clinic (OPC) and STI clinicians, improving referrals to STI clinics and enhancing laboratory capacity at those clinics. In addition, VAAC/LG will continue to work with other PEPFAR partners to provide nutrition support for PLHIV and their family members.

With PEPFAR support, VAAC/LG will strengthen its role in coordination, supply, and distribution of opportunistic infections drugs, laboratory supplies, and other commodities to OPCs. Due to high HIV prevalence, and the need for care and support services for PLHIV residing in government-run drug rehabilitation ("06") centers (which house injecting drug users), VAAC/LG will continue to work closely with the Ministry of Labor, Invalids and Social Affairs (MOLISA) and the Ministry of Public Security (MOPS) to ensure quality care as patients move between the centers and the community. VAAC/LG-supported outpatients will also be provided quality counseling via treatment supporters. They will be referred to prevention of mother-to-child transmission programs, TB/HIV care, drug addiction treatment counseling, and psychological and social support services in their communities through PLHIV support groups and the employment program supported by PACT partners.

MOH's Department of Population and Family Planning, Family Health International (FHI), and a number of community- and faith-based organizations supported by PEPFAR, will fund home- and community-based care and support for PLHIV receiving care at VAAC/LG sites. In collaboration with PEPFAR partners, the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) and FHI, VAAC/LG will promote standardizing the national training curricula to provide initial and refresher training on stigma reduction in health care settings, clinic operational procedures, counseling and laboratory procedures for healthcare providers at different levels, and training on antiretroviral therapy readiness and adherence for patients and caregivers.

With support from the PEPFAR Strategic Information and Care and Treatment teams, VAAC/LG will improve patient care monitoring and program monitoring and quality assurance tools, in support of the national M&E system.

2) COP 08 narrative

This is a continuing activity from FY07.

PEPFAR supports the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) through a cooperative agreement to provide clinical care and support for PLWHA at the provincial level in the PEPFAR focus provinces, and provides palliative care services in selected districts and additional provinces in coordination with Global Fund (GF)-supported programs.

In line with the PEPFAR Vietnam 5-Year Strategy to increase care and support services to 110,000 PLWHA through FY08, VAAC will continue its partnership with PEPFAR to boost local capacity to care for HIV-infected individuals in clinical settings, with strong linkages to community- and home-based care supported by other PEPFAR partners. In FY07, VAAC handed over provincial out-patient clinics to GF in a phased approach in order to maximize coverage and quality in higher-prevalence provinces. The PEPFAR Vietnam 2007 Semi-annual Progress Report (SAPR) reported that there were 14,754 adult and pediatric outpatients provided palliative care services at 45 out-patient clinics; and 120 healthcare providers attended refresher trainings on HIV/AIDS care and the national out-patient clinic operational protocol.

Based upon the National Palliative Care Guidelines and OGAC guidance, VAAC will support comprehensive clinical palliative care services in focus provinces and in selected additional high-prevalence provinces (see uploaded Geographic Coverage document). VAAC has partnered with the GF to ensure that resources are not duplicated, and that geographic coverage is maximized. In addition, with PEPFAR support, VAAC will maintain basic clinical palliative care services at provincial out-patient clinics in other PEPFAR non-focus provinces. The package of services provided is described in the Palliative Care Basic program narrative. VAAC will enhance STI diagnosis and treatment for outpatients through improvement of referrals to STI clinics and enhancement of lab capacity at those clinics. PEPFAR will continue the efforts started in FY07 to assist very poor households to access low-cost, nutritious meals and food supplements. In addition, programs will assist PLWHA with hospitalization fees and transportation to clinics, and assist with referrals as needed.

With PEPFAR support, VAAC will strengthen its role in coordination, supply and distribution of OI drugs, lab supplies and other commodities to out-patient clinics.

Activity Narrative: Due to the high HIV prevalence and need for palliative care services for PLWHA residents in government-run drug rehabilitation ("06") centers where many injecting drug users reside, VAAC will continue to work closely with the Ministry of Labor, Invalids and Social Affairs (MOLISA), and the Ministry of Public Security (MOPS) to ensure quality care as patients move between the centers and the community. VAAC-supported outpatients will also be provided quality counseling via case managers and referrals to PMTCT, TB/HIV care, drug addiction treatment, and psychosocial and social support services in their communities through PLWHA support groups and the SMARTWork employment program.

Family Health International and a number of community- and faith-based organizations (C/FBOs) supported by PEPFAR will support home- and community-based care and support for PLWHA receiving care at VAAC sites. In collaboration with PEPFAR partners, VAAC will continue standardizing the national training curricula to provide initial and refresher training on stigma reduction in the health care settings, clinic operational procedures, counseling and laboratory procedures for healthcare providers at different levels, training on ART readiness and adherence for patients and caregivers, and training on methadone therapy for healthcare providers in accordance with the National Methadone Guidelines. PEPFAR will work closely with the government of Vietnam, including VAAC, to advocate to expand the methadone program to additional patients, and additional sites, in order to increase access to these services for as many persons as possible.

With support from the PEPFAR Strategic Information and Care and Treatment teams, VAAC will improve patient care monitoring, and program monitoring and quality assurance tools, in support of the national monitoring and evaluation system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15293

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15293	5517.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$3,400,000
9529	5517.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$1,686,029
5517	5517.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$1,375,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$567,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7251.09

Mechanism: HHS/CDC ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 9688.24598.09

Planned Funds: \$189,107

Activity System ID: 24598

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3102.09

Mechanism: Community REACH Vietnam

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 16062.24684.09

Planned Funds: \$1,880,000

Activity System ID: 24684

Activity Narrative: SUMMARY AND BACKGROUND

Activities aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness, through provision of clinical, psychological, spiritual, social and prevention services, will be carried out via both international and local partnerships (including CBOs and FBOs) in all seven PEPFAR focus provinces. Key emphasis areas include gender (increasing gender equity in HIV and AIDS programs, and increasing women's access to income and productive resources) and health-related wraparounds (safe motherhood – linkage to PMTCT). Specific target populations will include HIV-infected adults (>14) and their families.

The majority of adult care and support funds will be used for continuing activities aimed at strengthening the continuum of care and support services to PLHIV at the community level in all seven PEPFAR focus provinces. Funds will also be used to support clinical care and support at comprehensive care clinics in Hai Phong, Quang Ninh, Hanoi, HCMC, and two OPCs in TBD LIFE-GAP provinces.

ACTIVITIES AND EXPECTED RESULTS

Adult care and support programs will be carried out via a combination of international and local organizations with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system for provision of grants to international and local NGOs; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future CSO engagement in the national response; and 3) to ensure effective coordination among adult care and support partners, additional PEPFAR partners, and relevant government and non-governmental initiatives.

Pact will support adult care and support interventions in all provinces receiving PEPFAR comprehensive support using a combination of grants and assistance to at least 11 non-governmental organizations (including three FBOs). Pact will collaborate with prime international partners including the AIDS Healthcare Foundation (AHF), CARE International (CARE), Médecins du Monde (MdM), and World Vision (WV), and local partners including the Center for Community Health and Development (COHED), Mai Hoa Center (MHC), Pastoral Care (PC), STI/HIV/AIDS Prevention Center (SHAPC), and existing partners identified under the Local Partnerships Initiative. Pact will provide technical assistance and ensure that grantees deliver an appropriate and targeted minimum package of care and support services, in line with the PEPFAR Vietnam 5-Year Strategy, the National Palliative Care Guidelines and OGAC Guidance. Local organizations will also receive a package of organizational development capacity building services to build long-term sustainability and ensure active engagement of local civil society.

1) MdM will continue to provide comprehensive clinical and community-based care and support to vulnerable populations at three existing sites in Hanoi and HCMC, with one additional OPC added in Hanoi during COP09. MdM will provide prevention counseling and commodities, clinical evaluation and monitoring, prophylaxis and treatment of common OIs, screening for TB, related laboratory services, treatment adherence support, referral of complex OIs and TB for treatment, symptom management and pain relief, and management of AIDS-related complications. MdM will also provide hospital and transport fees for those in need, as well as nutrition and food support for malnourished adult ART patients and income generation activities. New for COP09, MdM will expand coverage to one additional OPC in Hanoi while preparing the District 6 HCMC OPC for handover to the Provincial AIDS Center of HCMC. Under COP09, MdM will train 60 individuals and provide comprehensive care and support to 5,500 PLHIV and family members.

2) Initiated under COP08, AHF will continue to provide clinical care and support at 2 OPCs in Hai Phong and Quang Ninh, support PLWHA both in the community and the near by 06 centers. with additional support to two new OPCs under COP09 (provinces TBD). Under COP09, AHF will expand support to two additional OPCs in Thai Binh and one TBD province. AHF will train 25 individuals and provide 1,350 individuals with comprehensive care and support.

3) Pastoral Care (PC) will continue to provide clinical and community-based care and support via three clinics and one adult shelter in HCMC. New for COP09, PC will link PEPFAR-supported services with existing PC social reintegration programs including vocational training and job placement. PC will train 30 individuals to provide 400 individuals with comprehensive care and support.

4) Mai Hoa Center (MHC) will continue to provide comprehensive end-of-life care and residence for ART patients who have recovered significantly, yet remain homeless or orphaned. Under COP09, MHC will provide 35 individuals with comprehensive care and support.

5) CARE will continue to support CBO/FBO partners to provide community-based care and support in five PEPFAR focus provinces. CARE community/home-based ARV adherence and literacy activities support PLHIV receiving treatment at PEPFAR-supported OPCs. Under COP09 CARE will focus on strengthening C/FBO organizational and human resource management capacities in order to reduce high turnover in peer service providers, and begin preparations for phase-out of financial support for organizations with high capacity. Under COP09, CARE will train 300 individuals and provide care and support to 3,750 PLHIV and family members.

6) Under COP09, WV will continue to provide community-based care and support services for PLHIV in three districts in HCMC and two districts in Hai Phong, with potential expansion of coverage of existing home-based care teams to additional communes. World Vision will continue to strengthen the capacity of the HBC teams with training on care provision, ARV adherence, OI treatment, psychosocial and spiritual support, and life skills training. World Vision will continue to partner with the Women's Union in targeted districts to support micro credit schemes for PLHIV. WV will provide comprehensive community-based care and support to 1660 PLHIV and family members.

Activity Narrative: 7) COHED will continue to provide community-based care and support to women living with HIV in Quang Ninh via support to the "Cactus Flower Club". The club provides a range of services on site and through community outreach and HBC. COHED will continue to strengthen relationships and referral links with the provincial level OPC to recruit new beneficiaries for palliative care services. COHED will also strengthen the capacity of women to care for themselves and their families through economic strengthening activities, including income generation and job creation. Under COP09, COHED will train 35 individuals and provide 1400 PLHIV and family members with comprehensive care and support.

8) Local Partnerships Initiative (LPI) NGOs including the Center for Community Health Promotion (CHP), CESVI, and Health and Environment Service Development Investment (HESDI) will continue to provide community-based care and support in Nghe An (CHP), Hai Phong (CESVI), and Quang Ninh (HESDI). Pact will continue to provide organizational and development capacity building services to enhance LPI partner engagement in the national response. LPI partners will provide community-based care and support to a minimum of 2,300 PLHIV and family members and train 210 individuals under COP09.

9) SHAPC will continue to provide HBC for clients of the Bach Mai OPC for PLHIV in Hai Ba Trung and Dong Da districts and surrounding areas in Hanoi. Under COP09, SHAPC will train 30 individuals and provide comprehensive care and support to 700 PLHIV and family members.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16062

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3107.09

Mechanism: USAID-FHI

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 19468.24672.09

Planned Funds: \$1,548,000

Activity System ID: 24672

Activity Narrative: By the end of COP07 FHI was supporting just over 24,000 PLHIV and their care-givers with basic health care and support services in 26 continuum of care sites across PEPFAR focus provinces.

During COP08 PEPFAR will fund FHI to provide basic health care and support services for a total of 30,274 PLHIV and their care-givers. In COP09 no new continuum of care sites will be established. Rather the focus will be on sustainability, coverage saturation and maximizing efficiency of existing sites to provide quality services to an increasing number of clients. Nutrition is a particular focus of health care services provided by FHI supported sites in COP 08 and COP09.

Continuum of care sites will continue to provide basic health care and support for PLHIV and their care-givers and family members including OI prophylaxis and treatment of common OIs, screening for TB, related laboratory services; treatment literacy and intensive treatment preparedness; referral of complex OIs and TB, management of symptoms, pain, and HIV-related complications and emotional support. Community and home-based care teams play a critical role in providing palliative care to PLHIV and families providing pain relief, symptom management, adherence counseling support, nutrition and livelihood assistance, emotional counseling, links to spiritual care, end-of-life care and planning and care for OVC providers. Home care teams and PLHIV support groups work with health center staff to promote ART adherence. Palliative care services including pain management (using oral morphine and other analgesics), depression and anxiety and end of life care will be incrementally scaled up across sites taking into account lessons learned from the palliative care quality assurance program carried out by FHI in FY08. In FY08, FHI supported the establishment of a mobile team of health care workers to provide HIV care and support services to residents of four Drug Rehabilitation centers close to Hanoi. This activity will be continued in FY09.

In COP09-FY10, FHI will focus efforts on scaling up its nutrition program across CoC sites. Community based screening and clinical nutrition assessments will be offered to all clients. Nutrition education and counseling and therapeutic and supplementary food will be provided to all clients meeting OGAC criteria for a food intervention. Clients will be discharged from the nutrition program when exit criteria are met.

At the national level, FHI will continue to take the lead in developing PEPFAR partner and GVN capacity in community and home-based palliative care. Technical support and capacity building will continue to be provided to PEPFAR CHBC partners, Global Fund (GF) and VAAC to develop guidelines, standard operating procedures, and training packages. FHI will also continue to play a leading role in implementing the national palliative care guidelines through provincial advocacy and on-going sensitization of leaders, developing clinical tools and building the capacity of integrated palliative care learning sites for the MOH and partners. FHI will continue to provide leadership in the scale up of nutrition and food security services. In FY10, a review of FHI's nutrition program will be conducted to document successes, lessons learned and ways forward to assist the GVN in institutionalizing its own nutrition and HIV program.

In FY09 the following FBOs will continue to receive support: the Hanoi Buddhist Association in Hanoi, NAV in Hai Phong and CRS in HCMC.

2) COP 08 narrative

In 2008, this activity consisted of two activities in COPRS. This year, Vietnam has decided to enter one activity per partner/program area. The narratives below are the two HBHC activities for this partner from 2008.

COMPILED 2008 ACTIVITY SUMMARY:

This is a continuing activity from FY07.

In FY08 Family Health International (FHI) will maintain 17 current continuum of care (CoC) sites and establish five new CoC sites in locations TBD based on the new priority provinces. The CoC consists of HIV out-patient clinics (OPCs), TB screening and treatment, community- and home-based care (H/CBC) and referral support, services for OVC, PLWHA and family support groups and prevention counseling.

FHI will continue to provide an updated package of technical assistance (TA) and tools to all CoC palliative care and treatment sites including training, mentoring and supervision and the development and provision of technical tools to assist local partners in implementation of palliative care services.

FHI will continue to provide OPC based palliative care to people with HIV in 22 CoC sites; and provide H/CBC and referral support to people with HIV and families through 65 teams in all 22 sites with referrals to counseling, testing and care and treatment as necessary.

In FY08 FHI will pilot integrated palliative care in two to four sites. Integration of palliative care includes training in palliative care for adults and children in OPC, CBC and introduction of oral morphine where feasible. It will also include development of clinical tools to aid integration of full palliative care package and an evaluation of the effectiveness of the approach.

FHI will continue providing TA to the Ministry of Health (MOH) on developing the national palliative care program (MOH working group, dissemination of and training in national palliative care guidelines, reform of opioid regulations, certification training of nurses, improving opioid supply, monitoring opioid use for palliative care across the country, etc).

In FY08 FHI will continue to support the Department of Therapy (DOT) to strengthen palliative care at central and provincial levels through training with TBD follow-on to VCHAP partner to include national guidelines, PLWHA rights to pain management, and opioid policies.

FHI will continue to integrate family centered care into CBC and OPC services through training of pediatric HIV clinicians, family care case managers and CBC teams in each CoC. FHI will also create family-centered

Activity Narrative: care (FCC) training and service tools to support FCC integration.

- In FY08 FHI will continue to support the pilot methadone program; continue to provide technical support to the Vietnam Administration for HIV/AIDS Control (VAAC) in developing technical guidelines, training and supporting capacity building for methadone programming.

In FY08 FHI will conduct a program assessment of the quality and effectiveness of CBC and OVC services; roll-out of nutrition tools and training among all sites; and establish and/or continue quality assurance/quality improvement (QA/QI) of all palliative care programs in all 23 CoC sites. Continue to provide technical support to VAAC to operationalize CBC services. Continue to provide technical support to the VAAC and provincial centers in establishing a CoC at the provincial and district levels.

- By April 2007 FHI reached 5,700 PLWHA with palliative care services through the continuum of care from both clinic and community-based care activities. Two international NGOs (Catholic Relief Services and Nordic Assistance to Vietnam) along with 30+ local governmental partners and community-based organizations (CBOs) are working with FHI to provide palliative care services.

- FHI trained more than 100 individuals in community and home-based care, and built the capacity of more than 200 clinicians.

- FHI produced an H/CBC training curriculum in Vietnamese, a care giving guide for CBC teams, QA/QI tools for PMTCT and TB and a number of SOPs for clinical service delivery.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19468

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19468	19468.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * Family Planning

- * Safe Motherhood

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$8,732,226

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7251.09 **Mechanism:** HHS/CDC ICASS
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 9688.24599.09 **Planned Funds:** \$115,097

Activity System ID: 24599

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5170.09 **Mechanism:** Vietnam Administration for HIV/AIDS Control (VAAC)
Prime Partner: Ministry of Health, Vietnam **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 9398.24587.09 **Planned Funds:** \$1,862,000

Activity System ID: 24587

Activity Narrative: 1) COP09 narrative:

In FY09, the quality of adult treatment services will be improved to maximize the capacity of existing antiretroviral therapy (ART) sites. Even though the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) may not open new ART sites in FY09, they will increase treatment patient uptake through scaling up therapy at 26 adult existing ART sites in 17 provinces, including an outpatient clinic (OPC) in the Hanoi Tuberculosis Hospital. Some ART sites serve as family-centered clinics, providing medications for both adults and children. PEPFAR's treatment target is to provide ART for 8,840 adult patients by the end of September 2010.

With support from PEPFAR and other donors, VAAC will strengthen activities and improve the quality of ART programs by developing the skills and knowledge of national and provincial master trainers as well as development and application of national quality assurance guidelines for all ART sites across country. Two sets of national training curricula for health providers at the provincial and district levels will be completed in FY08, led by VAAC's Department of Training and External Collaboration, with technical support from experts from CDC, WHO, the Harvard Medical School AIDS Initiative (HAIVN), and the Global Fund. Master trainers will use those curricula as standard material for their training courses.

VAAC will pilot a model that shifts tasks from doctors to nurses in two selected ART sites in the anticipation of greater patient uptake while maintaining service quality. Due to a shortage of doctors, trained nurses under the supervision of experienced physicians will be able to prescribe ART regimens and provide direct follow-up of patients who have stable clinical status.

In order to assess the impact of treatment programs and provide the evidence needed to improve the quality of services, routine programmatic evaluations will be conducted annually in well-established ART sites in five focus provinces, and possibly expanded to other sites.

In addition to providing second-line drugs, PEPFAR will continue supporting viral load testing for patients with suspected treatment failure in six focus provinces in order to give patients earlier access to ARV drugs. As VAAC requested, this service will be expanded to cover additional Global Fund and national HIV/AIDS program sites in six provinces: Quang Ninh, Hai Phong, Hanoi, Can Tho, Nghe An, and An Giang.

Through close support from PEPFAR, the World Health Organization, and the World Bank, VAAC will work with the Ministry of Labor, Invalids, and Social Affairs (MOLISA) to develop and release an inter-ministry circular focused on how to provide ARV services for HIV-infected people who reside in government rehabilitation ("06") centers or are receiving ARV drugs at community-based OPCs but brought to "06" centers. This circular will help prevent treatment interruptions and provide the necessary treatment for "06" residents.

FY09 funding will support patients to receive comprehensive care and treatment packages, including medicines, HIV counseling and testing, nutritional supplements, adherence and social-psychological support, etc. In order to improve overall treatment, nutrition and food supplements will be offered at 26 adult sites to ART patients with severe malnutrition. VAAC/LIFE-GAP will expand the Quang Ninh collaboration model between clinics and home- and community-based care to additional provinces. They will also continue working to improve linkages with methadone maintenance clinics in three provinces. Counselors, case managers, PLHIV peer educators, support groups, and volunteer treatment supporters will stress adherence, and side-effects monitoring. They will also facilitate referrals to and from services such as hospitalization, family planning, counseling and testing, sexually transmitted infections, PMTCT, and TB diagnosis and treatment facilities, and link patients to community-based care services.

2) COP 08 narrative

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

In FY08, the Vietnam Administration for HIV/AIDS Control (VAAC) will scale up ARV services in eight focus provinces and expand services to nine non-focus provinces. ARV services will be in place at 25 adult ART clinics with a total of 6,969 adults (including 3,179 newly initiating adults) on ART.

Pediatric ART will be scaled up at 12 specialty pediatric clinics and seven family-centered clinics across 17 provinces. VAAC will provide treatment to a total of 787 children (including 307 new children) by September 2009.

VAAC will start providing ART in one to two tuberculosis hospitals to increase the access of TB-infected HIV patients to ART.

In FY08 VAAC will coordinate with other donors (Global Fund (GF), PEPFAR, Clinton HIV/AIDS Initiative) to increase treatment coverage effectively. VAAC will work closely with Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) to provide on-site technical assistance (TA) for GF sites and non-PEPFAR provinces, especially on second-line regimens that were supplied by PEPFAR.

In FY08 VAAC will disseminate ART program-related outcomes and lessons learned from the Enhanced Evaluation (link with SI). VAAC will take the lead in coordination of drug resistance program with support of PEPFAR and the World Health Organization (WHO). National trainer teams will be set up and take the lead on updating training curricula and implementing a treatment strategy to support national scale up of ART with technical support from international experts.

• To date, VAAC has established 11 national and provincial and one district level ART sites. With PEPFAR support, VAAC has provided ART for 2,075 patients, including 1,890 adults and 185 children. Using FY07 funding, VAAC is currently expanding ARV services in a total of 24 ART sites to support 3,790 adults and 480 children on ART across 15 adult ART sites, nine specialty pediatric clinics and one family-centered clinic.

Activity Narrative: FY07 Activity Narrative:

In FY05 and FY06, the Ministry of Health (MOH)/VAAC scaled up ART services to 1,135 adult and pediatric patients at six adult out-patient clinics (OPCs) and four pediatric specialty clinics in five PEPFAR focus provinces. In FY07, VAAC will expand treatment to provide direct support for 4,320 (existing and new) patients at 18 provincial and district-level clinics in six focus provinces (clinics in Ho Chi Minh City, the seventh province, are supported by the Ho Chi Minh City Provincial AIDS Committee). VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces. VAAC will focus on achieving four main objectives in FY07: expanding services at the provincial and district levels to support initiation and monitoring of ART; enhancing services at the provincial level (via adult, TB, and pediatric specialty clinics) to support secondary and tertiary level care; improving quality of services; and building national and local capacity to ensure sustainability of ART service provision throughout Vietnam.

In each of the focus provinces, VAAC will support one provincial-level adult ART OPC and one pediatric specialty clinic. These clinics are responsible for providing initial prescription of ARV as well as managing referrals from district-level sites for management of side effects and second-line therapy. VAAC will also support provincial-level ART clinics at TB hospitals in focus provinces where there is a 10-20% HIV seroprevalence rate. Primary service delivery of ART in Vietnam is being decentralized to the district level so that provincial-level sites can increasingly focus on tertiary care. In FY06, VAAC supported one district-level ART clinic with PEPFAR funding. In FY07, VAAC will expand this clinic into a magnet clinic supporting ART and home-based care (HBC) services for three surrounding districts, and will launch two new district-level ART clinics targeting current and former injecting drug users (IDU). In addition to its work in the focus provinces, VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces with PEPFAR funding. This support package includes staffing, supervision and lab monitoring and will be phased out over the next two years (refer to uploaded Geographic Coverage document).

VAAC will support a referral case manager in all clinics in the focus provinces to facilitate referrals to TB/HIV and STI services as well as to home- and community-based care services provided by PEPFAR and other partners. These staff will assure women and families referred from PMTCT services receive ongoing treatment services as needed (key legislative issues: gender). Case managers at provincial-level pediatric clinics will closely link with community-based OVC services and work part-time in PEPFAR supported resource centers to be established in three provinces providing psychosocial assessments and links to other social supports. At each of the sites a network of peer educators and volunteers will be trained to provide treatment support and establish support groups. These networks will provide additional adherence support and also facilitate access to care and treatment services. To facilitate acceptance of these groups into service delivery, training on stigma reduction will be emphasized (key legislative issue: stigma). Case managers will work in teams with peer educators and support groups to prevent addiction relapse, help patients access to substitution treatment as it becomes available; and facilitate referral to services for patients released from drug rehabilitation centers.

Finally, in collaboration with the Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP), Family Health International (FHI) and HHS/CDC, funds will support VAAC to continue leading the national ARV training program using the national treatment protocol and other standardized curricula. HHS/CDC care and treatment staff will work closely with new VAAC staff to build capacity on ART, patient monitoring, and use of standardized quality assurance tools for ARV program implementation, management and monitoring. Collection of information for implementing, monitoring, and evaluating activities will be in line with the PEPFAR SI strategy and meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the national HIV/AIDS monitoring and evaluation system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15297

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15297	9398.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$2,387,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$123,120

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3093.09

Mechanism: N/A

Prime Partner: Ho Chi Minh City Provincial
AIDS Committee

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5829.24574.09

Planned Funds: \$1,272,000

Activity System ID: 24574

Activity Narrative: 1) FY09 narrative:

This is a continuing activity from FY08.

In FY09 the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) will scale up antiretroviral therapy (ART) in 11 existing adult ART sites and expand to two new sites. FY09 funds will be used to provide basic palliative care for a total of 20,000 adult patients, of whom 11,600 will be on antiretroviral medicines (including 5,350 new patients).

HCMC PAC will coordinate with the Harvard Medical School AIDS Initiative in Vietnam (HAINV) and PEPFAR to provide technical assistance and quality assurance (TA/QA) for ART sites. PEPFAR will fund HCMC PAC to strengthen the Tropical Disease Hospital as the city tertiary referral hospital, which leads the ART network in HCMC. In addition, referral systems and service linkages will be improved so that patients who receive antiretroviral drugs in HCMC can transfer to ART sites closer to their home provinces, primarily An Giang, Can Tho, Ba Ria-Vung Tau, and Soc Trang. The transfer will be based on the patient's informed consent.

PEPFAR will keep strengthening ART sites through building the skills of physicians and nurses regardless of whether they work at clinics receiving PEPFAR support. With support from PEPFAR and the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC), HCMC PAC will apply standard quality assurance tools to all OPCs in HCMC and do routine treatment evaluation, including the assessment of the family-centered clinic model at the Tropical Disease Hospital and two additional sites. The PEPFAR Strategic Information team will support HCMC PAC to complete and apply patient monitoring software to OPCs in HCMC. In addition, PEPFAR will support HCMC PAC to set up two HIV drug resistance monitoring sites in HCMC and evaluate drug resistant early warning indicators. Eligible ART patients to will be offered viral load testing, allowing them to access second-line regimens in a more timely fashion.

HCMC PAC will use FY09 funds to pilot the task-shifting model in two selected OPCs in order to address the shortage of doctors while increasing ARV patient uptake. This follows the Global Recommendations and Guidelines for Task Shifting published in 2008 as well as recommendations from the OGAC Adult team. Physician assistants and nurses who are selected based on their commitment and experience in HIV/AIDS care and treatment will be trained and certified to provide routine ART follow-up services to patients who have been on ART for six to 12 months. These non-physician staff will provide follow-up services under the supervision of an experienced physician and follow strict ARV protocol. The pilot program will be evaluated to determine the quality and outcomes of programs.

The model of ART provision in government drug rehabilitation ("06") centers continues in the Nhi Xuan "06" facility. In FY09, PAC will consider piloting a model of mobile care and treatment provision in two "06" centers. In addition, a mobile HIV/TB team led by the Tropical Disease Hospital and the city tuberculosis hospital will continue providing technical assistance and onsite mentoring for health staff in the Nhan Ai hospice. Continued collaboration with PEPFAR, the Global Fund, the World Bank, and other donors to ensure further adequate technical and financial support will be emphasized in FY09.

HCMC PAC will support strengthening linkages and referrals between methadone maintenance therapy (MMT) and ART clinics. A technical work group composed of staff from HIV, TB, and mental health facilities will be established to provide training and technical assistance, and share information. Moreover, clinicians from MMT and ART clinics will learn from each other through biweekly meetings and monthly case discussions.

Development of standard operating procedures for official linkages between ARV clinics and PLHIV networks will allow people living with HIV/AIDS a greater chance becoming involved in patient treatment adherence practices and home-based care. The objective is that all PEPFAR-supported OPCs will have treatment supporters and receive effective support from PLHIV networks.

2) FY08 narrative:

Ho Chi Minh City (HCMC) province has the largest number of HIV cases in Vietnam, accounting for 20% of infections in Vietnam. It is estimated that the number of new AIDS cases per year will increase from 4,800 in 2006 to 7,700 in 2010 (Analysis and Advocacy Project Report, June 2006). HCMC PAC has been effective in coordinating multiple donors and international partners and has developed an aggressive scale-up plan with support from multiple PEPFAR treatment partners. In FY08, PEPFAR will continue to support HCMC PAC to advance the following objectives: 1) scale up ARV services and maintain a high quality of existing ARV clinics; 2) improve quality of services, adherence and the network model especially for vulnerable populations such as current and former IDUs; and 3) build local capacity to sustain the HIV/AIDS response in HCMC.

By the end of FY08, HCMC PAC will provide ART to 7,400 adult patients at PEPFAR-supported existing and new ARV sites throughout the province. Existing sites that will scale up treatment include the Tropical Disease Hospital, seven district outpatient clinics that will serve as 'magnet' sites, Pham Ngoc Thach TB hospital (jointly supported by PEPFAR and Global Fund), two pediatric hospitals, Mai Khoi clinic run by the HCMC Catholic church and Nhi Xuan clinic linked to a government rehabilitation center for drug users (06 center).

In an effort to improve quality of services, adherence and access to other community based services, HCMC PAC will strengthen treatment supporters for all adult and pediatric ARV sites. The standard operation procedure for linking treatment supporters and existing PLWHA network will be set up to involve PLWHA actively in support HIV/AIDS care and treatment for AIDS patients. Treatment supporters will also work in teams with peer educators and support groups to counsel and prevent addiction relapse, help patients access substitution treatment, and facilitate referral to services for patients released from drug rehabilitation centers.

ARV sites will be supported by PEPFAR care and treatment staff, experienced HCMC PAC staff and

Activity Narrative: Vietnam Harvard Medical School AIDS Partnership (VCHAP) staff through training, supportive supervision, and mentoring of the OPC team. In addition, HCMC PAC strengthen a ARV Treatment Network. Members of this network will serve as master educators and TA providers to the district-level sites. Training for new sites and refresher trainings will be provided to update staff on guideline changes and review lessons learned from previous models. In addition, HCMC PAC will continue organizing monthly coordination meetings with service providers and weekly medical consultation meetings between TDH/VCHAP and OPC staff .

Collection of information for routine patient and program monitoring will be in line with the PEPFAR SI plan and with national standards, ensuring support for the national HIV/AIDS monitoring and evaluation system. Enhanced patient monitoring will be done at selected sites to monitor adherence, clinical outcomes, quality of life and program quality.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15273

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15273	5829.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$1,665,000
9409	5829.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$720,000
5829	5829.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$435,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$116,400

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3367.09

Mechanism: CDC-GHCS-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9418.24557.09

Planned Funds: \$208,755

Activity System ID: 24557

Activity Narrative: This activity supports a portion of the costs associated with US Direct Hire staff salaries, benefits, allowances and relocation costs of program staff and their family members included in this activity.

Associate Director, Care & Treatment, Hanoi, USDH (50%)

In addition, this activity supports procurement of contractual services to provide technical support to HTXS activities:

Contractual: Short Term TA - Care & Treatment (50%)
Contractual: Care and Treatment Program Officer (50%)

This activity also represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15381

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15381	9418.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$141,370

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 10556.09

Mechanism: USAID Local GHCS Partnered Activities

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5841.24785.09

Planned Funds: \$32,040

Activity System ID: 24785

Activity Narrative: Funding in this activity is provided to support personnel compensation and operational costs associated with PEPFAR staff members for this program area at USAID. These costs include personnel travel, education allowances and housing. The following positions are supported with funding in this activity:
- Care and Treatment Specialist (Hanoi) - 40%

Funding in this activity is also provided to cover the costs of rent, telecommunications and other utilities allocated to this program area. These costs include things such as residential rent and utilities for staff members in this program, office rent allocated to this program area and rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices.

This activity also represents a portion of funding allocated to this program area for IRM Tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16351

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16351	5841.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$26,400
9417	5841.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$20,423
5841	5841.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$98,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3109.09

Mechanism: DoD - Defence-Partnered HQ activities

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 10233.24727.09

Planned Funds: \$59,250

Activity System ID: 24727

Activity Narrative: SUMMARY and BACKGROUND:

In 2009, Harvard Medical School AIDS Initiative (HAIV) will partner with the PEPFAR and the Vietnam Ministry of Defense (MOD) to support ART services at four established outpatient clinics (OPC's) located within the infectious disease departments of military hospitals in Hanoi, Hanoi, HCMC, Da Nang and Can Tho. Similar to the activities taking place at civilian sites, HAIVN will: support training and clinical mentoring activities in order to build capacity and a sustainable TOT workforce; ensure that MOD sites follow MOH treatment guidelines; and help MOD sites link to civilian resources. It is important to note that although military health care facilities are mandated to care for military personnel and family members, approximately 80 per cent of the clients who access services are civilians.

PEPFAR has standardized commodity procurement through the Supply Chain Management System (SCMS). In this activity, SCMS will be responsible for procuring antiretroviral drugs, opportunistic infection medicines and CD4 reagents. PEPFAR will procure all other commodities for the ART program.

The DOD in-country staff will actively participate in the PEPFAR care and treatment technical working group to ensure close interagency coordination and oversight for this activity. In addition, in-country DOD staff will work closely with the CDC-funded HAIVN to assure that they reach intended clinicians and care centers.

ACTIVITIES and EXPECTED RESULTS:

ACTIVITY #1 (Funding \$29,250) Funding in this activity is provided to support personnel compensation, benefits and technical travel costs for the following positions in this program area:

- DOD Care and Treatment Program Officer (Hanoi) - 75%.

This individual will be instrumental in coordinating efforts between MOD, DOD, CDC, and the implementing partner.

Moreover the individual will actively participate in the PEPFAR care and treatment TWG.

ACTIVITY #2 (Funding \$30,000) Funding in this activity will support the purchase of commodities (reagents, consumables, etc.) needed for the ART program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15405

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15405	10233.08	Department of Defense	US Department of Defence/Pacific Command	7130	3109.08	Center of Excellence	\$340,000
10233	10233.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$39,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10543.09 **Mechanism:** DoD - State Dept Partnered Activities (ICASS, etc.)
Prime Partner: US Department of State **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 24749.09 **Planned Funds:** \$0

Activity System ID: 24749

Activity Narrative: Note this activity will be paid with 2008 carryover funding.

This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10555.09 **Mechanism:** USAID - State Partnered Activities (ICASS, etc.)
Prime Partner: US Department of State **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 24778.09

Planned Funds: \$3,151

Activity System ID: 24778

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5175.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5832.24652.09

Planned Funds: \$1,800,000

Activity System ID: 24652

Activity Narrative: PEPFAR supports SCMS to provide direct technical assistance to pharmacies at adult clinical sites. This request for \$700,000 for technical assistance will provide support for the ARV drugs program area by ensuring proper supply chain management and reporting. See 15-HTXD for details.

SCMS will continue to contribute to the success of the adult treatment program by providing regular technical assistance to the adult sites to ensure proper storage and handling of medicines, record keeping and good dispensing practice. Formal training and on the job training is part of this activity. SCMS will on occasion provide TA to non PEPFAR sites at VAAC and USG request, to help expand capacity for monitoring and evaluation. A second related activity is that SCMS will also support VAAC to improve its ability to manage the supply chain, including medicines for ARVs, in the future.

Nutrition Component: \$1,100,000

It is estimated that 15% of adult clients and 30% of HIV infected OVC are either severely or moderately malnourished (28% and 50% in Kenya and Uganda respectively), which brings the total number of HIV clients in need of nutrition treatment (within the PEPFAR Vietnam program) as high as 10,500. Using this figure, the low estimated cost for supplemental and therapeutic foods will be \$720,000, logistics not included. The original amount of \$200,000 is not sufficient to ensure adequate malnutrition treatment for beneficiaries of the PEPFAR program, as such, an additional \$500,000 is requested to be added to the existing amount in order to increase program coverage.

Another \$400,000 is requested to set up the food supply system for HIV clients currently integrated into the national system. PEPFAR will support the Partnership for Supply Chain Management (SCMS) to provide direct technical assistance to the Vietnam National Institute for Nutrition (NIN). This request for additional funding for technical assistance will provide support for the FBP program by ensuring proper supply chain management and reporting.

SCMS will continue to contribute to the success of the adult treatment program by providing regular technical assistance to the adult sites to ensure proper storage and handling of supplemental and therapeutic foods, record-keeping and good dispensing practice. Formal training and on-the-job training is part of this activity. SCMS will, on occasion, provide TA to non PEPFAR sites at VAAC and USG request, to help expand capacity for monitoring and evaluation. SCMS is also expected to support NIN and VAAC to improve its ability to manage the supply chain in the future.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15342

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15342	5832.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7118	5175.08		\$1,200,000
9412	5832.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5175	5175.07	Supply Chain Management System	\$2,434,228
5832	5832.06	U.S. Agency for International Development	Management Sciences for Health	3101	3101.06	Rational Pharmaceutical Management Plus	\$196,560

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10745.09

Mechanism: CDC-Gap-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5840.25390.09

Planned Funds: \$154,711

Activity System ID: 25390

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with HBHC staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

Funding in this activity is also provided to support the salaries and benefits packages of the following locally employed staff members associated with HTXS.

ARV Services Program Officer, Hanoi, LES (100%)
 Care & Treatment Program Officer, Hanoi, LES (50%)
 Care and Treatment Program Officer, Hanoi, LES (100%)

In addition, this activity supports costs for travel associated with HTXS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15393

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15393	5840.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7129	3694.08		\$102,430
9857	5840.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$150,371
5840	5840.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$183,705

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10746.09	Mechanism: CDC-GHCS-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 25405.09	Planned Funds: \$86,522
Activity System ID: 25405	
Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with HTXS staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.). Such costs also include those allowable expenses associated with the assignment of US direct hire HTXS staff such as housing, utilities, education allowances and benefits, etc.	
Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10562.09	Mechanism: CDC-FHI
Prime Partner: Family Health International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 24806.09	Planned Funds: \$100,000
Activity System ID: 24806	

Activity Narrative: In FY 2008, Family Health International (FHI) partnered with Pathfinder International (PI) to strengthen the capacity of Hai Phong University to provide distance education in HIV care and treatment for postgraduate health professionals. This involved supporting the university to design online distance learning curricula. Two online courses were developed, including one called an "Introduction to HIV/AIDS Care and Treatment" and the other was related to prevention programming. The curricula were developed using material from Hai Phong University's integrated HIV pre-service curricula and various Vietnam Ministry of Health-approved in-service training courses. Hai Phong University faculty were trained in both the technical and administrative skills required to implement the online distance learning packages with technical assistance provided by FHI when necessary. In FY08, at least 20 faculty members were trained and supported to implement this HIV care and treatment online distance curricula in preparation for implementation in FY09.

In FY09, FHI will again partner with Pathfinder International to provide further support to Hai Phong University to actually roll out the online distance learning package in HIV care and treatment developed in FY08. It is estimated that 75 postgraduate health professionals will be trained using the online distance learning program. In addition, in FY09, PI will work with MOH's Department of Science and Training to advocate for the accreditation of the distance learning package to enable it to be scaled-up and implemented nationwide in the future.

In FY09, FHI will also partner with Pathfinder International to further consolidate the implementation of the integrated HIV pre-service curricula, including antiretroviral therapy (ART) contents for medical and nursing students at Hai Phong University and the Hai Phong Secondary Medical School, which was developed with USAID funding in FY08. PI will continue to work with both schools to review and build the curricula, while improving the quality of expertise required to implement them, by providing mentoring and support as pre-service lecturers implement the newly designed curricula.

In FY09, Pathfinder International will collaborate with the Working Group of university deans and vice-deans to advocate for the dissemination and scale-up of both the distance learning curricula and the integrated HIV pre-service curricula in additional pre-service faculties over the coming years.

It is estimated that in FY09, at least 75 postgraduate students will be trained in HIV care and treatment using the online distance learning education package implemented in Hai Phong University. A total of 500 undergraduate students will take basic orientation training in HIV, including ART.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10561.09

Mechanism: N/A

Prime Partner: Harvard Medical School of AIDS Initiative in Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5831.24802.09

Planned Funds: \$431,700

Activity System ID: 24802

Activity Narrative: PEPFAR will support the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) to assist the Ministry of Health (MOH) and the Ministry of Defense (MOD) to train physicians and nurses to provide adult antiretroviral treatment (ART) and antiretroviral services. HAIVN will support MOH's Vietnam Administration for HIV/AIDS Control (VAAC) and provincial AIDS centers (PACs) as well as MOD's treating Military Hospitals to build a sustainable model to provide training on HIV/AIDS care and treatment to health care workers as the program continues to expand. This will be accomplished through: 1) providing technical assistance to VAAC on the development of curriculum and training materials for physicians and nurses; 2) supporting training to health care workers in ART clinics supported by PEPFAR and other donors; 3) providing regular clinical mentoring at PEPFAR-supported outpatient clinics (OPCs); 4) supporting capacity building at local tertiary care and provincial-level institutions to assume a greater role in providing training and supportive supervision; and 5) providing educational support and regular clinical updates to physicians and nurses through workshops, newsletters, website resources, and/or clinical manuals.

At the national level, HAIVN has worked with VAAC to develop a national training curriculum for doctors working at the provincial and district levels. Training of the Trainer (TOT) workshops are being held in FY08 to train those who will lead the workshops. HAIVN will continue to work with VAAC to update training materials to reflect new information on ARV drugs and to respond to changes in Vietnam's national guidelines and protocols. Additional TOT workshops will be held in Hanoi and Ho Chi Minh City (HCMC) to increase the number of qualified trainers. HAIVN will also continue to provide technical assistance to VAAC's technical working groups, including Adult Care and Treatment, Prevention of Mother-to-Child Transmission (PMTCT), and Pharmacy and Therapeutics.

At the regional level, HAIVN will continue to work with the two highest-level tertiary care hospitals in Vietnam: the National Institute for Infectious and Tropical Diseases (NIITD) in Hanoi and the Tropical Disease Hospital (TDH) in HCMC. Each hospital will implement ART training courses for physicians using the national curriculum. HAIVN will work with each institution to train their staff and build their capacity for providing clinical training and supervision at the provincial and regional level. In addition to training courses, the two hospitals will provide consultation services on clinical management of ARV patients and quality assurance activities on clinical care to provincial and district clinics in their region. Technical support will be provided to develop capacity for distance consultation and training activities in order to allow more frequent communication and build stronger linkages between the regional facilities and provincial clinical experts.

HAIVN will support training and clinical mentoring activities in each of the provinces that receive ARV drugs procured by PEPFAR. In the seven PEPFAR focus provinces, HAIVN will work with PACs and the provincial-level hospitals to support clinical training and the supervision of ARV services within each province. The long-term goal is to build capacity at the provincial level for providing training, clinical consultation, and quality of care supervision to district-level HIV OPCs. Where appropriate, provincial hospitals will also link with adjacent provinces to provide these support services to areas with less capacity and fewer resources. Advanced training activities will be offered to key personnel at provincial hospitals in order to improve their knowledge on ART and to build linkages between the provincial and regional experts. In non-PEPFAR-focus provinces that receive ARVs through the PEPFAR program, HAIVN will provide regular clinical mentoring on ART to new sites as they begin to implement ART programs. As each site gains more experience, they will be expected to offer clinical mentoring to, and supervision of, less-experienced provincial and regional institutions.

HAIVN will partner with the Vietnam Ministry of Defense (MOD) to support ART services at four established outpatient clinics (OPCs) located within the infectious disease departments of military hospitals in Hanoi, HCMC, Da Nang and Can Tho. Similar to the activities taking place at civilian sites, HAIVN will: support training and clinical mentoring activities in order to build capacity and a sustainable TOT workforce; ensure that MOD sites follow MOH treatment guidelines; and help MOD sites link to civilian resources. It is important to note that although military health care facilities are mandated to care for military personnel and family members, approximately 80 per cent of the clients who access services are civilians.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15266

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15266	5831.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7106	3096.08	VCHAP Follow-on	██████████
9394	5831.07	HHS/Centers for Disease Control & Prevention	Harvard University, Medical School - Division of AIDS	5178	3096.07	VCHAP	\$1,101,222
5831	5831.06	HHS/Centers for Disease Control & Prevention	Harvard University, Medical School - Division of AIDS	3096	3096.06	VCHAP	\$230,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$431,700

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 3107.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 5838.24677.09**Activity System ID:** 24677**Mechanism:** USAID-FHI**USG Agency:** U.S. Agency for International Development**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$1,549,000

Activity Narrative: 1) COP 09 narrative

This activity is linked to HVOP, MTCT, HBHC, HVTB, PDCS, PDX, HKID

This is an ongoing activity. By the end of COP08 Family Health International (FHI) was supporting 23 adult treatment sites across PEPFAR supported provinces. The number of sites reduced from that originally planned in response to requests from both USG and the Vietnam MOH regarding geographical coverage. During FY08 2195 adults were newly initiated on ART, 6580 adults continued ART and 7238 individuals had ever been started on ART at FHI supported sites.

In COP09 PEPFAR will fund FHI to provide treatment for a total of 8343 adults (including 1763 newly initiating adults) in 23 out-patient clinics (OPC). No new adult HIV treatment sites will be established. Rather the focus will be on maximizing efficiency of existing sites to offer ART to all of those who are clinically eligible for ARV therapy in addition to quality assurance/quality improvement. A particular focus in FY09 will be the screening and clinical assessment of the nutritional status of adult PLHIV on ART. All adults on ART will undergo regular clinical assessment and monitoring of nutritional status and will be provided with nutrition education and counseling and where appropriate, a therapeutic food intervention, that is in keeping with OGAC guidance.

In FY08 FHI supported the establishment of a mobile team of health workers to support ART for HIV infected individuals in four Drug Rehabilitation Centers close to Hanoi. This activity will be continued in FY09.

ARV therapy will be provided to adults at community-based ART sites providing a comprehensive package of integrated care, treatment and support services. The ART strategy will focus on client-centered adherence, psychosocial support and case management to facilitate referral and access to community based support services. PLHIV support groups will be equipped with the skills and materials necessary to provide treatment adherence support to members and their families; and provide HBC teams with lay adherence counseling skills. In sites where the methadone pilot is operational – ART will be closely linked to methadone maintenance therapy to further support adherence to ART for opioid dependent PLHIV.

ARV sites will be supported through training, supportive supervision, QA-QI and clinical mentoring. Established ART sites will function as model training sites for health care workers at new clinics as Vietnam continues to scale up. Outcomes of the ARV program will be evaluated in some sites, including clinical outcomes, psychosocial well-being, adherence and patient retention.

2) COP 08 narrative

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

In FY08, Family Health International (FHI) will scale up ART in a total of 20 district-level continuum of care (CoC) adult ART sites across nine of the PEPFAR provinces (five new adult ART sites in FY08). FHI will provide treatment for a total of 5,458 adults (including 1,073 newly initiating adults).

Pediatric ART will be scaled up such that 13 of the 20 adult ART sites will offer pediatric ART through a family-centered care model (seven new pediatric ART sites in FY08). FHI will provide treatment to a total of 207 children by September 2009.

In FY08 FHI will strengthen the linkage between PMTCT and care and treatment services to enable the early detection of both pregnant women and infants who need ART for their own health.

- FHI will scale up the number of joint ARV/methadone sites (total number TBD).

During FY08 FHI will support the development of an advanced adherence training curriculum.

To date FHI has established eight CoC ART sites which have enrolled a total of 2,265 adults and 41 children on ART (three of the eight CoC sites are currently providing ART to children).

Using FY07 funding, FHI is currently scaling up adult ART services in a total of 15 CoC sites across the seven PEPFAR provinces as described in the FY07 narrative. FHI plans to support 4,385 adults (2,120 new adult individuals) on ART across these 15 adult ART CoC sites. Using FY07 funding, FHI is currently scaling up pediatric ART in six of the 15 CoC sites and will support 107 children on ART.

FY07 Activity Narrative:

This activity will focus on four main objectives: coverage and access, quality, support for injecting drug users (IDUs), and capacity building. In FY07, PEPFAR will fund FHI to provide treatment for a total of 3,690 adult and pediatric patients (including 1,900 new patients).

ARV therapy will be provided to adults and children through community-based ART sites providing a comprehensive package of integrated care, treatment and prevention services. In support of the PEPFAR strategy of improving support for vulnerable populations, particularly current and past IDUs, the strategy will focus on client-centered adherence, additional psychosocial and addiction counseling and case management support to facilitate access to services in the community (key legislative issue: stigma). Family-centered ART sites will increase access to treatment services for HIV infected mothers and children (key legislative issue: gender). As of August 2006, FHI is supporting 710 patients on ART in six treatment sites in three provinces and, in accordance with the PEPFAR geographic scale up and coverage plan, will expand to 20 sites in seven focus provinces. All new sites will function as district magnet sites covering surrounding districts linked to community- and home-based care (C/HBC) services in each of the districts. Each site will be selected in conjunction with the Ministry of Health/Vietnam Administration of HIV/AIDS Control (MOH/VAAC) and the PEPFAR care and treatment technical working group (TWG).

Activity Narrative: ARV sites will be supported through training, supportive supervision, and mentoring of a multidisciplinary out-patient clinic (OPC) team responsible for providing treatment services as well as care and support and prevention with positives services. Sites will support sustainability by functioning as model training sites for health care workers at new clinics as Vietnam continues to scale up. In accordance with the PEPFAR SI plan for monitoring and evaluation, outcomes of the ARV program will be evaluated in some sites, including clinical outcomes, psychosocial well-being, adherence and patient retention. Program lessons learned will guide future programming.

In Ho Chi Minh City (HCMC), all FHI-supported ART sites will be linked to 06 centers, which are government centers for rehabilitating drug users. Case management support and discharge planning will be provided to 06 center residents, and adherence preparation supported for the sub-set of residents eligible for ART. FHI will continue to equip case managers, OPC and HBC teams, peer educators, and PLHIV groups in Binh Thanh District, District 8, Thu Duc District and Hoc Mon District, to provide appropriate referral, coordinated care, and intensive adherence support for all clients to be re-integrated into the community.

FHI will begin implementation of a medication-assisted therapy program in a joint ARV/methadone substitution therapy program (pending development of VAAC implementation guidelines and approval) in two provinces. Intensive adherence and psychosocial support will be provided to IDU clients through a directly assisted therapy program of methadone and ARV therapy with intensive support from OPC adherence counselors, PLHIV groups, family, and HBC teams where appropriate. FHI will work with Vietnam CDC Harvard Medical School AIDS Partnership to develop didactic training on ARV-methadone therapy and will provide ongoing mentorship from experienced providers. This program will be evaluated and results disseminated as an advocacy tool and to improve methadone/HIV programming both within Vietnam and across the region.

As a part of PEPFAR/Global Fund (GF) collaboration, FHI will provide intensive mentoring, infrastructure development and lab monitoring support at two district-based clinics jointly supported by GF. These sites will be scaled up as "magnet" sites and then taken over by the government of Vietnam with support from GF Round 6 funding. If Round 6 funding is not approved, FHI will support ongoing services at these two sites.

FHI will continue to provide capacity-building in ART adherence support to VAAC and other PEPFAR partners for the development of adherence counseling systems to prepare and support PLHIV on ART. FHI will support VAAC to develop an adherence toolkit for adults and children containing training for adherence counselors, job aids for counselors, and client information and training in use of the toolkit. PLHIV support groups will be equipped with the skills and materials necessary to provide treatment adherence support to members and their families; and provide HBC teams with lay adherence counseling skills.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15259

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15259	5838.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$1,340,000
9415	5838.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$939,000
5838	5838.06	U.S. Agency for International Development	Family Health International	3107	3107.06	(INGO- former FHI/IMPACT)	\$280,000

Emphasis Areas
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$110,000
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3102.09	Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 5834.24688.09	Planned Funds: \$758,000
Activity System ID: 24688	

Activity Narrative: SUMMARY AND BACKGROUND

Treatment activities will be carried out as part of continuum of care services aimed at extending and optimizing the quality of life for HIV-infected clients and their families. The key emphasis area for these activities is gender (increasing gender equity in HIV and AIDS programs). The specific target populations is HIV-infected adults (>14).

The majority of adult treatment funds will support Médecins du Monde (MDM) to provide ART as part of its integrated prevention, care and support program in Hanoi and HCMC. COP09 funds will also support provision of ART at OPCs supported by AIDS Healthcare Foundation (AHF) in four provinces (Hai Phong, Quang Ninh and TBD), and ART for marginalized and homeless individuals at the Mai Hoa Center (a local FBO) in Ho Chi Minh City.

ACTIVITIES AND EXPECTED RESULTS

Adult Treatment programs will be carried out via a combination of international and local organizations with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system for provision of grants to international and local NGOs; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future civil society organization (CSO) engagement in the national response; and 3) to ensure effective coordination among adult treatment partners, additional PEPFAR partners, and relevant government and non-governmental initiatives. Pact will provide local organization Mai Hoa Center with a package of organizational development capacity building services to build long-term sustainability and ensure program efficacy.

1. MdM will continue to provide ART at one current OPC in Tay Ho (Hanoi) and two OPCs in Districts 6 and 9 (HCMC), with expansion of treatment services to one new OPC in Hanoi under COP09. MdM will train 10 individuals and will provide 2,050 individuals with ART under COP09.

2. AHF will continue to provide ART at two current OPCs; Thuy Nguyen district (Hai Phong) and Hoanh Bo district (Quang Ninh), serving PLHIV in the community and nearby 06 centers, with expansion to two additional provinces under COP09. AHF will provide 700 individuals with ART under COP09. In Hoanh Bo, AHF will continue to provide ART to residents of Quang Ninh's 06 (drug rehabilitation) center in order to support continuum of care and treatment for those who are institutionalized.

3. Under COP09, Mai Hoa Center will continue to provide ART to adult residents at its OPC in HCMC. MHC will provide 35 individuals with ART.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15335

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15335	5834.08	U.S. Agency for International Development	Pact, Inc.	7117	3102.08	Community REACH Vietnam	\$561,100
9396	5834.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$578,500
5834	5834.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$171,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10896.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 25883.09

Activity System ID: 25883

Mechanism: State-OGAC TBD Activities
(typically TBD country agency)

USG Agency: Department of State / Office of
the U.S. Global AIDS
Coordinator

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: ██████████

Activity Narrative: In 2004, the Government of Vietnam issued the National Strategy on HIV/AIDS to 2010 which committed to provide care and treatment for 90% of HIV infected adults and 100% of HIV infected and affected children, in which 70% of AIDS patients will receive ART. With major support from PEPFAR program, Viet Nam Administration of HIV/AIDS Control (VAAC) in the Ministry of Health (MOH) has been remarkably successful in identifying those who are HIV infected, preventing new infections, and offering HIV care and treatment. As of June 2008, after five years of intensively rolling out the program, Vietnam MOH has reported 21,658 people on ART and 100,000 PLHA receiving basic care and support and has successfully integrated HIV care and treatment into existing health care services. A large amount of resources have been contributed to the program, both from international donors and government of Vietnam. In FY08, PEPFAR is collaborating with MOH to conduct an evaluation of patient outcomes in the ART program in 5 provinces receiving direct PEPFAR support. Results from these activities will provide key program monitoring information and will be used by PEPFAR and VAAC to improve services ART services.

The OGAC Adult Care and Treatment TWG Technical Assistant team visited Vietnam in September 2008, and one of their recommendations was that the MOH should routinely evaluate (bi-annually) the quality and outcomes of the National Care and Treatment Program, focusing on patient retention in care and on ARV and patient response to treatment (i.e. CD4 change). In FY09, PEPFAR will build on lessons learned from the FY08 evaluation, and provide support for a larger, national outcome evaluation. PEPFAR's goal is to support development of a sustainable, routine bi-annual evaluation process. The design and implementation of the evaluation will be conducted in collaboration with VAAC, local government authorities, program managers, donors, service providers and PLHA. The evaluation will be divided into program and treatment outcome evaluation. Program evaluation will include data on service quality, drug management, training needs, adequacy of staff and linkage between treatment program and other services. Outcome evaluation will include retention and outcomes of patients before ART, and response and adherence to ART. A simple tool will be developed and standardized for this activity so it can be applied routinely on a national, planned basis.

PEPFAR Vietnam will form an internal team that will solicit input from OGAC Care and Treatment TWGs to develop a model for supporting a national care and treatment basic program evaluation. In collaboration with VAAC, and with the intention of building the capacity of VAAC, appropriate capable consultants and partners will be selected for this activity.

The agency and partner for this activity have yet to be determined thus we are placing the funding into the State/OGAC - TBD funding mechanism.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$1,378,782

Program Area Narrative:

PROGRAM AREA SETTING

The Vietnam Ministry of Health (MOH) does not routinely collect data on the number of HIV-infected children. However, the Government of Vietnam (GVN) estimates that up to 10,000 children in Vietnam are living with HIV/AIDS. In addition, there are an estimated 5,000 to 6,000 HIV-exposed infants born every year. Unfortunately, most HIV-infected children are not receiving care and treatment. In 2007, the GVN and international donor programs provided support to 1,500 HIV-infected children.

Vietnam's national HIV/AIDS strategy states that 100% of HIV-infected children are to receive care and treatment by 2010. This goal will be challenging to meet. Vietnam's national HIV/AIDS program initially focused much of its efforts on scaling up programs and medications for adults; less attention was given to pediatric patients. A great deal of work remains to be done in order to identify each patient, set up appropriate infrastructure, and care for all HIV-infected children in need.

PEPFAR began supporting the pediatric care and treatment program in Vietnam in 2005. Its involvement was initially through training and technical assistance to hospital-based out-patient clinics (OPCs), which focused on providing support to infants born to infected mothers and to children that had been previously diagnosed. Pediatric formulations of antiretroviral (ARV) medicines were initially not available, so adult formulations were used where feasible. In late 2006, the Clinton HIV/AIDS Initiative (CHAI) formalized its support for Vietnam, assisting the government with procuring ARV drugs, and providing additional training and technical assistance. Since CHAI's entrance into Vietnam, PEPFAR and CHAI have been working together on pediatric issues to coordinate procurement and technical assistance to maximize coverage and to develop a comprehensive support package. In 2008, PEPFAR began scaling up pediatric services in 18 of the 30 PEPFAR-supported provinces. Meanwhile, CHAI is expanding support for pediatric programming in sites supported by the Vietnam government and the Global Fund where services for adults are already being provided by these programs.

Pediatric care and treatment services provided in PEPFAR-supported OPCs include all health facility-based activities for HIV-exposed and infected children and their families, including HIV PCR testing, counseling on prevention and treatment, antiretroviral

therapy (ART), co-trimoxazole prophylaxis, treatment of opportunistic infections, palliative care, nutritional assessments, and food support. Social support includes help with transportation and hospital fees, as well as linking patients to other community-based services in the area.

KEY ACCOMPLISHMENTS

As of September 2008, the GVN reported that of the estimated 10,000 HIV-infected children, 1,700 (20%) were receiving care and support, and 1,200 (14%) were on ART.

By the end of FY08, 18 provinces are expected to have pediatric HIV/AIDS care and treatment programs. Among those, 10 provinces will have OPCs located in a pediatric hospital or facility separate from an adult OPC (Hai Phong, Quang Ninh, Hanoi, Ho Chi Minh City (HCMC), Nghe An, Can Tho, An Giang, Da Nang, Thai Binh, and Son La) and nine provinces will have pediatric out-patient services integrated with adult OPCs (Nam Dinh, Cao Bang, Ba Ria-Vung Tau, Soc Trang, Bac Ninh, Ha Tay, Binh Duong, Dien Bien, and Long An). Pediatric care and treatment has also been introduced in two orphanages in Hanoi and HCMC -- cities with the highest number of orphaned children.

PEPFAR, through Supply Chain Management System (SCMS), Family Health International (FHI), and the Harvard Medical School AIDS Initiative (HAIVN) has been working with CHAI to support the national pediatric care and treatment program by providing technical assistance in drug procurement; advising on distribution and management; developing training materials and standard operating procedures; and providing on-site supervision and assistance revising national HIV treatment guidelines.

PEPFAR has worked to build the capacity of local experts by setting up networks of pediatric specialists throughout the country. These health care worker networks were started through the establishment of monthly clinical conferences held to review difficult cases and provide clinical updates. Discussions continue through an online forum where health care workers can pose management questions to other clinicians around the country. Principles are reinforced through onsite supportive supervision. The National Pediatric Hospital in Hanoi is the designated lead for the Vietnam pediatric HIV/AIDS program, and is in charge of developing standard national protocols and guidelines. In addition, the National Pediatric Hospital is the main referral site in northern Vietnam. In southern Vietnam, Pediatric Hospitals No. 1 and 2 are the lead referral sites. PEPFAR has worked to build the capacity of physicians in each of these hospitals, who in turn provide training and supervision for provincial-level programs.

In FY08, PEPFAR supported locally-relevant aspects of basic preventive care packages for exposed children, including nutrition counseling, formula (where determined acceptable, feasible, affordable, safe, and sustainable), and nutrition support. Co-trimoxazole prophylaxis is provided to all exposed infants starting at 4 to 6 weeks of age until their HIV status is learned, as well as to older infected children according to national guidelines. Exposed children receive HIV PCR testing as early as two months of age in some, though not yet all, pediatric HIV sites. Designated staff at each clinic is trained in support services to strengthen the linkages to routine child health services, prevention of mother-to-child transmission (PMTCT) treatment, orphan and vulnerable children (OVC) and home-based care services.

Extensive effort has been put into implementing early infant diagnosis (EID), which is currently in place in HCMC where HIV PCR is available. However, there is no national protocol for EID.

In order to advance data-driven interventions in nutrition, a formal assessment was done in August 2008. Vietnam's national guidelines on nutrition care and support will soon be issued for use in pediatric outpatient clinics and in the community.

Fortunately, due to an excellent government anti-malaria program, this disease is no longer a danger in most PEPFAR-supported provinces. This well-established program continues to function effectively in regions where malaria is still present. Safe water has also been a priority of the GVN. The country's national program, which aims to ensure greater access to clean water supplies and sanitation, is supported by the GVN and international donors. All HIV clinics counsel patients on the importance of using safe and clean water.

PEPFAR provides technical and financial support to improve ARV adherence, and substantial progress has been made. Support includes social support (e.g., transportation fees), nutrition supplementation, and hospital fees for HIV-infected patients admitted to the hospital. Treatment supporters, who are primarily social workers in pediatric hospitals, have been recruited. These treatment supporters play important roles in improving linkages between clinical care sites and between the clinics and the community. Their work has helped reduce loss to follow-up, increase treatment adherence, and identify the six basic needs of OVC, which are shelter, health care, education, psychosocial, legal aid and protection, and food and nutrition needs.

Under the national care and treatment guidelines, pediatric patients are monitored routinely using CD4 tests. They also undergo routine testing for medication side effects.

CHALLENGES/OPPORTUNITIES

Despite initial progress, challenges still exist if the government is going to reach its goal of providing care and treatment to all infected children. First, without routine data collection, the number of HIV-infected children is only an estimate. Pediatric cases are considered a priority but due to a lack of data, the magnitude of the problem is not fully appreciated by policymakers. As a consequence, the GVN has allocated only limited resources for pediatric care and treatment.

It is widely recognized that early treatment of perinatally-infected children leads to better outcomes. However, as described above, there has been a delay of the application of EID since there is currently no national EID protocol. A proposal jointly developed by the National Institute of Hygiene and Epidemiology (NIHE), the Pasteur Institute, PEPFAR, and CHAI is awaiting approval.

In Vietnam, only one laboratory (the Pasteur Institute in HCMC) can officially perform HIV PCR testing. As a result, diagnosis and

treatment in many provinces is delayed. Currently, HIV diagnosis using dried blood spots (DBS) is not available for use in Vietnam and transportation of whole blood samples from distant provinces to this laboratory is problematic. Though planned in FY07, the EID protocol has not yet been approved by the Vietnam MOH.

Linkages with community-based care and other social supports need strengthening. Although efforts have been made by PEPFAR partners to provide networking, case managers, treatment supporters, referral forms, trainings, and shared experience workshops, the linkages between clinics and home-based care still need to be strengthened in order to ensure that the basic care package is available to vulnerable children in their communities.

KEY STRATEGY ELEMENTS

PEPFAR is committed to supporting the GVN's strategy to provide HIV care and treatment to all HIV-infected children by 2010. Knowing the true number of HIV-infected children contributes greatly to our ability to effectively plan, implement, and monitor the success of pediatric programs. PEPFAR will support the government to collect better data through several projects. PEPFAR funds will support the government to institute better testing and reporting procedures in PMTCT settings. Funds will also be used to support follow-up of infants in PEPFAR-supported provinces. PMTCT programs will emphasize the testing of all family members of mothers presenting to PMTCT programs. Adults presenting for HIV care will be encouraged to bring their partners and children for testing. These programs should improve data on the number of HIV-infected children, and will be used to advocate for better service planning.

After MOH approves the HIV PCR test for EID, PEPFAR, in collaboration with CHAI, NIHE, the Pasteur Institute, and the National Pediatric Hospital, will institute training on dried blood spots and advocate for rapid expansion of the implementation. With the aim of getting all infants diagnosed and in to treatment as soon as possible, training will also focus on instituting fast-track protocols to work with families and caregivers to rapidly start treatment. PMTCT, counseling and testing, and pediatric teams will work collaboratively to improve access to testing for children at all entry points.

Expanding pediatric services, along with PMTCT and adult programs, should make access to prevention, care and treatment services easier for the entire family. All sites will be designed or modified to provide easier access and improved referrals between these programs. Regular meetings between health care workers at PMTCT, pediatric, and adult OPCs will facilitate communication, and improve follow-up and management of women, children, and their families. Specially trained staff in each clinic and in the community will facilitate referrals for children and caregivers either to other clinical specialty services or to available services for orphans and vulnerable children in the community. If necessary, mother-child pairs will be escorted to health care facilities or community-based services, ensuring that services are received. This will also improve outreach to families in the community and decrease losses to follow-up. All new and established sites will receive regular onsite supportive supervision, quality assurance and technical assistance (TA) visits from PEPFAR and/or government TA providers with an emphasis on continuous quality improvement.

As requested by the MOH, PEPFAR will continue supporting the purchase of formula for exposed and infected children. The focus will be on making sure that there is a long-term plan so that this intervention is affordable, feasible, acceptable, sustainable, and safe. Nutrition assessments and counseling will be strengthened and expanded. There will also be additional training for caregivers in these principles and an emphasis on better implementation of routine growth monitoring. PEPFAR will continue to implement food by prescription in collaboration with MOH and other partners to train care givers on correct practices for therapeutic and supplemental food and nutrition guidelines.

At the national level, PEPFAR will continue to coordinate with CHAI to support technical assistance, training, and drug management. PEPFAR will also work with CHAI, the MOH, and the Global Fund to ensure that there is no interruption in drug supplies to pediatric patients when CHAI transitions out of drug procurement at the end of 2010. PEPFAR will continue to support national and referral hospitals to be centers of expertise for ART while supporting other provincial hospitals to start treatment for pediatric patients. National and provincial hospitals will eventually function as tertiary facilities. PEPFAR will continue supporting regional pediatric networks through monthly meetings and web-based discussions. Through these networks, referral centers will support provincial outpatient clinic staff to improve their knowledge in care and treatment, strengthen the referral chain, and confer on difficult cases. The networks, PEPFAR, the World Health Organization, and CHAI, will work with the MOH to develop and update a national training curriculum based on national guidelines currently in development. PEPFAR will support the MOH to organize an annual national workshop for clinicians to hear about and discuss recent advances, new guidelines, and clinical management problems in pediatric care and treatment.

PEPFAR will also provide support to improve patient monitoring and program monitoring at PEPFAR-supported pediatric sites. PEPFAR will continue supporting VAAC and the HCMC Provincial AIDS Committee to develop and apply patient monitoring software at all OPCs. PEPFAR, in collaboration with WHO, will support VAAC to establish HIV drug resistance monitoring sites.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 10561.09	Mechanism: N/A
Prime Partner: Harvard Medical School of AIDS Initiative in Vietnam	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10

Activity ID: 24803.09

Planned Funds: \$100,000

Activity System ID: 24803

Activity Narrative: The Harvard Medical School AIDS Initiative in Vietnam (HAIVN) will work with the Vietnam government and selected partner agencies to help meet the Ministry of Health's (MOH) objective of providing antiretroviral treatment (ART) to 100% of children who meet the clinical criteria by 2010. In collaboration with the Clinton HIV/AIDS Initiative (CHAI), technical assistance will be provided to the Vietnam Administration for HIV/AIDS Control (VAAC), to develop a national training curriculum on pediatric HIV care and treatment. This will incorporate the new Vietnam HIV/AIDS treatment guidelines, which are to be released at the end of 2008. VAAC will disseminate the guidelines, and provide baseline training on the new rules, to physicians providing pediatric ART in Hanoi, Ho Chi Minh City (HCMC), and other locations to be determined.

HAIVN will provide regular clinical mentoring and technical assistance on ART to three tertiary referral pediatric hospitals: the National Pediatrics Hospital in Hanoi and Pediatric Hospitals No. 1 and No. 2 in HCMC. These hospitals will assume responsibility for providing consultation services and quality of care supervision to pediatric HIV outpatient clinics (OPCs) at the provincial and district levels. HAIVN will support monthly clinical pediatric HIV conferences in Hanoi and HCMC to update clinical care issues, provide consultation on difficult cases, and coordinate pediatric care activities.

Pediatric HIV experts on the HAIVN staff will provide regular clinical mentoring to provincial-level facilities that offer HIV care to children in the PEPFAR-focus provinces and in other provinces as requested by MOH. Technical assistance on HIV care for orphans and vulnerable children (OVC) will be provided at one orphanage in HCMC, Tam Binh No. 2 Center, and the Mai Hoa Hospice in HCMC.

HAIVN will work with the Vietnam Nursing Association (VNA) to provide training for nurses on HIV care for children and for OVC. Specific training modules and materials will be developed for use with the VNA HIV/AIDS nursing training curriculum.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 10557.09

Mechanism: Food and Nutrition Technical Assistance (FANTA)

Prime Partner: Food and Nutrition Technical Assistance

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 24793.09

Planned Funds: \$120,000

Activity Narrative: This is a continuing activity for FY2009.

The Academy of Educational Development (AED)'s Food and Nutrition Technical Assistance Project (FANTA) has assisted numerous countries to formulate policies and technical guidance for HIV/AIDS and nutrition, develop appropriate training curricula and job aides for nutrition support, and establish programs to directly address the nutritional needs of those who are most vulnerable within HIV/AIDS care and treatment programs. Drawing heavily on this experience, FANTA began working with USG/Vietnam, Vietnam Administration of HIV/AIDS Control (VAAC), NIN and other USG partners in FY2008 to identify gaps in HIV/AIDS and nutrition programming.

The findings and recommendations identified the direction for future efforts to address the nutrition and food needs of OVC, especially children under the age of two, born to HIV-positive mothers and identified and linked to pediatric care and treatment, PMTCT or OVC programs. FANTA activities in FY2009 (COP08) which are targeted for HIV-positive children include:

1) Improve the safety of feeding of infants and young children born to HIV-positive women. Ministry of Health (MOH) policy in Vietnam encourages HIV-positive mothers to use replacement feeding for their infants and young children. PEPFAR/Vietnam adheres to this policy in its PMTCT programming and support services for HIV-positive mothers and their infants but recognizes the risks of sub-optimal infant feeding practices. Anecdotal reports indicate that mixed feeding practices is high. The Centers for Disease Control and Prevention (CDC)/Vietnam supports the provision of infant formula for 6 months to infants born to HIV-positive women and will shortly extend this support to 18 months. In FY2008, FANTA is supporting an assessment of infant feeding practices by HIV-positive mothers will allow PEPFAR/Vietnam to target counseling messages, capacity building, and training to discourage high-risk infant feeding practices such as mixed feeding and poor or unhygienic preparation, storage, and use of replacement foods. Based on the results, counseling materials will be developed to include counseling cards, posters for clinical sites, and take-home brochures. The materials will target other caregivers in the family as well as mothers. Following drafting of the counseling materials, field testing, TWG review, and preparation of a dissemination plan, the VAAC will seek MOH approval of the counseling materials before dissemination. Health service providers in the national pediatric hospitals, PMTCT programs, and OPCs, as well as PLHIV support groups and HBC networks, will be trained in the use of the counseling and IEC materials.

2) Strengthen the local capacity for leadership on nutrition and HIV. FANTA is supporting the development of a technical working group on nutrition, food, and HIV and technical support and capacity building for the establishment of a nutrition focal person within NIN. The technical working group (TWG) will be led by the Government of Vietnam (GOV) through the VAAC and composed of stakeholders working in nutrition, food, and HIV in Vietnam in the National Institute of Nutrition (NIN). Support will ensure ownership and coordination of activities by the GOV and provide access to expert opinion and input on nutrition, food, and HIV activities implemented in Vietnam. Members of the TWG include representatives from VAAC, the NIN, the Consultants Administration of Vietnam, PEPFAR, UNICEF, and a range of partners such as the Food and Nutrition Technical Assistance II Project (FANTA-2), FHI, PACT, World Vision, CARE, Médecins du Monde (Mdm), the Clinton Foundation, Save the Children U.S., and Vietnam Cooperation with the Harvard AIDS Program (V-CHAP). The TWG will provide technical input on materials developed and activities implemented, and assist with the development and dissemination and scale-up plans and identification of next steps.

3) Support the development and operationalization of national guidelines on nutrition care and support of HIV-positive children. There are currently no national guidelines or protocols on nutrition care and support of HIV-affected and infected children. VAAC and NIN have requested technical support to develop national guidelines on nutrition care and support of PLHIV. National guidelines will serve to advocate for the importance of nutrition in HIV treatment and care, provide guidance for programs and service providers, and ensure standard messages and approaches for nutrition care and support.

4) Strengthen nutrition screening, assessment, and counseling in clinical and community-based services for OVC and pregnant and lactating women. With the assistance of Albion Street Center (ASC), FHI is piloting nutrition screening, counseling, and assessment tools and materials and standard operating procedures (SOP) for the use of these tools and materials by service providers. FANTA will work with ASC, FHI and the Technical Working group to assess the quality of data collected with these tools (e.g. anthropometric assessment of PLHIV and OVC) in PEPFAR/Vietnam-supported sites to identify systemic inadequacies to guide the finalization of the national-level tools and materials.

5) Technical assistance to design, implement and evaluate a food-by-prescription (FBP) program for children in clinic sites. Building on lessons learned in similar PEPFAR programs in Haiti, Kenya and Uganda, USG/Vietnam will implement a Food by Prescription (FBP) program in F2009 to be an effective and replicable approach to meeting nutritional needs of clinically malnourished children in USG programs. USG/Vietnam's Food by Prescription strategy for children is implemented in partnership with Clinton Foundation. Currently the program is testing the acceptability and feasibility of prescribing Plumpy' Nut for clinical malnourished HIV-affected and infected Vietnamese children. The program also includes the following components: (1) clear eligibility and exit criteria, (2) skilled nutrition assessment and counseling as a standard of care for clinical management of children and pregnant and lactating women, (3) food procurement, distribution and storage, (4) prescriptions for individual take-home therapeutic and supplementary food products as part of clinical HIV care and treatment services, and (5) quality improvement within the clinics so that the Food by Prescription program can be effectively integrated and functional. FANTA is working with UNICEF, Clinton Foundation, and USG partners to forecast the amount of food needed for therapeutic and supplementary purposes and to determine resource allocation, geographic targeting and appropriate foods for use in the Food by Prescription program.

There are few data available on the prevalence of severe and moderate malnutrition among children in Vietnam, but health service providers at hospitals and report seeing high levels of malnutrition among their clients. Results from the FBP program pilot will be used to guide scale-up. MOH approval for a national-

Activity Narrative: level FBP program and identification of a national supply chain management system must precede national-level implementation. Implementation will be strengthened by the development of FBP guidelines on protocols, systems, partner roles, food product specifications, quality control information, and M&E approaches and indicators. The success of national-level scale-up of a FBP program will also depend on the availability of trained clinical staff and monitoring and evaluation of implementation.

6). Support pre-service curriculum development and training in nutrition and HIV in nursing and medical schools. FANTA is conducting a comprehensive assessment of how nutrition and HIV are addressed in current nursing and medical school curricula and identification of entry points for nutrition and HIV content.

In FY2010 (COP09), FANTA will continue their support USG/Vietnam, specifically to: (1) disseminate safe infant and young child counseling and IEC materials in national pediatric hospitals, PMTCT programs, and OPCs, as well as PLWHA support groups and HBC networks; (2) strengthen the national technical working group on nutrition, food, and HIV and support for a focal person within NIN; (3) assist with implementation of the RUTF program for clinically malnourished children, including systems for distribution to clinic sites, inventory control, provision to patients, and record keeping based on the Kenya FBP program experience; (4) work with VAAC, NIN, USG partners and to establish training and QA approaches to effectively integrate and strengthen nutrition assessment and counseling for children within all PEPFAR-supported care and treatment sites; (5) assist the same partners to establish guidelines and protocols for the introduction of the FBP model for clinically malnourished PLWHA, PMTCT women and OVC in 20 hospitals and 25 health centers; (6) provide recommendations on specifications for appropriate daily multi-micronutrient supplements for adult PLWHA, PMTCT pregnant/lactating women and OVC whose diets are likely to be inadequate to meet basic vitamin/mineral requirements; and (7) finalize national guidelines and protocols in nutritional care and support of PLWHA.

Finally, FANTA will share current scientific knowledge and program experience from other countries with PEPFAR/Ethiopia and its implementing partners, particularly with regard to linking clinical nutrition support with food security and livelihood assistance, including "wrap-arounds" with food aid and MCH/nutrition programming, to address the longer-term food and nutrition needs of PLWHA and their families.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$120,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 10746.09

Mechanism: CDC-GHCS-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 25406.09

Planned Funds: \$10,994

Activity System ID: 25406

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with PDCS staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 10745.09

Mechanism: CDC-Gap-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 25391.09

Planned Funds: \$35,851

Activity System ID: 25391

Activity Narrative: Funding in this activity is provided to support the salaries and benefits packages for the following locally employed staff members associated with PDCS.

Pediatric Program Officer, Hanoi, LES (50%)

In addition, this activity supports costs for travel associated with PDCS.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3367.09

Mechanism: CDC-GHCS-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 25377.09

Planned Funds: \$2,023

Activity System ID: 25377

Activity Narrative: This activity represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5170.09

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)

Prime Partner: Ministry of Health, Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 5517.24583.09

Planned Funds: \$684,000

Activity System ID: 24583

Activity Narrative: 1) COP 09 narrative

This is a continuing activity from FY08.

In FY09, activities will focus on: 1) maintaining 18 pediatric outpatient clinics (OPCs); 2) building linkages between pediatric OPCs and other services, such as prevention of mother-to-child transmission, TB, counseling and testing, and home-based care; and 3) improving the capacity of OPC staff through onsite quality assurance and technical assistance, workshops, and refresher trainings aimed at improving the quality of services.

PEPFAR support will maintain 18 pediatric outpatient clinics, which provide services for HIV-infected and -exposed children born to HIV-infected mothers and referred from PMTCT sites. Care and support services provided include: formula provision to reduce transmission to exposed infants from six weeks until 18 months (from birth to six weeks, formula is provided by PMTCT sites); PCR-DNA testing for early diagnosis; testing and treatment of opportunistic infections; providing general medication and co-trimoxazole (CTX) prophylaxis; providing transportation, food, hospitalization, and psychosocial support to children; and referring infected and exposed children to available services in the community, if needed.

Training will be provided to order to improve the capacity of caregivers on treatment adherence, and how to take care and provide psychosocial support to children, etc. Health care providers will be provided new and refresher trainings to enhance their skills in providing care and support services to their patients and on dry blood spots for early infant diagnosis.

PEPFAR will continue to expand the family-centered care model so that adult OPCs, PMTCT sites, and pediatric OPCs are located in a setting for patients' convenience. When parents and their children receiving services in clinics near each other this reduces traveling costs for families and reduces loss to follow-up.

Funding will also continue for treatment supporters, who play a key role in linkages between clinics and between clinics and the community. These counselors will assess the six basic needs of orphans and vulnerable children and refer them to additional support systems, if needed.

VAAC will be supported in order to improve linkages between PMTCT and pediatric OPC sites, in order to reduce loss to follow-up and to provide early diagnosis to identify infected children who will be enrolled in care and treatment. PEPFAR will focus on supporting the annual national experience sharing workshops; monthly conferences between PMTCT and pediatric OPC staff for problem solving to strengthen linkages; and funding case-managers at the community-level to support mother-child pairs.

With PEPFAR support, VAAC will strengthen its role in coordination, supply, and distribution of opportunistic infection drugs, laboratory supplies, and other commodities to outpatient clinics (OPCs). PEPFAR will coordinate with the Clinton HIV/AIDS Initiative (CHAI) to support VAAC's development of a national protocol and implementation plan for DNA PCR, and utilizing dried blood spots (refer to the Laboratory Infrastructure section). They will also support the National Institute of Hygiene and Epidemiology and the Pasteur Institute in order to provide free DNA PCR testing to exposed infants.

With support from the PEPFAR Strategic Information team and the Care and Treatment team, VAAC will improve patient care monitoring, and program monitoring and quality assurance tools, in support of the national monitoring and evaluation system.

2) COP 08 narrative

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- In FY08, the Vietnam Administration for HIV/AIDS Control (VAAC) will scale up ARV services in eight focus provinces and expand services to nine non-focus provinces. ARV services will be in place at 25 adult ART clinics with a total of 6,969 adults (including 3,179 newly initiating adults) on ART.
- Pediatric ART will be scaled up at 12 specialty pediatric clinics and seven family-centered clinics across 17 provinces. VAAC will provide treatment to a total of 787 children (including 307 new children) by September 2009.
- VAAC will start providing ART in one to two tuberculosis hospitals to increase the access of TB-infected HIV patients to ART.
- In FY08 VAAC will coordinate with other donors (Global Fund (GF), PEPFAR, Clinton HIV/AIDS Initiative) to increase treatment coverage effectively.
- VAAC will work closely with Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) to provide on-site technical assistance (TA) for GF sites and non-PEPFAR provinces, especially on second-line regimens that were supplied by PEPFAR.
- In FY08 VAAC will disseminate ART program-related outcomes and lessons learned from the Enhanced Evaluation (link with SI).
- VAAC will take the lead in coordination of drug resistance program with support of PEPFAR and the World Health Organization (WHO).
- National trainer teams will be set up and take the lead on updating training curricula and implementing a treatment strategy to support national scale up of ART with technical support from international experts.
- To date, VAAC has established 11 national and provincial and one district level ART sites. With PEPFAR support, VAAC has provided ART for 2,075 patients, including 1,890 adults and 185 children.
- Using FY07 funding, VAAC is currently expanding ARV services in a total of 24 ART sites to support 3,790 adults and 480 children on ART across 15 adult ART sites, nine specialty pediatric clinics and one family-centered clinic.

FY07 Activity Narrative:

In FY05 and FY06, the Ministry of Health (MOH)/VAAC scaled up ART services to 1,135 adult and pediatric patients at six adult out-patient clinics (OPCs) and four pediatric specialty clinics in five PEPFAR focus

Activity Narrative: provinces. In FY07, VAAC will expand treatment to provide direct support for 4,320 (existing and new) patients at 18 provincial and district-level clinics in six focus provinces (clinics in Ho Chi Minh City, the seventh province, are supported by the Ho Chi Minh City Provincial AIDS Committee). VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces. VAAC will focus on achieving four main objectives in FY07: expanding services at the provincial and district levels to support initiation and monitoring of ART; enhancing services at the provincial level (via adult, TB, and pediatric specialty clinics) to support secondary and tertiary level care; improving quality of services; and building national and local capacity to ensure sustainability of ART service provision throughout Vietnam.

In each of the focus provinces, VAAC will support one provincial-level adult ART OPC and one pediatric specialty clinic. These clinics are responsible for providing initial prescription of ARV as well as managing referrals from district-level sites for management of side effects and second-line therapy. VAAC will also support provincial-level ART clinics at TB hospitals in focus provinces where there is a 10-20% HIV seroprevalence rate. Primary service delivery of ART in Vietnam is being decentralized to the district level so that provincial-level sites can increasingly focus on tertiary care. In FY06, VAAC supported one district-level ART clinic with PEPFAR funding.

In FY07, VAAC will expand this clinic into a magnet clinic supporting ART and home-based care (HBC) services for three surrounding districts, and will launch two new district-level ART clinics targeting current and former injecting drug users (IDU). In addition to its work in the focus provinces, VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces with PEPFAR funding. This support package includes staffing, supervision and lab monitoring and will be phased out over the next two years (refer to uploaded Geographic Coverage document).

VAAC will support a referral case manager in all clinics in the focus provinces to facilitate referrals to TB/HIV and STI services as well as to home- and community-based care services provided by PEPFAR and other partners. These staff will assure women and families referred from PMTCT services receive ongoing treatment services as needed (key legislative issues: gender). Case managers at provincial-level pediatric clinics will closely link with community-based OVC services and work part-time in PEPFAR supported resource centers to be established in three provinces providing psychosocial assessments and links to other social supports. At each of the sites a network of peer educators and volunteers will be trained to provide treatment support and establish support groups. These networks will provide additional adherence support and also facilitate access to care and treatment services. To facilitate acceptance of these groups into service delivery, training on stigma reduction will be emphasized (key legislative issue: stigma). Case managers will work in teams with peer educators and support groups to prevent addiction relapse, help patients access to substitution treatment as it becomes available; and facilitate referral to services for patients released from drug rehabilitation centers.

Finally, in collaboration with the Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP), Family Health International (FHI) and HHS/CDC, funds will support VAAC to continue leading the national ARV training program using the national treatment protocol and other standardized curricula. HHS/CDC care and treatment staff will work closely with new VAAC staff to build capacity on ART, patient monitoring, and use of standardized quality assurance tools for ARV program implementation, management and monitoring. Collection of information for implementing, monitoring, and evaluating activities will be in line with the PEPFAR SI strategy and meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the national HIV/AIDS monitoring and evaluation system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15293

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15293	5517.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$3,400,000
9529	5517.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$1,686,029
5517	5517.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$1,375,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3093.09

Prime Partner: Ho Chi Minh City Provincial
AIDS Committee

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 5518.24571.09

Activity System ID: 24571

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Pediatric Care and
Support

Program Budget Code: 10

Planned Funds: \$315,000

Activity Narrative: 1) COP09 narrative:
This is a continuing activity from FY08.

In FY09, activities will focus on: 1) maintaining services at three current sites, and expanding to one additional site; 2) strengthening linkages between pediatric outpatient clinics (OPCs) and other services such as prevention of mother-to-child transmission, TB, voluntary counseling and testing, and home-based care; and 3) improving the capacity of OPC staff through onsite quality assurance and technical assistance, monthly pediatric conferences, and refresher trainings aimed at improving the quality of services.

Services will be maintained at two pediatric outpatient clinics and one family-centered OPC, which provide services for HIV-infected children and infants born to HIV-infected mothers and are referred from PMTCT sites. Care and support services provided include: formula provision to reduce transmission to exposed infants from six weeks until 18 months (from birth to six weeks, formula is provided by PMTCT sites); PCR testing for early diagnosis; diagnosis and treatment of opportunistic infections; providing general medication and co-trimoxazole (CTX) prophylaxis; and providing transportation, food and nutrition counseling and support, hospitalization, and psychosocial support to children.

PEPFAR will support OPCs to provide trainings to improve the capacity of caregivers to assist with treatment adherence, provide home-based care, and give psychosocial support to children.

In FY08, pediatric services were introduced to an existing district adult OPC to make services more convenient for families. Parents and their children receiving services in clinics close together will save travel costs and reduce loss to follow-up. With the lessons learned from this family-centered clinic, the model will be expanded to an additional OPC in FY09, bringing the number of CDC-supported pediatric OPCs in the city to four.

Similar to adult OPCs, pediatric OPCs in HCMC provide care and support for children from outside of the city. Patients and families from other southern provinces will receive care and support services, along with ARV treatment, at OPCs in HCMC.

PEPFAR will continue funding treatment supporters who play a key role in linkages between the different clinics and between the clinics and the community. These treatment supporters will assess OVC's six basic needs and refer them to other support, if required. Quarterly meetings of community groups that assist children in the community will be maintained in FY09. PEPFAR will continue supporting HCMC PAC organizing semi-annual meetings between PMTCT and pediatric sites in the city to strengthen linkages aimed at reducing loss to follow-up. PEPFAR's support will also focus on building the capacity of pediatric OPC staff. Health care providers at pediatric OPCs will receive new and refresher trainings in pediatric care and support, especially psychosocial counseling skills, and in dry blood spots for early infant diagnosis. Onsite technical assistance and quality assurance will be provided to pediatric OPCs on a regular basis.

2) COP 08 narrative

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- In FY08 the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) will scale up ART in a total of 13 ART sites, including two new adult ART sites and 11 existing adult and specialty pediatric ART sites. HCMC PAC will provide treatment for a total of 6,231 adults (including 1,486 adults newly initiating ART).
- Pediatric ART will be scaled up in two existing specialty pediatric clinics at City Pediatric Hospital #1 and #2, and two existing family-centered clinics.
- An estimated 672 (including 176 new individuals) children will receive ART by September 2009.
- HCMC PAC will coordinate with other donors to: 1) provide technical assistance/quality assurance (TA/QA) for ART sites through CDC, Vietnam-CDC- Harvard Medical School AIDS Partnership (VCHAP) follow-on partner TBD experts and other PEPFAR and international donor supported TA providers; 2) supply adult ARV drugs through the Supply Chain Management System (SCMS) and pediatric medicines through Clinton Foundation.
- In the context of expansion of PMTCT program, pediatric ART services will enhance linkages to PMTCT services.
- HCMC PAC will support strong linkages to methadone sites in HCMC.
- HCMC PAC will strengthen capacity for physicians and nurses at Global Fund sites in addition to PEPFAR sites, and will continue to strengthen the city infectious disease referral hospital to provide tertiary care and lead the ART network in HCMC.
- Collaborate closely with VCHAP to provide trainings, TA and establish city master trainers. The local trainers will conduct all relevant trainings with back up from VCHAP follow-on partner TBD.
- In FY07 HCMC PAC continued scaling up ART services at seven existing adult out-patient clinics (OPCs), two specialty pediatric clinics, and two family-centered clinics. In addition, ARV services were expanded to two new adult district OPCs. HCMC PAC estimated support for 4,745 adults (1,269 new patients) on ART across these nine adult sites and 526 children (174 new children) in four pediatric ART sites, including two specialty pediatric clinics.

FY07 Activity Narrative:

Ho Chi Minh City (HCMC) province has the largest number of HIV cases in Vietnam, accounting for 20% of infections in Vietnam. It is estimated that the number of new AIDS cases per year will increase from 4,800 in 2006 to 7,700 in 2010 (Analysis and Advocacy Project Report, June 2006). As of August 2006, with PEPFAR support, HCMC PAC has provided direct ARV support to 965 PLWHA (848 adults and 117 children) at nine sites. HCMC PAC has been effective in coordinating multiple donors and international partners and has developed an aggressive scale-up plan with support from multiple PEPFAR treatment partners.

In FY07, PEPFAR will continue to support HCMC PAC to advance the following objectives: 1) scale up ARV

Activity Narrative: services; 2) improve quality of services, adherence and the network model especially for vulnerable populations such as current and former IDUs; and 3) build local capacity to sustain the HIV/AIDS response in HCMC.

By the end of FY07, HCMC PAC will provide ART to 3,600 patients (3,300 adults and 300 children) at existing and new ARV sites throughout the province. Existing PEPFAR-supported sites that will scale up treatment include the Tropical Disease Hospital, four district outpatient clinics that will serve as 'magnet' sites, Pham Ngoc Thach TB hospital (jointly supported by PEPFAR and Global Fund), two pediatric hospitals, and Nhi Xuan clinic linked to a government rehabilitation center for drug users (06 center). After an initial evaluation of lessons learned from early implementation at this clinic, one additional ARV site will be selected in conjunction with the PEPFAR team to support the PEPFAR plan for expansion of a complete package of clinic, home and community based services for current and former drug users.

In an effort to improve quality of services, adherence and access to other community based services, HCMC PAC will recruit and train referral case managers for all adult and pediatric ARV sites. The case manager will support patients to adhere to treatment, to facilitate transfer of care, to monitor referrals between ARV services and other medical/support services in the network. These staff will assure women and families referred from PMTCT services receive ongoing treatment services as needed (key legislative issues: gender). Case managers will facilitate access to community- and home-based services providing care and support to adults and OVC in all districts. Case managers will work in teams with peer educators and support groups to counsel and prevent addiction relapse, help patients access substitution treatment as it becomes available, and facilitate referral to services for patients released from drug rehabilitation centers. To facilitate acceptance of PLWHA peer educators into service delivery, training on stigma reduction will be provided (key legislative issue: stigma).

ARV sites will be supported by PEPFAR care and treatment staff, experienced HCMC PAC staff and Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) staff through training, supportive supervision, and mentoring of the OPC team. In addition, HCMC PAC is piloting a Treatment Network Monitoring Unit. Members of this unit will serve as master educators and TA providers to the district-level sites. Training for new sites and refresher trainings will be provided to update staff on guideline changes and review lessons learned from previous models. In addition, HCMC PAC will continue organizing monthly coordination meetings with service providers.

Collection of information for routine patient and program monitoring will be in line with the PEPFAR SI plan and with national standards, ensuring support for the national HIV/AIDS monitoring and evaluation system. Enhanced patient monitoring will be done at selected sites to monitor adherence, clinical outcomes, quality of life and program quality.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15269

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15269	5518.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$2,275,000
9533	5518.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$2,108,000
5518	5518.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$780,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$30,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Estimated amount of funding that is planned for Food and Nutrition: Commodities \$24,000
Economic Strengthening
Education
Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7251.09	Mechanism: HHS/CDC ICASS
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 9688.24600.09	Planned Funds: \$9,914
Activity System ID: 24600	
Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 15398	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3107.09	Mechanism: USAID-FHI
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 19468.24673.09

Planned Funds: \$19,000

Activity System ID: 24673

Activity Narrative: 1) COP 09 narrative

This activity is linked to HVOP, PDTX, MTCT, HBHC, HVTB, HKID, and HTXS.

This is a new program area but is an ongoing activity for FHI. By the end of COP08 FHI was supporting nine sites where outpatient clinical HIV care and support is provided to children in the same site as adult care, treatment and support in integrated Family Centered Care (FCC) Out-patient clinics (OPC). The number of sites reduced from that initially outlined in the last COP planning cycle due to a reduction in the number of provinces where USG and the MOH requested that FHI work. During FY08 222 children were provided with clinical outpatient pediatric care and support.

During COP09 FHI will expand support to an additional district (district TBD in Dien Bien) to establish pediatric HIV outpatient care services. Thus by the end of FY09 PEPFAR will have funded FHI to support outpatient pediatric clinical care and support services for a total of 320 children in ten family centered care out-patient clinics. A focus will be on maximizing efficiency of existing sites to offer quality clinical care to all children in addition to quality assurance/quality improvement. A particular focus for QA/QI in FY09 will be assessing and monitoring the nutritional status of all children and providing food and nutrition education and counseling to care-givers plus food to children in accordance with OGAC regulations.

Family centered care sites will continue to provide HIV infected children with basic health care and support including OI prophylaxis and treatment of common OIs, screening for TB, related laboratory services; referral of complex OIs and TB, management of symptoms, pain, and HIV-related complications and emotional support. Community and home-based care teams will continue to play a critical role in providing palliative care to children and families infected and affected with HIV and will provide pain relief, symptom management, adherence counseling support, nutrition and livelihood assistance, emotional counseling, links to spiritual care, end-of-life care and planning and care for OVC providers. Home care teams and PLHIV support groups work with health center staff to promote ART adherence.

In these outpatient family centered care sites where children are also assessed for their eligibility for ART. Pediatric ART is provided along with intense adherence support for families and care-givers

Pediatric care and support clinical sites will be supported through training, supportive supervision, QA-QI and clinical mentoring. Established pediatric sites will function as model training sites for health care workers at new clinics as Vietnam continues to scale up. Lessons learned from providing family-centered care in other sites will be incorporated into the scale up of pediatric services ensuring that children have increased access to care and treatment services at the district level.

Whilst targets are provided in the narrative for this program area - it should be recognized that these are developed for internal monitoring only. Pediatric care and support data from FHI supported sites will be included in OVC data - and will not be double counted in this section .

2) COP 08 narrative

In COP 08 there were more than one activity for this program area. It was merged into a single activity in COPRS for 2009. The following is the first activity narrative from COP08. This is a continuing activity from FY07.

- In FY08 Family Health International (FHI) will maintain 17 current continuum of care (CoC) sites and establish five new CoC sites in locations TBD based on the new priority provinces. The CoC consists of HIV out-patient clinics (OPCs), TB screening and treatment, community- and home-based care (H/CBC) and referral support, services for OVC, PLWHA and family support groups and prevention counseling.
- FHI will continue to provide an updated package of technical assistance (TA) and tools to all CoC palliative care and treatment sites including training, mentoring and supervision and the development and provision of technical tools to assist local partners in implementation of palliative care services.
- FHI will continue to provide OPC based palliative care to people with HIV in 22 CoC sites; and provide H/CBC and referral support to people with HIV and families through 65 teams in all 22 sites with referrals to counseling, testing and care and treatment as necessary.
- In FY08 FHI will pilot integrated palliative care in two to four sites. Integration of palliative care includes training in palliative care for adults and children in OPC, CBC and introduction of oral morphine where feasible. It will also include development of clinical tools to aid integration of full palliative care package and an evaluation of the effectiveness of the approach.
- FHI will continue providing TA to the Ministry of Health (MOH) on developing the national palliative care program (MOH working group, dissemination of and training in national palliative care guidelines, reform of opioid regulations, certification training of nurses, improving opioid supply, monitoring opioid use for palliative care across the country, etc).
- In FY08 FHI will continue to support the Department of Therapy (DOT) to strengthen palliative care at central and provincial levels through training with TBD follow-on to VCHAP partner to include national guidelines, PLWHA rights to pain management, and opioid policies.
- FHI will continue to integrate family centered care into CBC and OPC services through training of pediatric HIV clinicians, family care case managers and CBC teams in each CoC. FHI will also create family-centered care (FCC) training and service tools to support FCC integration.
- In FY08 FHI will continue to support the pilot methadone program; continue to provide technical support to the Vietnam Administration for HIV/AIDS Control (VAAC) in developing technical guidelines, training and supporting capacity building for methadone programming.
- In FY08 FHI will conduct a program assessment of the quality and effectiveness of CBC and OVC services; roll-out of nutrition tools and training among all sites; and establish and/or continue quality assurance/quality improvement (QA/QI) of all palliative care programs in all 23 CoC sites.
- Continue to provide technical support to VAAC to operationalize CBC services. Continue to provide technical support to the VAAC and provincial centers in establishing a CoC at the provincial and district levels.
- By April 2007 FHI reached 5,700 PLWHA with palliative care services through the continuum of care from

Activity Narrative: both clinic and community-based care activities. Two international NGOs (Catholic Relief Services and Nordic Assistance to Vietnam) along with 30+ local governmental partners and community-based organizations (CBOs) are working with FHI to provide palliative care services.

- FHI trained more than 100 individuals in community and home-based care, and built the capacity of more than 200 clinicians.
- FHI produced an H/CBC training curriculum in Vietnamese, a care giving guide for CBC teams, QA/QI tools for PMTCT and TB and a number of SOPs for clinical service delivery.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19468

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19468	19468.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$200,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3102.09	Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 16062.24685.09	Planned Funds: \$82,000
Activity System ID: 24685	

Activity Narrative: SUMMARY AND BACKGROUND

All health facility-based pediatric care and support is aimed at extending and optimizing quality of life for pediatric HIV-infected clients and their families throughout the continuum of illness, through provision of clinical, psychological, spiritual, social and prevention services. Key emphasis areas include gender (increasing equitable access to HIV and AIDS services). The specific target population is HIV-infected children (<14).

The majority of pediatric care and support funds will support one international organization (Worldwide Orphans Foundation) to provide comprehensive clinical care as part of its integrated treatment, care and support program for institutionalized orphans in Hanoi and Vung Tau. COP09 funds will also support provision of pediatric clinical care at Médecins du Monde (MdM) OPCs in HCMC, and clinical care for children at the Mai Hoa Center (a local FBO). Finally, funds will also support AIDS Healthcare Foundation (AHF) OPCs in Hai Phong, and one province TBD to provide clinical care for children.

ACTIVITIES AND EXPECTED RESULTS

Pediatric care and support programs will be carried out via a combination of international and local organizations with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system for provision of grants to international and local NGOs; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future CSO engagement in the national response; and 3) to ensure effective coordination among pediatric care and support partners, additional PEPFAR partners, and relevant government and non-governmental initiatives. Local organization Mai Hoa Center will also receive a package of organizational development capacity building services to build long-term sustainability and ensure active engagement of local civil society.

1) WWO will continue to provide comprehensive clinical care and support to children living in three residential orphan care centers (Tam Binh 2 Orphanage in HCMC, Ba Vi Social Training Center 2 in Hanoi, and Vung Tau Orphanage in Vung Tau). Facility-based pediatric care activities will include support for regular clinical evaluation and monitoring, screening for TB, referral to related laboratory services, treatment adherence support, symptom management and pain relief, and management of HIV and AIDS-related complications. WWO will also provide psychosocial services to lessen the developmental and psychological effects of HIV as well as the effects of institutional care, while reducing stigma and discrimination and encouraging the integration of these children into the community (see OVC section for community-based linkages). WWO will provide 220 children with facility-based care and support.

2) MdM will continue to support two OPCs in Districts 6 and 9 HCMC in COP09. MdM uses a unique combination of facility-based pediatric care services linked with home-based OVC care and support via outreach teams. Under COP09 MdM will train 8 individuals and provide care and support services to 60 children.

3) Mai Hoa Center (MHC) will continue to provide comprehensive end-of-life care and residence for ART patients who have recovered significantly, yet remain homeless or orphaned. Under COP09, MHC will provide 15 children with comprehensive care and support.

4) Initiated during COP08, AHF will continue provision of clinical care and support at one OPC in Hai Phong, with additional support to one new OPC under COP09 (province TBD). AHF will train 5 individuals and provide 20 children with facility-based care and support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16062

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$1,166,782

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7251.09

Mechanism: HHS/CDC ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 9688.24601.09

Planned Funds: \$9,914

Activity System ID: 24601

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business

New/Continuing Activity: Continuing Activity

Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5170.09

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)

Prime Partner: Ministry of Health, Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 9398.24588.09

Planned Funds: \$319,000

Activity System ID: 24588

Activity Narrative: 1) COP 09 narrative

This is a continuing activity from FY08.

In FY09, activities will focus on: 1) maintaining 10 specialty pediatric outpatient clinics (OPCs) and eight pediatric sites based in adult OPCs; 2) building linkages between pediatric OPCs and other services such as prevention of mother-to-child transmission (PMTCT), TB, counseling and testing, and home-based care; 3) improving the capacity of OPC staff and the quality of services through onsite quality assurance (QA), technical assistance and refresher training; and 4) supporting the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) to conduct better data management of infected children throughout the country.

FY09 funding will support patients to receive comprehensive care and treatment packages, including antiretroviral medicines, adherence training, monitoring and testing, and food and nutritional support. In order to improve overall treatment, nutrition and food supplements will be offered at 18 pediatric sites for antiretroviral therapy (ART) patients with severe malnutrition. Treatment supporters, who play a key role in linking different clinics, as well as linking clinics and the community, will continue to be funded.

PEPFAR will continue to support capacity building at VAAC through several activities: providing technical assistance for revising national guidelines on pediatric ARV treatment; developing a national implementation protocol and scale-up plan; and providing quality assurance tools. PEPFAR will coordinate with the World Health Organization, the United Nations Children's Fund, and the Clinton HIV/AIDS Initiative (CHAI) to support VAAC to develop training curriculum on pediatric antiretroviral care and treatment. With support from PEPFAR and other donors, VAAC will strengthen activities and improve the quality of ART programs by developing the skills of national master trainers. These master trainers will then join with outside experts to provide trainings and help supervise OPC staff across the country.

PEPFAR will support VAAC to institute better counseling and testing of family members and reporting procedures at PMTCT, TB, and counseling and testing settings in order to locate and enroll more infected children in antiretroviral programs at a younger age, helping to ensure better treatment outcomes.

In addition to providing second-line drugs, PEPFAR will continue supporting viral load testing for patients with suspected treatment failure in six focus provinces in order to give patients earlier access to second-line ARV drugs

In order to develop data-driven interventions, routine program monitoring and evaluations will be implemented annually in ART sites in six focus provinces

In FY09, VAAC will expand treatment to provide direct support for 1,019 (new and existing) patients at 18 provincial- and district-level clinics in 18 provinces.

2) COP 08 narrative

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- In FY08, the Vietnam Administration for HIV/AIDS Control (VAAC) will scale up ARV services in eight focus provinces and expand services to nine non-focus provinces. ARV services will be in place at 25 adult ART clinics with a total of 6,969 adults (including 3,179 newly initiating adults) on ART.
- Pediatric ART will be scaled up at 12 specialty pediatric clinics and seven family-centered clinics across 17 provinces. VAAC will provide treatment to a total of 787 children (including 307 new children) by September 2009.
- VAAC will start providing ART in one to two tuberculosis hospitals to increase the access of TB-infected HIV patients to ART.
- In FY08 VAAC will coordinate with other donors (Global Fund (GF), PEPFAR, Clinton HIV/AIDS Initiative) to increase treatment coverage effectively.
- VAAC will work closely with Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) to provide on-site technical assistance (TA) for GF sites and non-PEPFAR provinces, especially on second-line regimens that were supplied by PEPFAR.
- In FY08 VAAC will disseminate ART program-related outcomes and lessons learned from the Enhanced Evaluation (link with SI).
- VAAC will take the lead in coordination of drug resistance program with support of PEPFAR and the World Health Organization (WHO).
- National trainer teams will be set up and take the lead on updating training curricula and implementing a treatment strategy to support national scale up of ART with technical support from international experts.
- To date, VAAC has established 11 national and provincial and one district level ART sites. With PEPFAR support, VAAC has provided ART for 2,075 patients, including 1,890 adults and 185 children.
- Using FY07 funding, VAAC is currently expanding ARV services in a total of 24 ART sites to support 3,790 adults and 480 children on ART across 15 adult ART sites, nine specialty pediatric clinics and one family-centered clinic.

FY07 Activity Narrative:

In FY05 and FY06, the Ministry of Health (MOH)/VAAC scaled up ART services to 1,135 adult and pediatric patients at six adult out-patient clinics (OPCs) and four pediatric specialty clinics in five PEPFAR focus provinces. In FY07, VAAC will expand treatment to provide direct support for 4,320 (existing and new) patients at 18 provincial and district-level clinics in six focus provinces (clinics in Ho Chi Minh City, the seventh province, are supported by the Ho Chi Minh City Provincial AIDS Committee). VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces. VAAC will focus on achieving four main objectives in FY07: expanding services at the provincial and district levels to support initiation and monitoring of ART; enhancing services at the provincial level (via adult, TB, and pediatric specialty clinics) to support secondary and tertiary level care; improving quality of services; and building

Activity Narrative: national and local capacity to ensure sustainability of ART service provision throughout Vietnam.

In each of the focus provinces, VAAC will support one provincial-level adult ART OPC and one pediatric specialty clinic. These clinics are responsible for providing initial prescription of ARV as well as managing referrals from district-level sites for management of side effects and second-line therapy. VAAC will also support provincial-level ART clinics at TB hospitals in focus provinces where there is a 10-20% HIV seroprevalence rate. Primary service delivery of ART in Vietnam is being decentralized to the district level so that provincial-level sites can increasingly focus on tertiary care. In FY06, VAAC supported one district-level ART clinic with PEPFAR funding. In FY07, VAAC will expand this clinic into a magnet clinic supporting ART and home-based care (HBC) services for three surrounding districts, and will launch two new district-level ART clinics targeting current and former injecting drug users (IDU). In addition to its work in the focus provinces, VAAC will provide a limited package of support to provincial-level ART clinics in 12 non-focus provinces with PEPFAR funding. This support package includes staffing, supervision and lab monitoring and will be phased out over the next two years (refer to uploaded Geographic Coverage document).

VAAC will support a referral case manager in all clinics in the focus provinces to facilitate referrals to TB/HIV and STI services as well as to home- and community-based care services provided by PEPFAR and other partners. These staff will assure women and families referred from PMTCT services receive ongoing treatment services as needed (key legislative issues: gender). Case managers at provincial-level pediatric clinics will closely link with community-based OVC services and work part-time in PEPFAR supported resource centers to be established in three provinces providing psychosocial assessments and links to other social supports. At each of the sites a network of peer educators and volunteers will be trained to provide treatment support and establish support groups. These networks will provide additional adherence support and also facilitate access to care and treatment services. To facilitate acceptance of these groups into service delivery, training on stigma reduction will be emphasized (key legislative issue: stigma). Case managers will work in teams with peer educators and support groups to prevent addiction relapse, help patients access to substitution treatment as it becomes available; and facilitate referral to services for patients released from drug rehabilitation centers.

Finally, in collaboration with the Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP), Family Health International (FHI) and HHS/CDC, funds will support VAAC to continue leading the national ARV training program using the national treatment protocol and other standardized curricula. HHS/CDC care and treatment staff will work closely with new VAAC staff to build capacity on ART, patient monitoring, and use of standardized quality assurance tools for ARV program implementation, management and monitoring. Collection of information for implementing, monitoring, and evaluating activities will be in line with the PEPFAR SI strategy and meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the national HIV/AIDS monitoring and evaluation system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15297

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15297	9398.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$2,387,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$16,440

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3093.09

Prime Partner: Ho Chi Minh City Provincial
AIDS Committee

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 5829.24575.09

Activity System ID: 24575

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$86,000

Activity Narrative: 1) COP09 narrative:
This is a continuing activity from FY08.

In FY09, activities will focus on: 1) maintaining services at three current sites, and expanding to one additional site; 2) strengthening linkages between pediatric outpatient clinics (OPCs) and other services such as prevention of mother-to-child transmission (PMTCT), TB, voluntary counseling and testing, and home-based care; and 3) improving the capacity of OPC staff through on-site quality assurance and technical assistance, monthly conferences, and refresher trainings aimed at improving quality of services.

Support will be maintained at two pediatric outpatient clinics and two district OPCs, where services are provided for HIV-infected children, as well as children born to HIV-infected mothers. Care and treatment services provided include: clinical examination and monitoring, and related laboratory services, and community-adherence activities. ARV treatment is provided at four clinics with adherence training offered to every patient and their caregivers. PEPFAR will support OPCs to provide trainings to improve the capacity of caregivers to assist with treatment adherence, provide home-based care, and give psychosocial support to children. In order to improve overall treatment, nutrition and food supplements will be offered at four pediatric sites to ART patients with severe malnutrition.

Similar to adult OPCs, pediatric OPCs in HCMC also provide antiretroviral therapy (ART) for children from outside of the city. Patients and families from other southern provinces do not have access to pediatric services or they are seeking better services in HCMC. They may also fear stigma and discrimination if they are treated in their localities. In FY08, PEPFAR helped to establish five pediatric OPCs in the south and many patients now receive care much closer to home. However, there are still unmet needs in those provinces, due to the lack of some services, such as early infant diagnosis (EID). And not all of the newly trained health care workers have the necessary supervision they need. Clinics in HCMC will continue to provide backup services for these newly established clinics.

Monthly pediatric conferences have been organized at Pediatric Hospital No. #1 with participants from different clinics where pediatric services are provided. This conference provides a forum for doctors to receive regular clinical updates and discuss difficult management cases. Through this forum a network of pediatric experts is being built. In FY09, doctors at OPCs in southern provinces will join this growing network in order to improve the quality of services in provincial OPCs. By providing improved monitoring and evaluation tools, referral forms, and frequent health care provider meetings, PEPFAR will continue supporting HCMC PAC to build linkages between PMTCT and pediatric sites to reduce loss to follow-up and to diagnose infected children as early as possible so they can be enrolled in care and treatment programs. PEPFAR will also continue funding treatment supporters who play a key role in linkages between the different clinics, and between clinics and the community. Quarterly meetings of community groups to support children in the community will continue in FY09.

In FY08, pediatric services were introduced to an existing district adult OPC to make services more convenient for families. In FY09, taking lessons learned from the implementation of this clinic, as well as others in HCMC and surrounding provinces, pediatric services will be expanded to an additional district-based OPC.

HCMC PAC will continue working collaboratively with the Harvard Medical School AIDS Initiative in Vietnam's (HAIVN) follow-on partner (TBD) to: 1) provide trainings and technical assistance; and 2) establish city master trainers on antiretroviral clinical management and on ART adherence so that the local trainers can conduct all relevant trainings with backup from HAIVN's follow-on partner.

With support from the PEPFAR Strategic Information team and the CDC Care and Treatment team, HCMC PAC will improve patient monitoring, program monitoring, and quality assurance tools. CDC will continue supporting HCMC PAC to develop and utilize patient monitoring software at all OPCs in HCMC. In addition, CDC, in collaboration with VAAC, will support HCMC PAC to establish one HIV drug-resistant monitoring site in HCMC.

2) COP 08 narrative

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- In FY08 the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) will scale up ART in a total of 13 ART sites, including two new adult ART sites and 11 existing adult and specialty pediatric ART sites. HCMC PAC will provide treatment for a total of 6,231 adults (including 1,486 adults newly initiating ART).
- Pediatric ART will be scaled up in two existing specialty pediatric clinics at City Pediatric Hospital #1 and #2, and two existing family-centered clinics.
- An estimated 672 (including 176 new individuals) children will receive ART by September 2009.
- HCMC PAC will coordinate with other donors to: 1) provide technical assistance/quality assurance (TA/QA) for ART sites through CDC, Vietnam-CDC- Harvard Medical School AIDS Partnership (VCHAP) follow-on partner TBD experts and other PEPFAR and international donor supported TA providers; 2) supply adult ARV drugs through the Supply Chain Management System (SCMS) and pediatric medicines through Clinton Foundation.
- In the context of expansion of PMTCT program, pediatric ART services will enhance linkages to PMTCT services.
- HCMC PAC will support strong linkages to methadone sites in HCMC.
- HCMC PAC will strengthen capacity for physicians and nurses at Global Fund sites in addition to PEPFAR sites, and will continue to strengthen the city infectious disease referral hospital to provide tertiary care and lead the ART network in HCMC.
- Collaborate closely with VCHAP to provide trainings, TA and establish city master trainers. The local trainers will conduct all relevant trainings with back up from VCHAP follow-on partner TBD.
- In FY07 HCMC PAC continued scaling up ART services at seven existing adult out-patient clinics (OPCs), two specialty pediatric clinics, and two family-centered clinics. In addition, ARV services were expanded to

Activity Narrative: two new adult district OPCs. HCMC PAC estimated support for 4,745 adults (1,269 new patients) on ART across these nine adult sites and 526 children (174 new children) in four pediatric ART sites, including two specialty pediatric clinics.

FY07 Activity Narrative:

Ho Chi Minh City (HCMC) province has the largest number of HIV cases in Vietnam, accounting for 20% of infections in Vietnam. It is estimated that the number of new AIDS cases per year will increase from 4,800 in 2006 to 7,700 in 2010 (Analysis and Advocacy Project Report, June 2006). As of August 2006, with PEPFAR support, HCMC PAC has provided direct ARV support to 965 PLWHA (848 adults and 117 children) at nine sites. HCMC PAC has been effective in coordinating multiple donors and international partners and has developed an aggressive scale-up plan with support from multiple PEPFAR treatment partners. In FY07, PEPFAR will continue to support HCMC PAC to advance the following objectives: 1) scale up ARV services; 2) improve quality of services, adherence and the network model especially for vulnerable populations such as current and former IDUs; and 3) build local capacity to sustain the HIV/AIDS response in HCMC.

By the end of FY07, HCMC PAC will provide ART to 3,600 patients (3,300 adults and 300 children) at existing and new ARV sites throughout the province. Existing PEPFAR-supported sites that will scale up treatment include the Tropical Disease Hospital, four district outpatient clinics that will serve as 'magnet' sites, Pham Ngoc Thach TB hospital (jointly supported by PEPFAR and Global Fund), two pediatric hospitals, and Nhi Xuan clinic linked to a government rehabilitation center for drug users (06 center). After an initial evaluation of lessons learned from early implementation at this clinic, one additional ARV site will be selected in conjunction with the PEPFAR team to support the PEPFAR plan for expansion of a complete package of clinic, home and community based services for current and former drug users.

In an effort to improve quality of services, adherence and access to other community based services, HCMC PAC will recruit and train referral case managers for all adult and pediatric ARV sites. The case manager will support patients to adhere to treatment, to facilitate transfer of care, to monitor referrals between ARV services and other medical/support services in the network. These staff will assure women and families referred from PMTCT services receive ongoing treatment services as needed (key legislative issues: gender). Case managers will facilitate access to community- and home-based services providing care and support to adults and OVC in all districts. Case managers will work in teams with peer educators and support groups to counsel and prevent addiction relapse, help patients access substitution treatment as it becomes available, and facilitate referral to services for patients released from drug rehabilitation centers. To facilitate acceptance of PLWHA peer educators into service delivery, training on stigma reduction will be provided (key legislative issue: stigma).

ARV sites will be supported by PEPFAR care and treatment staff, experienced HCMC PAC staff and Vietnam CDC Harvard Medical School AIDS Partnership (VCHAP) staff through training, supportive supervision, and mentoring of the OPC team. In addition, HCMC PAC is piloting a Treatment Network Monitoring Unit. Members of this unit will serve as master educators and TA providers to the district-level sites. Training for new sites and refresher trainings will be provided to update staff on guideline changes and review lessons learned from previous models. In addition, HCMC PAC will continue organizing monthly coordination meetings with service providers.

Collection of information for routine patient and program monitoring will be in line with the PEPFAR SI plan and with national standards, ensuring support for the national HIV/AIDS monitoring and evaluation system. Enhanced patient monitoring will be done at selected sites to monitor adherence, clinical outcomes, quality of life and program quality.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15273

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15273	5829.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$1,665,000
9409	5829.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$720,000
5829	5829.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$435,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$20,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Estimated amount of funding that is planned for Food and Nutrition: Commodities \$9,000
Economic Strengthening
Education
Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3367.09	Mechanism: CDC-GHCS-Funded HQ Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 25378.09	Planned Funds: \$2,023
Activity System ID: 25378	
Activity Narrative: This activity represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 10746.09	Mechanism: CDC-GHCS-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 25407.09	Planned Funds: \$10,994
Activity System ID: 25407	

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with PDTX staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 10745.09

Mechanism: CDC-Gap-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 25392.09

Planned Funds: \$35,851

Activity System ID: 25392

Activity Narrative: Funding in this activity is provided to support salaries and benefits packages of the following staff members associated with PDTX.

Pediatric Program Officer, Hanoi, LES (50%)

In addition, this activity supports costs for travel associated with PDTX.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5175.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 5832.24653.09

Planned Funds: \$300,000

Activity System ID: 24653

Activity Narrative: Background: This activity was done in FY08 under HBHC but will be part of PDTX starting this year to better reflect SCMS technical support to the expanding Pediatric sites. This activity supports the ARV drugs activity in which SCMS pays for the in-country costs of pediatric medicines which are procured through CHAI. \$300,000 for technical assistance to support the ARV drugs logistics is being requested..

SCMS will continue to contribute to the success of the pediatric program by Activity 1) Providing regular technical assistance to the pediatric care and treatment sites to ensure proper storage and handling of medicines, record keeping and good dispensing practice. Proper site management feeds directly into the ARV drug activity to ensure an uninterrupted HIV medicines and commodity supply. Formal training and on the job training for clinical site dispensers is part of this activity. Activity 2, will include SCMS continuing to work closely with VAAC and CHAI to properly quantify the ARVs for pediatric patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15342

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15342	5832.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7118	5175.08		\$1,200,000
9412	5832.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5175	5175.07	Supply Chain Management System	\$2,434,228
5832	5832.06	U.S. Agency for International Development	Management Sciences for Health	3101	3101.06	Rational Pharmaceutical Management Plus	\$196,560

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 10561.09	Mechanism: N/A
Prime Partner: Harvard Medical School of AIDS Initiative in Vietnam	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 24804.09	Planned Funds: \$100,000
Activity System ID: 24804	

Activity Narrative: 1) COP09 narrative

The Harvard Medical School AIDS Initiative in Vietnam (HAIVN) will work with the Vietnam government and selected partner agencies to help meet the Ministry of Health's (MOH) objective of providing antiretroviral treatment (ART) to 100% of children who meet the clinical criteria by 2010. In collaboration with the Clinton HIV/AIDS Initiative (CHAI), technical assistance will be provided to the MOH/Vietnam Administration for HIV/AIDS Control (VAAC), to develop a national training curriculum on pediatric HIV care and treatment. This will incorporate the new Vietnam HIV/AIDS treatment guidelines, which are to be released at the end of 2008. VAAC will disseminate the guidelines, and provide baseline training, to physicians providing pediatric ART in Hanoi, Ho Chi Minh City (HCMC), and other locations to be determined.

HAIVN will provide regular clinical mentoring and technical assistance on ART to three tertiary referral pediatric hospitals: the National Pediatrics Hospital in Hanoi and Pediatric Hospitals No. 1 and No. 2 in HCMC. These hospitals already provide ARV services to over 600 children, more than half of all children on ART in Vietnam. With HAIVN support, these hospitals will provide consultation services and quality of care supervision to pediatric HIV outpatient clinics at the provincial and district levels.

Pediatric HIV experts on the HAIVN staff will provide regular clinical mentoring to provincial-level facilities that offer ARV services to children in the seven PEPFAR-focus provinces and in other provinces as requested by MOH. Technical assistance for ART to OVC's will also be provided at one orphanage, Tam Binh No. 2 Center, and the Mai Hoa Hospice in HCMC.

HAIVN will continue to collaborate with CHAI on training curriculum development, technical assistance to PEPFAR and MOH-funded sites, and clinical mentoring under the auspices of MOH/VAAC. HAIVN will continue their facilitating roles for a monthly pediatric workshop at Pediatrics Hospital #1 in HCMC, and for a case conference at Bach Mai hospital in Hanoi. HAIVN will also continue to facilitate a clinical information-sharing network.

2) COP 08 narrative

This is a continuing activity from FY07.

In FY08, PEPFAR will release a Request for Applications (RFA) to follow on the work done by Harvard Medical School through the Vietnam-CDC-Harvard Medical School AIDS Partnership (VCHAP) to provide training, supportive supervision, technical assistance and capacity building on HIV/AIDS palliative care. The current agreement will end in April 2008. Technical assistance (TA) includes taking part in regular meetings and working groups, providing assistance with guidelines and protocol development, and developing and implementing training activities related to clinical care. VCHAP currently provides training support in ARV treatment, nursing care, palliative care, methadone/addiction medicine, pediatrics.

VCHAP worked with the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) in 2007 to develop a national level curriculum and strategy for training physicians and nurses on HIV/AIDS. With FY08 funding, Partner TBD will continue to support VAAC and the provincial AIDS centers (PACs) in the PEPFAR focus provinces to implement the training strategy. This activity will build a sustainable national team to provide training on HIV/AIDS palliative care to physicians in new clinics to support the ongoing scale up of HIV care and treatment in Vietnam. The team will provide initial trainings and regular follow-up workshops to provide continuing medical education and re-training. Partner TBD will also work with VAAC and provincial trainers to provide regular updates to physicians through forums such as workshops, newsletters, web site resources, and/or clinical manuals.

In addition to didactic training activities, Partner TBD staff will work with partner agencies in each of the PEPFAR focus provinces to provide regular on-site clinical mentoring at more than 30 HIV out-patient clinics (OPCs) supported by PEPFAR. These sites include the two highest-level tertiary care hospitals in Vietnam: The National Institute for Infectious and Tropical Diseases in Hanoi and the Tropical Disease Hospital in Ho Chi Minh City (HCMC). Partner TBD will also be available to provide TA at non-PEPFAR sites if requested by VAAC.

Partner TBD will continue to support the VAAC and the Vietnam Nursing Association (VNA) to provide training for nurses on basic and advanced HIV/AIDS care. Nursing courses will be led by nurses who have completed the VCHAP training of trainers (TOT) nursing program. Programming will continue to build nursing capacity in the provinces through provision of the curriculum, training materials, and technical and financial support for implementing the nurse training benefiting approximately 500 nurses. Partner TBD will work with medical and nursing universities to establish a pre-service delivery program for students to acquire more focused training on HIV prior to graduation.

Partner TBD will continue to support the development of palliative care as a medical specialty in Vietnam. Through partnerships with the National Cancer Hospital, Department of Therapy (DOT) of the MOH, and PEPFAR partners (USAID, Family Health International), a three-month Palliative Care certification program, which began with the first six trainees in FY07, will be expanded to 12 trainees in FY08. Additional training courses will be held to teach palliative care to 70 HIV/AIDS and cancer physicians in the PEPFAR focus provinces. Partner TBD will also continue to provide TA to the DOT on palliative care, including the rational use of opioid medications and advocating for changes in the opioid control regulations to allow greater use of pain control medications for HIV-infected patients and cancer patients.

Methadone maintenance treatment is scheduled to be available by the beginning of 2008. Partner TBD will assist the MOH in developing and implementing the training curriculum for healthcare workers assigned to the methadone clinics. In FY08, Partner TBD will continue training and clinical mentoring on opioid substitution therapy and will provide additional training and onsite mentoring as the number of methadone clinics expands.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3102.09

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 5834.24689.09

Activity System ID: 24689

Mechanism: Community REACH Vietnam

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$83,000

Activity Narrative: SUMMARY AND BACKGROUND

Pediatric treatment activities will be carried in partnership with international and local organizations (including one FBO) out as part of a continuum of care of services aimed at extending and optimizing quality of life for HIV-infected children and their families. The key emphasis area for these activities is gender (increasing gender equity in HIV and AIDS programs). The specific target population is HIV-infected children (<14).

The majority of pediatric treatment funds will support one international organization (Worldwide Orphans Foundation) to provide ART as part of its integrated treatment, care and support program for institutionalized OVC in Hanoi, HCMC and Vung Tau. FY09 funds will also support provision of pediatric ART at two Médecins du Monde (MdM) OPCs in HCMC, and ART for children at the Mai Hoa Center (a local FBO). Funds will also support AIDS Healthcare Foundation (AHF) OPCs in Hai Phong, and one province TBD.

ACTIVITIES AND EXPECTED RESULTS

Pediatric treatment programs will be carried out with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system for provision of grants to international and local NGOs; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future CSO engagement in the national response; and 3) to ensure effective coordination among pediatric treatment partners, additional PEPFAR partners, and relevant government and non-governmental initiatives. Pact will specifically provide local organization Mai Hoa Center with a package of organizational development capacity building services to build long-term sustainability and program efficacy.

1) Worldwide Orphans Foundation (WWO) will continue to provide ART for children at three orphanages: Tam Binh 2 Orphanage in HCMC, Ba Vi Social Training Center 2 in Hanoi, and Vung Tau Orphanage in Vung Tau. WWO will provide treatment to 200 children in FY09.

2) MdM will continue to provide ART to children at its clinics in District 6 and 9 in HCMC. In FY09, MdM will train 4 individuals and provide treatment to 35 children.

3) The Mai Hoa Center will continue to provide ART to child residents at their residential support center in HCMC. In FY09 the Mai Hoa Center will provide 15 children with ART.

4) AHF will continue to provide ART to child residents at its OPC in Hai Phong. AHF will expand services to one TBD CDC/LIFE-GAP province in COP09. AHF will provide 14 children with ART.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15335

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15335	5834.08	U.S. Agency for International Development	Pact, Inc.	7117	3102.08	Community REACH Vietnam	\$561,100
9396	5834.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$578,500
5834	5834.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$171,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.11: Activities by Funding Mechanism****Mechanism ID:** 3107.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** PDTX**Activity ID:** 5838.24678.09**Activity System ID:** 24678**Mechanism:** USAID-FHI**USG Agency:** U.S. Agency for International Development**Program Area:** Treatment: Pediatric Treatment**Program Budget Code:** 11**Planned Funds:** \$20,000

Activity Narrative: 1) COP 09 narrative

This activity is linked to HVOP, PDCS, MTCT, HBHC, HVTB, HKID, and HTXS.

This is a new program area but is an ongoing activity for FHI. By the end of COP08-FY08 FHI was supporting nine sites where pediatric treatment is provided in the same clinic as adult care and treatment in integrated Family Centered Care (FCC) Out-patient clinics (OPC). The number of sites reduced from that initially intended in the last COP planning cycle due to a reduction in the number of provinces that both USG and the MOH requested FHI to work in. During this time period 60 children were newly initiated on ART, 117 children continued ART and 129 children had ever been started on ART at FHI supported sites.

During COP09-FY09 FHI will continue to support the same nine pediatric treatment sites that were supported in FY08. In addition FHI will support the establishment of one new pediatric HIV care and treatment site, integrated with adult HIV care and treatment in a family centered care outpatient clinic in a district TBD in Dien Bien. By the end of FY09 PEPFAR will have funded FHI to provide ARV treatment for a total of 225 children (including 108 children newly initiating ART) in ten FCC sites across PEPFAR support provinces. A focus will be on maximizing efficiency of existing sites to offer ART to all of those children who are clinically eligible in addition to quality assurance/quality improvement. A particular focus in FY09 will be assessing and monitoring the nutrition status of all children on ART and providing food and nutrition education and counseling to care-givers and good to children in accordance with OGAC regulations.

ARV therapy will be provided to children at community-based family centered care ART sites providing a comprehensive package of integrated care, treatment, prevention and support services linked with PMTCT and OVC services. The pediatric ART strategy will focus on linkage with PMTCT programs for early infant diagnosis, family-centered adherence, psychosocial support, OVC programming and case management to facilitate referral and access to community based support services.

Pediatric ARV sites will be supported through training, supportive supervision, QA-QI and clinical mentoring. Established ART sites will function as model training sites for health care workers at new clinics as Vietnam continues to scale up. Lessons learned from providing family-centered care in other sites will be incorporated into the scale up of ART ensuring that children have increased access to care and treatment services at the district level.

2) COP 08 narrative

This is a continuing activity from FY07. The narrative below is unchanged from the FY07 COP. Major changes to this activity since approval in the FY07 COP are:

- In FY08, Family Health International (FHI) will scale up ART in a total of 20 district-level continuum of care (CoC) adult ART sites across nine of the PEPFAR provinces (five new adult ART sites in FY08). FHI will provide treatment for a total of 5,458 adults (including 1,073 newly initiating adults).
- Pediatric ART will be scaled up such that 13 of the 20 adult ART sites will offer pediatric ART through a family-centered care model (seven new pediatric ART sites in FY08). FHI will provide treatment to a total of 207 children by September 2009.
- In FY08 FHI will strengthen the linkage between PMTCT and care and treatment services to enable the early detection of both pregnant women and infants who need ART for their own health.
- FHI will scale up the number of joint ARV/methadone sites (total number TBD).
- During FY08 FHI will support the development of an advanced adherence training curriculum.
- To date FHI has established eight CoC ART sites which have enrolled a total of 2,265 adults and 41 children on ART (three of the eight CoC sites are currently providing ART to children).
- Using FY07 funding, FHI is currently scaling up adult ART services in a total of 15 CoC sites across the seven PEPFAR provinces as described in the FY07 narrative. FHI plans to support 4,385 adults (2,120 new adult individuals) on ART across these 15 adult ART CoC sites. Using FY07 funding, FHI is currently scaling up pediatric ART in six of the 15 CoC sites and will support 107 children on ART.

FY07 Activity Narrative:

This activity will focus on four main objectives: coverage and access, quality, support for injecting drug users (IDUs), and capacity building. In FY07, PEPFAR will fund FHI to provide treatment for a total of 3,690 adult and pediatric patients (including 1,900 new patients).

ARV therapy will be provided to adults and children through community-based ART sites providing a comprehensive package of integrated care, treatment and prevention services. In support of the PEPFAR strategy of improving support for vulnerable populations, particularly current and past IDUs, the strategy will focus on client-centered adherence, additional psychosocial and addiction counseling and case management support to facilitate access to services in the community (key legislative issue: stigma). Family-centered ART sites will increase access to treatment services for HIV infected mothers and children (key legislative issue: gender). As of August 2006, FHI is supporting 710 patients on ART in six treatment sites in three provinces and, in accordance with the PEPFAR geographic scale up and coverage plan, will expand to 20 sites in seven focus provinces. All new sites will function as district magnet sites covering surrounding districts linked to community- and home-based care (C/HBC) services in each of the districts. Each site will be selected in conjunction with the Ministry of Health/Vietnam Administration of HIV/AIDS Control (MOH/VAAC) and the PEPFAR care and treatment technical working group (TWG).

ARV sites will be supported through training, supportive supervision, and mentoring of a multidisciplinary out-patient clinic (OPC) team responsible for providing treatment services as well as care and support and prevention with positives services. Sites will support sustainability by functioning as model training sites for health care workers at new clinics as Vietnam continues to scale up. In accordance with the PEPFAR SI plan for monitoring and evaluation, outcomes of the ARV program will be evaluated in some sites, including clinical outcomes, psychosocial well-being, adherence and patient retention. Program lessons learned will guide future programming.

Activity Narrative: In Ho Chi Minh City (HCMC), all FHI-supported ART sites will be linked to 06 centers, which are government centers for rehabilitating drug users. Case management support and discharge planning will be provided to 06 center residents, and adherence preparation supported for the sub-set of residents eligible for ART. FHI will continue to equip case managers, OPC and HBC teams, peer educators, and PLWHA groups in Binh Thanh District, District 8, Thu Duc District and Hoc Mon District, to provide appropriate referral, coordinated care, and intensive adherence support for all clients to be re-integrated into the community.

FHI will begin implementation of a medication-assisted therapy program in a joint ARV/methadone substitution therapy program (pending development of VAAC implementation guidelines and approval) in two provinces. Intensive adherence and psychosocial support will be provided to IDU clients through a directly assisted therapy program of methadone and ARV therapy with intensive support from OPC adherence counselors, PLWHA groups, family, and HBC teams where appropriate. FHI will work with Vietnam CDC Harvard Medical School AIDS Partnership to develop didactic training on ARV-methadone therapy and will provide ongoing mentorship from experienced providers. This program will be evaluated and results disseminated as an advocacy tool and to improve methadone/HIV programming both within Vietnam and across the region.

As a part of PEPFAR/Global Fund (GF) collaboration, FHI will provide intensive mentoring, infrastructure development and lab monitoring support at two district-based clinics jointly supported by GF. These sites will be scaled up as "magnet" sites and then taken over by the government of Vietnam with support from GF Round 6 funding. If Round 6 funding is not approved, FHI will support ongoing services at these two sites.

FHI will continue to provide capacity-building in ART adherence support to VAAC and other PEPFAR partners for the development of adherence counseling systems to prepare and support PLWHA on ART. FHI will support VAAC to develop an adherence toolkit for adults and children containing training for adherence counselors, job aids for counselors, and client information and training in use of the toolkit. PLWHA support groups will be equipped with the skills and materials necessary to provide treatment adherence support to members and their families; and provide HBC teams with lay adherence counseling skills.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15259

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15259	5838.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$1,340,000
9415	5838.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$939,000
5838	5838.06	U.S. Agency for International Development	Family Health International	3107	3107.06	(INGO- former FHI/IMPACT)	\$280,000

Emphasis Areas
Health-related Wraparound Programs
* Child Survival Activities
* TB
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 10896.09	Mechanism: State-OGAC TBD Activities (typically TBD country agency)
Prime Partner: To Be Determined	USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 25888.09	Planned Funds: ██████████
Activity System ID: 25888	
Activity Narrative:	
<p>In FY08, PEPFAR supported the Vietnam Ministry of Health (MOH)/Vietnam Administration for HIV/AIDS Control (VAAC) to provide in-service training for the pediatric HIV/AIDS program in Vietnam. Following their in-service training, pediatric outpatient clinicians spent one day in a high-volume pediatric outpatient site as part of their practicum training and to see how to run a pediatric outpatient clinic (OPC). PEPFAR also supported the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) to continue to provide both basic and advanced clinical training for both adult and pediatric OPC doctors.</p> <p>In FY08, UNICEF supported the MOH to develop an advanced training curriculum for pediatric HIV/AIDS.</p> <p>In FY09, TBD partner will work with PEPFAR and non-PEPFAR partners to continue supporting MOH to provide in-service pediatric HIV/AIDS training, including refresher training, in Vietnam. Pediatric HIV/AIDS master trainers will receive technical skills update training. They will then be supported to provide in-service training in pediatric HIV/AIDS clinical sites nationwide. TDB will work with HHS-CDC, LIFE-GAP, the Ho Chi Minh City Provincial AIDS Committee, and other partners, to support VAAC to provide four pediatric HIV/AIDS in-service training workshops during FY09. They will train a total of 120 pediatric HIV/AIDS providers during these sessions. In FY09, a formal pediatric HIV/AIDS clinical mentoring network will be established. A total of six experienced pediatricians will be trained as clinical mentors and paired with experienced national and international technical assistance providers to work with newly trained pediatric HIV/AIDS clinicians. These experienced pediatric mentors will spend time in newly established and underperforming sites, helping the clinicians and the rest of the clinical team to improve the quality of services. They will provide ongoing clinical supervision and on-the-job training as sites mature and become more established.</p> <p>TBD partner will work with PEPFAR, VAAC, UNICEF, and others in developing a basic pediatric HIV/AIDS training curriculum. TBD will also work with PEPFAR and VAAC to develop technical assistance tools for future use. These tools will be useful in providing on-site technical assistance, site monitoring, and feedback in order to help improve the quality of pediatric care and treatment services.</p>	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$2,554,011

Program Area Narrative:

PROGRAM AREA SETTING

Vietnam has the 12th highest burden of tuberculosis in the world with an estimated 173 cases per 100,000 persons. In 1997, Vietnam reached 100% national coverage for its National TB Program and was one of only two high-burden TB countries to achieve World Health Organization-recommended program targets of diagnosing 70% of all new cases and successfully treating 85% of them. Nevertheless, the TB case notification rate in Vietnam has not declined. One major reason has been the rapid spread of HIV and the symptomatic presentation of many TB/HIV cases. National HIV prevalence in TB patients is estimated to be 5%, up from 1.5% in 2000. For HIV-infected persons in Vietnam, TB is the primary cause of severe illness and death.

Identifying those with TB has been problematic in Vietnam. Twenty percent of HIV-infected persons have radiographic evidence of the disease when first screened. Even after TB is initially ruled out, an estimated 20% of HIV patients are diagnosed with TB within a year of starting antiretroviral therapy (ART). This is either due to inadequate screening for TB or because patients have developed immune reconstitution syndrome. During TB treatment, death rates in HIV-infected TB patients average 20-30%, with most deaths occurring in the first three months after TB diagnosis. Program experience suggests that delayed diagnosis of HIV and TB, and inadequate HIV treatment and care during TB treatment, are contributing factors. Based on a 2005 national drug resistance survey, the prevalence of isoniazid-resistant and multidrug-resistant strains of TB in new patients is 19% and 2.7%, respectively. There is no national data on TB drug resistance among HIV-infected TB patients.

KEY ACCOMPLISHMENTS

In the past four years, PEPFAR and the Vietnam Ministry of Health (MOH) have made substantial progress in responding to the TB/HIV epidemic. PEPFAR implemented routine HIV provider-initiated testing and counseling (PITC) for TB patients and referral to HIV services for 36,000 TB patients in 18 provinces in FY08. All PEPFAR-supported sites are using National TB Program registers that record HIV-related information and provide referral forms to ensure successful referral of HIV-infected TB patients to HIV treatment facilities. In FY08, these sites achieved a 76% success rate when it came to referral and patient follow through. PEPFAR-supported health facilities performed intensified case finding for TB in HIV-infected persons living in the community and in HIV patients presenting for care and treatment using a symptom screen. Every patient with symptoms was provided a chest radiography and sputum microscopy. Since 2007, PEPFAR has funded isoniazid preventive therapy for 1,200 patients in three provinces, carefully checking for the occurrence of active TB and monitoring for drug resistance. PEPFAR has also funded antiretroviral therapy at TB hospitals in two provinces to expedite HIV-related care and treatment for 856 HIV-infected TB patients.

Successful implementation of TB/HIV activities in PEPFAR-supported provinces from 2005-2007 led the Ministry of Health in 2008 to adopt national policies mandating PITC and the use of intensified case finding across the entire country. To help strengthen linkages between TB and HIV programs, PEPFAR supported the creation of a national TB/HIV technical working group. This group, which included participants from PEPFAR in-country staff and WHO, prepared the Ministry of Health guidelines that require

TB and HIV programs to provide provider-initiated testing and counseling to TB patients, perform intensified case finding in HIV-infected persons, and establish provincial- and district-level TB/HIV coordination committees.

PEPFAR has also continued support for laboratory capacity building in eight provinces. This includes expanding capacity in five provinces for solid- and liquid-based mycobacterial culture in order to improve the diagnosis of sputum smear-negative TB. In three additional provinces, PEPFAR supported the KNCV Tuberculosis Foundation to help establish the capacity for molecular diagnosis of drug-resistant TB. The Foundation also conducted infection control assessments in five inpatient multidrug-resistant TB treatment facilities and in high TB and HIV congregate settings, where TB prevalence was 8-10%. This included two prisons and two government-run mandatory rehabilitation centers for sex workers and injecting drug users (IDUs), facilities that are officially known as "05/06" centers. In FY09, KNCV will implement stronger infection control procedures in two prisons in two provinces and in the 05/06 centers that manage both drug-resistant TB and HIV patients. This activity includes implementing administrative measures, providing health education on TB and TB transmission, training, making structural renovations, and encouraging the use of personal protection measures.

In 2008, PEPFAR began supporting care and treatment of TB for HIV-infected children in one provincial hospital. Pediatric TB rates in Vietnam, as in the rest of Southeast Asia, are among the lowest of all high burden countries, with good evidence that the data are strong and not a result of under diagnosis. Therefore, with a limited PEPFAR budget for TB, pediatric TB is not a focus area for this plan.

PEPFAR has continued to support PATH to work with private pharmacies and clinicians in two provinces to promote collaboration between the public and private sectors in the management of patients with TB and HIV. Over 500 Vietnamese health professionals have received training to improve their capacity for TB/HIV diagnosis, treatment, and management.

CHALLENGES/OPPORTUNITIES

Coordination has been strengthened at the national level through a TB/HIV technical working group and issuance of Ministry of Health policies promoting TB/HIV services. At the local level, collaboration between the two programs remains challenging. Part of the problem is that the TB and HIV programs are vertically designed and operated. In some provinces, poor referral between the two programs has led to the delayed diagnosis of TB and the delayed entry of HIV-infected TB patients into the HIV care system. PEPFAR technical staff continues to support and facilitate this collaboration at all levels in the PEPFAR-supported projects.

Rapid expansion of PEPFAR TB/HIV activities into TB laboratory capacity development has created a need for stronger in-country technical resources to implement, monitor, and evaluate these specialized activities. Identifying appropriate hiring mechanisms and recruiting appropriately trained laboratory staff with program management skills remains a challenge.

In 2008, PEPFAR-supported programmatic infrastructure helped support a USAID/TB-funded (non-PEPFAR funding) clinical research study to develop an evidence-based strategy for TB screening in HIV-infected patients. Final results of this study are expected in December 2008 and will guide the development of a revised strategy for using intensified case finding in HIV-infected patients.

KEY STRATEGY ELEMENTS

Based on the success of initial PEPFAR TB/HIV collaborative activities, PEPFAR will work to enhance the existing programs and expand their reach. Consistent with the Vietnam National HIV/AIDS Strategy and the PEPFAR/Vietnam 5-Year Strategy, expansion of provider-initiated testing and counseling continues to be one of the highest priorities. In HIV clinical care settings, the focus will be on reducing the burden of TB in HIV-infected persons by promoting the three "I's", consisting of intensified TB case-finding, infection control, and isoniazid preventive therapy. Special attention will continue to be paid to the development of a successful, evidence-based model for screening HIV patients for TB disease, strengthening of human resources at the district level, and provision of co-trimoxazole, ART, and other services to HIV-infected TB patients. To achieve these goals, PEPFAR has charted specific objectives that are described in the following paragraphs. All activities have been planned in coordination with other donors, such as the Global Fund, in order to fulfill the National TB Program's five-year development plan and the Vietnam National HIV/AIDS Strategy.

Human resource development is key to ensuring a sustainable TB/HIV care system for the future. To meet this goal, PEPFAR will support direct technical assistance and additional training of 700 individuals who will offer TB diagnosis and treatment and ensure proper data recording and reporting practices. PEPFAR will expand TB laboratory capacity support from six to eight provinces and will support national efforts for training and quality assurance in smear microscopy.

Formal collaboration mechanisms between TB and HIV programs will continue to be maintained and strengthened at the national, provincial, and district levels in the focus provinces. PEPFAR will support focus provinces to convene joint monitoring and evaluation of TB/HIV activities, joint training activities, and regular meetings for district-level participants. Technical guidance will come from the National TB Program, the Vietnam Administration for HIV/AIDS Control (VAAC), PEPFAR, and other international partners.

In accordance with the PEPFAR Strategic Information plan, information collection for TB/HIV activities will meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation, and support for the national HIV/AIDS monitoring and evaluation system. In order to help improve the national system for monitoring and evaluating TB/HIV activities, PEPFAR will support WHO to recruit one Vietnamese national program officer. This person will help refine the national guidelines for TB/HIV, based on evidence collected from program implementation, to ensure the guidelines clearly address poorly performing elements and ways for frontline staff to address these. They will also help strengthen relationships between PEPFAR and other donor-supported TB/HIV activities, such as those of the Global Fund.

PEPFAR will also support efforts to improve HIV diagnosis and care among TB patients. TB patients in PEPFAR-supported

provinces will receive provider-initiated testing and counseling for HIV, and referrals to HIV services will be tracked. PEPFAR will support VAAC and the Ho Chi Minh City Provincial AIDS Committee to expand provider-initiated testing and counseling to 40,000 TB patients in 20 provinces, and will continue to support training to promote patient and provider acceptance of PITC.

HIV-infected TB patients will receive co-trimoxazole preventive therapy, CD4 testing, antiretroviral therapy (if indicated), and other HIV-related services in PEPFAR-supported HIV clinics. PEPFAR will expand support for ART and HIV care from two to four provincial TB hospitals to provide a "fast track" to ART for HIV-infected TB patients. As part of PEPFAR support to residents of government 06 centers for IDUs, more than 1,000 center residents will receive equivalent TB and HIV services.

In an effort to improve diagnosis and management of TB among those known to be HIV infected, patients will undergo TB screening at least annually. Screening will occur at HIV diagnosis, before commencing ART, and during routine care and treatment. The current screening method involves asking about TB-related symptoms and performing chest radiography, followed by a smear microscopy and, if the smear is negative, performing a sputum culture in those suspected of having TB disease. HIV-infected persons diagnosed with TB will be registered for TB treatment. PEPFAR, in collaboration with WHO, will support the national TB/HIV technical advisory group to update its guidelines on TB screening in HIV-infected patients once new evidence and recommendations are available.

PEPFAR will support TB treatment for 7,500 HIV-infected patients (i.e., all HIV-infected patients diagnosed with TB in the PEPFAR-supported provinces, or 80% of the estimated true number of patients with TB co-infection). More facilities in each focus province will be equipped and additional staff will be trained to conduct rapid diagnosis and treatment of smear-negative and extra-pulmonary TB in HIV-infected persons. In PLHIV found not to have TB disease, PEPFAR will support the use of isoniazid preventive therapy (IPT), with IPT projects expanding from three to five provinces.

PEPFAR-funded HIV care and treatment settings will continue to implement infection control practices to limit TB transmission, with expansion from 14 to 20 provinces in FY09. PEPFAR will support TB infection control through national and regional trainings with a focus on administrative controls (i.e., triage and screening for cough, patient flow in facilities, cohorting those with cough, and fast-tracking TB suspects to minimize their time in HIV care settings) and support for minor renovations and equipment to improve airflow and environmental safeguards.

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 10561.09	Mechanism: N/A
Prime Partner: Harvard Medical School of AIDS Initiative in Vietnam	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 26204.09	Planned Funds: \$36,000
Activity System ID: 26204	

Activity Narrative: SUMMARY AND BACKGROUND:

PEPFAR will support the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) to work with the Vietnam Ministry of Defense (MOD) in the training of military physicians and nurses to provide TB/HIV care. In FY07 this activity was implemented by the U.S. Department of Defense (DOD) supported University of Hawaii (UH). Because many of the trainings and workshops were held in Thailand and Hawaii, this approach was costly and considered unsustainable, as technical advisors and military health professionals often had to travel overseas. In addition, MOD physicians and nurses received little information about local TB/HIV guidelines and Vietnam's existing civilian services and referral networks. As a result, this activity with UH as the implementing partner was yellow-lighted by OGAC. In order to address these problematic issues, in FY09, the in-country PEPFAR team determined that the CDC-supported HAIVN is the most appropriate partner to ensure that MOD's physicians and nurses will receive the technical assistance and support needed to effectively address TB/HIV issues in the military community. Where military facilities lack HIV-related services, MOD physicians will be encouraged to refer patients to civilian sites that already offer services.

The DOD in-country staff will actively participate in the PEPFAR care and treatment technical working group to ensure close interagency coordination and oversight for this activity. In addition, in-country DOD staff will work closely with the CDC-funded HAIVN to assure that they reach intended clinicians and care centers.

ACTIVITIES AND EXPECTED RESULTS:

HAIVN will be supported to conduct a five day training program on TB/HIV. HAIVN will increase the capacity of 25 military TB physicians and nurses working in infectious disease departments through: clinical mentoring; ensuring MOH guidelines are implemented; ensuring patients are linked to PEPFAR supported voluntary counseling and testing sites located at the hospital; establishing links to civilian resources.

By the end of FY09, TB/HIV services will be established in four TB clinics located within the infectious disease department of the military hospitals that are supported by the PEPFAR Vietnam program. These military hospitals and their locations are as follows: Hospital No. 103 in Hanoi, Hospital No. 175 in Ho Chi Minh City, Hospital No. 121 in Can Tho, and Hospital No. 17 in Da Nang.

It is important to note that although military health care facilities are mandated to care for military personnel and their family members, more than 80 percent of the clients who access their services are civilians.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$36,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 10543.09

Mechanism: DoD - State Dept Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 24811.09

Planned Funds: \$0

Activity System ID: 24811

Activity Narrative: Note this activity will be paid with 2008 carryover funding.

This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6132.09

Mechanism: N/A

Prime Partner: United Nations Resident Coordinator

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 24790.09

Planned Funds: \$35,000

Activity System ID: 24790

Activity Narrative: COP09 narrative

This is a new activity in FY09

The idea of increasing the capacity of the Stop TB Unit of the Country Office of Hanoi had been already raised towards the end of 2007 and the process had gone as far as the creation of a position of National Professional Officer (NPO) by the Personnel Office in WPRO at the beginning of 2008.

The need to have a second professional staff to assist the Medical Officer for TB Control (MO/STB) came from the recognition of the increasing demand for technical assistance from the National TB Program (NTP) for the implementation of the many activities entailed by the Stop TB Strategy launched by WHO in 2006, duly included in the Mid-term Development Plan 2007-11 of NTP endorsed by the Ministry of Health (MOH) and funded by various donors, including the Government of Viet Nam, The Royal Netherlands Embassy and the Global Fund.

STB-VN has to perform more and more various and complicated activities required to scale up Stop TB Strategy. In order to assist NTP in making these activities happen at the right time, in the right place and in the right way, solid technical assistance by professional staff with competence in TB (including its peculiar interaction with the HIV infection) is required. In addition to help managing the expected increased workload produced by the expansion of NTP's scope of work, it is also the quality of WHO support to NTP that would benefit from the recruitment of a national professional officer.

In terms of outcomes, the recruitment of an NPO will help reinforce and make more efficient the collaboration of WHO with VAAC in the field of TB/HIV and will contribute to provide WHO technical leadership to the different partners that are expected to join the NTP in the implementation of TB control activities in case Viet Nam succeeds in its application to Round 9 of the Global Fund. This, in turn, will indirectly impact on PEPFAR indicators, though hard to quantify in details given the very "up-stream" nature of the proposed activity.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5217.09

Prime Partner: Program for Appropriate
Technology in Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 9568.24655.09

Activity System ID: 24655

Mechanism: PATH TB Country Support

USG Agency: U.S. Agency for International
Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$100,000

Activity Narrative: COP 09 narrative:

Recognizing the importance of the private sector in the provision of health services in Vietnam, since 2007, PATH has been implementing a program to increase access to existing TB and HIV case detection, treatment, and prevention services by leveraging the capacity of the private sector, specifically pharmacies and private clinics. With \$75,000 in FY07 and a further \$100,000 in FY08, these activities are strengthening linkages between private pharmacies and other providers of TB and HIV services and developing and testing models to improve the effectiveness of private clinicians' participation in TB and HIV control and treatment efforts.

During the first year of the project (FY07), PATH strengthened the capacity of pharmacists and pharmacy staff from three districts in Hai Phong city to deliver high-quality TB- and HIV-related information, services, and referrals. This included activities such as orientation meetings, private-public mix meetings, training for private pharmacy staff on referral models and interpersonal communication, visits for pharmacy staff to DOT centers, and the establishment of referral and supportive supervision systems. These activities were supplemented by an assessment of the capacity, practice, and attitudes of private physicians in Hai Phong city in the provision of TB- and HIV-related services, and a number of confidence building activities between private physicians and the public health services.

The project was initiated in October 2007 with all preparatory activities being completed by June 2008, when the pharmacy model was fully functioning. Between June and the end of September 2008, approximately 500 suspect TB cases and 100 suspect HIV cases had been referred from the participating pharmacies to DOT and VCT centers. Of those referred, to date 20 TB cases and 16 HIV cases have been confirmed.

The second year of the project (FY08) will further strengthen the TB/HIV public-private mix activities. The major activities include the expansion of the pharmacy model to one additional district in Hai Phong as well as strengthening of the supportive supervision and referral systems; implementation of the model, developed during the first phase of the project, to improve the effectiveness of private clinicians' participation on TB and HIV control efforts in Hai Phong; and preparatory activities for expansion of the pharmacy and private clinic models into Quang Ninh province.

Building on the work currently underway, for FY09, PATH proposes to sustain the existing pharmacy and private clinic activities in Hai Phong and begin pilot implementation of these activities in Ha Long city in Quang Ninh province.

2) COP 08 narrative:

This is a continuing activity from FY07.

In FY08, PATH will sustain the interventions with pharmacies and private physicians begun in the focus province of Hai Phong in FY07, and expand its activities to one additional PEPFAR focus province (Quang Ninh).

In FY07, PATH began assessing the extent of TB and HIV private sector care in Hai Phong (rather than Hanoi or Ho Chi Minh City, as originally planned), and began working with private sector pharmacies and clinicians to intensify their knowledge about the management of TB and HIV and to promote referrals to the public sector. Although it is too early to assess the success of this initiative, the private sector is rapidly expanding in Vietnam and there is an urgent need to expand such activities to other provinces.

FY07 Activity Narrative:

Funding will be provided to the NGO Program for Appropriate Technology in Health (PATH) for an assessment of private sector TB and HIV care.

In Hanoi and in Ho Chi Minh City (HCMC), private health care providers manage a large number of TB and HIV patients, but the magnitude and the quality of care is not known. Private sector care is largely unregulated and may be of poorer quality than public sector care. Patients managed poorly in the private sector may exacerbate the TB/HIV epidemic, because poor TB and HIV treatment can lead to both drug-resistant TB and drug-resistant HIV. PEPFAR will fund an assessment to determine the magnitude and quality of private TB/HIV care services in Hanoi and HCMC. This assessment will be developed in collaboration with the government of Vietnam, and will involve interview, questionnaire, and chart review techniques. Funding is provided for technical assistance for all aspects of this assessment. Based on the findings from this assessment, a plan will be developed to improve management of TB and HIV in the private sector.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15343

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15343	9568.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	7119	5217.08	PATH TB Country Support	\$155,000
9568	9568.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	5217	5217.07	PATH TB Country Support (IQC)	\$75,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6133.09	Mechanism: TB CAP
Prime Partner: Tuberculosis Control Assistance Program, KNCV Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 12299.24702.09	Planned Funds: \$250,000
Activity System ID: 24702	

Activity Narrative: This is a continuing activity from FY08

In FY09, PEPFAR will continue supporting the activities below with a focus on consolidation and monitoring of quality.

- Technical assistance (TA) in expanding TB lab capacity in 8 provinces, including implementing standard operating procedures for smear, culture, identification, and susceptibility testing. KNCV Tuberculosis Foundation (KNCV) will also provide on-site training and mentoring of laboratory staff, and assist with reporting standardized TB lab indicators.

- Maintaining lab infrastructure and performance for mycobacterial culture in two focus provinces (An Giang, Can Tho), and for molecular-based drug-susceptibility testing in Hanoi and Ho Chi Minh City (HCMC).

- Implementation of stronger infection control procedures in 8 provincial TB hospitals, rehabilitation (05/06) centers that manage both drug-resistant TB and HIV patients, and prisons in two provinces. This activity includes implementing administrative measures, health education on TB and TB transmission, structural renovations, use of personal protection measures, and training.

In FY08, PEPFAR supported KNCV for activities to strengthen laboratory network for multiple drug-resistant TB and establish TB infection control system. Specific activities include establishment of implementing plan for developing TB labs in Hanoi, and HCMC towards BSL III, in Da Nang and Can Tho towards BSL II; quality assurance of identification, culture and DST; development of SOPs for lab procedures and lab safety; development of nationwide lab network; validation of Hain test and establishment of implementation unit in Ha Noi; infection control assessment and control plans are under development in 5 provincial TB hospitals, 2 prisons and 05/06 centers.

2) COP 08 narrative:

This is a continuing activity from FY07.

In FY08, PEPFAR will continue supporting the activities below:

- Technical assistance (TA) in expanding TB lab capacity in eight focus provinces, including implementing standard operating procedures for smear, culture, identification, and susceptibility testing. KNCV Tuberculosis Foundation (KNCV) will also provide on-site training and mentoring of laboratory staff, and assist with reporting standardized TB lab indicators.

- Maintaining lab infrastructure and performance for mycobacterial culture in two focus provinces (An Giang, Can Tho), and for molecular-based drug-susceptibility testing in Hanoi and Ho Chi Minh City (HCMC).

- Implementation of stronger infection control procedures and structural renovation in eight provincial TB hospitals and rehabilitation (05/06) centers that manage both drug-resistant TB and HIV patients. This activity includes implementing administrative measures, health education on TB and TB transmission, structural renovations, use of personal protection measures, and training.

In FY07, PEPFAR began supporting partner KNCV for activities to strengthen multiple drug-resistant TB control in high HIV-prevalence settings. Specific activities included building capacity for TB culture in two focus provinces, providing technical assistance for laboratory capacity expansion in six focus provinces, evaluation of molecular methods for drug-susceptibility testing in two focus provinces, and infection control in two provincial TB hospitals.

FY07 Activity Narrative:

Funding will be provided to partner KNCV Tuberculosis Foundation (The Hague, The Netherlands) for the following activities to strengthen MDR-TB control in HIV-prevalent settings. KNCV is the closest international partner of the Vietnam national TB program (NTP). KNCV will provide technical assistance for TB laboratory performance improvement in six focus provinces, enhanced TB culture capacity in two focus provinces, implementation of rapid MDR-TB diagnostic testing in two focus provinces (HCMC, Hanoi), upgrading of inpatient wards that manage both MDR-TB and MDR-TB/HIV patients in six provinces, and evaluation and implementation of infection control in high HIV prevalence 05/06 centers and prisons in one province (HCMC). A description of each activity is provided below.

KNCV will provide external technical assistance to the NTP for strengthening TB laboratory capacity in the six focus provinces. Technical assistance will focus specifically on:

(a) Developing standard operating procedures for collection, transport, processing, and culture of sputum specimens on both solid and liquid media, and for identifying and drug-susceptibility testing mycobacterial isolates.

(b) Developing and implementing laboratory safety procedures and adequate bio-safety facilities

(c) Developing and measuring standardized indicators to monitor TB laboratory performance

(d) Training and on-site mentoring of laboratory staff in standard operating procedures.

Enhanced laboratory capacity:

KNCV will work with the NTP to provide equipment, training, and consumables for laboratory upgrades to perform both conventional and liquid culture in An Giang and Can Tho provinces.

Upgrading of MDR-TB treatment facilities for improved infection control:

Hospitals have been documented to serve as powerful amplifiers of TB transmission. With support from other donors, Vietnam is scaling up treatment of MDR-TB. As part of this plan, patients will be hospitalized for the first 1-2 months of treatment at TB hospitals. In the six focus provinces, rates of HIV are high in patients hospitalized at these facilities, and TB hospitals serve as sites for TB screening of HIV patients. MDR-TB inpatient facilities need to be upgraded to insure that MDR-TB is not transmitted to HIV-infected

Activity Narrative: patients receiving TB diagnostic or treatment at these facilities. This activity will include an assessment of the present situation and implementation of infection control measures, including administrative measures and health education on TB and TB transmission, structural adaptations (building and construction adjustments, forced ventilation, UV), use of personal protection measures, and training.

Evaluation and implementation of infection control in 05/06 centers and prisons:

In HCMC, there are 18 05/06 centers and two prisons, which have high rates of HIV and TB. KNCV will work with the NTP to assess and implement infection control measures to prevent (MDR) TB among these confined populations, including administrative measures and health education on TB and TB transmission, structural adaptations (building and construction adjustments, forced ventilation, UV), use of personal protection measures, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15247

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15247	12299.08	U.S. Agency for International Development	Tuberculosis Control Assistance Program, KNCV Foundation	7100	6133.08	TB CAP	\$600,000
12299	12299.07	U.S. Agency for International Development	To Be Determined	6133	6133.07	KNCV TB Foundation	

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 10745.09

Mechanism: CDC-Gap-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 5516.25393.09

Planned Funds: \$124,080

Activity System ID: 25393

Activity Narrative: Funding in this activity is provided to support the salaries and benefits packages of the following locally employed staff members associated with HVTB.

Care and Treatment Program Officer, HCMC, LES (50%)
 TB/HIV Lab Program Officer, Hanoi, LES (100%)
 TB/HIV Program Officer, Hanoi, LES (100%)

In addition, this activity supports costs for travel associated with HVTB

New/Continuing Activity: Continuing Activity

Continuing Activity: 15390

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15390	5516.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7129	3694.08		\$130,323
9561	5516.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$152,500
5516	5516.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$122,265

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 10746.09

Mechanism: CDC-GHCS-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 25408.09

Planned Funds: \$25,802

Activity System ID: 25408

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with HVTB staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3093.09

Mechanism: N/A

Prime Partner: Ho Chi Minh City Provincial AIDS Committee

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 5514.25370.09

Planned Funds: \$350,000

Activity System ID: 25370

Activity Narrative: COP09 narrative:

This is a continuing activity from FY08.

In FY09, activities in Ho Chi Minh City (HCMC) will continue to closely follow those being implemented by Vietnam's Ministry of Health (MOH) at the national level.

For TB patients, PEPFAR will continue to support provider-initiated HIV testing and counseling (PITC) in all public TB clinics in HCMC's 24 districts, including the Pham Ngoc Thach TB Hospital. An estimated 14,000 TB patients will receive PITC in FY09 and more than 95% of HIV-infected TB patients will be referred to HIV care and treatment settings.

PEPFAR will support screenings for TB disease in 10,000 PLHIV, using symptom screenings, physical examinations, sputum microscopy, and chest radiographies. INH preventive therapy will be expanded to three additional districts, which will cover 600 PLHIV. PEPFAR will continue to support the Pham Ngoc Thach TB Hospital in order to provide TB diagnosis, care, and treatment to more than 60 children hospitalized with TB who are also HIV infected.

PEPFAR will provide antiretroviral therapy (ART) to 350 and care for 800 HIV-infected TB patients through an HIV/AIDS clinic at the Pham Ngoc Thach TB Hospital. In 2009, the provision of ART will be expanded to one district TB clinic.

In all districts, PEPFAR will support TB infection control with a focus on administrative control measures in facilities caring for HIV-infected persons in order to protect the health of staff, patients, and the community from TB infection. At least 150 persons will be trained in the public and clinical management of TB/HIV to improve timeliness, competency, and the quality of reporting on TB/HIV collaborative activities.

As part of PEPFAR's support to residents of government centers for injecting drug users ("06 centers"), more than 1,000 residents will receive both TB and HIV services in 2009.

In order to assess the burden of multi-drug resistant and XDR TB among HIV/TB co-infected people in HCMC, drug susceptibility testing will be performed on a sample of about 120 well-characterized isolates.

In FY08, PEPFAR supported the HCMC Provincial AIDS Committee (HCMC PAC) to implement routine PITC for TB patients and referral to HIV services for HIV-infected TB patients, covering 13,000 TB patients in 24 districts. All PEPFAR-supported districts in HCMC perform active case findings for TB for some 8,000 HIV patients presenting for care and treatment. They adopted modified national TB program registers and referral forms to better monitor and evaluate HIV services provided to HIV-infected TB patients. Isoniazid preventive therapy was provided to 600 HIV-infected persons in three districts. In 2008, Pham Ngoc Thach TB Hospital provided ART for 300 and care for 600 adult HIV-infected TB patients. Also in this hospital, PEPFAR began to support TB diagnosis, care, and treatment for more than 30 hospitalized HIV-infected TB children. Collaboration between TB and HIV programs continues to be strengthened with the establishment of the TB/HIV Coordination Committee. Over 150 Vietnamese nationals have received training in TB/HIV diagnosis, treatment, and management.

2) COP 08 narrative:

This is a continuing activity from FY07.

In FY08, activities in Ho Chi Minh City (HCMC) will closely follow those being implemented by the Ministry of Health (MOH) at the national level.

- In TB patients, PEPFAR will continue to support provider-initiated HIV testing and counseling (PITC) in all public TB clinics, with an expected target of testing 12,000 TB patients.
- In PLWHA, PEPFAR will support screening for TB disease, using symptom screening, physical examination, and chest radiography. PEPFAR will support screening of TB disease in 5000 PLWHA and INH preventive therapy in 400 PLWHA.
- HIV-infected TB patients will receive HIV care and treatment through district-based HIV clinics and through an HIV clinic at the provincial TB hospital. In the provincial TB hospital, PEPFAR will provide ART for 400 and care for 800 HIV-infected TB patients. A comprehensive plan was developed in FY07 for transitioning HIV-infected patients from the TB hospital to the current district ART sites; PEPFAR will support effective implementation of this plan. PEPFAR will also support a new, 100-bed HIV/AIDS department at the provincial TB hospital.
- At least 150 persons will be trained in the public and clinical management of TB/HIV to improve timeliness, completeness and quality of reporting about TB/HIV collaborative activities.

In FY07, PEPFAR supported the HCMC Provincial AIDS Committee (HCMC PAC) to implement routine PITC for TB patients and referral to HIV services for HIV-infected TB patients, covering 12,000 TB patients in 24 districts annually. All PEPFAR-supported districts in HCMC perform active case finding for TB in HIV patients presenting for care and treatment, and have implemented modified national TB program registers to monitor and evaluate HIV services provided to HIV-infected TB patients. In 2007, the provincial TB hospital provided ART for 300 and care for 600 HIV-infected TB patients and their family members. Over 100 Vietnamese nationals have received training in TB/HIV diagnosis, treatment, and management.

FY07 Activity Narrative:

At one provincial TB hospital, PEPFAR will support expansion of RCT in TB settings to 8,000 persons in all districts in HCMC, provide ART for 200 TB/HIV patients, care for 600 TB/HIV patients, support treatment for TB disease for 3,000 PLWHA and train 50 persons to provide clinical prophylaxis and/or TB treatment for PLWHA.

RCT for TB patients and TB screening for HIV patients in HCMC: In FY06, PEPFAR supported HCMC

Activity Narrative: Provincial AIDS Committee (HCMC PAC), a provincial coordination body, to begin RCT in 50% of all districts. For FY07, PEPFAR will support HCMC PAC to scale-up this model to include all districts with an additional focus on supporting drug rehabilitation centers, as requested by HCMC PAC and approved by OGAC, to improve diagnosis and outcomes and to assure adequate screening to facilitate the transition of clients from the centers to the community. The program monitoring system will also be strengthened through refinement of paper-based data collection instruments, and routine data analysis and feedback to sites, to improve timeliness, completeness and quality of reporting about TB/HIV collaborative activities in HCMC.

HIV Care and ART at Provincial TB Hospitals: An out-patient clinic (OPC) for TB/HIV patients has been established at Pham Ngoc Thach TB Center in HCMC through a joint effort by the Global Fund (GF), HHS/CDC and HCMC PAC. As agreed upon with GF, PEPFAR will take over the management of this clinic in FY07. Funding through PEPFAR palliative basic and ARV services will be used to continue support for co-trimoxazole, routine laboratory testing, care and when appropriate ART in this clinic (no TB/HIV PEPFAR funds are requested for this activity). Diagnostic services will continue to be supported through infectious disease regional funds provided through USAID (non-PEPFAR funds) as part of a targeted evaluation to establish clinical algorithms to diagnose TB in HIV-infected patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15270

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15270	5514.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$300,000
9569	5514.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$245,000
5514	5514.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$85,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$161,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5170.09

Prime Partner: Ministry of Health, Vietnam

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 5513.24584.09

Activity System ID: 24584

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$1,460,000

Activity Narrative: COP09 narrative:

This is a continuing activity from FY08.

In FY09, PEPFAR will continue to support the Ministry of Health's (MOH) successful scale-up of TB/HIV activities, with expansion from 17 to 19 provinces. Six provinces will continue to provide the comprehensive package of services. The remaining 13 will offer a basic package of services. Activities will include:

- Collaboration mechanisms between TB and HIV programs will be strengthened at all levels by applying national collaboration protocol for diagnosis, treatment, and management of HIV-infected TB patients using referral forms and establishing a Coordination Committee to provide operational guidance. Joint monitoring and evaluation of TB/HIV activities at the provincial level, and joint training activities and regular meetings for district-level participants, will be continued and strengthened.
- Human resource development will include direct technical assistance (TA) and training for 350 individuals to strengthen TB/HIV clinical management and program monitoring.
- In accordance with the PEPFAR Strategic Information plan, information collection for TB/HIV activities will meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine monitoring and evaluation (M&E) and support for the National HIV/AIDS M&E system. In addition, PEPFAR will support the World Health Organization to recruit one Vietnamese national program officer to help improve the national system for TB/HIV M&E activities and refine the national guidelines for TB/HIV, based on evidence collected from program implementation. They will also help strengthen relationships between PEPFAR and other donor-supported TB/HIV activities such as those of the Global Fund.
- An estimated 26,000 TB patients will receive provider-initiated testing and counseling (PITC) in TB clinics.
- More than 80% of patients who are found to be HIV-infected will be referred for HIV clinical services. Referrals will be tracked on TB and HIV program forms.
- PEPFAR will support TB disease screening in PLHIV attending HIV clinics and those who are living in the community. An estimated 12,000 HIV-infected persons in 19 provinces will be screened for TB.
- HIV-infected TB patients will receive co-trimoxazole preventive therapy, HIV staging, and antiretroviral therapy (ART), if indicated. The Ministry of Health will expand ART from one to three provincial TB hospitals.
- PEPFAR will expand INH preventive therapy to two provinces to help prevent TB in 400 patients.
- Laboratory capacity will be expanded from six to eight provinces. The goal is to have one facility in each selected province with sufficient skills and resources for rapid diagnosis and treatment of all forms of TB, including smear-negative and drug-resistant TB that is sometimes seen in HIV-infected patients. Additional support for this activity has been provided to the KNCV Tuberculosis Foundation (see KNCV activity narrative).
- TB infection control will be expanded from 14 to 20 provinces. MOH will strengthen work practice and administrative control measures within facilities caring for HIV-infected persons through national and regional trainings. PEPFAR will support minor renovations and simple equipment upgrades to improve airflow and environmental controls. Additional support for this activity has been provided to KNCV (see KNCV activity narrative).
- Support for public-private partnerships intervention has been provided to MOH through PATH Vietnam in two provinces (see PATH activity narrative).

In FY08, PEPFAR provided either basic package or comprehensive package of TB/HIV services in 17 provinces. The basic package included PITC of TB patients, TB screening of HIV patients, co-trimoxazole prophylaxis, training of health staff, and monitoring of TB services provided to HIV patients and HIV services offered to TB patients. In six focus provinces, the basic package was complemented by additional services (the "comprehensive package"), including, improving TB laboratory capacity, offering ART for HIV-infected TB patients and implementing TB infection control measures in HIV clinical settings. In addition to this package of services, PEPFAR also supported pilot initiatives in selected provinces, including the provision of HIV care and treatment at one provincial TB hospital, molecular-based methods for rapid TB drug susceptibility testing in five provinces, collaboration with private pharmacies and clinics in two provinces, and the provision of INH-preventive therapy to 600 HIV-infected persons in two provinces. At the national level, PEPFAR supported the creation of a national TB/HIV Technical Working Group that wrote a national TB/HIV policy and developed training materials for healthcare staff. In FY08, nearly 24,000 TB patients and 10,000 HIV patients across 17 provinces received TB/HIV services through PEPFAR, and over 330 Vietnamese nationals were trained in TB/HIV diagnosis and treatment.

2) COP 08 narrative:

In FY08, PEPFAR will continue to support the Ministry of Health's (MOH) successful scale-up of TB/HIV activities. The comprehensive package of services will be expanded from six provinces to eight provinces; eight other provinces will continue to receive the basic package of services. Activities will include:

- Mechanisms of collaboration. Collaboration mechanisms between TB and HIV programs will be strengthened at all levels. Provinces will convene joint monitoring and evaluation of TB/HIV activities, joint training activities and regular meetings for district-level participants.
- Human resource development. Including direct technical assistance (TA) and training for 300 individuals to

Activity Narrative: strengthen TB/HIV clinical management and program monitoring.

- Monitoring and evaluation (M&E). In accordance with the PEPFAR Strategic Information plan, information collection for TB/HIV activities will meet national standards ensuring integrated service delivery systems, linkages across providers and programs, routine M&E and support for the National HIV/AIDS M&E System.
- Provider-initiated HIV testing and counseling (PITC). An estimated 28,000 TB patients will receive PITC in TB clinics. Patients who are found to be HIV-infected are referred for HIV clinical services, and successful referral is tracked on TB and HIV program forms.
- TB screening. PEPFAR will support TB disease screening in PLWHA that are attending HIV clinics and are living in the community. PEPFAR will support TB screening for 10,000 PLWHA in 15 provinces.
- Clinical services for HIV-infected TB patients. HIV-infected TB patients will receive co-trimoxazole preventive therapy, HIV staging, ART (if indicated) and other services. MOH will expand ART to three provincial TB hospitals.
- INH preventive therapy. PEPFAR will support this service for 600 patients in two current provinces.
- TB lab capacity. Lab capacity will be expanded in an additional two provinces. The goal is to have at least one facility in each focus province with sufficient skill and resources for rapid diagnosis and treatment of all forms of TB, including smear-negative and drug-resistant, in HIV-infected patients.
- Infection control. MOH will receive support for ongoing assessments and implementation of administrative controls and, where necessary, physical renovations. Additional support for this activity has been provided to FHI and KNCV (see FHI and KNCV activity narratives).
- Public-private partnerships. Support for this intervention has been provided to the MOH through PATH (see PATH activity narrative).

In FY07, PEPFAR provided both a basic and comprehensive package of TB/HIV services in selected Vietnamese provinces. The basic package included PITC of TB patients, TB screening of HIV patients, co-trimoxazole prophylaxis, training of health staff, and monitoring of TB services provided to HIV patients and HIV services provided to TB patients. In focus provinces (six in FY07; refer to Geographic Coverage document for clarification), the basic package was complemented by additional services, including development of TB lab capacity, ART for HIV-infected TB patients and implementation of TB infection control measures in HIV clinical settings. In addition to this package of services, PEPFAR also supported pilot initiatives in selected provinces, including provision of HIV care and treatment at provincial TB hospitals, molecular-based methods for rapid TB drug susceptibility testing, collaboration with private sector HIV and TB providers, and provision of INH preventive therapy to PLWHA. At the national level, PEPFAR supported creation of a national TB/HIV Technical Advisory Group that wrote a national TB/HIV policy and developed training materials for healthcare staff. In FY07, over 18,000 TB patients and 7000 HIV patients across 15 provinces received TB/HIV services through PEPFAR, and over 350 Vietnamese nationals were trained in TB/HIV diagnosis and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15294

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15294	5513.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,370,677
9570	5513.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$933,971
5513	5513.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$129,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3367.09

Mechanism: CDC-GHCS-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 9562.24555.09

Planned Funds: \$9,005

Activity System ID: 24555

Activity Narrative: This activity represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15379

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15379	9562.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$180,000
9562	9562.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$161,029

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3109.09

Mechanism: DoD - Defence-Partnered HQ activities

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 16254.24725.09

Planned Funds: \$0

Activity System ID: 24725

Activity Narrative: The funding for this activity of \$34,168 will be taken from COP 08 yellow lighted budget of DOD program

SUMMARY AND BACKGROUND:

PEPFAR will support the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) to work with the Vietnam Ministry of Defense (MOD) in the training of military physicians and nurses to provide TB/HIV care. In FY07 this activity was implemented by the U.S. Department of Defense (DOD) supported University of Hawaii (UH). Because many of the trainings and workshops were held in Thailand and Hawaii, this approach was costly and considered unsustainable, as technical advisors and military health professionals often had to travel overseas. In addition, MOD physicians and nurses received little information about local TB/HIV guidelines and Vietnam's existing civilian services and referral networks. This activity with UH as the implementing partner was yellow-lighted by OGAC. In order to address these problematic issues, in FY09, the in-country PEPFAR team determined that the CDC-supported HAIVN is the most appropriate partner to ensure that MOD's physicians and nurses will receive the technical assistance and support needed to effectively address TB/HIV issues in the military community. Where military facilities lack HIV-related services, MOD physicians will be encouraged to refer patients to civilian sites that already offer services.

The DOD in-country staff will actively participate in the PEPFAR care and treatment technical working group to ensure close interagency coordination and oversight for this activity. In addition, in-country DOD staff will work closely with the CDC-funded HAIVN to assure that they reach intended clinicians and care centers.

ACTIVITIES and EXPECTED RESULTS:

ACTIVITY 1 (\$34,168) Funding in this activity is provided to support personnel compensation, benefits and technical travel costs for the following positions in this program area:

- DOD Technical Advisor/Program Manager (HCMC) - 25%. This individual will ensure collaboration takes place between the DOD team, MOD, Care and Treatment TWG, and the implementing partner.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16254	16254.08	Department of Defense	US Department of Defence/Pacific Command	7130	3109.08	Center of Excellence	\$30,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7251.09 **Mechanism:** HHS/CDC ICASS
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Care: TB/HIV
Budget Code: HVTB **Program Budget Code:** 12
Activity ID: 9688.24602.09 **Planned Funds:** \$44,124
Activity System ID: 24602
Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.
New/Continuing Activity: Continuing Activity
Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3107.09 **Mechanism:** USAID-FHI
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: TB/HIV
Budget Code: HVTB **Program Budget Code:** 12
Activity ID: 9565.24674.09 **Planned Funds:** \$120,000
Activity System ID: 24674

Activity Narrative: This is an on-going activity. By the end of FY09 FHI supported TB-HIV services in 20 CoC sites across the seven PEPFAR supported provinces. During FY09 a total of 1500 individuals with TB and HIV, enrolled in FHI supported out-patient clinics received and completed TB treatment provided by the National TB program. Approximately seven thousand PLHIV were screened for TB prior to starting ARV therapy or were referred for TB screening and management on the basis of clinical signs and symptoms of TB.

In FY10 FHI will continue support for the improved management of HIV-TB co infection in all 20 CoC sites by supporting and funding TB screening and referral, improving coordination of TB and HIV services, capacity building for TB and HIV clinicians and some staff time. All clinics eligible for ART will receive TB screening prior to starting therapy. In addition all PLHIV enrolled in outpatient care with symptoms of TB will be screened and referred to the TB service. Any individual with suspected or confirmed TB will be referred to the adjoining district (or provincial) TB clinic for TB treatment and on-going management. Particular attention will be paid to screening those with TB-HIV for malnutrition and providing nutrition support in keeping with OGAC guidelines.

TB-HIV screening and referral will be provided for approximately 9,000 HIV-infected persons in 20 CoC sites across the 7 PEPFAR supported provinces. It is anticipated that 2000 individuals enrolled in FHI Care and Treatment CoC sites will complete treatment for TB by the end of FY10. At least 200 individuals will be trained to provide screening and treatment of TB-HIV co-infection and to support TB/HIV coordination activities at the district level.

FHI will continue to provide funding to strengthen the district TB and HIV coordination activities at the district level through several targeted activities, including annual technical meetings between TB and HIV clinicians, development of Standard Operating Procedures (SOP), quarterly network model coordination meetings, regular monthly case conferences between TB and HIV clinicians at clinical sites and quarterly supportive supervision visits.

2) COP 08 narrative:

This is a continuing activity from FY07.

In FY08, Family Health International (FHI) will expand its activities to 20 continuum of care (CoC) sites in 10 provinces. Activities will include TB disease screening, referral of TB patients to TB treatment services, improved coordination of TB and HIV services, and capacity building for TB and HIV clinicians. TB-HIV screening and referral will be provided for 7,500 PLWHA, and TB treatment for 1,500 HIV-infected TB patients. At least 150 clinical personnel will be trained to provide screening and treatment of HIV-associated TB and to support TB/HIV coordination activities at the district level. FHI will provide funding to strengthen district TB and HIV coordination, including annual technical meetings between TB and HIV clinicians, development of standard operating procedures, quarterly network model coordination meetings, regular monthly case conferences between TB and HIV clinicians at clinical sites and quarterly supportive supervision visits.

In FY07, FHI supported expanded TB and HIV services in nine CoC sites in six provinces. An estimated 5,000 PLWHA were screened for TB using symptoms and chest radiography, and 1,100 PLWHA were treated for TB disease.

FHI will support implementation of the recommendations of an FY07 PEPFAR-funded assessment of infection control practices for TB and other airborne diseases in HIV care and treatment settings.

FY07 Activity Narrative:

Funding will provide TB screening and appropriate referral for 7,900 HIV-infected persons in 21 outpatient clinics in the seven focus provinces, referral to TB treatment for 790 PLWHA, train 250 individuals to provide clinical prophylaxis and/or treatment for TB to PLWHA and will support TB/HIV coordination activities at the district level.

Family Health International (FHI) will support HIV outpatient clinics in 21 districts in the seven focus provinces where clients receive care, support, counseling and ART services. Funding will support training sessions for HIV and TB physicians and staff time. As with all PEPFAR-supported clinics, clients will receive TB screening once per year and additional screening as needed for symptoms and prior to commencement of ART. All patients with suspected or confirmed TB will be referred to the adjoining district TB clinic for further management. A PEPFAR strategic goal is increasing the collaboration and linkages between the TB and HIV programs at the district, provincial and national levels. Funding will be provided to strengthen the district TB and HIV coordination activities implemented through VAAC through several targeted activities, including annual technical meetings between TB and HIV clinicians, development of Standard Operating Procedures (SOPs), quarterly network model coordination meetings, regular monthly case conferences between TB and HIV clinicians at clinical sites and quarterly supportive supervision visits.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15256

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15256	9565.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$127,000
9565	9565.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$74,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$3,318,324

Program Area Narrative:

PROGRAM AREA SETTING

PEPFAR/Vietnam began offering programs for orphans and vulnerable children (OVC) in FY05. Since that time it has refined the methods of providing services and increased the number of local partners to better meet the basic needs of OVC in the country. There is no single approved figure for the number of OVC affected by HIV/AIDS in Vietnam. Data about the number of children infected with and affected by HIV/AIDS is limited, which makes program planning and resource allocation difficult. The Government of Vietnam (GVN) estimates that up to 10,000 children in Vietnam are living with HIV/AIDS. The Ministry of Labor, Invalids, and Social Affairs (MOLISA) uses the UNAIDS estimate of 68,874 children orphaned due to AIDS (as of the end of 2007). In addition to the number of infected children and orphans, there are an estimated 132,000 children of or living in the same households with PLHIV currently in facility-based clinical care.

Through the planned activities for FY09 the quality of services will continue to be strengthened and the outreach to OVC broadened. There is a heightened awareness in Vietnam of the special needs of OVC either living in or left as orphans by HIV-infected, drug-addicted parents. The experience of living in such circumstances places these children at increased risk. The Vietnam OVC program encompasses the case management approach, which assesses the needs of each child reached and then provides appropriate services to that child. The six basic services (health, education, food and nutrition, psychosocial support, legal protection, and shelter) are at the core of Vietnam's OVC program. Over the last two years, PEPFAR/Vietnam has stressed the improvement of community and clinic linkages (prevention of mother-to-child transmission services, adult care and treatment, and pediatric care and treatment) to increase the number of children identified and to keep them in a comprehensive continuum of care delivery system.

Implementation of different types of group care at the community level will offer a real option to families to keep infected and affected children in the community. These programs also provide a resource to the transitions program (see Pediatric Care and

Treatment for further information on facility-based care for HIV-infected children). Programs planned in FY09 will continue to follow these basic strategic principles for OVC programming through improved quality of services to children and increased options for community-based care.

KEY ACCOMPLISHMENTS

The OVC program has gained much ground over the past year in Vietnam. Policy initiatives have made great inroads, new groups care models are being implemented, better linkages with clinic-based care have been realized -- all of which create a better environment for providing improved care and support services for OVC. First, the National Plan of Action (NPA) for OVC Infected and Affected by HIV and AIDS is in the final stages of development awaiting signature by the Prime Minister's office. Work on the NPA was supported by PEPFAR in FY07 and FY08. Intensive workshops have been held with high officials and staff from the ministries of health, education, and social affairs. These separate workshops have galvanized support for the action plan in these important areas, and set the stage for support in implementation. PEPFAR, along with other donors (e.g., UNICEF, VSO International, Pact Vietnam, Save the Children US/UK, Catholic Relief Services, the Clinton HIV/AIDS Initiative, and Doctors of the World), are expected to provide support for various components of the FY09 detailed action plan. While other donors provide funds (notably UNICEF), PEPFAR is by far the largest donor for OVC in Vietnam, albeit small, reaching a limited number of OVC. The Global Fund has not been tapped to support programs for OVC in the past, but with the approved NPA, it is expected that planned activities that benefit OVC will be incorporated into Global Fund proposals in the future.

The GVN, through the NPA, has set targets for the provision of care and treatment for OVC. By the year 2020, it is anticipated that 90% of all HIV-infected mothers and their infants receive: 1) Antiretroviral Therapy (ART) and life-long HIV care and treatment; 2) comprehensive health care and HIV-related treatment; 3) lower secondary education and/or vocational training; 4) support to live in a safe environment within a family or kinship group or in a small-scale community-based center; and 5) basic economic needs met. PEPFAR is directly reaching approximately 6,000 children affected by HIV (2-3% of the total) and plans to increase that number to 11,000 (4-5%) over the next two years. While these percentages may seem small, one of the intents of the NPA is to galvanize support from other donors so that the plan's targets can be reached by 2020.

New sub-grantees were identified and began implementing innovative community-based model programs for OVC that were intended to keep vulnerable children in the community instead of having them sent off to institutional care. These community-based alternative care programs are still in the initial start-up phase. Best practices from these model programs will inform additional services for OVC in FY09.

CHALLENGES/OPPORTUNITIES

While some of the gains are on target with OVC programming, challenges remain. Stigma and discrimination are still major barriers for children accessing health care and schooling (Save the Children, 2008). Inflation, which is running at more than 25%, has translated into economic hardship for many Vietnamese, particularly for families of OVC. Insufficient food for these children and their ill and unemployed family members reduces the likelihood of improving their health status with antiretroviral therapy (ART). Late start-up ART for children and their parents is detrimental to healthy families. Psychosocial support at both the clinical and community level is weak; additional training and mentoring is needed. Good social work models are not available in Vietnam; therefore, future planning will need to consider developing these approaches further.

The quality and coverage of PEPFAR-supported services to OVC remains uneven. Given the vertical nature of the Vietnam clinical settings, access to health care is problematic for children. Children have to be diagnosed and treated in a pediatric hospital, while their parents use adult facilities at other medical sites. Lack of appropriate referrals, untrained staff, and stigma and discrimination at the clinic level, and lack of money for transportation across the city or from another province poses problems for needy families seeking to obtain care for their infants and older children. Adult programs lack mechanisms to identify OVC and provide needed services. There is little follow-up of referrals to know if clients took advantage of recommended services. Pre-adolescent and adolescent OVC have no age-appropriate programs designed to specifically fit their needs and interests. Vocational training is not available to most OVC. Family caregivers receive little or no social or economic support.

The limited number of strong OVC implementing partners is also a current gap. Family Health International (FHI) and Pact/Vietnam (through its 10 sub-partners) provide an expansive program for OVC, but they are limited in their ability to expand: FHI because of the 8% single partner funding limit and Pact because their primary responsibility is to strengthen civil society. Nordic Assistance to Vietnam (NAV), a New Partnership Initiative grantee, has not yet been able to rapidly roll-out its programs and is hampered by GVN restrictions on the registration of civil society organizations.

KEY STRATEGY ELEMENTS

1. Focus on scale-up. It is anticipated that additional community-based organizations (CBOs) starting new OVC programs will scale up programs during FY09. It is also expected that NAV will soon be fully operational. Greater attention will be given to the identification of OVC at GVN clinic-based facilities supported by PEPFAR (e.g., PMTCT, adult care and treatment, and counseling and testing sites). Community-based care providers will be supported to make more referrals of OVC in high-risk situations such as families of injecting drug users (IDU), commercial sex workers (CSW), and especially adolescents who live in high-risk environments and may be tempted to start using drugs. Based on PEPFAR/Vietnam's history of scaling up (991 in FY05, 2,002 in FY06, 3,976 in FY07, and an anticipated 6,513 in FY08), we have set a target of 8,795 for FY08 and 13,500 for FY09.

2. Improved quality. Setting standards for OVC care will be a priority in FY09, now that the NPA has paved the way for greater attention to quality OVC programs. Tools to measure quality assurance and quality improvement are being developed to assist service providers to identify weaknesses and develop improved programs. Training and re-training of staff and volunteers on quality services for care providers for OVC has proven to be effective in improving quality over time. A standardized training curriculum has helped ensure consistency across service providers.

3. Coordinated care. Ways will be explored to coordinate comprehensive care for OVC through networks and leveraging other

resources. A coordination workshop to be held in Ho Chi Minh City (HCMC) in late 2008 will be the first attempt to establish a network of program implementers that can share ideas and resources across the spectrum of service areas. Meetings are planned twice a year.

4. Reaching particularly vulnerable children. Based on the FY08 planned food and nutrition scale-up, community-based and clinic care providers will be better able to screen and assess nutritional needs and provide supplemental nutrition and therapeutic food. This program will reach a group of very vulnerable children born to HIV-infected mothers, but who do not have access to ART. By providing a food incentive, perhaps more mothers will want to engage in the program, so that their children grow up healthy. Once children are in the system, referrals and escorts to needed services will keep them in the system.

4. Strengthen capacity. Given the weak civil society in Vietnam, PEPFAR has made building the capacity of local CBOs, and local government staff at provincial and district levels, which were identified in FY07 and FY08, a priority. Pact will take the lead role in strengthening local capacity through tools they use internationally. In FY08, Pact's target was to strengthen nine sub-partners. In FY09, it is expected that Pact will strengthen up to 15 CBOs and local groups (e.g., local women's unions and PLHIV groups).

5. Build knowledge. In FY09, it is expected that training will occur around food and nutrition education; how to conduct nutrition assessments; and the development and implementation of OVC standards. Emphasis will also be on initiating a curriculum for social workers around OVC and improving the awareness, knowledge, and skills in how to identify children in need and ways to provide better services.

PEPFAR/Vietnam has promoted a comprehensive program for OVC and will continue to keep this emphasis alive. Once OVC are identified, whether through community-based care, treatment, PMTCT services, counseling and testing at pediatric hospitals, or IDU family members, every attempt will be made to keep children in the system and referred to the appropriate next step in the continuum of care. "No child lost" will be the motto for OVC in FY09. With this approach alone it is expected that the number of children reached will increase. Outreach in selected new sites will also add to more OVC being served.

In COP09, PEPFAR-supported community-based programs, particularly those in HKID and PDCS program areas, will concentrate on working with a wide variety of governmental and local quasi-governmental partners, in an attempt to build better local capacity and sustainable systems within Vietnam. The widespread base of the Women's Union, and the Vietnamese Red Cross, along with district-level government offices of the Department of Labor, Invalids and Social Affairs, education and culture and others will contribute to improving the sustainability of the program.

POLICY

Policy and guidelines are in place to provide OVC affected by HIV/AIDS with needed services. However, stigma and discrimination have blocked full and transparent access to these services. Partners implementing OVC services will work closely with the Health Policy Initiative project that is scheduled to augment the current legal support centers to assist people who have been denied access to education and other services. This effort will test the policies that are in place and may serve to draw attention to the shortcomings of the policies, which then can be revised.

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3107.09	Mechanism: USAID-FHI
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5454.24675.09	Planned Funds: \$723,240
Activity System ID: 24675	

Activity Narrative: This activity is linked to HVOP, MTCT, HVTB, HTXS, PDCS, PDTX and HBHC.

This is an ongoing activity. By the end of COP08-FY08 FHI was supporting more than 3,500 OVC in 23 continuum of care sites across PEPFAR focus provinces.

In COP09 PEPFAR will fund FHI to provide OVC services for a total of 4,305 OVC through family centered care outpatient clinics and community and home based care services in the PEPFAR focus provinces. No new OVC programs will be established. Rather the focus will be on sustainability, coverage saturation and maximizing efficiency of existing programs to provide quality services to an increasing number of OVC and their caregivers. Comprehensive case management, service retention and nutrition are a particular focus of OVC services provided by FHI supported sites in FY09.

OVC services will continue to be provided using a case management approach, where community and home-based care teams and OPC case managers work together to assess and routinely support the needs of OVC. The OVC program focuses on the 6+1 service areas. Services include comprehensive OVC and family needs assessment, development of family care plans, routine home follow-up and care, psychosocial support, child development and education assistance, food security and nutrition support referral to health care services, adherence support, economic assistance and enrollment in social welfare schemes, protection and referral to other social and health care services.

In COP09-FY09 FHI will focus on scaling up its nutrition program for OVC across CoC sites. Community based screening and clinical nutrition assessments will be offered to all enrolled families. A tailored package of nutrition education and counseling will be provided to care-givers and therapeutic and supplementary food will be provided to all children meeting OGAC criteria for a nutrition/food intervention.

A new activity in FY09 is an OVC program quality assessment. The purpose of the OVC program quality assessment is to monitor the quality of FHI's OVC program and ensure that quality OVC services are being provided in both the out-patient and community settings supported by FHI. This will allow FHI to focus on the specific improvements and adjustments needed to continuously improve the delivery of OVC services in the sites we support. It will also enable FHI to share findings and lessons with other PEPFAR partners and hopefully increase efforts to improve OVC implementation and quality across other providers.

FBOs will continue to be supported through OVC programs implemented by the Hanoi Buddhist Association in Hanoi, NAV in Hai Phong and CRS in HCMC.

FHI will continue to support the GVN (MOH, MOLISA) and international partners through training, mentoring and technical assistance and supportive supervision to provide quality and holistic services to OVC and families. FHI will contribute to meetings among implementing partners to establish consensus on core service packages, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referrals. FHI will also continue to provide capacity-building and technical assistance to other PEPFAR partners in implementing OVC programs. In addition, FHI will provide technical assistance to the implementation of the OVC National Plan of Action through continued collaboration with MOLISA, MOH, UNICEF, PACT, Save the Children, Clinton Foundation and other key partners.

2) COP 08 narrative

This is a continuing activity from FY07.

In FY08:

- Family Health International (FHI) will continue to work with children infected and affected with HIV/AIDS using the case management approach (adapted from OGAC's Child Status Index) to assess needs, and will follow up to ensure identified needs are met and comprehensive programs for OVC are available. OVC care services will continue to be integrated into continuum of care (CoC) sites and made available in 22 locations.
- FHI will continue to ensure comprehensive care and support to OVC including health care, access to school, emotional support, psychosocial counseling, sufficient nutritional support, safety and security.
- FHI will increase their efforts to identify potential children with HIV through community groups, CoC coordination committees and mass media and encourage high risk children to get counseling and testing.
- FHI will expand early childhood development-focused playgroups to all CoC sites.
- FHI will continue to work with the government, other PEPFAR partners and other donors in developing national policies, guidelines and systems to support children affected by HIV.
- FHI will provide training and support in family-centered care case management to grantees and PEPFAR partners.
- FHI will increase its efforts to reduce stigma and discrimination of OVC affected by HIV/AIDS through district campaigns.
- In FY08, FHI will provide 3,500 OVC with relevant services and train 350 care givers, directly through the CoC and along with its two international partners (Catholic Relief Services and Nordic Assistance to Vietnam) and its 30+ local governmental and community-based organization (CBO) partners.
- By April 2007, FHI's activities reached 1,497 OVC with services addressing the six basic needs.
- FHI established comprehensive family-centered care services in three CoC and partial services in three additional locations.
- FHI contributed to the development of the draft national plan of action for children and HIV/AIDS.

FY07 Activity Narrative:

FHI will provide family-centered care for OVC and caregivers through out-patient clinics and home- and community-based care and support services in the PEPFAR focus provinces. This activity will help ensure that children's developmental needs are met through a range of services, as appropriate to meet the unique needs of each child. FHI will help ensure quality of care by building the capacity of OVC care providers and expand coverage OVC care services through partnerships with home-based care teams, local NGOs, the Women's Union, the Ministry of Labor, Invalids and Social Affairs (MOLISA) and the Vietnam Commission for Population, Families and Children (VNCPFC). Through this activity, 1,030 OVC will receive services, and

Activity Narrative: 350 professional and family caregivers will be trained.

OVC services will be provided through case-management services at eight district out-patient HIV/AIDS clinics (OPCs) which provide comprehensive health care services, including pediatric ART. OVC services will also be provided through home-based care services that extend the reach of these clinics to the community.

OVC services will be provided in accordance with the PEPFAR core OVC services package, and will include: comprehensive needs assessment, counseling and psychosocial support, development of a service plan to assist OVC and their caregivers in meeting prioritized needs and service referral in the community. Direct services will also be provided including: health care services, adherence support, food/nutrition support for children (in accordance with OGAC guidelines), and referral to other social and health care services including referral to MOH pediatric hospitals and links to Integrated Management of Childhood Illnesses services (C-IMCI) offered through commune health stations. FHI will train families to provide care and support at home, including adherence support for pediatric ART and other medications. The project will support school enrollment and provide educational activities/therapeutic play groups with children. FHI will also support PLWHA and caregiver support groups, link parents and OVC caregivers to income generation services and employment referral services, and provide succession planning, including preparing wills and identifying stand-by caregivers.

Through this activity, OVC services will also be offered through partnerships with community based organizations in Haiphong (Nordic Assistance to Vietnam [NAV]) and Hanoi (Hien Quang Pagoda). OVC services will be delivered in a way that supports family-centered care, partnering with and building the capacity of caregivers' to address their children's needs.

In addition, FHI will collaborate with UNICEF, Save the Children, PEPFAR and other stakeholders to provide technical support and assistance for the development of OVC care and protection guidelines, including the development of the Vietnam National HIV/AIDS Strategy.

FHI staff will continuously strengthen their capacity for OVC service delivery, through training, mentoring, and program monitoring and feedback from PEPFAR and FHI management. FHI will contribute to meetings among implementing partners, to establish consensus on core service packages, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referrals. FHI will also provide capacity-building and technical assistance to other PEPFAR partners in implementing OVC (especially in the context of home- and community-based care).

This is a continuing activity from FY07.

In FY08:

- Family Health International (FHI) will continue to work with children infected and affected with HIV/AIDS using the case management approach (adapted from OGAC's Child Status Index) to assess needs, and will follow up to ensure identified needs are met and comprehensive programs for OVC are available. OVC care services will continue to be integrated into continuum of care (CoC) sites and made available in 22 locations.
- FHI will continue to ensure comprehensive care and support to OVC including health care, access to school, emotional support, psychosocial counseling, sufficient nutritional support, safety and security.
- FHI will increase their efforts to identify potential children with HIV through community groups, CoC coordination committees and mass media and encourage high risk children to get counseling and testing.
- FHI will expand early childhood development-focused playgroups to all CoC sites.
- FHI will continue to work with the government, other PEPFAR partners and other donors in developing national policies, guidelines and systems to support children affected by HIV.
- FHI will provide training and support in family-centered care case management to grantees and PEPFAR partners.
- FHI will increase its efforts to reduce stigma and discrimination of OVC affected by HIV/AIDS through district campaigns.
- In FY08, FHI will provide 3,500 OVC with relevant services and train 350 care givers, directly through the CoC and along with its two international partners (Catholic Relief Services and Nordic Assistance to Vietnam) and its 30+ local governmental and community-based organization (CBO) partners.
- By April 2007, FHI's activities reached 1,497 OVC with services addressing the six basic needs.
- FHI established comprehensive family-centered care services in three CoC and partial services in three additional locations.
- FHI contributed to the development of the draft national plan of action for children and HIV/AIDS.

FY07 Activity Narrative:

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OVC services will be provided through case-management services at eight district out-patient HIV/AIDS clinics (OPCs) which provide comprehensive health care services, including pediatric ART. OVC services will also be provided through home-based care services that extend the reach of these clinics to the community.

Activity Narrative: OVC services will be provided in accordance with the PEPFAR core OVC services package, and will include: comprehensive needs assessment, counseling and psychosocial support, development of a service plan to assist OVC and their caregivers in meeting prioritized needs and service referral in the community. Direct services will also be provided including: health care services, adherence support, food/nutrition support for children (in accordance with OGAC guidelines), and referral to other social and health care services including referral to MOH pediatric hospitals and links to Integrated Management of Childhood Illnesses services (C-IMCI) offered through commune health stations. FHI will train families to provide care and support at home, including adherence support for pediatric ART and other medications. The project will support school enrollment and provide educational activities/therapeutic play groups with children. FHI will also support PLWHA and caregiver support groups, link parents and OVC caregivers to income generation services and employment referral services, and provide succession planning, including preparing wills and identifying stand-by caregivers.

Through this activity, OVC services will also be offered through partnerships with community based organizations in Haiphong (Nordic Assistance to Vietnam [NAV]) and Hanoi (Hien Quang Pagoda). OVC services will be delivered in a way that supports family-centered care, partnering with and building the capacity of caregivers' to address their children's needs.

In addition, FHI will collaborate with UNICEF, Save the Children, PEPFAR and other stakeholders to provide technical support and assistance for the development of OVC care and protection guidelines, including the development of the Vietnam National HIV/AIDS Strategy.

FHI staff will continuously strengthen their capacity for OVC service delivery, through training, mentoring, and program monitoring and feedback from PEPFAR and FHI management. FHI will contribute to meetings among implementing partners, to establish consensus on core service packages, facilitate exchange of materials and lessons learned, and identify and address gaps in services and referrals. FHI will also provide capacity-building and technical assistance to other PEPFAR partners in implementing OVC (especially in the context of home- and community-based care).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15257

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15257	5454.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$680,000
9537	5454.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$390,000
5454	5454.06	U.S. Agency for International Development	Family Health International	3107	3107.06	(INGO- former FHI/IMPACT)	\$150,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3102.09

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5449.24686.09

Activity System ID: 24686

Mechanism: Community REACH Vietnam

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$1,875,000

Activity Narrative: 1) COP 09 narrative

SUMMARY AND BACKGROUND

Pact-supported activities seek to optimize the quality of life for OVC, their caregivers and their families through a comprehensive package of clinical, psychological, spiritual, social and prevention services carried out via both international and local partnerships (including Vietnamese NGOs, CBOs and FBOs) in all seven PEPFAR focus provinces. The key emphasis area is gender (increasing gender equity in HIV and AIDS programs). Specific target populations include OVC (children 0-18 years) and OVC caregivers.

The majority of OVC care funds will be used for continuing activities aimed at strengthening the continuum of care and support services for OVC and their families through the implementation of home- and community-based care. The remainder of funds will be used to support institutional care for OVC integrated with community components, including reintegration of institutionalized OVC into communities and prevention of abandonment.

ACTIVITIES AND EXPECTED RESULTS

OVC programs will be carried out via a combination of international and local organizations with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system for provision of grants to international and local NGOs; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future CSO engagement in the national response; and 3) to ensure effective coordination among OVC partners, additional PEPFAR partners, and relevant government and non-governmental initiatives.

Pact will support OVC programs in all seven focus provinces using a combination of grants and assistance to at least 14 non-governmental organizations (including three FBOs). Pact will collaborate with prime international partners including CARE International, Catholic Relief Services (CRS), Doctors of the World (DOW), Médecins du Monde France (MdM), World Vision (WV) and Worldwide Orphans Foundation (WWO), and local partners including the Center for Community Health and Development (COHED), Pastoral Care (PC), STI/HIV/AIDS Prevention Center (SHAPC), and partners identified under the Local Partnerships Initiative. Pact will provide technical assistance and ensure that grantees deliver an appropriate and targeted minimum package of OVC services, in line with PEPFAR Vietnam guidance. Local organizations will also receive a package of organizational development capacity building services to build long-term sustainability and ensure active and growing engagement of local civil society.

1) Worldwide Orphans Foundation will continue to provide psychosocial support, and educational and social activities to meet the developmental needs of OVC residing in and/or reintegrating to the community from three residential facilities for HIV positive and affected children in the provinces of Ha Tay, HCMC, and Ba Ria-Vung Tau. Support activities will be linked to pediatric treatment, care and support at the facilities. In COP09, WWO will continue to support the "Hieu Roi Thuong" (Understanding Brings Compassion) socialization program, which matches community volunteers with residents to interact through play and reading activities as well as weekend excursions. WWO will also support children to attend schooling (both on-site, and in some cases off-site via integration with local public schools). WWO will expand community stigma reduction activities to advance efforts to reintegrate children into local schools. WWO will train 120 providers/caregivers to provide support to 155 OVC.

2) DOW will continue to support two counseling and day-care centers with expansion to one new district site in Hanoi. DOW will maintain its network of referral services to OPCs, and will continue case management training and efforts to institutionalize case management. In COP09, DOW will increase its efforts to create an enabling environment for foster care placements for OVC through a symposium on OVC foster care. DOW will train 105 providers/caregivers to provide services to 450 OVC.

3) MdM will continue to provide quality care and support services to OVC and their family members via a unique community-based model in Districts 6 and 9 of HCMC and Tay Ho district of Hanoi. In addition to facility-based services at its three OPCs (see Pediatric Care), MdM will provide community and home-based care via outreach teams within OPC districts. In COP09, the program will expand to one more district in Hanoi. MdM will train 250 providers/caregivers to provide services to 900 OVC.

4) In COP09, Pact partner(s) TBD will support the establishment of two drop-in centers (DIC), one in Hanoi and one in HCMC, to provide OVC support services to families traveling from afar to access care at PEPFAR-supported clinical service sites. Services at each DIC will include temporary residence, food and nutritional support for poor clients, and referral to available psychosocial and support services. DICs will be located closest to high-volume clinical care sites (or between such sites) for easiest access. TBD partner(s) will train 10 individuals to provide support to 800 OVC and their families. This is a new activity.

5) Pastoral Care will continue to provide services to OVC and their families in HCMC at the Mai Tam Shelter in addition to home-based care via outreach teams. Pastoral Care provides the full range of OVC services under PEPFAR guidance, with the addition of temporary shelter for abandoned women and children at the Mai Tam Shelter. In COP09, Pastoral Care will maintain all of its activities while increasing its vocational training program to provide capacity building and linkages to jobs for OVC caregivers. The program will train 30 providers/caregivers to provide services to 300 OVC.

6) World Vision will continue to provide home- and community-based care and support services to OVC and their families in three districts of HCMC and two in Hai Phong, potentially expanding coverage to additional communes. WV will continue to provide its home-care teams with training related to critical OVC services and referral to OPC services. In addition, OVC community support groups will continue to provide socialization events for OVC in targeted communities. In COP09, WV will train 300 providers/caregivers to

Activity Narrative: provide support to 1,150 OVC.

7) Local Partnerships Initiative (LPI) NGOs/CBOs including the Center for Community Health Promotion (CHP), CESVI, and Health and Environment Service Development Investment (HESDI) will continue to provide home- and community-based care and support for OVC in Nghe An (CHP), Hai Phong (CESVI), and Quang Ninh (HESDI). Pact will continue to support these small grants partners identified under COP07, and will identify new LPI partners under COP09. Pact will ensure that local partners receive a package of organizational development capacity building services to build long-term sustainability and ensure effective program management and monitoring. In COP09, LPI partners will train 174 providers/caregivers to provide services to a minimum of 765 OVC.

8) CARE will continue to support CBO/FBO partners to provide home- and community-based OVC care and support in three PEPFAR focus provinces. CARE partners support OVC and their families through the provision of the PEPFAR comprehensive package of services. In COP09, CARE will work to improve capacity amongst its CBO partners and expand coverage to within three focus provinces. In addition, CARE will support stigma reduction and vocational training initiatives to support OVC and their caregivers. Under COP09 CARE will focus on strengthening C/FBO organizational and human resource management capacities in order to reduce high turnover in peer service providers, and begin preparations for phase-out of financial support for organizations with high capacity. CARE plans to provide services to 900 OVC and provide training to 70 providers/caregivers.

9) CRS will continue to maintain its OVC network to ensure a full package of care and support services for OVC in HCMC. Working in partnership with WWO, the OVC network links OVC and their families to necessary services such as medical care, social and psychological support, vocational training and educational support. In COP09, CRS will train 120 providers/caregivers to provide services to 250 OVC.

10) SCUS will implement a new project in FY09 to support grandparents who find themselves in the role of primary caregiver for their OVC grandchildren. It responds to the PEPFAR-supported qualitative OVC assessment undertaken by SCUS, which found that a significant proportion of OVC are cared for by grandparents, and that grandparents find themselves in particularly challenged circumstances with regard to OVC care and support. The project will improve childcare knowledge/skills and increase access to social support. It will be implemented in three districts of Hai Phong and two to three districts of An Giang, and will train 300 providers/caregivers (primarily grandparents) to provide services to 400 OVC.

11) COHED will continue to expand and strengthen its care and support services to OVC in Hanoi and Quang Ninh. COHED's Hanoi program includes a drop-in center that provides services for abandoned children linked with clinical and outreach services provided by the MdM Tay Ho OPC. In Quang Ninh, COHED home-based care teams provide a full range of services including psychological support, referral services, and basic care while strengthening the capacity of family caregivers to care for OVC in the home through economic support and training on child care. In COP09, COHED will train 50 providers/caregivers to provide services to 450 OVC.

12) SHAPC will continue to train and support home-based care teams to provide services to OVC and their families in two districts in Hanoi (Hai Ba Trung and Dong Da), and surrounding areas. SHAPC will continue to provide training to home-care teams responsible for delivering nutritional, economic, educational and health-related support to OVC. In COP09, SHAPC will maintain its program and train 25 providers/caregivers to provide support to 100 OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15326

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15326	5449.08	U.S. Agency for International Development	Pact, Inc.	7117	3102.08	Community REACH Vietnam	\$150,000
9540	5449.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$60,000
5449	5449.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$40,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7251.09

Mechanism: HHS/CDC ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 9688.24603.09

Planned Funds: \$8,989

Activity System ID: 24603

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5170.09

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)

Prime Partner: Ministry of Health, Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9531.24585.09

Activity System ID: 24585

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$195,000

Activity Narrative: In FY08, LIFE-GAP piloted the orphans and other vulnerable children (OVC) program in Thai Binh province in order to mobilize and build capacity for HIV health care workers at the provincial and district levels to manage the OVC program and provide support to children in the six basic needs, in line with OGAC's OVC guidance. This activity successfully coordinated OVC efforts from various sectors in the province, particularly the Department of Labor, Invalids, and Social Affairs and the Department of Education and Training.

In FY09, with lessons learned from the pilot in Thai Binh, PEPFAR will support LIFE-GAP to expand the OVC program to two additional TBD provinces, maximizing the use of current government resources, including state health care workers, in order to sustain the services. Health care workers in the HIV/AIDS program system will be trained to conduct needs assessments on a regular basis, provide support for each particular area of basic need, and provide referrals. Privacy and confidentiality will be emphasized in all trainings, in the protocols, and during quality assurance and quality improvement visits. To protect the family structure, caregivers and household leads will be trained to provide health care for children with HIV/AIDS at home. They also will receive support to ensure the livelihood and food security of the family.

In each province, regular workshops will be held to review the process in order to make adjustments, share experiences, and consolidate commitment from various sectors to strengthen OVC programs in that province.

2) COP 09 narrative

This is a continuing activity from FY07.

In FY08, PEPFAR will support the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) pediatric program to continuously strengthen the provision of care and support services for OVC and their caregivers in six focus provinces and other provinces where the pediatric program will be extended. As planned in FY07, OVC services were added in pediatric clinics and at a drop-in center for OVC and their caregivers which was established in Hanoi. In FY08, PEPFAR will continuously support the provision of this wider range of services, designed to better meet the developmental needs of each child. 344 OVC will receive services, and 30 caregivers will be trained to provide services to OVC and their families. Case managers at newly established clinics will be trained to provide OVC services at clinic settings.

The 11 pediatric HIV/AIDS out-patient clinics (OPCs) will keep providing a core set of OVC services, including needs assessment with OVC and caregivers; counseling and psychosocial support, food/nutrition support (in accordance with PEPFAR guidance), provision of formula for PMTCT, support for transportation, and referral to other services including PMTCT, clinical care for PLWHA caregivers, and social support services for OVC and caregivers. In coordination with other PEPFAR partners and other donors, case managers will refer patients of pediatric clinics to other OVC services which are available in the city and to ensure duplication of services does not happen.

PEPFAR will also support the provision of OVC services through the drop-in center. OVC and their caregivers will be referred to the center from National Pediatric Hospital and Saint Paul Hospital, as well as through other health care and community-based support services. The drop-in center will provide the same assessment, referral and psychosocial support services offered through the pediatric OPCs. In addition, the drop-in center will offer more comprehensive services to OVC and caregivers, including caregiver support groups, educational activities and advocacy/support for enrollment of OVC in community schools, therapeutic play groups for OVC, training of family caregivers in basic care and support for children, age appropriate life-skills education for OVC including primary prevention of HIV/AIDS and primary prevention of drug use, and on-going support to families at risk of institutionalizing children.

PEPFAR will keep providing intensive and ongoing capacity-building and technical assistance to ensure consistent and quality programming, including training courses, mentoring, coaching, and support for a to bring OVC partners together to problem-solve, and share experiences and resources.

This is a continuing activity from FY07.

In FY08, PEPFAR will support the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) pediatric program to continuously strengthen the provision of care and support services for OVC and their caregivers in six focus provinces and other provinces where the pediatric program will be extended. As planned in FY07, OVC services were added in pediatric clinics and at a drop-in center for OVC and their caregivers which was established in Hanoi. In FY08, PEPFAR will continuously support the provision of this wider range of services, designed to better meet the developmental needs of each child. 344 OVC will receive services, and 30 caregivers will be trained to provide services to OVC and their families. Case managers at newly established clinics will be trained to provide OVC services at clinic settings.

The 11 pediatric HIV/AIDS out-patient clinics (OPCs) will keep providing a core set of OVC services, including needs assessment with OVC and caregivers; counseling and psychosocial support, food/nutrition support (in accordance with PEPFAR guidance), provision of formula for PMTCT, support for transportation, and referral to other services including PMTCT, clinical care for PLWHA caregivers, and social support services for OVC and caregivers. In coordination with other PEPFAR partners and other donors, case managers will refer patients of pediatric clinics to other OVC services which are available in the city and to ensure duplication of services does not happen.

PEPFAR will also support the provision of OVC services through the drop-in center. OVC and their caregivers will be referred to the center from National Pediatric Hospital and Saint Paul Hospital, as well as through other health care and community-based support services. The drop-in center will provide the same assessment, referral and psychosocial support services offered through the pediatric OPCs. In addition, the drop-in center will offer more comprehensive services to OVC and caregivers, including caregiver support

Activity Narrative: groups, educational activities and advocacy/support for enrollment of OVC in community schools, therapeutic play groups for OVC, training of family caregivers in basic care and support for children, age appropriate life-skills education for OVC including primary prevention of HIV/AIDS and primary prevention of drug use, and on-going support to families at risk of institutionalizing children.

PEPFAR will keep providing intensive and ongoing capacity-building and technical assistance to ensure consistent and quality programming, including training courses, mentoring, coaching, and support for fora to bring OVC partners together to problem-solve, and share experiences and resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15295

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15295	9531.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$30,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3093.09

Mechanism: N/A

Prime Partner: Ho Chi Minh City Provincial AIDS Committee

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 9535.24572.09

Planned Funds: \$195,000

Activity System ID: 24572

Activity Narrative: This is a continuing activity from FY08.

In FY09, PEPFAR will support the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) to reach out to 1,500 orphans and vulnerable children, focusing on six basic needs, including health care, shelter, education, psychosocial support, food and nutrition support, and legal aid and protection.

Because clinics in HCMC are working with large numbers of adult patients, PEPFAR will support HCMC PAC to make contact with OVC's through the clinics' adult clients and through networks of PLHIV and child protection programs in the city. Health care workers in the HIV/AIDS system will be trained to conduct needs assessments on a regular basis, provide support for each particular area of basic needs, and provide referrals to appropriate services. To protect the family structure, caregivers and household leads will be trained to provide basic health care to children with HIV/AIDS and psychological support to OVC's. They also will receive help to ensure the family's livelihood and food security.

In order that the six basic needs of OVC's are met, HCMC PAC will also play the coordination role in the OVC program, consolidating all OVC efforts in the city. HCMC PAC will hold semi-annual conferences to share lessons learned, build linkages between partners working on OVC issues in HCMC, and strengthen OVC programs. HCMC PAC will also mobilize support from other sectors, including HCMC's Department of Labor, Invalids, and Social Affairs, HCMC's Department of Education and Training, and mass organizations, such as the Women's Union.

2) COP 08 narrative

This is a continuing activity from FY07.

In FY08 PEPFAR will support Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) to strengthen the provision of care and support services for OVC and their caregivers. This activity will focus on HIV-positive children and infants exposed to HIV served by pediatric out-patient clinics (OPCs) at Pediatric Hospital #1 and Pediatric # 2 in HCMC, which serve children from a number of neighboring provinces. Through this activity initiated in FY07, PEPFAR will keep supporting the provision of a wider range of services, designed to better meet the developmental needs of each child. OVC services will be mainly provided at both pediatric hospitals, as well as through referring for more comprehensive services to available sources in the city. Through this activity, 190 OVC will receive services, and 240 caregivers will be trained to provide services to their families at home.

The pediatric HIV/AIDS OPCs will provide a core set of OVC services including needs assessment with OVC and caregivers, counseling and psychosocial support, food/nutrition support (in accordance with PEPFAR guidelines), provision of formula for PMTCT, support for transportation, and referral to other services including PMTCT, clinical care for PLWHA caregivers, and social support services for OVC and caregivers. In coordination with other PEPFAR partners and other donors, case managers will refer patients of pediatric clinics to other OVC services which are available in the city and to ensure duplication of services does not happen. Case managers in collaboration with clinic staff will provide trainings on caring for children at home for caregivers.

PEPFAR will support HCMC PAC to coordinate OVC implementers in HCMC including PEPFAR partners and other donor agencies through a network with quarterly conferences.

PEPFAR will provide intensive and ongoing capacity-building and technical assistance to ensure consistent and quality programming, including training courses, mentoring, coaching, and support to bring OVC partners together to problem-solve, and share experiences and resources. (See HKID TBD 9552).

This is a continuing activity from FY07.

In FY08 PEPFAR will support Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) to strengthen the provision of care and support services for OVC and their caregivers. This activity will focus on HIV-positive children and infants exposed to HIV served by pediatric out-patient clinics (OPCs) at Pediatric Hospital #1 and Pediatric # 2 in HCMC, which serve children from a number of neighboring provinces. Through this activity initiated in FY07, PEPFAR will keep supporting the provision of a wider range of services, designed to better meet the developmental needs of each child. OVC services will be mainly provided at both pediatric hospitals, as well as through referring for more comprehensive services to available sources in the city. Through this activity, 190 OVC will receive services, and 240 caregivers will be trained to provide services to their families at home.

The pediatric HIV/AIDS OPCs will provide a core set of OVC services including needs assessment with OVC and caregivers, counseling and psychosocial support, food/nutrition support (in accordance with PEPFAR guidelines), provision of formula for PMTCT, support for transportation, and referral to other services including PMTCT, clinical care for PLWHA caregivers, and social support services for OVC and caregivers. In coordination with other PEPFAR partners and other donors, case managers will refer patients of pediatric clinics to other OVC services which are available in the city and to ensure duplication of services does not happen. Case managers in collaboration with clinic staff will provide trainings on caring for children at home for caregivers.

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PEPFAR will provide intensive and ongoing capacity-building and technical assistance to ensure consistent and quality programming, including training courses, mentoring, coaching, and support to bring OVC partners together to problem-solve, and share experiences and resources. (See HKID TBD 9552).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15271

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15271	9535.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$15,000
9535	9535.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$35,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$36,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$36,000

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3367.09

Mechanism: CDC-GHCS-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 25380.09

Planned Funds: \$1,835

Activity System ID: 25380

Activity Narrative: This activity represents a portion of funding allocated to this program area for IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10746.09

Mechanism: CDC-GHCS-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 25409.09

Planned Funds: \$10,594

Activity System ID: 25409

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with HKID staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10745.09

Mechanism: CDC-Gap-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 9855.25394.09

Planned Funds: \$31,218

Activity System ID: 25394

Activity Narrative: Funding in this activity is provided to support the salaries and benefits packages of the following locally employed staff members associated with HKID:

Project Officer, HCMC, LES (50%)

In addition, this activity supports costs for travel associated with HKID.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15391

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15391	9855.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7129	3694.08		\$14,170

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7214.09

Mechanism: New Partners Initiative

Prime Partner: Nordic Assistance Vietnam

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 16064.24649.09

Planned Funds: \$0

Activity System ID: 24649

Activity Narrative: Through the New Partners Initiative, Nordic Assistance to Vietnam (NAV) will build the capacity of faith-based organizations (FBOs) in six provinces to prevent the spread of HIV and AIDS and to address care needs of People Living with HIV (PLHIV), Orphans and Vulnerable Children (OVC) and AIDS patients by working through FBO networks. NAV has been working on HIV and AIDS prevention and care in Vietnam since 1996, and was the first organization that brought together Buddhists and Catholics in interfaith teams to provide care and support and to address the complex issues related to HIV Prevention and Stigma and Discrimination.

During the FY 2007 and 2008 services towards Orphans and Vulnerable Children (OVC) were initiated in the project sites of Da Nang, Hai Phong, HCMC and Thua Thien Hue. However, in FY 2009 a stronger focus is needed on service delivery in accordance with individual children's needs and rights.

In FY 2009 training on OVC issues will cover four areas: child rights and child protection, counseling, pediatric care, and nutrition and hygiene. While an own training will be organized on child rights and child protection, the training on counseling, pediatric care, and nutrition and hygiene for children will be integrated into the general training on home-based and palliative care for 260 caregivers.

The priority areas for service delivery by the caregivers in FY 2008 were follow-up of children's nutrition, hygiene, education, recreational activities and travel support for testing and doctors' examinations. These will be continued in FY 2009, but with greater emphasis on ensuring that the package of care offered to 1,200 OVC, is comprehensive and in line with PEPFAR and national government guidelines. Of the six essential services defined by the Vietnamese government, priority will be given to the children's education, health, and nutrition. In addition NAV and its partners will work towards strengthening children's protection from abuse and exploitation, as well as their sense of being safe, secure and cared for.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16064

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16064	16064.08	U.S. Agency for International Development	Nordic Assistance Vietnam	7214	7214.08	New Partners Initiative	\$0

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10556.09 **Mechanism:** USAID Local GHCS Partnered Activities
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: OVC
Budget Code: HKID **Program Budget Code:** 13
Activity ID: 5458.24786.09 **Planned Funds:** \$200,358

Activity System ID: 24786

Activity Narrative: Funding in this activity is provided to support personnel compensation and operational costs associated with PEPFAR staff members for this program area at USAID. These costs include personnel travel, education allowances and housing. The following positions are supported with funding in this activity:
 - Care and Treatment Advisor (Hanoi) - 40%
 - Community Based Care and Treatment Specialist (Hanoi) - 50%

Funding in this activity is also provided to cover the costs of rent, telecommunications and other utilities allocated to this program area. These costs include things such as residential rent and utilities for staff members in this program, office rent allocated to this program area and rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices.

This activity also represents a portion of funding allocated to this program area for IRM Tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15369	5458.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$141,788
9559	5458.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$100,000
5458	5458.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$44,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10555.09

Mechanism: USAID - State Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 24777.09

Planned Funds: \$7,090

Activity System ID: 24777

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8674.09

Mechanism: HPI (Follow-on)

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 19474.25768.09

Planned Funds: \$70,000

Activity System ID: 25768

Activity Narrative: Health Policy Initiatives was re-competed in 2008. The awardee will begin to develop the work plan in October 2008 after which more will be known regarding the following planned activity.

IMPROVING STRATEGIC PLANNING FOR OVC

PEPFAR will support the Health Policy Initiative Vietnam program to implement one activity in this program area. One of the biggest challenges in addressing the issue of OVC related to child welfare and adoption in Vietnam is that no one knows how many children are currently in orphanages, how many of these children are orphans (double or single, as opposed to children left in care), how many have special needs (HIV+ or disabled), etc. MOLISA will be supported to obtain this basic data and to update records leading to more effective planning and policy related to child welfare and appropriate action for OVC. To achieve this, there have been preliminary discussions regarding on regular data collection potentially to be conducted through sub-award with IOM in the orphanages. IOM would send a monitoring form to each orphanage, and then follow up by telephone to verify and compile the data. The work plan will formalize the project description for this activity.

Given that HIV in Vietnam is concentrated among highly marginalized populations (IDU, MSM, FSW), stigma and discrimination associated with the epidemic impacts both the lives of the PLWHA as well as their children. The HPI team will lead strategic information activities on stigma and discrimination against PLWHA and their children and AIDS orphans. The team will develop data collection tools for monitoring trends in HIV-infected and –affected children including tracking incidents and characteristics of HIV/AIDS-related discrimination against adults and children in Vietnam, and associated numbers of cases receiving legal assistance. Data will be collected from legal assistance clinics, as well as from provincial AIDS centers, PLHA groups, and other NGOs. Findings will be aggregated into summary reports, which will be disseminated by the project to legal assistance teams, government, donors, and CSOs and the project will facilitate their use in program planning and monitoring of progress in this critical area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19474

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19474	19474.08	U.S. Agency for International Development	Abt Associates	8674	8674.08	HPI - Vietnam	\$70,000

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$5,341,267

Program Area Narrative:

PROGRAM AREA SETTING

The concentration of HIV infection in marginalized and hard-to-reach populations in Vietnam calls for a targeted approach to bring HIV counseling and testing services to high-risk individuals without enhancing stigma and discrimination. An epidemic of injecting drug use continues to be the primary driver of the HIV epidemic in Vietnam, and the Ministry of Health (MOH) estimates that more than 60% of all HIV infections are among injecting drug users (IDU). PEPFAR-supported behavioral and biological surveillance (IBBS) has documented HIV prevalence rates as high as 65% among IDU in at least one PEPFAR focus province (Hai Phong-see uploaded Geographic Coverage document), and has revealed that injecting drug use is likely the most important driver of new infections among sex workers and other high-risk populations. For example, sex workers who report injecting are three to 30 times more likely to be infected with HIV than those who do not, and the prevalence of injecting among sex workers is a strong predictor of overall HIV prevalence in this population. Although UNAIDS estimates that HIV prevalence in the general adult population is 0.5%, an estimated 20% of IDU and 4% of commercial sex workers (CSW) are infected with HIV. Reliable national HIV prevalence estimates are not currently available for men who have sex with men (MSM) in Vietnam, but PEPFAR-supported behavioral surveillance has documented HIV prevalence rates of 9% among MSM in Hanoi and 5% in Ho Chi Minh City. The next round of this surveillance will be expanded to include MSM in other provinces. Other populations facing elevated infection risks include clients of sex workers, sex partners of HIV-positive persons, and street and vulnerable youth.

Concerns about stigma and discrimination amongst members of most at-risk populations (MARPs) in Vietnam have been further amplified in recent years by large-scale government campaigns to curb drug use and sex work. As a result, members of high-risk populations have become increasingly hard to reach, and report a common reluctance to seek needed services out of fear that they will face stigma and discrimination from health care and other service providers.

In the initial “emergency” phase of USG support to address HIV/AIDS in Vietnam, PEPFAR has established 81 service sites and

trained more than 2,000 healthcare workers to provide HIV counseling and testing (CT) services. The fact that HIV prevalence is higher than 20% among the 250,000 individuals who have received counseling and their HIV test results through PEPFAR support suggests that the program may have had some success in targeting MARPs. However, it is also likely that this high prevalence reflects the fact that many individuals do not seek services until they suspect they are infected and need HIV care and treatment. A review of routine program data demonstrates that only a small percentage of the individuals reached through PEPFAR-supported peer outreach programming have actually received CT services. In addition, based on existing MARPs size estimates in Vietnam, it is unlikely that more than 15% of those individuals most likely to be infected with HIV in Vietnam have ever benefited from CT services.

Recognizing the essential role that targeted HIV counseling and testing can play both in reinforcing the adoption of safer behaviors in high-risk groups, and as an essential gateway to HIV care and treatment services among those individuals with the greatest needs, the government of Vietnam has made CT a priority and a key component of its national HIV/AIDS strategy. In partnership with PEPFAR, the Global Fund, Marie Stopes International, and the World Bank, Vietnam has established CT activities in 50 of its 64 provinces, with much of its focus on high-prevalence settings. A half-million people across Vietnam are tested for HIV/AIDS each year, including those who are tested as part of sentinel surveillance efforts. In January 2007, Vietnam issued national guidelines to standardize and govern CT practices across the country, and provider-initiated testing and counseling (PITC) guidelines, specifically addressing CT practices at health care settings, are being developed with PEPFAR support. A national CT training curriculum was approved in 2008 and is used in all CT training courses. Both anonymous and confidential CT services are provided to target populations in all settings, and PEPFAR technical support for guidelines, training, quality assurance, and quality improvement plays an important role in ensuring that these services are delivered with the three "Cs" – consent, confidentiality, and client-centered counseling.

One of the most frequently cited barriers to bringing CT services more directly to high-risk and hard-to-reach populations in Vietnam is the fact that the government of Vietnam has not yet adopted testing algorithms that allow the use of rapid tests for the confirmation of positive HIV test results. Although an estimated 90% of clients return for their test results at PEPFAR-supported sites, the continued reliance on laboratory testing results in a three- to seven-day waiting period, a potential barrier to the development of outreach-based approaches that use rapid tests to bring CT services to MARPs and their partners and family members in the community, in intervention hotspots, and before individuals enter late-stage infection.

However, the Vietnam team has developed and is currently piloting an innovative outreach approach using rapid tests that provides immediate confirmation to individuals with sero-negative test results, and provisional findings and linkages to lab testing and care and treatment services for individuals with sero-positive test results. This approach should result in dramatically increased integration of CT into peer outreach-based programming for MARPs, with little additional investment in testing center infrastructure. This model is being evaluated in FY08 and will be refined and expanded to other focus provinces where injection drug use or commercial sex work is prevalent in FY09. In addition, the PEPFAR Vietnam team continues to work with the MOH and the World Health Organization (WHO) to support the adoption of algorithms that provide for the use of rapid tests for the purposes of confirming HIV infection. This includes high-level advocacy, hosting international experts and meetings in Vietnam, technical advocacy, and support for an evaluation of rapid tests in Vietnam, which began in the 4th quarter of 2008. PEPFAR will provide TA to conduct trainings on the roll-out of rapid testing. This past summer, PEPFAR and WHO co-hosted a regional meeting on HIV testing in Vietnam during which the validation and adoption of rapid testing algorithms that do not require laboratory-based confirmation was identified as a key regional priority.

Another key priority in ensuring access to CT services among MARPs in Vietnam is improving the linkages between these services and targeted community-based prevention and care programs. The findings from Boston University's (BU) recently completed evaluation of PEPFAR-supported peer outreach programs suggest that knowledge of the benefits of CT services and HIV care and treatment services remains low among peer outreach workers. To improve the ability of these individuals to persuasively influence their peers to seek CT services and to improve referrals, PEPFAR will work in conjunction with the MOH and other donors to improve and harmonize peer educator training in this and other areas in FY09. Furthermore, outreach workers will be trained to encourage MARPs to bring their injecting and sexual partners for CT, and the recent integration of training for couples HIV counseling and testing (CHCT) into PEPFAR-supported CT services in all sites should support voluntary disclosure of test results with partners and family members. Both the routine counseling training and the couples counseling training in FY09 will be refined to provide improved risk-reduction counseling pertaining to both drug-related and sexual risks, and to ensure referrals to both drug treatment and HIV services. PEPFAR will also strengthen the existing referral system at the provincial level by refreshing the training of referral coordinators in PEPFAR focus provinces and creating opportunities for them to share approaches and "best practices" through regular meetings.

Rather than attempting to expand to new provinces in FY09 in the face of fewer resources and rising costs, PEPFAR will focus on improving coverage and quality of CT services in current PEPFAR focus provinces, as HIV prevalence is highest in these areas. In addition to expanding the application of outreach-based approaches, priority will be given to integrating CT services in existing MARP-friendly drop-in centers, including integration of prevention counseling, couples HIV testing and counseling, and support for test result disclosure to sex partners and needle sharing partners, to improve uptake of CT and promote behavior change among these key populations.

The expansion of access to provider-initiated testing and counseling (PITC) in key clinical settings is another local priority for enhancing access to HIV prevention, care and treatment services among MARPs. With PEPFAR support, access to PITC has been dramatically expanded in sexually transmitted infection (STI) and tuberculosis (TB) clinics, and will be integrated into medication-assisted therapy (methadone) sites. Each of these settings serve clients who are more likely to be infected with HIV than members of the general population, and the HIV prevalence among recovering IDU participating in the pilot methadone program in Vietnam may be as high as 50%. Implementation of PITC at TB clinics began in 2006 and provides services to 40,000 patients annually. Implementation of PITC at STI clinics was initiated in five PEPFAR "focus" provinces in FY08 and is expanding to two other focus provinces in FY09.

Addressing the concentration of HIV in the IDU and CSW populations is further complicated by the GVN's continued practice of placing drug users and sex workers in custodial rehabilitation centers for periods of 18 months to four or more years. Currently, an estimated 60,000 IDU reside in more than 84 centers nationwide; reliable data is lacking on HIV prevalence among center residents but has been estimated as high as 70%. The further concentration of high-risk individuals in rehabilitation centers makes these settings a high priority for service delivery, particularly given that the vast majority of centers only offer detoxification and labor programs, with no formal drug treatment or HIV programming. Human rights concerns about the fact that many residents are placed in centers with no judicial process, concerns about the risks of treatment interruption among individuals who may be started on antiretroviral medications in centers but who will return to communities all across the country upon release, and concerns about the sustainability of building infrastructure in centers that should rightly give way to more efficient and evidence-based drug treatment models, have all presented the team with difficult and important challenges regarding expanded support. PEPFAR is currently supporting a pilot program that provides HIV-related services to current and former residents of the Nhi Xuan rehabilitation center. A formal evaluation of the program is underway, but it is clear from review of routine program data that in-center HIV counseling and testing and OPC services are underutilized, and are not conveniently located to accommodate the ongoing needs of clients post-release. With this in mind, PEPFAR has put mechanisms in place through prior reprogramming and through the FY09 COP to support training and in-reach models using existing community-based OPC staff to bring much-needed pre-release services – including CT services – to residents of five more centers without building additional center infrastructure, and facilitating the continuity of care in the community upon release.

PEPFAR-supported CT social marketing programs have been expanded since their inception in 2005, with the aim of reducing stigma related to testing and increasing demand for CT services among MARPs. In FY09 PEPFAR will continue to market CT services to MARPs, their sexual and injecting partners, and clients of sex workers in coordination with organizations such as the Vietnam Women's Union, the Vietnam Youth Union, and faith-based organizations. These recruitment strategies will help to identify and provide opportunities for prevention in discordant couples. PEPFAR will work with PLWHA groups and will strengthen linkages between CT and peer outreach programs through routine coordination meetings, sharing information to support strategies to ensure HIV-negative partners do not seroconvert. Following national testing campaigns in FY07 and FY08, PEPFAR will support Vietnam to promote a national testing month in 2009 to help reduce the stigma of HIV testing and encourage more high risk individuals to seek CT.

With PEPFAR support, a standardized, Ministry of Health (MOH)-approved, computerized CT information system was adopted by all CT providers. In FY09, PEPFAR will strengthen the current CT information system and link it to the laboratory information system to ensure the smooth functioning of services and accurate reporting. For example, smart card or fingerprint recognition technology will be used to facilitate entry into and movement between HIV service centers and to track referrals. Collection of information for implementing, monitoring, and evaluating CT activities will meet national standards, ensuring that there are integrated delivery systems, linkages across providers and programs, and routine information systems that support the national monitoring and evaluation system. To support these efforts, PEPFAR will introduce external quality assurance (QA) training and supervision for healthcare workers managing CT programs, will standardize training curricula and QA and quality control toolkits, and will expand the use of client exit interviews in CT clinics in all focus provinces.

The PEPFAR CT team will also collaborate with the PEPFAR PMTCT team to incorporate care and treatment and PMTCT services into antenatal sites, and with the laboratory team to improve the quality of laboratory training by and provide internal and external laboratory QA and QC.

Recognizing the importance of providing CT to blood donors, the DOD will work with the Vietnam Ministry of Defense (MOD) to integrate CT into the existing blood safety program. This program will serve not only military but also civilian population to standardize CT at blood bank centers, and ensure that donors receive both their test results and appropriate counseling.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3109.09	Mechanism: DoD - Defence-Partnered HQ activities
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 25882.09	Planned Funds: \$0
Activity System ID: 25882	

Activity Narrative: This activity will utilize \$44,100 of FY 2008 Yellow Lighted Funds in FY 2009.

By the end of FY08, the U.S. Department of Defense's (DOD) Vietnam PEPFAR program will support four provider-initiated testing and counseling (PITC) clinics co-located military blood safety centers and three HIV counseling and testing (CT) centers co-located in three military preventive medicine centers.

By the end of FY09, DOD PEPFAR will strengthen these seven PITC/CT clinics with the capacity to carry out counseling and testing. These seven sites are: Hospital No. 103 in Hanoi, Hospital No. 175 in HCMC, Hospital No. 121 in Can Tho City, Hospital No. 17 in Da Nang City, the Southern Military Preventive Medicine Center (SPMC) in HCMC, the Military Region 9 Preventive Medicine Center (MR9 PMC) in Can Tho, and the Military Institute of Hygiene and Epidemiology (MIHE) in Hanoi.

The DOD in-country staff will actively participate in the PEPFAR prevention technical working group to ensure close interagency coordination and oversight for this activity.

It is important to note that although military health care facilities are mandated to care for military personnel and family members, approximately 80% of the clients are civilian.

ACTIVITY AND EXPECTED RESULTS

ACTIVITY : COMMODITIES (\$42,150)

DOD will purchase commodities (reagent, consumables, etc.) needed for the CT program.

ACTIVITY 2: PERSONNEL (\$1,950)

Funding in this activity is provided to support personnel compensation, benefits, and technical travel costs for the

following positions in this program area:

- DOD Care and Treatment Program Officer (Hanoi) - 5%. This individual will provide oversight to the program.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8672.09	Mechanism: TBD
Prime Partner: To Be Determined	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 25876.09	Planned Funds: ██████████
Activity System ID: 25876	

Activity Narrative: SUMMARY and BACKGROUND:

By the end of FY08, the U.S. Department of Defense (DOD) Vietnam PEPFAR program will support the Vietnam Ministry of Defense (MOD) to establish counseling and testing (CT) and provider-initiated testing and counseling (PITC) programs in seven sites. These will include four PITC clinics co-located in blood safety centers embedded within military hospitals and three CT sites integrated within three military preventive medicine centers. DOD PEPFAR will fund FY09 CT activities through a TBD prime partner to ensure the MOD counseling and testing program will receive necessary technical assistance in Vietnamese language, and in a cost-effective manner that encourages linkages to civilian resources.

By the end of FY09, DOD PEPFAR will strengthen these seven PITC/CT clinics located at Hospital No. 103 in Hanoi, Hospital No. 175 in HCMC, Hospital No. 121 in Can Tho City, and Hospital No. 17 in Da Nang City, the Southern Military Preventive Medicine Center (SPMC), Military Region 9 Preventive Medicine Center (MR9 PMC), and the Military Institute of Hygiene and Epidemiology (MIHE).

It is important to note that although military health care facilities are mandated to care for military personnel and their family members, more than 80 percent of the clients who access these services are civilian.

ACTIVITIES and EXPECTED RESULTS:

ACTIVITY 1: PITC/CT TRAINING (\$76,800)

The first activity will support the implementation of a training program focusing on PITC/CT. Staff working at the seven PITC/CT sites will be supported with an in-depth training curriculum including the national standardized counselor training curriculum created by LIFE-GAP, supervisor training, and refresher training. This funding will support 50 individuals working in one of the seven VCT/PITC sites mentioned above.

ACTIVITY 2: QUALITY CONTROL AND TECHNICAL ASSISTANCE (\$83,200)

The second activity will support the implementing partner to strengthen the seven existing PITC/CT clinics in the respective military settings. This will include the provision of quality control and technical assistance (QC/TA) on a range of CT protocols and procedures such as pre-test and post-counseling, referral systems to outpatient clinics (OPCs), data input, and establishing linkages/referrals from TB and OB/GYN departments to PITC/CT departments.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 10745.09

Mechanism: CDC-Gap-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5337.25395.09

Planned Funds: \$104,662

Activity System ID: 25395

Activity Narrative: Funding in this activity is provided to support the salaries and benefits packages for the following locally employed staff members associated with this HVCT:

VCT Chief, Hanoi, LES (100%)
VCT Coordinator, Hanoi, LES (100%)

In addition, this activity supports costs for travel associated with HVCT.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15392

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15392	5337.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7129	3694.08		\$83,000
9856	5337.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$84,567
5337	5337.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$117,995

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 10746.09

Mechanism: CDC-GHCS-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 25410.09

Planned Funds: \$21,428

Activity System ID: 25410

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with HVCT staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3093.09

Mechanism: N/A

Prime Partner: Ho Chi Minh City Provincial AIDS Committee

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9509.25371.09

Planned Funds: \$400,000

Activity System ID: 25371

Activity Narrative: PEPFAR-supported HIV counseling and testing (CT) programs in HCMC target most at-risk populations, including injecting drug users and their partners, male and female commercial sex workers and their clients, men who have sex with men, and sex partners of HIV-infected persons.

In FY08, through a cooperative agreement with the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC), PEPFAR supported eight CT clinics in Districts 1, 2, 4, 10, Binh Chanh, Go Vap, and Tan Binh, and at the Dermato-Venerology Hospital (DVH). In addition, PEPFAR funded one clinic located in the government's Nhi Xuan drug rehabilitation center as part of a comprehensive reintegration program for recovering injecting drug users (IDUs).

During FY08, approximately 17,000 individuals received CT services at these nine clinics. In FY09, with PEPFAR support, HCMC PAC will continue to strengthen service delivery in these nine established sites and will expand by adding three outreach teams operating out of current CT sites. These mobile outreach counseling and testing teams will facilitate access to CT and STI services for hard-to-reach populations, particularly in areas commonly frequented by CSW. The expansion of same-hour test result notification to all CT clinics will facilitate more efficient and effective service provision.

The FY08 proposal of PITC activities at two hospitals was not implemented due to capacity concerns; the funding for this activity will be reallocated in FY09 to the aforementioned outreach teams. In FY09, an estimated 19,000 individuals will receive CT services and 130 healthcare workers will be trained in counseling and testing.

PEPFAR will fund HCMC PAC to continue to improve the quality of service delivery by providing training and innovative quality assurance and quality control (QA/QC) measures, including: introducing client exit interviews; linking CT information systems to laboratory information systems; providing advanced counseling skills to healthcare workers; integrating couples counseling protocols into existing CT clinics based on the HHS/CDC and OGAC Technical Working Group curricula; and enhancing existing referral systems between HIV prevention and care services through hired provincial referral coordinators and monthly referral coordination meetings for partners working within the HIV prevention and care network. The PEPFAR-supported counseling and testing program will maintain close cooperation and enhance coordination with World Bank and Global Fund CT programs through the provision of technical assistance and forums for information and experience-sharing discussion.

In collaboration with a TBD partner who will implement a social marketing program, HCMC PAC will continue to strengthen the CT social marketing program in HCMC to maximize service uptake and to link HIV-positive individuals to care and treatment. HCMC PAC will continue outreach communication through CT counselors who, in collaboration with outreach programs, PLWHA groups, and Women's and Youth Unions, will provide CT education to target populations. This CT education activity, in conjunction with the social marketing program, will encourage people to seek counseling and testing, help eliminate stigma and discrimination, and facilitate recruitment of families and couples into the HIV prevention and care network. This collaboration will also support HCMC PAC's counseling and testing program in encouraging test result disclosure and notification, especially for discordant couples, and in ensuring that HIV-negative partners do not seroconvert.

Recognizing the importance of service accessibility to recovering IDU, PEPFAR will collaborate closely with peer outreach programs, case manager teams, and outpatient clinics to ensure the continuation of care, treatment, and support to residents after being released from government rehabilitation centers. In addition to the continuation of CT service delivery at Nhi Xuan drug rehabilitation center, FY09 funds will be used to support HCMC PAC to provide either mobile CT services to residents of three other government rehabilitation centers or technical assistance to improve already existing in-center CT services as part of an innovative mobile services package to center residents.

Number of service outlets providing counseling and testing according to national and international standards: 9

Number of individuals who received counseling and testing for HIV and received their test results (excluding TB): 19,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15272

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15272	9509.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$520,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$241,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5170.09

Prime Partner: Ministry of Health, Vietnam

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5325.24586.09

Activity System ID: 24586

Mechanism: Vietnam Administration for
HIV/AIDS Control (VAAC)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$1,900,000

Activity Narrative: COUNSELING AND TESTING: \$1,900,000

The Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) leads government initiatives to develop counseling and testing (CT) policies and guidelines, and to implement CT programming in Vietnam. In FY09, PEPFAR will support VAAC to strengthen HIV counseling and testing (CT) coverage in 28 high prevalence provinces. The services will target most at-risk populations (MARPs) including injecting drug users (IDU), commercial sex workers (CSW), men who have sex with men (MSM), sexual partners of HIV-infected persons, and clients of sex workers. VAAC will provide counseling and testing services for 68,000 clients at 54 CT clinics in these provinces.

In FY08, the VAAC has developed the use of same-hour test result notification. With FY09 funding, the VAAC will expand same-hour test result notification, establishing the practice in all provinces to encourage increased service uptake. Based on the use of rapid testing, VAAC will expand the Hai Phong outreach CT model to all PEPFAR focus provinces, establishing 10 outreach CT teams based at existing counseling and testing sites to improve coverage of most at-risk populations.

In line with PEPFAR counseling and testing strategies, VAAC will enhance provider-initiated testing and counseling (PITC) services at sexually transmitted infections (STI) clinics in all PEPFAR focus provinces and develop PITC at TB clinics to 19 provinces with the highest TB prevalence. In addition, VAAC will continue to integrate CT into drop-in centers for IDU in all focus provinces, and to ensure that CT services are routinely offered to clients at methadone sites. Couples counseling will also be integrated into current CT services to better reach regular sexual partners of IDU, sex workers and other high-risk groups.

PEPFAR funds will be used to improve services offered at all sites by training 200 health care workers in advanced counseling and couples counseling using HHS/CDC and OGAC technical working group-approved curricula, and employing internal and external quality assurance/quality control (QA/QC) measures. VAAC will also strengthen the current CT information system and link it to the laboratory information system to ensure the smooth service functioning. With PEPFAR support, VAAC will continue to provide technical assistance to Global Fund and World Bank counseling and testing programs through refresher trainings, QA to improve service provision, standardized data collection, monitoring and evaluation, and the coordination of a national HIV counseling and testing reporting system.

Through FY09 funding, PEPFAR will support VAAC collaboration with the World Health Organization (WHO) and UNICEF to ensure that counseling and testing is available for children and adolescents, and to guarantee approval of guardians and non-discrimination against minors. Training on safeguarding the welfare of children will be provided to health care workers through health information networks, training, and legislative regulations.

In collaboration with the UN, WHO, other major donors (Global Fund, AusAID, and World Bank), and international NGOs (Family Health International and Population Services International), PEPFAR will assist VAAC in disseminating national guidelines for counseling and testing as well as national guidelines for PITC. PEPFAR will coordinate with referral officers to enhance existing referral systems between HIV prevention and care services through the implementation of a referral card tracking system. PEPFAR will also continue its support of VAAC monthly coordination meetings at the provincial level.

VAAC will work closely with PEPFAR social marketing partner PSI to increase the number of people who access counseling and testing services. To strengthen linkages with outreach programs, VAAC and PEPFAR will coordinate activities with PLHIV groups, peer outreach programs, and organizations such as the Vietnam Women's Union and Youth Union to encourage test result disclosure, service utilization by families, and to prevent HIV-negative partners of PLHIV from becoming infected. These activities will facilitate normalization of HIV test-seeking behavior and reduction of stigma and discrimination.

Number of service outlets providing counseling and testing according to national and international standards: 54

Number of individuals who received counseling and testing for HIV and received their test results (excluding TB): 68,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 15296

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15296	5325.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,900,000
9511	5325.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$1,455,000
5325	5325.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	3092	3092.06	Cooperative agreement	\$670,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$770,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3109.09

Mechanism: DoD - Defence-Partnered HQ activities

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9517.24726.09

Planned Funds: \$450

Activity System ID: 24726

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business. Note that the OBO Tax (\$450) will be paid with 2008 carryover funds.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15404	9517.08	Department of Defense	US Department of Defence/Pacific Command	7130	3109.08	Center of Excellence	\$45,000
9517	9517.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$287,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 6132.09	Mechanism: N/A
Prime Partner: United Nations Resident Coordinator	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 5332.24706.09	Planned Funds: \$50,000
Activity System ID: 24706	

Activity Narrative: This is a continuation of FY 07 and FY 08 activities to strengthen coordination and technical assistance to Vietnam Ministry of Health on improving its HIV counseling and testing (CT) program.

Following a technical consultation on HIV Testing, jointly organized by WHO/Western Pacific Regional Office (WPRO) and PEPFAR/CDC, "Guidance for HIV testing in Western Pacific Region" is being finalized by WHO/WPRO and PEPFAR. This publication is expected to provide guidance on HIV testing strategies and algorithm, and quality management elements for HIV testing sites in low and concentrated epidemic.

Discussion during the technical consultation and the subsequent situation analysis of HIV testing in Viet Nam highlighted some major programmatic issues. There are more than thirty test-kits listed on the national list of approved HIV test kits, none of which have been properly evaluated in Vietnamese testing conditions. Further, these test kits are being used with no or little consideration for the order in which they are being used in algorithm. Cross-reactivity between assays used in algorithm can lead to compromised testing outcomes as falsely reactive specimens can be incorrectly reported as positive. The evaluation of six rapid test kits to be conducted in FY08 at National Institute of Hygiene and Epidemiology (NIHE) with support from PEPFAR/CDC will provide a critical first step in regulating the use of evaluated HIV test kits and their use in a validated testing algorithm.

In FY09, WHO will provide intensive technical support in close collaboration with PEPFAR/CDC to the MOH in establishing the National HIV testing algorithm (s). Based upon the phase I evaluation of HIV test kits expected in FY08 and aforementioned new Guidance, phase II evaluation will be carried out to validate the HIV testing algorithm to ensure high positive predictive value and no or limited cross-reactivity between the assays in the field conditions. Then, the monitoring system for the newly developed algorithm will be established.

In establishing the testing algorithm, special attention will be paid to reduce the turn-around time, and to possibly enable same-day results and HIV testing in the outreach settings. Furthermore, WHO will facilitate review of in-country pilot of mobile and outreach HIV testing and counseling services to strengthen relevant policy and programmatic guidance. Combined with the efforts to strengthen quality management at HIV testing site, these activities are expected to significantly contribute in scaling-up HIV testing and counseling to reach most-at-risk populations to much greater extent, who are most affected in the Viet Nam's concentrated epidemic.

Number of service outlets providing counseling and testing according to national and international standards: N/A

Number of individuals who received counseling and testing for HIV and received their test results (excluding TB): N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 15357

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15357	5332.08	U.S. Agency for International Development	United Nations Resident Coordinator	7111	6132.08		\$50,000
9516	5332.07	U.S. Agency for International Development	United Nations Development Programme	5165	3111.07	UNDP	\$50,000
5332	5332.06	U.S. Agency for International Development	United Nations Development Programme	3111	3111.06		\$30,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3367.09 **Mechanism:** CDC-GHCS-Funded HQ Activities
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 9507.24556.09 **Planned Funds:** \$6,942
Activity System ID: 24556

Activity Narrative: This activity represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15380

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15380	9507.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$87,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7251.09

Mechanism: HHS/CDC ICASS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9688.24604.09

Planned Funds: \$34,019

Activity System ID: 24604

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3102.09

Mechanism: Community REACH Vietnam

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 16269.24687.09

Planned Funds: \$192,000

Activity System ID: 24687

Activity Narrative: Activities in this area will support efforts to increase the scale, quality and effectiveness of both patient and provider-initiated counseling and testing (CT) at Médecins du Monde (MdM) sites in Hanoi and HCMC. The program includes activities to increase the availability and quality of CT services as part of a comprehensive prevention, care and treatment package. While open to the general public, specific target populations include MSM, IDU, FSW and sexual partners of MARPs.

MdM: \$ 160,000

MdM will continue to provide CT and other critical HIV services through three OPCs located in Districts 6 and 9 of HCMC and Tay Ho District of Hanoi. MdM uses mobile outreach teams including peer educators to access hidden MARPs and refer them to client-friendly CT services at its OPCs. Clients are also referred to CT services via home-based care teams and often by word of mouth. New for COP09, MdM will expand to one additional site in Hanoi. MdM will train 14 people to provide CT services to 4,300 individuals.

Number of service outlets providing counseling and testing according to national and international standards: 4

Number of individuals who received counseling and testing for HIV and received their test results (excluding TB): 4,300

PACT DIRECT: \$ 32,000

CT services will be carried out with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system; 2) to provide MdM with access to high quality technical expertise in achieving and effectively reporting results; and 3) to ensure effective coordination between MdM, additional PEPFAR partners, and relevant government and non-governmental initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16269

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16269	16269.08	U.S. Agency for International Development	Pact, Inc.	7117	3102.08	Community REACH Vietnam	\$39,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$192,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7269.09	Mechanism: AIDStar
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14

Activity ID: 5334.24618.09

Planned Funds: \$1,111,766

Activity System ID: 24618

Activity Narrative: VCT SOCIAL MARKETING: \$1,111,766

In the past several years, PEPFAR has dramatically expanded its support for HIV counseling and testing (CT) services in Vietnam through a variety of partners and mechanisms, and recognizes that demand creation and the social marketing of these services to high-risk individuals is essential to increase service uptake.

As one of the leading social marketing experts in Vietnam, PSI has been awarded the AIDSTAR Task Order in FY08 to work with PEPFAR on strengthening its HIV CT social marketing program.

In FY09, PSI will continue to use social marketing approaches to increase awareness of and trust in CT among most-at-risk populations, reduce stigma associated with these services, and increase the capacity of Provincial Health Departments (PHDs) to develop effective, non-stigmatizing social marketing campaigns. This campaign has been focused on increasing awareness and emphasizing the confidentiality of services, the benefits of counseling, and the benefits of knowing one's HIV status.

PSI will carry out regular assessments that will be used to describe effective strategies for targeting and reaching most at risk populations in a sustainable manner as well as effective approaches, and will continue to support promotion of a national testing month in COP09 to help reduce the stigma of HIV testing and encourage more high-risk individuals to seek CT.

PSI will build the capacity of local partners to communicate effectively to high-risk individuals by replicating a successful series of evidence-based, client-focused CT social marketing programs implemented in eight PEPFAR focus provinces. These activities are designed to provide a better understanding of the nature and effectiveness of CT social marketing approaches, and to increase capacity to produce non-stigmatizing and compelling CT behavior change campaigns. Social marketing training workshops will be offered to PHD/Provincial AIDS Centers involved in PEPFAR supported CT activities, as well as to organizations such as Women's and Youth Unions and NGOs involved in CT. Relevant program staff and community outreach workers who implement CT will be trained in CT Behavior Change Communication (BCC) messaging and distribution of IEC materials.

PSI will collaborate with other organizations involved in advocacy for Greater Involvement of People Living with HIV/AIDS (GIPA), particularly the Bright Futures Group, to support the development of locally appropriate CT social marketing campaigns and promotional materials. Through collaborations with other USG partners conducting peer outreach programs for most-at-risk populations, PSI will expand uptake of CT services to individuals with the greatest needs. PSI will continue to work in the eight PEPFAR priority provinces and will provide training to 100 individuals in social marketing.

Number of service outlets providing counseling and testing according to national and international standards: N/A

Number of individuals who received counseling and testing for HIV and received their test results (excluding TB): N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 15345

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15345	5334.08	U.S. Agency for International Development	Population Services International	7269	7269.08	PSI - Vietnam	\$1,200,000
9513	5334.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$900,000
5334	5334.06	U.S. Agency for International Development	Population Services International	3652	3652.06	(INGO- former AIDSMARK)	\$515,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$111,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3107.09	Mechanism: USAID-FHI
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 9508.24676.09	Planned Funds: \$1,360,000
Activity System ID: 24676	

Activity Narrative: HIV counseling and testing (CT) remains a critical element of the Government of Vietnam and PEPFAR HIV prevention, care and treatment strategy. Counseling and testing affords an opportunity for clients to evaluate their risk behaviors and consider options for behavior change. HIV-negative clients have the opportunity to reduce their risks while HIV-positive clients are linked to life saving health care and a chance to protect their families, sexual partners and peers. Through FY09 support, FHI will train 150 counselors and provide counseling and testing for 40,000 clients at 30 CT sites in PEPFAR focus provinces. This will be accomplished through several initiatives to set national service standards, refocus efforts on most at risk populations, and deploy new CT models to expand reach. Each of these strengthens the national CT program while ensuring long term sustainability.

First, FHI will continue longstanding support for two centers of excellence: the Anonymous Testing Site (ATS) in HCMC and Bach Mai CT Center in Hanoi. These sites provide technical assistance to new testing facilities supported by PEPFAR and other donor partners. This technical assistance takes many forms, including study tours, in-service practice, supportive supervision, and training for basic and advanced HIV counseling. Both the ATS and Bach Mai sites will lead case consultation meetings for CT counselors.

Second, FHI will strengthen the absorptive capacity of 30 existing CT sites, integrating them into district outpatient clinics (OPC), PEPFAR funded drop-in centers and local health care service providers. New hospital-based provider-initiated testing and counseling (PITC) sites will be closely monitored to ensure quality; an end of year PITC evaluation will inform future plans for routine counseling and testing initiated at health service points. HIV screening will be completed at local laboratories, and where possible clients will receive negative results within a day. At health facility based CT locations with a nearby laboratory, negative test results will be returned to clients in an hour. Training and technical assistance at existing sites will restructure counselor workload, increasing their efficiency and absorptive capacity.

Third, based on coverage information and on results from the 2006-2007 Boston University peer outreach evaluation, FHI will refocus efforts to improve CT referrals from community outreach targeting MARPs. While outreach worker contacts with IDU, sex workers and MSM remain important, the numbers of contacts who seek counseling and testing and receive their test results will become a primary indicator of program success. In close collaboration with innovative and hard-hitting CT social marketing efforts from PEPFAR partner PSI, FHI will prioritize training to improve outreach workers' referral skills and adapt existing CT training curricula making them suitable for use in community outreach. Social marketing and a renewed focus on MARPs will stress the benefits of knowing one's status while reducing stigma and other barriers to seeking testing.

Fourth, FHI will work with the PEPFAR team, VAAC and other partners to standardize a mobile outreach CT service model. Five mobile CT teams will be established at sites selected in agreement with key stakeholders. Working closely with outreach workers and PLWHA groups, the mobile teams will encourage testing among MARPs, especially hard to reach MARPs and those who may be worried about attending clinics. The mobile model will interrupt rapid transmission patterns among the newly infected, linking clients to community based prevention services including prevention information, condoms, an increasing array of substance abuse treatment options and vocational training for recovering IDU or for women who wish to leave sex work.

Number of service outlets providing counseling and testing according to national and international standards: 30

Number of individuals who received counseling and testing for HIV and received their test results (excluding TB): 40,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15258

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15258	9508.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$1,360,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$2,480,000

Program Area Narrative:

PROGRAM AREA SETTING

Over the past several years, antiretroviral therapy (ART) in Vietnam has gone from being available to only a few to a routine course of treatment for many PLHIV, in large part due to funding from PEPFAR. As a major supplier of ARVs in Vietnam, PEPFAR currently offers 21 different antiretroviral (ARV) drugs, including the FDA tentatively-approved stavudine-based fixed-dose combination, which treats nearly half of the 15,000 patients receiving ARVs supported by PEPFAR. Generic drugs have helped bring down the annual cost of first-line treatment to as low as \$100 per patient. Only about 2.5% of patients need second-line treatment, yet the cost of procuring these drugs still amounts to 10% of the total PEPFAR Vietnam antiretroviral budget. By the end of FY09, PEPFAR plans to directly support 36,000 patients by providing them with ARVs.

In FY07 and FY08, PEPFAR's antiretroviral procurement was managed by the Supply Chain Management System (SCMS). The medicines are distributed under the supervision of the Vietnam Ministry of Health (MOH) and have approval and quality/registration certification from both the World Health Organization (WHO) and the U.S. Food and Drug Administration (FDA). ARV drugs are delivered to the Central Pharmaceutical Company No. 1 (CPC#1), a Hanoi-based joint stock company, which has a distribution network throughout Vietnam. Each delivery/batch of ARVs is accompanied by a Certificate of Analysis and Certificate of Origin in accordance with the regulations and quality standards of the country of manufacture.

KEY ACCOMPLISHMENTS

In recent years, there have been several dramatic improvements in how ARVs are procured and distributed. Permission to import FDA tentatively-approved generic drugs in 2006 led to faster delivery and significantly reduced prices. Low-cost ARVs mean that PEPFAR can now provide treatment to patients not only at PEPFAR sites but also to those sites funded by the government of Vietnam and the Global Fund (GF). Efforts are now being coordinated to supply second-line ARVs to MOH and GFATM sites, as well as to redistribute drugs in storage due to expire. In order to improve the distribution system, a central pharmacy unit within MOH was established in 2008. This unit, supported by PEPFAR and the Clinton HIV/AIDS Initiative (CHAI), has now been placed in charge of coordinating the distribution and management of all ARVs.

CHALLENGES/OPPORTUNITIES

Vietnam has historically delivered ARVs directly to the provinces, each of which has different levels of forecasting ability and infrastructure. With multiple donors purchasing ARVs using parallel systems of procurement and distribution, there was duplication and wasted efforts. Acknowledging this fact, MOH recently assigned SCMS's current partner, CPC#1, to be responsible for the storage and distribution of all ARVs imported into the country. This has helped improve the coordination and management of ARV supplies, regardless of funding sources.

Though there have been some improvements, PEPFAR's early ART efforts were hindered by lengthy drug approval processes, slow delivery from manufacturers, delayed arrival of donor funds, and restrictions on purchasing cheaper generics. In addition to the importation of FDA tentatively-approved generic first-line ARVs, second-line generic ARVs are now being granted FDA tentative approval. It is expected that most second-line ARVs will be available from generic manufacturers by the end of FY09. Currently, second-line ARVs cost ten times more than first-line ARVs, but in the future the new generic second-line medications will represent a smaller percentage of the ARV budget. Lopinavir/ritonavir, currently must be procured as Aluvia, which is the most expensive second-line drug at \$1,000 per patient per year. The cost for lopinavir/ritonavir may decrease 50% in the next year due to a new FDA-certified generic that is expected to be available in the next six months.

KEY STRATEGY ELEMENTS

In FY09, the key strategy elements will center around two project goals. First, SCMS will assist the government of Vietnam to design and implement a more efficient and effective national system for the distribution of HIV medicines and related commodities. This will be done by capacity building and training at MOH's Vietnam Administration for HIV/AIDS Control (VAAC) and at the provincial and clinic levels. There will be an emphasis on creating long-term commodity security by integrating donor contributions in medicine procurement, specifically the Global Fund, CHAI, and the World Bank. Plans for supporting pediatric patients currently receiving ARVs from CHAI and the international drug purchasing facility, UNITAID, will be developed. The design and roll out of standard operating procedures, training methodology, and information systems will be key activities to ensure program sustainability.

Second, SCMS will continue to improve quantification, procurement, storage, and distribution of HIV/AIDS-related commodities supported through PEPFAR partners. This will ensure that there is an uninterrupted supply of medicines for the existing PEPFAR-supported clinical sites while more supply chain activities are transitioned over to the government of Vietnam. PEPFAR will continue procuring first- and second-line ARVs to support adult ART and prevention of mother-to-child transmission treatment at PEPFAR- and non-PEPFAR-supported sites, in accordance with Vietnam's standard treatment guidelines and USAID's procurement and distribution regulations. Distribution is an important additional function for the SCMS Vietnam program. It not only handles the distribution of PEPFAR-supplied medicines but it also supports other donors, such as CHAI's purchase of pediatric medicines, by facilitating the importation, storage, and distribution of pediatric ARVs to sites throughout the country and covers the redistribution of medicines from the different donor programs.

A component to both strategies is conducting on-going monitoring and evaluation, using a manual pharmacy Management Information System (MIS), which allows for the monitoring of ARV stocks at clinical sites on a monthly basis. An electronic MIS may be developed, with collaboration between MOH and PEPFAR that includes a supply chain function. Continued monitoring and evaluation of dispensary management and standards of practice is carried out by SCMS program associates who visit PEPFAR dispensaries on a regular basis.

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 10892.09

Mechanism: USAID TBD

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 25891.09

Planned Funds: ██████████

Activity System ID: 25891

Activity Narrative: Occasionally the Vietnam Administration for HIV/AIDS Control (VAAC) has requested PEPFAR Vietnam to support its National Program. Vietnam's national ART program operates in provinces and districts not covered by PEPFAR or the Global Fund. Support requested and provided to-date has consisted of the provision of second-line ARV medicines in 2007. In addition, in 2008, PEPFAR had a surplus of first-line medicines, which were offered to Vietnam's national ART program. VAAC then requested that PEPFAR Vietnam provide assistance to supply both first- and second-line ARVs for an estimated 2,520 patients in 2008, and 3,000 patients in 2009. Per the terms of agreement, PEPFAR is involved in the selection and monitoring of ART service sites to ensure treatment adherence and quality care. It is also involved in monitoring the drug supply logistics.

PEPFAR has begun discussions to develop a plan for continued support of the national ART program after September 2009. It is possible that VAAC will request continued support from PEPFAR for ARV drugs for national program patients into calendar year 2010. To ensure there are resources available to meet the need of these patients who are currently receiving ART, PEPFAR will reserve \$680,000 to procure first-line medicines in order to treat up to 4,000 patients. (Second-line medicines, for up to 200 patients, and prevention of mother-to-child transmission (PMTCT) patient coverage for non-PEPFAR sites have already been included in the Supply Chain Management System (SCMS) COP09 budget.)

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5175.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 9381.24651.09

Planned Funds: \$1,800,000

Activity System ID: 24651

Activity Narrative: his is a continuing activity from FY 2008.

The Supply Chain Management System (SCMS) will continue activities started in 2006 that center on ensuring a non-interrupted supply chain for HIV related medicines, commodities and supplies, for up to 34,000 patients by September 2010. There will be increased emphasis on technical assistance to develop a long range system for GVN to ensure supplies of HIV related medicines and commodities into the future, post PEPFAR. The need for ARV medicines in COP09 is estimated at \$9,000,000 to meet the needs of adult treatment and PMTCT. Given SCMS currently has an estimated pipeline of \$8,000,000 only \$1,000,000 of additional funds are being requested for ARVs and \$800,000 for technical assistance to support the ARV drugs logistics. This area of SCMS activities is closely linked to PMTCT, adult and pediatric treatment and adult care, as the site level activities feed directly into the ability of SCMS to provide quantification and logistics. Office expense is distributed across all program areas for which SCMS has activities. Some medicines may also support patients at the GVN supported clinical sites and may supplement Global Fund Project sites. SCMS will collaborate with CHAI to ensure the proper quantification of needed pediatric ARVS which will continue to be procured by CHAI during COP09. PEPFAR will support SCMS to continue to work closely with CHAI and the PEPFAR care & treatment team to ensure pediatric medicines are available going into 2011, in anticipation of the end of UNITAID funding. PEPFAR will support SCMS to continue to manage the storage and distribution of the pediatric supplies to the whole country.

There are two project goals, with activities centered around each goal. For the first goal PEPFAR will support SCMS to assist the Government of Vietnam to design and implement a more efficient and effective national system for the distribution of HIV medicines and related commodities by 1)building capacity at VAAC to quantify needs, manage distribution and storage, and to use information for decision-making; 2) building capacity of PACs to use information for decision-making and building their capacity to train staff at new sites; 3) building capacity at sites to store, dispense and collect information for reporting and ordering; 4) collaborating with VAAC to develop a long-range strategy for commodity security, which integrates all donor commodity resources and helps increase the number of patients on ARVs; 5) collaborating with VAAC in the design and implementation of a national drug requisition system with roles for site level, PAC level and National level to be defined; 6)collaborating with VAAC to document and disseminate the standard operating procedures (SOPs) of the national system according to good pharmaceutical practice (GPP); and, 7) collaborating with VAAC in the design and implementation of a drug management information system (DMIS) that collects site-level data and makes the information available to VAAC, PACs, sites, and other stakeholders.

The second goal centers around continuing to improve quantification, procurement, and fund the storage and distribution of HIV/ AIDS commodities supported through PEPFAR by: 1)stream-lining the quantification process by moving from morbidity-based forecasting to consumption-based forecasting while continuing to prepare routine forecasts and supply plans using SCMS tools and methods; 2) procuring PEPFAR-funded HIV and AIDS commodities using SCMS' procurement system; 3) improving the speed of the importation of commodities; 4)funding the storage and distribution of HIV and AIDS commodities for PEPFAR and Clinton HIV/AIDS Initiative (CHAI); 5)continuing to support and monitor the management and dispensing of HIV and AIDS commodities at ARV sites and CPC#1 to prevent stock-outs or expiration of products, while transitioning this function to VAAC. Activities will continue to include training of dispensers at adult, pediatric and PMTCT sites to ensure compliance with storage, handling, and reporting procedures, and to support dispensers to promote patient adherence to medicine.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15341

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15341	9381.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7118	5175.08		\$11,650,000
9381	9381.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5175	5175.07	Supply Chain Management System	\$10,404,000

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$6,251,683

Program Area Narrative:

PROGRAM AREA SETTING

Strengthening Vietnam's laboratory infrastructure, to support sustainable HIV/AIDS related activities, continues to be a priority for PEPAR. In Vietnam most laboratory support is directed through government institutions such as the Vietnam Administration for

HIV/AIDS Control (VAAC), the national HIV/AIDS coordinating body, and LIFE-GAP, its implementing arm. Support includes procurement of equipment/commodities, development of quality assurance programs, and human capacity development through training and technical assistance. In FY09 the PEPFAR laboratory program will also target three major initiatives: development and implementation of a national laboratory strategic plan, evaluation of HIV rapid tests to serve as the foundation for a national algorithm and expansion of laboratory information systems (LIS).

PEPFAR Vietnam continues to advocate to the MOH and VAAC, for a tiered, integrated laboratory network which provides efficient service delivery across various levels of the public health system, as outlined in the 2008 Maputo Declaration and the resulting report. This goal can best be reached through the development of a national laboratory strategic plan (NLSP). Unlike most other PEPFAR-supported countries, well-equipped public health laboratories exist in Vietnam, which if appropriately linked and supported by partners, are well situated to support the country's efforts to prevent and control the most common epidemic diseases. Numerous international partners are eager to contribute to aspects of Vietnam's laboratory health system. A well-designed NSLP will maximize resources and coordinate efforts in a setting where there is a shortage of skilled laboratory personnel. A well-conceived laboratory plan should address national laboratory policy, quality assurance programs, and standardized training / testing. Successful programs require early establishment and on-going reinforcement of local referral networks both within and among implementing partners. These local networks provide the support structures for a country's national network of tiered laboratory services and an efficient mechanism for referral of complex testing and validation of new technologies or testing algorithms.

The groundwork for a strategic plan was laid in late 2007 when PEPFAR Vietnam and CDC's International Laboratory Branch collaborated with the Vice Minister of Health and the Vietnam Administration for Medical Services (VAMS) to support the development of both a steering committee and an international group of donors and technical assistance providers. To date a steering committee, with a mandate from the Ministry of Health, has been formed. It is chaired by the Vice Minister of Health and includes representation from appropriate government institutions. With support from PEPFAR and TA from the Association for Public Health Laboratories (APHL), a draft strategy has been completed; this will be completed and approved in the coming months. In FY09 PEPFAR will continue to provide resources (funding and TA) for implementation of initiatives outlined in the strategic plan.

As in other countries affected by HIV, diagnostic testing continues to be the major entry point for care and treatment and relies on a standardized, quality assured testing program. However, this does not currently exist in Vietnam, as recently acknowledged by a September 2008 OGAC Adult Treatment TWG TA visit to Vietnam. HIV rapid tests are used throughout Vietnam, however there is not a single national HIV testing algorithm utilizing simple, rapid HIV tests. In general, WHO strategy III is used with tests administered in a serial fashion. However, clients visiting VCT, PMTCT and TB facilities do not receive test results during a single visit (usually, screening tests are conducted at one location, typically a rapid test, and confirmatory testing, usually EIA, is performed at a second facility). Results are provided back to clients after seven days. Tests within this algorithm are not standardized, are regularly changed and test product sensitivity and specificity is not considered when selecting a test for screening or confirmation. Such an environment does not allow for standardized training of laboratorians, adequate time for laboratorians to develop proficiency in performing tests and development of a quality assurance program. To highlight the critical importance of this issue WHO (with PEPFAR support) held a regional meeting on HIV testing in Hanoi in August 2008. The resulting report, Guide to Scaling-up Sustainable Quality HIV Testing in the Western Pacific Region, will be published in early 2009. PEPFAR is also supporting Vietnam in the evaluation of HIV rapid test kits, using internationally accepted guidelines. This evaluation will be structured to allow for participation from all relevant stakeholders both inside and outside the government of Vietnam and will serve as a tool for building trust for the use of HIV rapid tests and consensus for a single national algorithm. During FY08 an evaluation protocol was developed and approved by the government of Vietnam and CDC-IRB; phase I of the evaluation is due to start in early 2009.

Over the past three years PEPFAR has been engaged in strengthening both paper-based and computerized laboratory information systems (LIS), in partnership with VAAC, Ho Chi Minh Provincial AIDS Committee (HCMC PAC) and APHL. A solution was sought that would take advantage of the unique opportunity of strong information technology in Vietnam's private sector and the rapid uptake of computer technology in general, while at the same time taking into account long term cost, sustainability and lack of technical and human infrastructure in laboratories. A US-developed, open source LIS package was selected due to its flexibility. It was locally customized for Vietnam through a collaboration of three state public health laboratories, with assistance from APHL and a local Vietnamese IT company. A pilot of the resulting LIS package in 2008 at two sites (Hanoi and HCMC) was successful due to the availability of software expertise in-country, the non-dependence on proprietary tools and the empowerment and engagement of MOH in the implementation process. In September 2008 PEPFAR Vietnam hosted the Second Global LIS Meeting. Holding this meeting in Hanoi allowed laboratory staff from various provinces and national institutes to participate in discussions related to a long term strategy for information systems in laboratory settings in Vietnam and learn how other PEPFAR programs are working to incorporate information systems into routine laboratory functions. The LIS is currently being rolled out to 4 additional sites.

Additional laboratory accomplishments include support for the enhancement of laboratory capacity at 46 facilities offering HIV diagnostic and ART monitoring tests (CD4 and/or lymphocyte count). 485 trainings were delivered to laboratory staff working in these and other health care facilities. Support was provided through PEPFAR to conduct 570,000 laboratory tests related to HIV diagnosis, care and treatment monitoring (including TB, STI and OI). TA was provided to create guidelines for CD4 determination and a CD4 quality assurance laboratory network model were developed to improve the accuracy of CD4 testing. Instrumentations were procured by PEPFAR for placement in six labs. The first external quality assurance program was created at NIHE to support HIV serology testing in all 64 provinces of Vietnam; to date three rounds have been distributed and customized software is used to capture / analyze data. To alleviate the scarcity and improve the quality of medical laboratory scientists in Vietnam, PEPFAR supported initiation of a mentorship program for new medical technologists. The laboratory program also assists host government partners with identifying and interviewing qualified laboratory staff to oversee national laboratory activities. SCMS continues to be a strong partner for procurement of laboratory instruments and reagents, particularly for CD4. Their role in Vietnam is different

from that in other countries; they provide TA for instrument placement/training and provide regular site visits to ensure instruments are correctly used and maintained. PEPFAR continues to strengthen the diagnostic capacity for STIs and TB at supported laboratories through training. PEPFAR also continues to support Vietnam with TA to fully develop its PCR and sequencing capacity in Hanoi and HCMC for early infant diagnosis and drug resistance monitoring programs.

While Vietnam does have well equipped laboratories and a functioning specimen transfer system there are numerous challenges. A MOH policy for HIV testing is lacking, as discussed above. There is not a strong, fully functional laboratory with a clear mandate from the host government to serve as a National Reference Laboratory. There is no single supervisory body for managing all HIV associated laboratory practices and standardized implementation of policies. New medication assisted therapy (methadone), for many HIV positive individuals, has increased the demand for laboratory services. Lead times for laboratory related activities are often long due to lengthy and complex approval processes within the government of Vietnam. Many laboratories lack sufficient staff or have staff that is not sufficiently trained. Vietnam is still in the process of transferring HIV diagnostic laboratories at Preventive Medicine Centers (PMC), within existing health facilities, to newly created Provincial AIDS Centers (PAC) which are focused specifically on HIV activities. This has resulted in unanticipated expenses for procurement of additional equipment and provision of training for new personnel. Most laboratories lack Standard Operating Procedures (SOP) resulting in inconsistent monitoring and evaluating of quality of testing.

The strategy for PEPFAR's laboratory program in COP09 includes support for building a unified, sustainable system, improved technical capacity and enhanced human capacity. PEPFAR will continue to promote a quality management model for laboratory programs in Vietnam; this will be clearly outlined in and guided by the finalized NLSP. Though working through government institutions can be challenging and time consuming, changes in policies and practices at this level will lead to sustainable results. To alleviate the shortages of qualified laboratorians PEPFAR will continue to adapt and deliver training packages in the areas of HIV diagnostics and ART monitoring (CD4, biochemistry, hematology, TB, STI and OI). Efforts will also be made to upgrade the quality of training provided to students studying for medical laboratory degrees (Pre-Service) through new training standards (outlined in NLSP) and through a curriculum improvement program provided by American Society for Clinical Pathology (ASCP) to one strategically located university in Vietnam. Training packages for laboratorians currently in service will be updated for AFB smear microscopy (tuberculosis) using the recently published WHO/CDC generic package and for OI diagnostics through support from CDC-Thailand and American Society for Microbiology (ASM).

Two facilities in Vietnam are currently conducting TB liquid culture; PEPFAR will support TA, through ASM, to ensure that the infrastructure of these laboratories and staff training meets internationally recommended standards for safety.

By the end of COP09, the LIS will be operational in approximately 20 sites with both VAAC and HCMC PAC taking responsibility for defining and implementing the plans for scalability, maintenance, support and training. Recently identified needs will be addressed; these include standardized laboratory data forms and improved paper-based systems to define minimum data collection at all laboratories. Laboratory instruments will be interfaced directly with LIS computers to reduce data entry errors and there will be a focus on systems integration with linkages supported between VCT and HIV care and treatment software and LIS. Once fully functional, LIS will allow for real-time, accurate monitoring of PEPFAR supported sites nationally. Due to the low cost associated with open source systems, sites not supported by PEPFAR could possibly adopt it as well.

The PEPFAR laboratory program will continue to function as a cross-cutting technical group, lending support to other technical groups within PEPFAR including SI, VCT, PMTCT, treatment and TB/HIV. The laboratory program is primarily staffed by four CDC laboratorians. These consist of the following, with listed responsibilities: one direct hire provides program leadership; one locally hired staff, with prior experience working within the MOH laboratory program, provides invaluable insight into the functioning of various government institutions and processes; one contractor, with US-NIH experience, supports quality assurance programs (example: SOP development/implementation); and a second contractor focused on LIS and laboratory data management. This PEPFAR laboratory team works in close coordination with the part-time laboratory focal persons from the other USG agencies (USAID and DOD). An additional CDC locally employed staff based in HCMC provides part-time support for laboratory activities based in the southern portion of the country.

The National Institute for Hygiene and Epidemiology (NIHE) will continue to be the focus of many HIV related activities; however, the Pasteur Institute (PI) in HCMC will be brought on as a new PEPFAR laboratory partner and will also provide support for many of these activities. PEPFAR will also continue to build capacity with other MOH laboratory institutions which already have strong, unique capacities. Some of these include National Institute for Infectious Tropical Diseases (NIITD) for CD4 EQA, Bach Mai Hospital for microbiology and OI EQA, National TB Hospital for TB training and QA and National Institute for Dermatology and Venereology (NIDV) for STI training.

The PEPFAR Vietnam laboratory program will continue to seek opportunities to coordinate with other donor and international agencies fighting the HIV epidemic in the region. Two current examples of this collaboration include a co-sponsored meeting and publication on HIV testing with WHO (discussed above) and coordination of CD4 training and DNA test kit donations from Clinton HIV/AIDS Initiative.

In FY09 laboratory support will be extended to 54 additional laboratories for a total of 100, covering about two third so the provinces of Vietnam. Training programs will be significantly ramped up (900). An estimated 1,150,000 tests related to HIV diagnosis, care and treatment monitoring will be supported.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3109.09

Mechanism: DoD - Defence-Partnered HQ activities

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 24742.09

Planned Funds: \$0

Activity System ID: 24742

Activity Narrative: HLAB Activities paid w/ 2008 carryover activities
Funding in this activity is provided to support personnel compensation, benefits and technical travel costs for the following positions in this program area:
- DOD Program Assistant (Hanoi) - 10%

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5175.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 16989.24654.09

Planned Funds: \$1,600,000

Activity System ID: 24654

Activity Narrative: This is a continuing activity.

The Supply Chain Management System (SCMS) will support procurement of CD4 instruments, test reagents and maintenance of instruments. SCMS will also conduct regular monitoring visits to sites and provide technical assistance to staff at all supported sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16989

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16989	16989.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7118	5175.08		\$100,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3367.09

Mechanism: CDC-GHCS-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 25381.09

Planned Funds: \$688,636

Activity System ID: 25381

Activity Narrative: This activity includes \$140,000 for:
Thailand Regional TA:
Technical consultation for Lab QA
Support for OI diagnostic Training

CDC-Thailand will support development and delivery of training for lab quality assurance and diagnosis of opportunistic infections (OI), will organize three meetings to develop national laboratory standards for Vietnam, and will support Vietnam with an HIV and OI external quality assurance program (EQA). Quality management training will be based on internationally accepted ISO 15189 Standards and will focus on document control, equipment maintenance, internal auditing and equipment calibration. OI training will cover hands on lab testing for OI diagnosis and proper specimen collections techniques. Training will be provided both on-site in Vietnam and in Bangkok, Thailand; training is formatted in five day programs.

This activity supports costs associated with US Direct Hire staff salaries, benefits, allowances and relocation costs of program staff and their family members included in this activity.

Senior Laboratory Advisor, US Direct Hire (100%)

In addition this activity support procurement of contractual services to provide technical support to HLAB activities:

Contractual: Lab Care and Treatment Officer, HCMC (50%)

Contractual: Lab Information Systems Specialist, Hanoi (100%)

Contractual: Lab QA Specialist, Hanoi (100%)

This activity also represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$140,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 10744.09

Mechanism: Department of Med Admin CoAg

Prime Partner: Department of Medical Administration

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 25369.09

Planned Funds: \$320,000

Activity System ID: 25369

Activity Narrative: This is a new activity for FY09.

Support for the Vietnam Administration for Medical Services (VAMS) is one component of PEPFAR's ongoing commitment to the development of laboratory infrastructure across Vietnam. This Ministry of Health (MOH) department, formerly known as the Division of Therapy (DoT), is a management department responsible for authorizations, supervision, monitoring, and management of all technical aspects related the health care and treatment systems in Vietnam (including public/private hospitals and all medical care units with consultation and treatment activities). Some of VAMS's main objectives in medical services include the development of quality management systems for laboratory (building networks and making policies), the creation of national guidelines for testing, the development of laws/regulations, and the development of national technical standards. For HIV/AIDS-related activities, a memorandum of understanding has been signed with the Vietnam Administration for HIV/AIDS Control (VAAC), which tasks VAMS with developing the national strategic laboratory plan (NLSP) and strengthening laboratory quality management systems.

VAMS has received support from PEPFAR in the past through VAAC/LIFE-GAP. Due to the significant role VAMS plays in clinical laboratories throughout Vietnam, PEPFAR will fund them directly starting this year.

With support from PEPFAR in FY08, VAMS has made strides in the development of a NLSP. A steering committee for Quality Management of Laboratory Systems has been appointed. The leadership includes the Vice Minister of MOH (chairperson) and the director of VAMS (deputy chairperson); participating members include directors from others relevant departments, administrations, and medical laboratories. Under this steering committee five technical working groups and one writing group have been formed. The Steering Committee has directed working groups to develop individual components that will be combined to form a national strategic laboratory plan. The NLSP is expected to be completed in FY08 and implementation will commence in FY09. Some of the major initiatives from the NLSP include the development of technical guidelines for an HIV testing algorithm, a standard operating procedure/quality assurance (SOP/QA) program for biochemistry, hematology, microbiology, pathology and medical diagnosis, laboratory quality assurance regulations, creation of a national laboratory accreditation authority affiliated with MOH, and the establishment of national standards for laboratories in Vietnam. The American Public Health Laboratory (APHL) and the Clinical and Laboratory Standard Institute (CLSI) will provide technical assistance for NSLP completion and the above listed activities. This technical assistance will be coordinated through PEPFAR Vietnam's Laboratory Program staff. See narratives for APHL and the Laboratory Coalition for additional details.

In FY09, VAMS will continue to provide expertise to strengthen the national laboratory network by establishing the Center for Standardization and Quality Control. This new MOH organization will be responsible for laboratory QA programs, will support laboratory accreditation (both national and international standards), will develop appropriate education/training programs, and will support informatics management of laboratory activities. VAMS, as a policy maker, will continue to develop rules, regulations, legal policies, and national guidelines for laboratories and laboratory testing. APHL and CLSI, with coordination from the PEPFAR laboratory team, will continue to provide technical assistance for VAMS for these activities.

FY09 will be the first year VAMS will participate in laboratory information systems (LIS)- related activities. They are an ideal partner owing to their mandate from MOH to provide oversight of all clinical laboratories in Vietnam. VAMS will play a key role in bringing stakeholders together. Funds will be used to organize stakeholder meetings to build consensus around a minimum data set for laboratories. Having a single, national standard for laboratory data will facilitate use of LIS in any laboratory, whether computerized or paper based. At the second Global Laboratory Information Systems meeting (held in Vietnam in 2008), it was evident that there is a need to have standards for data collection and reporting that would then help with the exchange of data between laboratory instruments and LIS. VAMS will be responsible for defining the minimum data set both for laboratory forms/LIS as well as for data output from laboratory instruments. VAMS will also provide guidance on minimum requirements and specifications for laboratory instruments that will include the capability to interface with LIS.

PEPFAR support to VAMS will also result in laboratory infrastructure improvements at 15 facilities including 10 provincial hospitals in PEPFAR focus provinces, Bach Mai Hospital and four institutional laboratories (Pasteur Institute, the National Institute for Hygiene and Epidemiology (NIHE), Nha Trang and Tay Nguyen Pasteur Institutes). One hundred trainings will be developed/delivered on laboratory techniques and QA.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$64,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 10746.09	Mechanism: CDC-GHCS-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 25412.09	Planned Funds: \$199,689
Activity System ID: 25412	
Activity Narrative: ACTIVITY 1: \$176,689 Each year CDC provides funding for the purchase of Laboratory Test Kits as a contribution to the Lab program. These lab kits are not available in Vietnam thus making it difficult for PEPFAR partners to purchase them. Note that only 50% of the cost of these test kits is provided in this activity. The remaining balance is in a GAP-funded CDC mechanism. This activity also supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with HBHC staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.). Such costs also include those allowable expenses associated with the assignment of US direct hire HBHC staff such as housing, utilities, education allowances and benefits, etc. Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.	
ACTIVITY 2: \$23,000 This is a new activity supported with unallocated funding. HIV diagnostic testing in Vietnam is currently not standardized or systematic; a variety of different rapid tests and ELISA tests are used for screening and confirmatory testing across the country. The Vietnam Ministry of Health is concerned about this situation and has turned to PEPFAR-Vietnam to support the evaluate HIV rapid tests. In FY08 an HIV rapid test kit evaluation protocol (based on using internationally accepted guidelines) was developed and approved by the Government of Vietnam and CDC-IRB. This evaluation is structured to allow for participation from all relevant stakeholders both inside and outside the government of Vietnam and will serve as a tool for building trust for the use of HIV rapid tests. Ideally it will also lead to consensus for a single national algorithm. The Government of Vietnam is also interested in evaluating HIV confirmatory diagnostic test kits, enzyme-linked immunosorbant assays (ELISA). In the current testing environment in Vietnam it is appropriate to evaluation which tests perform best in the Vietnam environment and limit the number of ELISA tests used nationally. This is an easy add-on to the current rapid test evaluation; the same well-characterized sample set can be used and will allow for comparison of rapid and ELISA test results. Funding will support procurement of (8-10) HIV ELISA test kits for evaluation.	

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 10745.09 **Mechanism:** CDC-Gap-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Budget Code:** 16
Activity ID: 5712.25396.09 **Planned Funds:** \$173,788

Activity System ID: 25396

Activity Narrative: Funding in this activity is provided to support the salaries and benefits packages for the following locally employed staff members associated with HLAB:
 - Laboratory Program Officer, Hanoi, LES (100%)
 - Care and Treatment Program Officer, HCMC, LES (50%)

This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with MTCT staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

Each year CDC provides funding for the purchase of Laboratory Test Kits as a contribution to the Lab program. These lab kits are not available in Vietnam thus making it difficult for PEPFAR partners to purchase them. Note that only 50% of the cost of these test kits is provided in this activity. The remaining balance is in a GHCS-funded CDC mechanism.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15394

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15394	5712.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7129	3694.08		\$63,601
9860	5712.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$123,426
5712	5712.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$420,688

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 7251.09 **Mechanism:** HHS/CDC ICASS
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Budget Code:** 16
Activity ID: 9688.24605.09 **Planned Funds:** \$107,570

Activity System ID: 24605

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5170.09

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)

Prime Partner: Ministry of Health, Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9505.24589.09

Planned Funds: \$1,035,000

Activity System ID: 24589

Activity Narrative: This is a continuing activity from FY08.

In Vietnam, most laboratory infrastructure development funding goes to government institutions. PEPFAR supports the Ministry of Health's (MOH) Vietnam Administration for HIV/AIDS Control (VAAC) to build the capacity and sustainability of the laboratory infrastructure through memorandums of understanding with the following institutions: 1) the National Institute of Dermatology and Venereology (NIDV) for diagnosis of sexually transmitted infections (STI); 2) the National TB Hospital to build capacity for TB diagnosis; 3) the National Institute for Infectious Tropical Diseases (NIITD) for improved CD4 testing; 4) the Hanoi Medical School to improve testing associated with HIV antiretroviral monitoring; and 5) Bach Mai Hospital for development of opportunistic infections (OI) external quality (EQA) programs. These last two institutions have only recently been identified to receive PEPFAR support through VAAC. Support from PEPFAR funds salaries for two staff who are focused solely on laboratory activities, technical assistance (TA) for guideline updates, EQA programs, training in HIV diagnosis and treatment monitoring, strengthening of laboratory data management, coordination meetings (VAAC subcommittees and donor agencies), and equipment procurement and maintenance. VAAC will also work closely with the Vietnam Administration for Medical Services for implementation of the National Laboratory Strategic Plan.

VAAC's renewed focus on laboratory EQA schemes for clinical testing, including hematology, biochemistry, microbiology, TB, STI and OI is in keeping with laboratory quality management principles. VAAC will take a leadership role in EQA program planning and will assist in the selection of a national coordinating institution for each program. Once assigned, the institution will receive PEPFAR support for procurement and/or production of EQA panels, TA visits from laboratory coalition partners, and data management and analysis. PEPFAR will also support conferences and workshops so participating laboratories can become conversant with the program, share experiences, and solve problems.

To expand HIV antiretroviral therapy (ART) monitoring, Bach Mai Hospital will work closely with the American Society for Microbiology (ASM) to develop and deliver training to laboratory staff in PEPFAR focus provinces in order to diagnosis the most common OIs. Training will include proper specimen collection and transport. Laboratory reagents and equipment (biological safety cabinets and microscopes) will be procured.

Due to the critical importance of regular and accurate CD4 cell counts in HIV-infected clients (both those recently diagnosed and those on drug therapy) PEPFAR has placed emphasis on developing capacity across Vietnam over the past five years. Efforts have been focused on equipment procurement and training. This will continue in FY09, but additional focus will be placed on developing referral networks for CD4 testing to maximize the capacity of currently available testing sites. Contracts will be signed to ensure that all of these machines will be maintained regularly. Trainings will concentrate on improving quality management at CD4 laboratories. In addition, PEPFAR will support expansion of existing EQA programs coordinated by NIITD so that all CD4 laboratories in the country can participate. PEPFAR will coordinate support to VAAC from the Supply Chain Management System (SCMS), which currently provides quarterly monitoring visits to CD4 laboratories and ASCP, as well as providing TA to improve the current training curriculum.

To improve the accuracy and capacity of TB diagnosis, the National TB Hospital will take the lead in improving the existing AFB quality assurance (QA) program, updating the current AFB smear microscopy training package using CDC/WHO generic package as a reference, and providing trainings to staff in TB laboratories nationwide. PEPFAR will provide funds and TA in support of these activities. Where necessary, equipment will be provided. The National TB Hospital, and Pham Ngoc Thach Hospital in Ho Chi Minh City, currently perform TB liquid culture. TA will be provided by APHL to both facilities to ensure that liquid culture is performed according to internationally-accepted safety standards.

VAAC is currently working closely with the National Institute of Dermatology and Venereology (NIDV) to upgrade STI diagnostic capacity, specifically for syphilis, gonorrhea, and chlamydia. PEPFAR will continue to provide support to NIDV to develop and distribute standard operation procedures for laboratory testing and provide hands-on training to strengthen the proficiency of STI laboratory technicians. PEPFAR will support TA from ASM to update STI training curriculum and disease specific guidelines. PEPFAR will also support enrollment of NIDV into an EQA program and development of a national STI EQA program based at NIDV.

Hanoi Medical School (HMS) continues to coordinate an internship training course on HIV/AIDS laboratory testing (clinical microbiology). Plans are underway to expand this course in FY09 to cover other fields of laboratory testing related to HIV/AIDS patient management. HMS has also been called upon to develop a system to monitor the quality of biochemistry and hematology laboratory results generated by the clinical network. In FY09, funding will be provided for the development of a biochemistry and hematology EQA program. HMS will implement this program in focus provinces.

In FY08, three counseling and testing sites were provided with bar coding capacity and are being linked to the library information system (LIS). The software at the site will exchange data with the LIS at the testing laboratory to allow for an integrated system. In FY09, all PEPFAR-supported counseling and testing sites will either be linked to a LIS or provided with bar coding capacity for the improved data management of results. This linkage will allow data (specimen, patient, and results) to be transmitted electronically. Two benefits of this system are reduced wait times and the reduction of errors from manual transcription. Similar efforts to develop bar coding capacity and linkages will be undertaken for selected prevention of mother-to-child transmission (PMTCT) treatment sites. Support will be provided to allow outpatient clinics (OPCs) to employ bar coding technology. Specimens submitted to laboratories will be labeled with a patient identifier developed by the OPC or PAC and a corresponding barcode. This will allow laboratories to easily link individual patient laboratory results generated over time.

Based on recent needs assessments, VAAC will support the following site staff: either one or two LIS supervisors, based on the size of the facility, a quality manager to oversee data use and reporting from the

Activity Narrative: LIS and QA laboratory activities, and IT staff to provide assistance with hardware. It is hoped that these personnel will ensure that LIS activities are part of routine work flow. LIS will be expanded to four more sites, bringing the total number supported by VAAC to 11. All sites will have the capacity to send aggregate data electronically to VAAC, creating a central data repository that will be used for more efficient monitoring and evaluation of laboratory tests.

Interfacing LIS directly to testing instruments will also be supported to reduce manual data entry.

In FY08, emphasis was placed designing systems that would allow for exchange of data between LIS and patient management/ARV systems. These efforts will be expanded in FY09; however, data exchange between the two different systems will require technical adjustments to both.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15298

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15298	9505.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,224,500
9505	9505.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$493,928

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$360,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5205.09

Mechanism: N/A

Prime Partner: Association of Public Health Laboratories

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9499.24563.09

Planned Funds: \$130,000

Activity System ID: 24563

Activity Narrative: The Association of Public Health Laboratories (APHL) has the mandate within the United States to safeguard the public's health by strengthening public health laboratories. The international branch of APHL has been providing direct, in-country technical assistance to numerous PEPFAR-supported countries since the start of the program. This support includes laboratory methodologies/techniques, equipment selection, laboratory management, quality assurance, and safety. In FY09, APHL will be called upon to continue support for the development and expansion of laboratory information systems (LIS) in Vietnam. They will also be tasked with providing technical assistance for HIV PCR testing and providing training resources related to the use of public health laboratories in public health planning.

Over the past three years, APHL has provided technical assistance for the selection of an appropriate LIS for Vietnam, identified methods to strengthen paper-based systems, developed a contract, and provided technical assistance for a pilot. APHL also added functionality to the LIS specific to Vietnam's needs, while also helping to maintain a partnership with the Open Source collaborative to ensure Vietnam was able to benefit from improvements made in the US. Vietnam is now ready for a national-scale roll out of LIS. In FY09, APHL will provide technical assistance with planning, while keeping in mind the limitations of sites at the different health care levels that exist in Vietnam. Simultaneously, paper-based laboratory information systems will be strengthened at sites that do not currently have the capacity to maintain computerized systems. The recently-held second Global Laboratory Information Systems meeting highlighted the need to have harmonized paper and electronic systems. APHL's familiarity with the Vietnam environment will assist in this standardization process.

APHL will identify a consultant to provide assistance to develop the capacity and improve the proficiency of the PCR laboratory at the National Institute of Hygiene and Epidemiology (NIHE), specifically with regard to HIV drug resistance (DR) sequencing. This consultant will have a strong background in PCR techniques and hands-on experience in running a molecular testing program, such as directing a PCR laboratory at a state public health facility. S/he will work directly with the staff and management of NIHE for a period of three months. In general, this consultant will take a laboratory "Quality Systems Management" approach to improving the quality of sequencing and will serve as a mentor to the current laboratory manager on all issues related to running a PCR laboratory. The scope of work will include, but is not limited to, the following: 1) survey the current laboratory and make recommendations on infrastructure and work flow; 2) review current staff training/experience and make recommendations for the hiring of new staff or training for existing staff; 3) review and update current standard operating procedures (SOPs); 4) develop a program for laboratory quality assurance; 5) put in place a system for data management and record keeping; and 6) develop a procurement plan for laboratory reagents.

The Hanoi School of Public Health (HSPH) is developing into a resource for PEPFAR. APHL will provide technical assistance to HSPH to enhance the curriculum related to the use of laboratory programs and laboratory data for the formation of public health policy and planning. This will be delivered to the faculty at HSPH by a technical expert identified by APHL.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15251

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15251	9499.08	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	7103	5205.08		\$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$110,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 3106.09

Prime Partner: National Institute for Hygiene
and Epidemiology

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 5709.24593.09

Activity System ID: 24593

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$20,000

Activity Narrative: This is a continuing activity from FY08.

In keeping with Vietnam's National HIV/AIDS Strategy and PEPFAR's 5-year Strategy, FY09 funds and will be provided to the National Institute of Hygiene and Epidemiology (NIHE) for numerous laboratory activities. These include HIV rapid test field evaluation (phase II); dissemination of a national HIV diagnostic algorithm (using rapid tests); coordination of the national external quality assurance (EQA) program for HIV serology, estimation of a local HIV-incidence (BED assay) misclassification rate, patient monitoring for HIV drug resistance in outpatient clinics in high prevalence provinces and expansion of HIV early infant diagnosis to all provinces offering prevention of mother-to-child transmission (PMTCT) services. NIHE and the Pasteur Institute are developing similar, reference laboratory-like roles related to HIV; each covers different ends of the country. NIHE is a resource for Vietnam's Ministry of Health (MOH) in setting policy and developing national testing guidelines.

The evaluation by NIHE and the Pasteur Institute of Ho Chi Minh City of HIV rapid tests is one part of a plan to help MOH develop a single HIV diagnostic algorithm based on simple, rapid testing technologies. PEPFAR funding from previous years has been provided for this activity, but only recently has there been such a high level of interest and urgency within the MOH's Vietnam Administration for HIV/AIDS Control for the completion of this activity. In mid-2008 Vietnam, hosted a World Health Organization (WHO)-sponsored regional HIV testing meeting (with CDC support). The protocol for the initial laboratory based evaluation (phase I) has been completed (using the internationally accepted WHO/CDC guidelines) and approved by both the government of Vietnam and CDC (Internal Review Board). Sample collection, characterization, testing, and data analysis will occur in early 2009. Based on the results of this initial evaluation, tests will be selected for field evaluation (phases II) at selected testing sites in late 2009. NIHE and PI will provide training and supervision to testing sites and will characterize study specimens. Resulting data will be used by the Ministry of Health (and stakeholders) to make recommendations for testing algorithms that will be implemented with education and training programs. An HIV diagnostic quality assurance program will be developed around the new algorithm (phase III) and will be based at NIHE to support the northern provinces (the Pasteur Institute will support the southern provinces). This will include a combination of training, internal QA, external QA, retesting, and site monitoring.

PEPFAR continues to support the development of NIHE's HIV molecular testing laboratory, which is responsible for HIV drug resistance monitoring for antiretroviral therapy clients and threshold surveys. To date, support has included staff training, limited infrastructure improvements, and reagent procurement. For FY09 PEPFAR will provide long-term (three month) technical assistance (TA) through its laboratory coalition partner, the Association of Public Health Labs (APHL). A former molecular laboratory director will serve as a mentor to the current director (see APHL activity narrative for additional detail).

Development of an efficient early infant diagnosis (EID) program for HIV-exposed infants, linked to PMTCT services, continues to be a goal of Vietnam's Ministry of Health. NIHE, with PEPFAR support, is seeking approval from the government of Vietnam for use of Roche Amplicor DNA PCR 1.5 kits. A protocol has been developed and approved for EID implementation; NIHE and the Pasteur Institute are jointly designated as technical leads. Dried blood spots (DBS) will be used for specimen collection. PEPFAR will collaborate with the Clinton HIV/AIDS Initiative, which is providing sample collection materials and test kits. TA will be provided by PEPFAR for collection and testing site training and development of a comprehensive quality assurance (QA) program for EID. In FY09, EID services will be expanded to more provinces.

In the past, PEPFAR supported NIHE in the implementation of various laboratory QA-strengthening activities. Laboratory technicians from 55 provinces have been provided vendor-supported EIA training on equipment use and preventive maintenance. Service contracts were put in place for biological safety hoods and pipettes. Two new laboratory technicians were hired to conduct site visits and data analyses. NIHE will develop standard operating procedures for laboratories at the national, regional, and provincial levels for quality assurance and laboratory safety. In FY09, PEPFAR will provide support to NIHE for the continuation of these activities.

NIHE currently supports a national HIV EQA program. In FY08, PEPFAR assisted in the procurement of equipment necessary for the production of the serology panels. In collaboration with the Thai Ministry of Public Health (TMOPH) and PEPFAR, NIHE has validated and calibrated this equipment and characterized EQA panels. The Hanoi School of Public Health (HSPH) is working with NIHE to adapt the EQA software provided by Thailand to Vietnam. Staff at NIHE received additional training from TMOPH and WHO regarding production of EQA panels and data analyses to generate reports. Three proficiency rounds have been completed. PEPFAR will continue to fund the expansion of this EQA program as a component of the national quality management system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15301

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15301	5709.08	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	7115	3106.08		\$315,500
9506	5709.07	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	5102	3106.07	NIHE Cooperative agreement	\$319,474
5709	5709.06	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	3106	3106.06	Cooperative agreement	\$220,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3367.09

Mechanism: CDC-GHCS-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9500.24558.09

Planned Funds: \$0

Activity System ID: 24558

Activity Narrative: This is a continuing activity from FY07.

Funds requested between GHAI and Base (GAP) accounts will support one locally-employed (Lab Program Officer), 50% of an LES (Project Officer-HCMC), 50% of a VNPS (Senior Medical Officer-HCMC), one USPS (Senior Laboratory Advisor), and one contractor (Lab Information Specialist), including salary, benefits and official travel costs.

These staff will provide technical assistance (TA) and program oversight for prevention and care and treatment programs in PEPFAR-supported laboratory networks. Funds will go to TA support to laboratory partners in Vietnam, particularly to those in the Ministry of Health (VAAC, NIHE, NIITD and HCMC PAC). TA will consist of guidance on design, implementation, and evaluation of laboratory programs, including the development of national standards for reference and provincial laboratories, development of training guidelines and training curricula, training of laboratory staff, and development of quality assurance (QA) systems strengthening for laboratories.

These funds also include support for ongoing South-South relationship with the regional CDC lab in Bangkok to provide technical assistance for CD4 EQA, diagnostic training for opportunistic infections, EQA for serology, HIV drug resistance and other technical laboratory support as needed. These funds were previously supported by the CDC GAP regional office, but now will be funded through Vietnam.

Funds will also be used to hire a Laboratory Technical Specialist (100%) for ISO Accreditation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15382

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15382	9500.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$716,399

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 3112.09	Mechanism: N/A
Prime Partner: Armed Forces Research Institute of Medical Sciences	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 5713.24552.09	Planned Funds: \$0
Activity System ID: 24552	
Activity Narrative: SUMMARY and BACKGROUND:	

Note this activity will be supported with 2008 carryover funding.

Bangkok based - Armed Forces Research Institute of Medicine Science (AFRIMS) has been partnered with DOD PEPFAR in the Laboratory Infrastructure program area. Since 2004, AFRIMS has been involved in providing DOD PEPFAR Viet Nam with technical assistance in HIV laboratory establishment, including laboratory design, equipment need assessment, installation and training for our 04 (four) HIV referral laboratories, which provide HIV diagnosis and related follow up treatment tests. AFRIMS will also continue to collaborate closely with PACOM technical experts, in providing technical assistance to sites where appropriate.

By the end of COP 2009 the DOD Vietnam PEPFAR program will be supporting 04 (four) referral laboratories with the capacity to carry out HIV serology, hematology, biochemistry, CD4, and PCR for the purpose of viral load in the cases of adult treatment failure. These four sites and their locations are as follows: Military Institute for Health and Epidemiology (MIHE) based in Hanoi, Southern Preventative Medicine Center (SPMC) based in HCMC, Hospital 121 based in Can Tho, and Hospital 17 based in Da Nang. The initial laboratories (MIHE and SPMC) are Ministry of Defense (MOD)'s regional referral centers. They also serve as Center of Excellence for training and research purposes in area of military medicine science. The remaining two laboratories (Hospital 121 and Hospital 17) are provincial referral laboratories embedded within the hospital setting.

These four referral laboratories support four out-patient/in-patient clinics and three voluntary counseling and testing centers (VCT's) that are located in the same city.

Moreover, by the end of COP 2009 the DOD Vietnam PEPFAR program will be supporting five blood safety laboratories with the capacity to carry out HIV screening. These five sites and their locations are as follows: Hospital 103 based in Ha Noi City, Hospital 175 based in HCMC, Hospital 121 based in Can Tho City, Hospital 17 based in Da Nang City, and Hospital 87 in Nha Trang City.

These five blood safety laboratories support a safe blood supply for the hospitals that they are embedded within as well as neighbor military and civilian hospitals (based on adequate supply). In addition these laboratories support the four physician-initiated testing and counseling (PITC) centers that are co-located.

It is important to note that although military health care facilities are mandated to care for military personnel and their family members approximately 90 per cent of the clients who access the facilities are civilian.

DOD in country staff will actively participate in PEPFAR laboratory technical working group to ensure close interagency coordination and oversight for this activity.

ACTIVITIES and EXPECTED RESULTS:

ACTIVITY 1 (Funding \$70,000) - The first activity will support AFRIMS support of Quality Assurance/Quality Control with an External Quality Assessment (EQA) program. AFRIMS will purchase and ship proficiency panels as well as perform monitoring, evaluation, and feedback to the sites of the results.

ACTIVITY 2 (Funding \$140,000) - The second activity will support AFRIMS to visit each site at least one time per year in order to monitor and evaluate the implementation and maintenance of the QA/QC program. This includes providing TA on the development of standard operating procedures (SOP's) and a functioning post exposure prophylaxis program (PEP).

Activity 3 (Funding \$105,000) - The third activity will support AFRIMS to carry out refresher training and as well as improve OI diagnostic capabilities at MOD sites (where needed) using AFRIMS developed training packages that utilize both international and national guidelines/principles.

Activity 4 (Funding \$35,000) - The fourth activity will support AFRIMS to carry out program oversight and remote TA where needed, communicating through the DOD in-country team, to assist MOD laboratory staff with any questions and concerns they may have regarding laboratory testing.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15250

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15250	5713.08	Department of Defense	To Be Determined	8672	8672.08	TBD	
9502	5713.07	Department of Defense	Armed Forces Research Institute of Medical Sciences	5177	3112.07	AFRIMS	\$63,500
5713	5713.06	Department of Defense	Armed Forces Research Institute of Medical Sciences	3112	3112.06		\$335,000

Emphasis Areas

Military Populations
Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 6132.09	Mechanism: N/A
Prime Partner: United Nations Resident Coordinator	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 29776.09	Planned Funds: \$32,000
Activity System ID: 29776	

Activity Narrative: This is a new activity in COP 2009.

HIV diagnostic testing in Vietnam is currently not standardized or systematic; a variety of different rapid tests and ELISA tests are used for screening and confirmatory testing across the country. The Vietnam Ministry of Health is concerned about this situation and has turned to PEPFAR-Vietnam to support the evaluate HIV rapid tests. In FY08 an HIV rapid test kit evaluation protocol (based on using internationally accepted guidelines) was developed and approved by the Government of Vietnam and CDC-IRB. This evaluation is structured to allow for participation from all relevant stakeholders both inside and outside the government of Vietnam and will serve as a tool for building trust for the use of HIV rapid tests. Ideally it will also lead to consensus for a single national algorithm.

The Government of Vietnam is also interested in evaluating HIV confirmatory diagnostic test kits, enzyme-linked immunosorbant assays (ELISA). In the current testing environment in Vietnam it is appropriate to evaluation which tests perform best in the Vietnam environment and limit the number of ELISA tests used nationally. This is an easy add-on to the current rapid test evaluation; the same well-characterized sample set can be used and will allow for comparison of rapid and ELISA test results.

This funding will support TA (through WHO) from National Reference Lab (NRL) Australia. Over the past year consultants from NRL-Australia have had an ongoing role in Vietnam in the evaluation of test kits and development of a strong quality assurance program.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 12238.09	Mechanism: ASCP LAB
Prime Partner: American Society for Clinical Pathology	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 29778.09	Planned Funds: \$725,000
Activity System ID: 29778	

Activity Narrative: The Laboratory Branch Consortium includes a group of international organizations with expertise in various aspects of laboratory capacity development. FY 2009 funds were temporarily placed in the CDC, International Laboratory Branch Consortium pending the identification of appropriate implementing partners. This action will re-program funds from the Laboratory Branch Consortium to one of the partners, American Society for Clinical Pathology (ASCP), to carry out activities that will improve laboratory practices in Vietnam.

The International Laboratory Branch Consortium activity narrative that refers directly to ASCP remains the same.

This is a continuing activity from FY 2008.

The Laboratory Coalition is a loosely-knit group of international organizations with expertise in various aspects of laboratory capacity development. The coalition members include the Association of Public Health Laboratories (APHL), the American Society for Clinical Pathology (ASCP), the American Society for Microbiology (ASM), and the Clinical and Laboratory Standards Institute (CLSI). All have worked closely in various PEPFAR-supported countries over the past five years. This activity narrative explains projects and activities planned for ASCP, ASM, and CLSI; an explanation of the activities can be found in the APHL narrative. In FY09, laboratory coalition partners will support curriculum development, provide technical assistance (TA) for the development of a national laboratory accreditation program, and will assess and make recommendations for improvements to TB culture practices.

ASCP is focused on improving global health by exploring, identifying, and implementing innovative methods and partnerships that improve laboratory practices. ASCP staff and volunteers provide technical assistance and build laboratory infrastructure in countries affected by HIV/AIDS. Over the past five years, ASCP has developed modular, five-day training packages for CD4 determination, clinical chemistry, and hematology. Training packages consist of lectures (Power Point presentations), a participant's manual, participant supplementary materials (i.e., procedures, atlases, job aids), an instructor's manual, an instructor's guide with support notes, and an electronic copy of the training package (CD-ROM). Hands-on instrument training is coordinated by ASCP through in-country vendors. Packages have been extensively field tested in various countries by a cadre of skilled trainers. In FY08, ASCP will conduct a review of the current training curricula in these three areas and will adapt their training packages to the Vietnam setting. In FY09, ASCP will deliver the training curriculum to a targeted audience, who will serve as future master trainers and disseminate the training to sites where care and treatment monitoring is currently provided.

In FY09, ASCP will also work towards improving the quality of training provided to students attending medical laboratory degree programs in Vietnam through a program known as Pre-Service Curriculum Development. The ASCP Pre-Service Work Group is comprised of educators from seven universities and schools of medical technology. This is a 24-month, two-phase program. The first phase includes the assessment of current training materials, a curriculum development workshop to be attended by key faculty members and school deans, 700 hours of professional curriculum development by U.S.-based university partners, and a curriculum finalization workshop attended by key stakeholders, faculty, and school directors. The second phase includes a monitoring and evaluation activity (observing new materials being taught), an additional 300 hours of professional curriculum development/finalization by the ASCP, and a two-month mentorship with ASCP consultants.

The American Society for Microbiology is the world's largest and oldest scientific society of individuals interested in the microbiological sciences. The Society's mission is to advance microbiological sciences through the pursuit of scientific knowledge and dissemination of the results of fundamental and applied research. ASM has more than 43,000 members worldwide (more than 5,000 of these are clinical microbiologists); the members represent 26 disciplines of microbiological specialization, including a division for microbiology educators. ASM, via its International Laboratory Capacity Building Program, supports global health programs by ensuring that laboratories possess the necessary organizational and technical infrastructure to provide quality laboratory testing and results in support of infectious disease prevention, care, and treatment. Since 2006, ASM has worked closely with the CDC Global AIDS Program and PEPFAR by providing onsite technical assistance and training through carefully chosen experts from their membership roles. ASM's activities specifically include improving the quality and capacity of infectious disease diagnosis by training and mentoring local laboratorians on implementing newer technologies and optimizing quality-assured laboratory testing procedures. ASM is currently supporting: PEPFAR programs in Botswana, Côte d'Ivoire, Haiti, Kenya, Mozambique, Namibia, Nigeria, and Zambia; CDC International Emerging Infections programs in Guatemala, Thailand, Kenya, and China; and workshops for the African Centre for Integrated Laboratory Training in South Africa .

In FY09, ASM will provide TA to improve the following diagnostic training programs: Bach Mai Hospital in Hanoi for opportunistic infections (OI), the National Institute for Dermatology and Venereology (NIDV) for sexually transmitted infections, and the National TB Hospital for TB. ASM will conduct initial assessments of current diagnostic testing capacities and training programs. To update the AFB smear microscopy training package, ASM will use the recently published WHO/CDC generic package as a resource. For distribution of new packages, ASM will develop master trainers from the existing facility staff. To ensure TB liquid culture is conducted in Vietnam at an internationally accepted standard, ASM will conduct assessments of the culture laboratory at the National TB Hospital and Pham Ngoc Thach Hospital. These will be used to make recommendations to ensure liquid culture is conducted in a way that is safe for both the laboratory staff and the environment. This might include training, infrastructure improvements, and/or procurement of new equipment.

The Clinical and Laboratory Standards Institute is a global, nonprofit, standards-developing organization that identifies best practices, voluntary consensus standards, and guidelines through a unique consensus process that balances the viewpoints of government, industry, and health professions. CLSI documents "best practices", which are used in over 55 countries worldwide, and are translated into several languages. Good laboratory practices prove to be cost-effective, promote reliable and accurate results, contribute to

Activity Narrative: good patient care, and promote a positive attitude towards testing from a patient's perspective. Guided by our membership and accepted clinical and laboratory standards and guidelines, CLSI is committed to facilitating the development of quality systems in the laboratory and providing on-going advisement to sustain quality improvements. CLSI will build capacity through the provision of laboratory standards and guidelines, and provide technical assistance, training, and technology transfer to individuals and organizations. CLSI is currently involved in building laboratory capacity in Namibia, Nigeria, Ethiopia, Cote D'Ivoire, and Tanzania.

One objective of the PEPFAR laboratory program is to enhance the overall quality of laboratory testing in health care and public health laboratories across Vietnam. In FY09, CLSI will provide technical assistance to Vietnam's Ministry of Health's Department of Medical Administration (DMA) to develop a national program for laboratory accreditation. This program does not currently exist in Vietnam, but will be clearly outlined in the National Laboratory Strategic Plan (NLSP), currently under development with PEPFAR support.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 12216.09

Mechanism: American Society for Microbiology

Prime Partner: The American Society for Microbiology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 29779.09

Planned Funds: \$475,000

Activity System ID: 29779

Activity Narrative: The Laboratory Branch Consortium includes a group of international organizations with expertise in various aspects of laboratory capacity development. FY 2009 funds were temporarily placed in the CDC, International Laboratory Branch Consortium pending the identification of appropriate implementing partners. This action will re-program funds from the Laboratory Branch Consortium to one of the partners, American Society for Microbiology (ASM), to carry out activities that will improve laboratory practices in Vietnam.

The International Laboratory Branch Consortium activity narrative that refers directly to ASM remains the same.

This is a continuing activity from FY 2008.

The Laboratory Coalition is a loosely-knit group of international organizations with expertise in various aspects of laboratory capacity development. The coalition members include the Association of Public Health Laboratories (APHL), the American Society for Clinical Pathology (ASCP), the American Society for Microbiology (ASM), and the Clinical and Laboratory Standards Institute (CLSI). All have worked closely in various PEPFAR-supported countries over the past five years. This activity narrative explains projects and activities planned for ASCP, ASM, and CLSI; an explanation of the activities can be found in the APHL narrative. In FY09, laboratory coalition partners will support curriculum development, provide technical assistance (TA) for the development of a national laboratory accreditation program, and will assess and make recommendations for improvements to TB culture practices.

ASCP is focused on improving global health by exploring, identifying, and implementing innovative methods and partnerships that improve laboratory practices. ASCP staff and volunteers provide technical assistance and build laboratory infrastructure in countries affected by HIV/AIDS. Over the past five years, ASCP has developed modular, five-day training packages for CD4 determination, clinical chemistry, and hematology. Training packages consist of lectures (Power Point presentations), a participant's manual, participant supplementary materials (i.e., procedures, atlases, job aids), an instructor's manual, an instructor's guide with support notes, and an electronic copy of the training package (CD-ROM). Hands-on instrument training is coordinated by ASCP through in-country vendors. Packages have been extensively field tested in various countries by a cadre of skilled trainers. In FY08, ASCP will conduct a review of the current training curricula in these three areas and will adapt their training packages to the Vietnam setting. In FY09, ASCP will deliver the training curriculum to a targeted audience, who will serve as future master trainers and disseminate the training to sites where care and treatment monitoring is currently provided.

In FY09, ASCP will also work towards improving the quality of training provided to students attending medical laboratory degree programs in Vietnam through a program known as Pre-Service Curriculum Development. The ASCP Pre-Service Work Group is comprised of educators from seven universities and schools of medical technology. This is a 24-month, two-phase program. The first phase includes the assessment of current training materials, a curriculum development workshop to be attended by key faculty members and school deans, 700 hours of professional curriculum development by U.S.-based university partners, and a curriculum finalization workshop attended by key stakeholders, faculty, and school directors. The second phase includes a monitoring and evaluation activity (observing new materials being taught), an additional 300 hours of professional curriculum development/finalization by the ASCP, and a two-month mentorship with ASCP consultants.

The American Society for Microbiology is the world's largest and oldest scientific society of individuals interested in the microbiological sciences. The Society's mission is to advance microbiological sciences through the pursuit of scientific knowledge and dissemination of the results of fundamental and applied research. ASM has more than 43,000 members worldwide (more than 5,000 of these are clinical microbiologists); the members represent 26 disciplines of microbiological specialization, including a division for microbiology educators. ASM, via its International Laboratory Capacity Building Program, supports global health programs by ensuring that laboratories possess the necessary organizational and technical infrastructure to provide quality laboratory testing and results in support of infectious disease prevention, care, and treatment. Since 2006, ASM has worked closely with the CDC Global AIDS Program and PEPFAR by providing onsite technical assistance and training through carefully chosen experts from their membership roles. ASM's activities specifically include improving the quality and capacity of infectious disease diagnosis by training and mentoring local laboratorians on implementing newer technologies and optimizing quality-assured laboratory testing procedures. ASM is currently supporting: PEPFAR programs in Botswana, Côte d'Ivoire, Haiti, Kenya, Mozambique, Namibia, Nigeria, and Zambia; CDC International Emerging Infections programs in Guatemala, Thailand, Kenya, and China; and workshops for the African Centre for Integrated Laboratory Training in South Africa .

In FY09, ASM will provide TA to improve the following diagnostic training programs: Bach Mai Hospital in Hanoi for opportunistic infections (OI), the National Institute for Dermatology and Venereology (NIDV) for sexually transmitted infections, and the National TB Hospital for TB. ASM will conduct initial assessments of current diagnostic testing capacities and training programs. To update the AFB smear microscopy training package, ASM will use the recently published WHO/CDC generic package as a resource. For distribution of new packages, ASM will develop master trainers from the existing facility staff. To ensure TB liquid culture is conducted in Vietnam at an internationally accepted standard, ASM will conduct assessments of the culture laboratory at the National TB Hospital and Pham Ngoc Thach Hospital. These will be used to make recommendations to ensure liquid culture is conducted in a way that is safe for both the laboratory staff and the environment. This might include training, infrastructure improvements, and/or procurement of new equipment.

The Clinical and Laboratory Standards Institute is a global, nonprofit, standards-developing organization that identifies best practices, voluntary consensus standards, and guidelines through a unique consensus process that balances the viewpoints of government, industry, and health professions. CLSI documents "best practices", which are used in over 55 countries worldwide, and are translated into several languages. Good laboratory practices prove to be cost-effective, promote reliable and accurate results, contribute to good patient care, and promote a positive attitude towards testing from a patient's perspective. Guided by

Activity Narrative: our membership and accepted clinical and laboratory standards and guidelines, CLSI is committed to facilitating the development of quality systems in the laboratory and providing on-going advisement to sustain quality improvements. CLSI will build capacity through the provision of laboratory standards and guidelines, and provide technical assistance, training, and technology transfer to individuals and organizations. CLSI is currently involved in building laboratory capacity in Namibia, Nigeria, Ethiopia, Cote D'Ivoire, and Tanzania.

One objective of the PEPFAR laboratory program is to enhance the overall quality of laboratory testing in health care and public health laboratories across Vietnam. In FY09, CLSI will provide technical assistance to Vietnam's Ministry of Health's Department of Medical Administration (DMA) to develop a national program for laboratory accreditation. This program does not currently exist in Vietnam, but will be clearly outlined in the National Laboratory Strategic Plan (NLSP), currently under development with PEPFAR support.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 12237.09	Mechanism: CLSI LAB
Prime Partner: Clinical and Laboratory Standards Institute	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 29780.09	Planned Funds: \$100,000
Activity System ID: 29780	

Activity Narrative: The Laboratory Branch Consortium includes a group of international organizations with expertise in various aspects of laboratory capacity development. FY 2009 funds were temporarily placed in the CDC, International Laboratory Branch Consortium pending the identification of appropriate implementing partners. This action will re-program funds from the Laboratory Branch Consortium to one of the partners, Clinical and Laboratory Standards Institute (CLSI), to carry out activities that will improve laboratory practices in Vietnam.

The International Laboratory Branch Consortium activity narrative that refers directly to CLSI remains the same.

This is a continuing activity from FY 2008.

The Laboratory Coalition is a loosely-knit group of international organizations with expertise in various aspects of laboratory capacity development. The coalition members include the Association of Public Health Laboratories (APHL), the American Society for Clinical Pathology (ASCP), the American Society for Microbiology (ASM), and the Clinical and Laboratory Standards Institute (CLSI). All have worked closely in various PEPFAR-supported countries over the past five years. This activity narrative explains projects and activities planned for ASCP, ASM, and CLSI; an explanation of the activities can be found in the APHL narrative. In FY09, laboratory coalition partners will support curriculum development, provide technical assistance (TA) for the development of a national laboratory accreditation program, and will assess and make recommendations for improvements to TB culture practices.

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In FY09, ASCP will also work towards improving the quality of training provided to students attending medical laboratory degree programs in Vietnam through a program known as Pre-Service Curriculum Development. The ASCP Pre-Service Work Group is comprised of educators from seven universities and schools of medical technology. This is a 24-month, two-phase program. The first phase includes the assessment of current training materials, a curriculum development workshop to be attended by key faculty members and school deans, 700 hours of professional curriculum development by U.S.-based university partners, and a curriculum finalization workshop attended by key stakeholders, faculty, and school directors. The second phase includes a monitoring and evaluation activity (observing new materials being taught), an additional 300 hours of professional curriculum development/finalization by the ASCP, and a two-month mentorship with ASCP consultants.

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In FY09, ASM will provide TA to improve the following diagnostic training programs: Bach Mai Hospital in Hanoi for opportunistic infections (OI), the National Institute for Dermatology and Venereology (NIDV) for sexually transmitted infections, and the National TB Hospital for TB. ASM will conduct initial assessments of current diagnostic testing capacities and training programs. To update the AFB smear microscopy training package, ASM will use the recently published WHO/CDC generic package as a resource. For distribution of new packages, ASM will develop master trainers from the existing facility staff. To ensure TB liquid culture is conducted in Vietnam at an internationally accepted standard, ASM will conduct assessments of the culture laboratory at the National TB Hospital and Pham Ngoc Thach Hospital. These will be used to make recommendations to ensure liquid culture is conducted in a way that is safe for both the laboratory staff and the environment. This might include training, infrastructure improvements, and/or procurement of new equipment.

The Clinical and Laboratory Standards Institute is a global, nonprofit, standards-developing organization that identifies best practices, voluntary consensus standards, and guidelines through a unique consensus process that balances the viewpoints of government, industry, and health professions. CLSI documents "best practices", which are used in over 55 countries worldwide, and are translated into several languages. Good laboratory practices prove to be cost-effective, promote reliable and accurate results, contribute to

Activity Narrative: good patient care, and promote a positive attitude towards testing from a patient's perspective. Guided by our membership and accepted clinical and laboratory standards and guidelines, CLSI is committed to facilitating the development of quality systems in the laboratory and providing on-going advisement to sustain quality improvements. CLSI will build capacity through the provision of laboratory standards and guidelines, and provide technical assistance, training, and technology transfer to individuals and organizations. CLSI is currently involved in building laboratory capacity in Namibia, Nigeria, Ethiopia, Cote D'Ivoire, and Tanzania.

One objective of the PEPFAR laboratory program is to enhance the overall quality of laboratory testing in health care and public health laboratories across Vietnam. In FY09, CLSI will provide technical assistance to Vietnam's Ministry of Health's Department of Medical Administration (DMA) to develop a national program for laboratory accreditation. This program does not currently exist in Vietnam, but will be clearly outlined in the National Laboratory Strategic Plan (NLSP), currently under development with PEPFAR support.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 10543.09

Mechanism: DoD - State Dept Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 24813.09

Planned Funds: \$0

Activity System ID: 24813

Activity Narrative: Note this activity will be supported with 2008 carryover funding.

This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3093.09

Mechanism: N/A

Prime Partner: Ho Chi Minh City Provincial AIDS Committee

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9503.25797.09

Planned Funds: \$320,000

Activity System ID: 25797

Activity Narrative: This is a continuing activity from FY08.

The course of the HIV epidemic in Ho Chi Minh City (HCMC) has changed in the last few years with a dramatic rise in HIV prevalence among injecting drug users and female sex workers. According to published projections, the total number of people living with HIV/AIDS in HCMC is expected to rise from 72,400 in 2006 to 89,900 in 2010 and 105,800 in 2020. The Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) is the main PEPFAR partner providing clinical care and support for PLHIV in HCMC, including treatment monitoring. HCMC PAC continues to expand programs focused on HIV prevention, treatment and care activities, as well as by improving laboratory infrastructure, program monitoring/evaluation and by providing training to the professionals working in numerous health facilities in HCMC.

PEPFAR funds support HCMC PAC to procure equipment, provide training for clinical laboratories, and expanded implementation of Laboratory Information system (LIS). An electronic LIS is an important tool for improving the quality of laboratory results and managing information accurately and efficiently. Since 2006, PEPFAR has been supporting the implementation of LIS in several sites in Hanoi and HCMC. These systems are relevant, in light of the growing number of laboratory tests being conducted that are related to HIV care and treatment. In FY08, PEPFAR will support HCMC PAC to install LIS software at six counseling and testing centers and six prevention of mother-to-child transmission (PMTCT) treatment sites. By the end of FY09, all PEPFAR supported counseling and testing sites in HCMC will be linked to the LIS at HCMC PMC. This will allow for data related to the specimens and patients to be submitted electronically to the Provincial Medical Centers and results to be received electronically, reducing wait times and eliminating errors common with manual transcription.

Based on needs assessments, the electronic system will be expanded to four more laboratories in HCMC bringing the total LIS sites supported by HCMC PAC to nine by the end of FY09. All sites will be able to send aggregate data electronically to HCMC PAC, allowing for a central data repository that will be used for the management and evaluation of the laboratory tests.

Another activity planned for FY09 involves the implementation of barcode technology at the outpatient clinics (OPC's). Specimens submitted to laboratories will be labeled with a patient identifier developed by OPC/PAC and a corresponding barcode. This will allow the laboratories to easily access past results and link the laboratory test results over time to an individual patient. This is particularly important at sites that currently do not have a patient management/antiretroviral system. Emphasis will be given to exchanging data with patient management/antiretroviral systems.

In FY08, linkage is planned between the LIS and the patient management system at two sites. For FY09, this effort will be expanded though the data exchanging capability and will depend on the standards being followed by other systems. Focus will also be placed on interfacing equipment for new LIS sites.

PEPFAR has also allocated funds for procurement of equipment to support the expansion of diagnosis and treatment monitoring programs (FACS Count, centrifuges, ELISA washers and readers) based on recent needs assessments. PEPFAR will continue to strengthen the quality of the laboratory network for HIV-related testing through refresher trainings, LIS training, on-site monitoring visits, and the formation of a HIV laboratory working group. PEPFAR funds allow HCMC to support 24 laboratories (performing HIV diagnosis and treatment monitoring) with 48 trainings and reagents to perform 350,000 tests in FY09.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15274

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15274	9503.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$270,000
9503	9503.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$199,830

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$67,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 10559.09	Mechanism: N/A
Prime Partner: Pasteur Institute	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 24798.09	Planned Funds: \$325,000
Activity System ID: 24798	

Activity Narrative: This is a new activity.

The Pasteur Institute (PI) was founded in Ho Chi Minh City, Vietnam in 1891 with Dr. Albert Calmette as its director; it was the first Pasteur facility to be established outside of France. Over the years, it took on the role of managing hygiene and disease epidemics in southern Vietnam. Today, PI serves as a regional institute (covering 20 provinces in southern Vietnam) for preventive medicine. Major activities include research and training for microbiology, immunology, and epidemiology, along with control of infectious diseases. PI also maintains laboratories, which support the health care programs within Ho Chi Minh City (HCMC).

In the area of HIV/AIDS, PI has two units that support control and prevention efforts in the south of Vietnam. The first of these is the Public Health Department responsible for monitoring and evaluating HIV surveillance (sentinel and high-risk populations) and case reporting. PI's laboratory and analysis department supports national HIV surveillance activities with laboratory testing, staff trainings, and quality control and quality assurance (QC/QA). Clinical testing laboratories support HIV diagnosis and care and treatment monitoring for patients. They also provide PCR-based testing for viral load, early infant diagnosis, and genotyping for drug resistance.

The Pasteur Institute has a history of working with PEPFAR through the existing HCMC Provincial AIDS Committee (HCMC PAC) MOU. Vietnam's Ministry of Health (MOH), however, recently designated PI as one of two national reference laboratories for HIV diagnosis, drug resistance, and surveillance for the southern region of Vietnam. (The National Institute of Hygiene and Epidemiology (NIHE) is currently responsible for the north.) For this reason, in FY09, PI will become a new PEPFAR partner, independent of HCMC PAC. The Pasteur Institute will also support HIV drug resistance monitoring and threshold surveys, QA/QC programs (including test kit evaluation), and early infant diagnosis (EID).

Related to PI's new role as a regional reference lab, PEPFAR will support training, upgrading of essential equipment and participation in international external quality assessment (EQA) programs. Training will focus on good laboratory practices and quality management systems as outlined in ISO 15189 standards for medical laboratories. PEPFAR will provide PI with technical assistance so they can become a WHO-accredited HIV sequencing lab.

The Pasteur Institute has been tasked by MOH's Vietnam Administration for HIV/AIDS Control (VAAC) to participate in the development of a strategy to follow-up HIV drug resistance (DR) in patients receiving first-line antiretroviral drugs in Vietnam and monitoring the spread of DR HIV in the community. In previous years, PEPFAR allocated funds to monitor patients on antiretroviral therapy (ART) in PEPFAR-supported outpatient clinics. In FY09, PI will begin to implement HIV drug resistance patient monitoring among patients receiving antiretroviral treatment in the southern provinces with funds from the host government and PEPFAR. The Vietnam National Technical Working Group for HIV DR has adopted the WHO/CDC HIV drug resistance monitoring protocol. PI is a key participant of the national technical working group and receives close technical assistance from CDC and the World Health Organization. PEPFAR will also provide support for monitoring HIV DR in newly infected patients through support of threshold monitoring sites throughout Vietnam.

Currently PI conducts HIV DR testing using plasma samples but due to logistical difficulties is only able to test specimens from Ho Chi Minh City (and provinces within one hour's drive). PEPFAR will seek technical assistance from the CDC International Laboratory Branch to allow PI to evaluate HIV DR testing from dried blood spots (DBS). If successful, this will allow for the collection, storage, and transportation of specimens from more remote provinces.

HIV diagnostic testing in Vietnam is not standardized or systematic. To address this issue, the Ministry of Health has tasked both PI and NIHE to work together to evaluate HIV rapid tests and EIA products for the development of a diagnostic algorithm(s) for use by laboratories at all healthcare levels. In FY08, PEPFAR supported NIHE and MOH to evaluate the rapid test kit and develop a testing algorithm. In FY09, PEPFAR will also support PI to participate in the evaluation of HIV test kits (EIA) by providing technical assistance, training for laboratory technicians and diagnostic reagents selected for evaluation. PEPFAR will also assist in the creation of a national standard panel through identification of local specimens or procurement of commercially available serology panels.

Vietnam currently has limited capacity for diagnosis of HIV infection in children under 18-months old. This is the first critical step in the delivery of appropriate care and treatment for infected children. In FY09, PEPFAR will support the implementation of a national EID program through training (sample collection and laboratory testing) and development of a QA program. Dried blood spots (DBS) collection will be used to expand testing beyond urban settings. PI will be a part of a network of DNA PCR testing labs. Test kits (Roche Amplicor 1.5) and DBS collection supplies will be supplied by the Clinton HIV/AIDS Initiative.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$65,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$7,279,311

Program Area Narrative:

As PEPFAR/Vietnam moves into the second five year phase of PEPFAR and responds to the technical assistance reviews and recommendations of OGAC and agency headquarters Strategic Information (SI) technical experts, SI activities will focus on the development of a culture of data use where the National HIV prevention, care, and treatment program in Vietnam becomes increasingly evidence-based, cost-effective, efficient and sustainable across donors, implementers and program areas. All planned activities will be integrated with the Government of Vietnam's (GVN) National Strategy on HIV/AIDS Prevention and Control and its nine programs of action (see uploaded map of SI activities). By working as a single USG team across program areas and technical assistance partners, the Vietnam SI Team will partner with the GVN, other implementing partners, donors and the UN to build capacity for all stakeholders to "know their epidemic" and "know their results." SI will continue to work with national technical working groups (TWGs) to continue to build upon the groundwork of the first five years of PEPFAR SI activities in Vietnam.

The PEPFAR/Vietnam SI team is an interagency TWG with approved staffing for a U.S. direct-hire team lead, two contractors and seven locally employed staff (LES). The SI team lead currently serves as the SI liaison. At the time of COP submission, five of the nine LES positions were vacant. An eighth LES is proposed in COP09 to be hired by DOD to focus on their programs. An international direct hire M&E Officer will be contracted by USAID to build M&E capacity. SI team members work across agencies, partners, program areas and SI domains, but are assigned either primary or secondary roles in each of these areas prioritized by their agency's requirements (see uploaded SI Team Roles document).

The SI Team is responsible for providing tools and guidance to the GVN and other partners for the PEPFAR Annual Program Results (APR) and Semi-annual Program Results (SAPR) reports. Team members then work directly with assigned partners to provide technical assistance (TA) on indicator definitions, achievement double-counting, and data quality issues. Once these data are compiled for all partners, the SI team works with other in-country TWGs to resolve completeness and quality issues and to eliminate duplicate counting for final program area numbers. Final compiled APR and SAPR data tables are provided to TWGs and partners. Data quality management is ongoing with supervision provided throughout the year where verification and reproducibility of reported results are explored. These data are combined with previous target data and provided to TWGs to help set program area targets for COP planning.

As the SI Team expands, so does its participation on other TWGs and direct support to the GVN and indigenous and international NGO partners. Beginning in 2007, additional SI staffing resulted in better representation across program area TWGs and allowed for partner-by-partner review of APR reported data. Data quality checks of national level data have only been possible for surveillance and survey data to date, although SCMS data systems do allow for some verification of ART numbers. In 2007, partners also began to share some of their data quality assurance and data quality improvement tools. 2008 and 2009 will see an expansion of these activities including south to south activities following on discussions started at the regional SI meeting held in Hanoi in September 2008. The SI team has also invited partners to join in on a broader PEPFAR SI team where tools and resources can be shared to face the challenges of building the culture of data use described earlier.

Fiscal Year 2009 (FY09) funding will continue support for many FY08 activities while emphasizing the need to build capacity

within the GVN to implement sustainable quality programs based on data. In FY09, PEPFAR will fund activities that support both national and international technical assistance partners, UN agencies, and implementing partners to help build capacity aligned with GVN strategies and policies to ensure ownership and sustainability of programs. The first challenge to building a culture of data use is filling the gaps of missing data and improving the quality of available data. Across all program areas and all funding streams, there are significant gaps in information related to the epidemic and the response. Because the epidemic in Vietnam is driven by injection drug use which characterizes all or a portion of all most at risk populations (MARPs), including networks of injecting drug users (IDU), commercial sex workers (CSW), clients of CSW, and men who have sex with men (MSM), general population surveys previously conducted, such as the Demographic Health Survey (DHS, 1997, 2002) and AIDS Indicator Survey (AIS 2005), are of limited utility and frequently misrepresent the epidemic by portraying a picture of limited to no risk. There is no reliable data on other substance abuse, such as alcohol, which contributes to higher risk behaviors. While sentinel surveillance is well established and focused on MARPs, better MARP size estimates is a prioritized activity across multiple SI partners in 2009. Enumeration of MARPs will be prioritized into two activities. A national MARP size estimation will be conducted beginning in PEPFAR focus provinces while partners will continue to map MARP hot-spots and estimate the size of those populations they are currently trying to reach. These data will be combined with data regarding catchment and coverage of programs to better plan the expansion of existing programs and targeting of currently unreached populations.

One of the best sources of information on population behaviors and opportunities for intervention in Vietnam is the integrated behavioral and biological surveillance (IBBS) planned for a second round in all focus provinces and considered for additional program expansion provinces. IBBS is an invaluable source of information on populations currently within reach of existing programs. These data will be combined with size estimation data to plan the expansion of relevant prevention programs in current and under-served MARPs. In 2009, current IBBS activities will continue and a similar survey is planned for military recruits to determine risk behaviors and to better plan future programming. To better monitor HIV transmission and assess prevention program impact in Vietnam, various incidence assays will be considered. First, the BED Assay will be validated with the appropriate correction factor for Vietnam identified using COP 2008 funds. In 2009, the team plans to use incidence assays to test samples collected through the IBBS to better understand incidence in Vietnam. HIV drug resistance will also be monitored through the implementation of both national monitoring systems and WHO monitoring on treatment protocols.

PEPFAR will continue to support the GVN to have better and more comprehensive epidemiologic data in the long-term while focusing on data use and dissemination of currently available data in the short term. While no official HIV surveillance report has been released by MOH, these data are routinely cited in national and program area specific reports as underlying epidemiologic data for HIV in Vietnam. Sentinel surveillance systems have been routinely evaluated and incidence and HIVDR surveillance systems will require evaluation as well. With substantial epidemiologic data available in 2009, a multi-partner data triangulation exercise led by MOH will be undertaken to assess the impact of widely implemented HIV/AIDS interventions. Conclusions drawn will aid the GVN in establishing priorities and objectives for the next phase of the National Strategy on HIV/AIDS.

Data from routine service delivery of prevention and care programs is limited across program areas and donors. Although national forms exist for most program areas, information systems, paper or electronic, are not well organized or implemented. Starting in 2008 and continuing in 2009, PEPFAR will focus on better information for continuous improvement of quality of services delivered and better information for program management and planning. Priority program areas will include better information for commodities management, facility-based client services and community-based services around prevention, methadone programs, adult and pediatric ART, HIV/TB care, PMTCT, OVC services, and HIV basic care.

To date, PEPFAR has focused on achievement data to ensure that programs were scaling up at a rate commensurate to the funding levels. While multiple evaluation activities have resulted in program improvement (peer education, out-patient clinic, and quality of life surveys for ART patients), more data are required to better focus resources and program strategies. Basic M&E activities planned in 2008 and 2009 will be directed at both the national and implementing partner level and disseminated widely.

Another challenge is the development of a national health management information system (HMIS) that ensures the ongoing collection and availability of quality information on the epidemic, implemented programs, and their impact. Through a national HMIS TWG, PEPFAR will support the inclusion of other health sectors and a broader base of GVN agency participation in the development of a national HMIS strategy. Because of the strong central government in Vietnam, every program is connected to a government agency, resulting in an opportunity to develop a national strategy that can lead to a national HMIS centered in and fully owned by the GVN. Systems need to be developed for program service delivery in both facility and community-based settings and program management at sub-national, donor, and national levels based on standards to ensure harmonized information and interoperable systems. Other data sources including surveillance, surveys, and population and vital statistics will need to be incorporated to make a complete HMIS. Currently the only component of an HMIS strategy in place in Vietnam for HIV is the basic design of the national HIV reporting system under the National M&E Framework and the MOH's official decree of program reporting requirements for the National HIV Program (Decision 28).

The current USG strategy for supporting investment into an HMIS is a two-pronged approach centered in the GVN-led national TWGs with close partnerships with UN agencies. The top down approach is advocacy and TA provided in conjunction with WHO for information systems standards to promote system interoperability and with UNAIDS for harmonization of HIV indicators and program reporting. The second approach will be the simultaneous development and expansion of service delivery and program management information systems based on agreed upon harmonized data structures and systems standards. This will be a pilot approach starting at district level community and facility-based programs with a focus on PEPFAR and GVN priority provinces. COP08 and COP09 funds will be used in the next 2 years to continue both approaches towards HMIS development.

The Director of VAAC has agreed to the formation of a national HMIS TWG that will coordinate with national M&E TWG to harmonize data and develop standards across donors and programs reporting into Decision 28 and establish a single national HMIS. While the development of a national HMIS is ongoing, PEPFAR will continue to maintain data on its program using a combination of Microsoft SQL Server, Access, and Excel. USG-funded PEPFAR partner systems will be required to adhere to all

standards and protocols developed in support of an HMIS. Meanwhile, further development and piloting of systems by program area will continue with assessments of potential systems for consideration as a source for proposed standards. One-time available funding from FY08 yellow-lighted DOD activities and drug cost savings will be used to accelerate the HMIS activities by supporting advocacy meetings, data harmonization, standards development and software functional specifications development for priority program areas including methadone, ART, TB/HIV, PMTCT, OVC, and community-based care and prevention.

Finally, the greatest challenge will be developing sustainable capacity to maintain a culture of data use where programs continue to be dynamic as the epidemic shifts, programs change their scope, and the science of prevention, care, treatment, and SI evolve. COP09 SI activities will continue to expand the pool of technical assistance resources by supporting implementing and TA partners to provide support across all program areas in Vietnam. The SI Team will work with OGAC and international and regional TA partners to provide coordinated, continuous, and focused technical support in program monitoring, evaluation, surveillance, and HMIS. This pool of consistent technical assistance will be critical to ensure that capacity is developed over time in Vietnam and gradually shifted to Vietnamese government and technical institutions for further support and training activities.

While the GVN has a strategy for hiring and training staff to focus on SI, PEPFAR will need to work closely with the government to ensure that TA and resources are maximized for sustainable capacity development. "to be determined" (TBD) agency and partner allocation of a portion of SI funds will allow for competitive local contracting of training and software development services and the redirection of funds to partners that demonstrate the greatest ability to move sustainable and capacity building SI activities forward quickly. It will be critical that capacity building, systems strengthening and training activities are planned and coordinated across program areas, implementing partners and donors. Health System 20/20 health system assessments and Capacity Project workforce assessment will help to inform how these various activities might best be integrated to maximum impact. Working with multiple GVN ministries engaged in services to MARPS, national training institutions and a range of civil society partners will be critical to a comprehensive SI and broader HSS strategy. This will include a strategy to closely integrate HSS activities with on-going program TA and support to develop an integrated pre-service and in-service training plan for the development and maintenance of a well-qualified public health workforce. By partnering with GVN for each area of SI and coordinating the planning and implementation of these activities through in-country TWGs, PEPFAR SI activities can be transitioned to full GVN support and implementation. As Vietnam moves into middle-income status, it will be well positioned by a USG inter-agency collaborative effort to continue to plan and implement HIV programming that is guided by quality strategic information.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3102.09	Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 24791.09	Planned Funds: \$50,000
Activity System ID: 24791	
Activity Narrative: This is a new activity for FY09.	

Human Capacity Development (HCD) activities are a major focus of COP09 and PEPFAR Vietnam will continue to build a culture of data use where partners and their associated programs continue to be evidence-based, focused and sustainable. In collaboration with PEPFAR SI team, the funds will be used to support series of M&E training workshops for PACT and PACT sub-partners on PEPFAR reporting requirements including indicators and tools for data collection, quality assurance and quality improvement, data analysis and feedback loops for programs. In addition, the funds will partially support PACT in contracting consultants (locally and internationally) to provide technical assistance on M&E activities. Furthermore, since PACT is a key PEPFAR partner in prevention, care and treatment activities, it is critical for PACT to staff-up and develop an SI team to provide direct assistance to improving strategic information available on their programs and become an active member of the National M&E technical working group and an extension of the national PEPFAR supported SI Team, this funds will be also partially used to support this.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3109.09	Mechanism: DoD - Defence-Partnered HQ activities
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 24743.09

Planned Funds: \$0

Activity System ID: 24743

Activity Narrative: This is a new activity in COP09.

The Strategic Information technical working group (SI TWG) has prioritized the need for attaining better information and the creating a culture of data use in Country Operational Plan (COP) 2009. To date the DoD Vietnam PEPFAR program, like other agencies, has focused its efforts and funding primarily on care, treatment, and prevention services and not invested in SI activities. The SI TWG is just beginning to staff sufficiently to provide some support to the DoD SI needs. However, as the DoD program has expanded, the need for constant SI support has become apparent. Therefore, this activity will support the hiring of one dedicated LES Sr. SI Advisor/Program Officer dedicated to DoD/Ministry of Defense (MoD) activities.

This new hire will support the DoD program by serving as the primary liaison between the DoD Program and the SI TWG. In this role, the individual will be both familiar with PEPFAR program activities as well as the related PEPFAR SI technical needs, resources, strategies, and priorities. More specifically, this role will prioritize SI resources and activities for the benefit of the DoD program while integrating with the SI TWG to ensure full access to the range of SI activities and resources. One example of such support includes the conducting of an integrated biological and behavioral surveillance activity among military recruits. This activity will require a close collaboration across program areas and agencies and will be critical to better understand the role of this population in the HIV epidemic in Vietnam.

The provision of training, technical assistance (TA), and oversight of MoD staff at OPC/VCT/PMTCT/PE sites will be addressed through this position. The aim being to ensure: that MoD sites comply with standardized national monitoring and reporting requirements, while congruently following MoD's policies and procedures surrounding the collection and dissemination of data; that each site has access to the infrastructure needed in order to carry out monitoring and reporting requirements; and to encourage MoD to develop SI human capacity and the creation of a "culture of data use" within MoD, which places value on data as a basis for program evaluation and program planning/improvement; and lastly that MoD staff are linked to other PEPFAR agencies/partners/SI workshops/TWG's. By being an active member of the SI TWG, this position will also help PEPFAR Vietnam to better integrate TA and training across agencies for maximum benefit and efficiencies.

Hire one DoD SI staff: \$33,300

This first activity will support one locally engaged staff (LES) hire as the Sr. SI Advisor, Program Officer. Funds will support: personnel compensation, benefits and technical travel costs for this program area - DoD SI Program Officer 90 %.

This DoD staff, as part of the interagency PEPFAR SI team, will provide training, technical assistance (TA), and program oversight to the MoD at: four out/in patient clinics (Military Hospitals' 103,175, 121, and 17); seven VCT/PITC centers (Military Hospital 103, 175, 121, 17, Southern Preventative Medicine Center, Military Institute for Hygiene and Epidemiology, and Military Region 9); and Peer Education sites targeting new recruits as needed.

Support for equipment for one SI Staff: \$10,000

This second activity will support the procurement of equipment necessary to carry out SI tasks.

Support of participation in cross-agency SI activities: \$15,500

This third activity will support any unexpected costs that the position may incur due to cross-cutting programmatic responsibilities including travel and TA costs. This is especially a concern with the sero-behavioral survey activity (i.e. travel costs).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Military Populations

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 10560.09**Mechanism:** N/A**Prime Partner:** Ministry of Labor, Invalids and Social Affairs**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Strategic Information**Budget Code:** HVSI**Program Budget Code:** 17**Activity ID:** 24800.09**Planned Funds:** \$65,000**Activity System ID:** 24800**Activity Narrative:** This is a new activity in FY09.

The Department of Social Evils within the Ministry of Labor, Invalids and Social Affairs (MOLISA) regulates prostitution and illicit drug use in Vietnam and will become a PEPFAR HIV/AIDS prevention partner in FY09. The PEPFAR strategic information team will engage the department in improving information systems to monitor prevention activities and applying valuable MOLISA data on IDUs and CSWs, such as population size estimates, to help focus intervention efforts.

Human capacity development (HCD) – Strengthening pool of SI Technical Assistance Resources: Funds will be used to contract one Vietnamese national full time to provide direct strategic information technical assistance to MOLISA activities. This position will become an active member of the National M&E technical working group and an extension of the national PEPFAR supported SI Team. Since MOLISA is the GVN agency responsible for the management of programs targeting IDUs and CSWs, PEPFAR has prioritized HCD activities for the MOLISA SI team. This person will work directly to provide direct assistance to improving strategic information available on those programs. Being an IDU-driven epidemic, a focus on services and programs targeting IDUs is the cornerstone of the SI strategy. By providing direct HCD support to partners engaged in PEPFAR supported programs, PEPFAR Vietnam will continue to build a culture of data use where partners and their associated programs continue to be evidence-based, focused and sustainable.

Health Management Information Systems (HMIS) – Information Systems Development for IDU and CSW Programs:

Basic paper and electronic information systems for service delivery and program management will be prioritized by program area. These funds will help to support the assessment and improvement of paper systems associated with MOLISA programs and to identify a core set of information for computerization for better program planning and implementation. Information system requirements documented through this process will be supported through TBD funds for software development and deployment.

New/Continuing Activity: New Activity**Continuing Activity:**

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3107.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5702.24679.09

Activity System ID: 24679

Mechanism: USAID-FHI

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$460,000

Activity Narrative: This is a continuing activity from FY08. FHI is a primary implementing partner and as a result, SI activities are on-going.

FHI will be supported in FY09 for the PEPFAR Strategic Information priority areas of human capacity development and data synthesis and use, while continuing to conduct routine program monitoring on all programs and basic program evaluation of prioritized program areas. These areas include ART services, basic HIV clinical and community-based care, medication-assisted therapy (MAT), and prevention peer outreach programs

Data Synthesis and Use:

FHI will work with the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) and HPI to conduct a second round of the Advocacy and Analysis (A-squared) Project. The first round in 2005 had provided invaluable information for HCMC PAC programs resulting in reallocation of resources to better address the growing HIV epidemic among most at risk populations. The second round shares the same objectives, including: 1) providing outcome indicators and coverage information for PEPFAR-supported prevention programming among MARPs in Vietnam; 2) strengthening government staff capacity for data utilization; 3) providing information to explain changes in HIV prevalence, including the impact of PEPFAR-funded prevention programming; 4) providing epidemiologic and behavioral data in specialized formats tailored for advocacy to policymakers; and 5) developing a clear understanding of the HIV/AIDS epidemic in Vietnam so that that effective national policies and appropriately targeted programs can be developed.

Other data use activities will include publication and dissemination of the second round of integrated biological and behavioral surveillance (IBBS). For increased understanding of behavioral trends illustrated by quantitative IBBS results, a small scale supplemental survey using qualitative methods, such as focus-group discussions, will be conducted to provide a more complete picture of the issues challenging HIV programs.

Continuing to focus on GVN-centered capacity development for SI, FHI will also participate in VAAC-led data triangulation activities, supporting epidemiological and program data gathering and participating in analysis and dissemination workshops. All FHI service delivery activities are conducted in GVN facilities and subsequent data analysis and feedback to GVN implementing and technical staff result in program ownership and ultimate sustainability.

Reporting:

FHI will upgrade the existing prevention peer-outreach program database in collaboration with the original PEPFAR supported Vietnamese-based contractor Innovative-Soft to expand the nationally standardized application for service delivery through peer outreach education and DIC programs. This system will help maximize work efficiency at the field level and enable data analysis to assist project partners in continuous quality improvement. In addition, this will be automatically connected to a Geographic Information System (GIS) for better visualization, outreach coordination and decision making. This software will be installed for all FHI supported prevention sites and training will be provided to all software users.

Quality of routine monitoring data will continue to be strengthened through the integration of data quality audits (DQA) as part of regular QA/QI visits to project sites. This will include review on data collection, recording and reporting procedures in practice and random checking for accuracy of current data collected and reported by project partners.

Monitoring:

With the need to ensure that all activities and services to target populations delivered under USAID/FHI support meet quality standards, especially in the current expanding status, FHI with its project partners will maintain official periodical QA/QI trips to existing and newly operated project sites across all program areas. This aims to be an opportunity for all partners involved to review their current implementation, results and progress to the planned targets, understanding issues and developing plan for quality improvement. National experience sharing workshop on QA/QI implementation will be organized at the end of the second QA/QI round.

MARP size estimation activities are suggested to conduct bi-annually, in sandwich with IBBS to provide estimations of the number of people in each most-at-risk population groups for each locality. This will support targeted resource allocation, program planning, implementation and evaluation. It will also provide information on the coverage of the currently operating interventions in project areas. Data sources for estimation will come from existing data on MARPs, routine monitoring data, and cross-sectional surveys on these populations.

In the purpose to have a system to help with regular monitoring and improving the quality of both prevention outreach and clinical program activities, together with maintaining and extracting results from prevention database, FHI will utilize a recently developed software HIVQUAL by HIVQUAL – US program. This software will be acquired and installed at FHI country office and all relevant FHI partners. Service providers will use this application to review and analyze their performance for quality improvement, through key quality indicators such as HIV Monitoring (Viral Load and CD4), HIV Care, ARV Therapy Management, Adherence to ARV Therapy, etc.

Basic Program Evaluation:

FHI will continue longitudinal monitoring of patients on ART. This is patient data abstraction and assessment of various quality of life indicators for adult PLWHA initiating ART at FHI clinics in HCMC. These patients have been followed longitudinally over time since 2006 and assessed with relation to health-related quality of life, functioning, support, risk behavior and well-being over time. This activity informs care and treatment programs the psychosocial outcomes and impact of ART on the lives of PLWHA and determinants of success on therapy.

Activity Narrative: HMIS:

Based on practical experiences and lessons learned from GIS application at Country Office (CO) level, FHI will support and provide technical assistance and transfer technology to VAAC for better monitoring, management and coordination at national level as well as upgrade the software at CO and scale up the application to provincial partners of PEPFAR focus locations. Instruction training on GIS application will be provided to all selected provincial staff. Data sources include routine monitoring data and quarterly data on hotspot mapping for each locality, in order to produce useful information for program monitoring and management.

HCD:

FHI will share its experience and provide technical assistance in QA/QI, M&E and GIS for relevant stakeholders working in HIV field in Vietnam including VAAC's, PACs and PEPFAR partners, with the aim to help strengthen a collaborative QA/QI system in the field, and support better HIV program management and coordination of VAAC and PACs. FHI will join to facilitate some basic and advanced training on M&E since having solid experiences and expertise on this.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15260

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15260	5702.08	U.S. Agency for International Development	Family Health International	7104	3107.08		\$445,000
9370	5702.07	U.S. Agency for International Development	Family Health International	5164	3107.07	Family Health International	\$520,000
5702	5702.06	U.S. Agency for International Development	Family Health International	3107	3107.06	(INGO- former FHI/IMPACT)	\$125,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$175,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10563.09	Mechanism: ASPH Fellowship Program
Prime Partner: Association of Schools of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 24809.09	Planned Funds: \$40,000

Activity System ID: 24809

Activity Narrative: With PEPFAR support the Association of Schools of Public Health (ASPH) provides students and graduates an opportunity to gain practical first hand experience by participating in assignments and projects designed to enhance their academic training. In Vietnam ASPH Fellows work under the mentorship of experienced PEPFAR technical and management staff and make considerable contributions to PEPFAR. PEPFAR supports this program with the goal of providing a multidisciplinary international experience for two future public health professionals (one each in Hanoi and Ho Chi Minh City).

ASPH Fellows in Vietnam are important members of the PEPFAR Vietnam team. Though they participate in many activities and assignments during their year-long Fellowship, their positions are primarily focused on provision of management support to the Grants Management Unit within the CDC Vietnam office. Each Fellow serves as a primary point of contact for one of the larger programmatically comprehensive cooperative agreements (the Ministry of Health in Hanoi, and the Provincial AIDS Committee in Ho Chi Minh City) assisting Government of Vietnam counterparts in developing work plans, budgets, accomplishing quarterly and annual reporting, developing applications for continued funding, etc. Their work requires them to interact directly and frequently with government partners while liaising with PEPFAR management and financial staff and the PEPFAR, Vietnam technical teams.

The cooperative agreements with the Ministry of Health and Ho Chi Minh City Provincial AIDS Committee support a broad but integrated range of activities to address the HIV epidemic in Vietnam. These two key government partners work with the ASPH Fellows and the larger PEPFAR Vietnam team to implement activities across a variety of program areas including HVSI.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7540.09

Mechanism: General Statistics Office

Prime Partner: Ministry of Planning and investment

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 17650.24592.09

Planned Funds: \$175,000

Activity System ID: 24592

Activity Narrative: This is a continuing activity from FY08.

PEPFAR partnered with the General Statistics Office (GSO) of the Ministry of Planning and Investment (MPI) through a subcontract with Macro in 2005 to conduct the AIDS Indicator Survey and as a prime partner in 2008 providing technical assistance to the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) for MOH funded population-based surveys. Responsible for all macro national population, economic, and ministerial service indicators, GSO has broad survey expertise and a deep network of field personnel in provinces throughout Vietnam. As PEPFAR focuses on improved information supporting planning and implementation of HIV/AIDS programs, PEPFAR will continue to partner with GSO to develop GVN capacity and understanding of advanced survey methodologies and technologies. This developing capacity will enable MOH/VAAC to have ready access to survey capabilities for general population, focus population, and facility-based surveys for better measurement of program needs, impact, and resources.

PEPFAR resources will support the following activities:

- 1) Development of survey methodologies that focus on most-at-risk populations (MARPs) or individuals, especially youths, at risk for entering these populations, including improved methods for eliciting risk behaviors difficult to measure based on Vietnamese social norms.
- 2) Technical assistance to VAAC for sampling frame and protocol development for a mail-out facility survey around HIV programming.
- 3) Mobilization of staff in PEPFAR focus provinces and national level to provide technical assistance to MARP, OVC and PLHIV size estimation activities.
- 4) Human capacity development within GSO for trained surveyors and identified provincial and district health staff who will be employed supporting various HIV/AIDS-related surveys.
- 5) Support for national MOH SI strategy including health metrics, data and indicator harmonization and TWG support through MPI.
- 6) Support for data synthesis and use activities, such as geographic information systems and data triangulation, through one SI technical assistance counterpart in GSO.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17650

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17650	17650.08	HHS/Centers for Disease Control & Prevention	Ministry of Planning and investment	7540	7540.08	General Statistics Office	\$320,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$135,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10543.09

Mechanism: DoD - State Dept Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 24814.09

Planned Funds: \$0

Activity System ID: 24814

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10896.09

Mechanism: State-OGAC TBD Activities (typically TBD country agency)

Prime Partner: To Be Determined

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26681.09

Planned Funds: ██████████

Activity System ID: 26681

Activity Narrative: This is a new activity funded for a single year in FY09 using available funds due to DoD yellow-lighted FY08 Funds.

These funds would be used to accelerate the development of electronic information systems for prioritized program areas. Systems to be considered are commodities management (methadone, condoms, ART), facility-based (adult ART, PMTCT, LIS, TB/HIV, methadone, drop-in center), and community-based (outreach, OVC, care). Partners would include TA partner for development of functional specifications for software, implementers for participating in scope development, contracted software developers, and possibly implementation. Although there are on-going costs to software maintenance, use, and improvement, these funds would be used to accelerate the development life-cycle of prioritized systems.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10896.09

Mechanism: State-OGAC TBD Activities (typically TBD country agency)

Prime Partner: To Be Determined

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26682.09

Planned Funds: ██████████

Activity System ID: 26682

Activity Narrative: This is a new activity in FY09.

This activity is TBD agency and prime partner. In order to be able to better focus and implement SI resources in the coming year, these funds have been allocated to SI, but unallocated by agency or partner. These resources will be used for HCD through epidemiology training. PEPFAR SI will identify an appropriate partner(s) to provide technical assistance to the Vietnam MOH in developing local human capacity in epidemiology through both pre-service and in-service training programs. One of the largest gaps in the national surveillance and M&E system is a lack of trained staff in epidemiology at all governmental levels, from provincial to central administration and health units. Compounding the difficulty in meeting demands for epidemiologic data is the inability to attract highly skilled health professionals into the governmental system due to the growing non-governmental and private sectors offering attractive compensation. The selected TA provider will partner with local medical and public health universities, coordinated by the Hanoi School of Public Health, to establish epidemiology concentrations at these universities as well as short-course basic epidemiology programs with an HIV focus for the public health workforce in HIV programs. The partner will also provide counsel to the MOH on the establishment of tuition scholarships for epidemiology and biostatistics concentrations at national universities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development [REDACTED]
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10896.09	Mechanism: State-OGAC TBD Activities (typically TBD country agency)
Prime Partner: To Be Determined	USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 26683.09	Planned Funds: [REDACTED]
Activity System ID: 26683	
Activity Narrative: This is a continuing activity from FY08.	
<p>This activity is TBD agency and prime partner. In order to be able to better focus and implement SI resources in the coming year, these funds have been allocated to SI, but unallocated by agency or partner. These resources will be used to fill the gaps of HMIS systems development in prioritized program areas. Funds will be used specifically to contract locally the development of software based on functional specifications developed by program area and complying with national standards defined by the national IS technical working group.</p>	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10870.09	Mechanism: HHS/CDC TBD
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 26679.09	Planned Funds: [REDACTED]
Activity System ID: 26679	

Activity Narrative: This is a new activity in FY09.

This activity is TBD agency and prime partner. In order to be able to better focus and implement SI resources in the coming year, these funds have been allocated to SI, but unallocated by agency or partner. These resources will be used to expand a culture of data use around HIV/AIDS programs focusing on data synthesis and use. Funds will be used to contract an international partner with expertise in data triangulation to provide technical assistance in identifying primary resources of data on the Vietnam epidemic and response and in the analysis and use of these data. The selected TA provider will hold workshops with stakeholders and lead a technical working group in the triangulation of surveillance, survey, service delivery, and other data to draw conclusions about the HIV epidemic in Vietnam; evaluate prevention, care and treatment services; and make recommendations to improve program performance. Support will be designed to develop data analysis capacity in key institutions in Vietnam, including the Vietnam Administration for HIV/AIDS Control and the institutes of hygiene and epidemiology, for the ongoing development of these activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 10498.09

Mechanism: N/A

Prime Partner: Hanoi School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 18723.27528.09

Planned Funds: \$345,000

Activity System ID: 27528

Activity Narrative: This is a continuing activity from FY08.

The Hanoi School of Public Health (HSPH) is currently the government of Vietnam (GVN) partner with the greatest capacity for training and support in M&E and public health informatics development and support.

HSPH will collaborate with technical partner(s) identified by PEPFAR SI and the National Institute of Hygiene and Epidemiology (NIHE) to develop local human capacity in epidemiology through both pre-service and in-service training programs. One of the largest gaps in the national surveillance and M&E system is a lack of trained staff in epidemiology at all governmental levels, from provincial to central administration and health units. Compounding the difficulty in meeting demands for epidemiologic data is the inability to attract highly skilled health professionals into the governmental system due to the growing non-governmental and private sectors. Having established a Center of Excellence for human capacity development in public health and a network of medical and public health universities, the HSPH is in a unique position to establish epidemiology concentrations at national universities and develop short-course basic epidemiology curricula with an HIV focus for the public health workforce. In collaboration with NIHE, HSPH will establish tuition scholarship programs for promising students matriculating in epidemiology and biostatistics programs at national universities.

The school will continue to play a critical role on the national M&E TWG as both implementers and trainers for ongoing national M&E activities such as program data quality assurance and new activities such as data triangulation. The school will work with the Vietnam Administration for HIV/AIDS Control and other universities and training institutions to develop trainings focused on M&E, data use, program management, and HMIS activities.

HSPH will continue to be a key partner in HMIS. As the technical leader and implementer in the pilot of CAREWare in Vietnam, HSPH has successfully guided MOH and the PEPFAR care and treatment TWG to a basic set of functional requirements for electronic patient monitoring. Through this activity, MOH, HSPH, PEPFAR and implementing partners have formed a TWG focused on this activity. Ongoing activities include implementation of CAREWare, an HHS/Health Resources and Services Administration (HHS/HRSA) electronic patient monitoring system for HIV/AIDS care and treatment, laboratory external quality assurance software, and Laboratory Information Systems for Vietnam and development of relevant training materials for implementation. HSPH also provides support during implementation of the software to enter the backlog of client data; serves on a national TWG for IS development; and supports a help-desk for clinics that are currently piloting the software. HSPH will also provide direct technical assistance to VAAC for counseling and testing and M&E information systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18723

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18723	18723.08	HHS/Centers for Disease Control & Prevention	Hanoi School of Public Health	7105	3094.08		\$455,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 6132.09	Mechanism: N/A
Prime Partner: United Nations Resident Coordinator	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5698.24707.09	Planned Funds: \$460,000
Activity System ID: 24707	

Activity Narrative: Sub-Partner: UNAIDS
Total funding: \$210,000

This is a continuing activity from FY08.

Data Triangulation and Use: \$110,000

Major changes to this activity since FY08 approval are:

Objective: Strengthen the national AIDS response through development of a national costed strategic plan from 2010.

The globally agreed deadline for reaching Universal Access is only two years away; we have already reached the midpoint of the Millennium Development Goals. Vietnam is still lagging behind in achieving the progress promised. Key to an effective national response is: an excellent understanding of the epidemic and its features; the prioritization of activities that make the most impact; and, the development of costed intervention packages. Components that need to be integrated in the next phase of the national response, through creation of the costed National Strategic plan from 2010 on include:

Activity 1: Adaptation of the training materials from the first Regional Training on Designing and costing HIV programs in Asia, and the organization of four regional trainings for policy makers, practitioners and civil society organization (CSO) representatives.

HSS, National Activity, Cross cutting, Strategy

Activity 2: Based on the mid-term evaluation findings, the size estimation exercise, the latest rounds of Integrated Biological and Behavioral Surveillance (IBBS) and the estimates and projections project (EPP), and the UNGASS 2010 report, support the Vietnam Administration for HIV/AIDS Control (VAAC) and all other national and international partners in the development of a costed strategic plan, following the essential criteria suggested by the Commission on AIDS in Asia (clear goals and measurable objectives, prioritization by sub-population and geographic region; size estimation of population in need of services, standardized costed response packages; annual operation plan; human resources and management plan; coordination plan; M&E plan; estimation of total need).

HSS?, National Activity, National M&E Framework, Strategy

Activity 3: Data triangulation TA & application of results at provincial level

Support the provincial leaders and practitioners in use of data for strategic planning and programme monitoring at the provincial level, which will complement the work that other partners are doing in this area.
Data Synthesis and Use, Triangulation

HCD – Support national capacity building on use of strategic information: \$110,000

Building on the efforts undertaken in FY07 and FY08, UNAIDS will further support VAAC and the M&E department in building the capacity of the provincial AIDS centers (PACs). This will focus on the use of strategic information and the coordination of overall efforts of different national and international partners in the SI arena.

Activity 1: National HIV/AIDS SI related training coordination: Support VAAC in development of an annual costed capacity building plan; organization of workshops for the team of national trainers ("refresher training", development of new modules) –planning with MOH, keeping partners informed, listserv, etc.
HSS, HCD, National M&E Framework, TA

Activity 2: Support the work of the M&E TWG; Mapping of national and international partners' efforts in implementation of the national AIDS response (collection of data, development of reader friendly reports and maps) and promotion of use of newly established AIDS data hub. In addition, UNAIDS will continue the coordination role for GIS TWG to develop a visualized database of HIV programs in Vietnam.
Data synthesis and use, Activity mapping, Cross-cutting, Harmonization/Standardization.

Sub-Partner: UNODC
Total funding: \$40,000

This is new activity in FY09.

Funds will be used to contract 1 Vietnamese national full time to provide direct strategic information technical assistance to UNODC activities. This position will become an active member of the National M&E technical working group and an extension of the national PEPFAR supported SI Team. Since UNODC partners closely with the Ministry of Labor, Invalids and Social Affairs; The Ministry of Public Security, other UN Agencies, bi-lateral donors and the GVN, this person will work directly will provide direct assistance to improving strategic information available on those programs. Being an IDU-driven epidemic, a focus on services and programs targeting IDUs is the cornerstone of the SI strategy. By providing direct HCD support to partners engaged in PEPFAR supported programs, PEPFAR Vietnam will continue to build a culture of data use where partners and their associated programs continue to be evidence-based, focused and sustainable.

Sub-Partner: World Health Organisation
Total funding: \$210,000

This is continuing activity from FY08.

HMIS - To establish integral health information system for health sector responses: \$150,000
In the past few years, VAAC developed M&E tools for the HIV program, such as the National M&E Framework, revised routine reporting (Decision 28) and sentinel surveillance systems with joint support from international community (e.g. PEPFAR, UNICEF, UNAIDS and WHO). VAAC also updated estimation and

Activity Narrative: projection, piloted HIV drug resistance early warning indicators, and developed a prototype for electronic information system. However, data from those various systems have not been designed or used in an integral manner. WHO considers that it is critical that information generated from various systems should be synthesized and used effectively for planning and continuous improvement of the service delivery.

Activity 1: To facilitate program departments of VAAC (e.g. care and treatment department, HIV prevention department) to work closely with VAAC's M&E department to maximize data use integrating those from different sources.

Data synthesis and use, triangulation

Activity 2: To advocate for and provide TA to establish data exchange standards and the Central data warehouse and to strengthen data quality assurance procedures, which will provide foundation for the proposed integral health information systems. The attention will also be paid to develop linkage between the VAAC's and MoH's health information management systems.

HMIS, Management IS, National IS, Strategy/TA

Surveillance - To map MARPs Activities: \$30,000

WHO has been working with VAAC to develop National Guidelines on Mapping of MARPs, building upon WHO's deep involvement in implementing large harm reduction projects in the past several years as well as its normative work at regional and global level. To complement PEPFAR's initiative in size estimation of MARPs, WHO will support VAAC in the development of national guidance.

Activity 1: Support to VAAC for the development of the national guidance document on population size estimate of MARPs.

Program monitoring, Activity mapping, Policy Guidelines, TA

Data Use - To identify national operational research agenda for health sector response: \$30,000

In line with the WHO's support to the various departments of VAAC and concerned institutions in data analysis and use for effective planning and continuous improvement of service delivery (care and treatment, harm reduction etc.), WHO will support identification of the national operational research agenda for health sector response based on the review of existing and planned researches and programmatic priorities of VAAC.

Activity 1: Support VAAC and relevant institutions to review the existing and planned operational researches and to identify programmatic priorities of VAAC

Data Synthesis and Use, National Activity, Cross-cutting, TA

Activity 2: Support VAAC and relevant institutions to agree on the National Operational Research Agenda for accelerating health sector response

Data Synthesis and Use, National Activity, Cross-cutting, Harmonization/Standardization

New/Continuing Activity: Continuing Activity

Continuing Activity: 15358

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15358	5698.08	U.S. Agency for International Development	United Nations Resident Coordinator	7111	6132.08		\$460,000
9371	5698.07	U.S. Agency for International Development	United Nations Development Programme	5165	3111.07	UNDP	\$75,000
5698	5698.06	U.S. Agency for International Development	United Nations Development Programme	3111	3111.06		\$75,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3367.09	Mechanism: CDC-GHCS-Funded HQ Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5704.24559.09	Planned Funds: \$682,108

Activity System ID: 24559

Activity Narrative: This activity support the costs associated with US Direct Hire staff salaries, benefits, allowances and relocation costs of program staff and their family members included in this activity:

Chief Strategic Information Section, Hanoi, USDH (100%)

In addition, this activity supports procurement of contractual services to provide technical support to HVSI activities:

Contractual: M&E Officer, HCMC (100%)

This activity also represents a portion of funding allocated to this program area for CDC's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

Finally, test kits for the BED HIV-1 incidence assay developed by HHS/CDC and unavailable for local procurement will be purchased through HHS/CDC from a sole source provider(\$200,000). In FY08 and in collaboration with HHS/CDC/GAP laboratory and surveillance branches, the Vietnam National Institute of Hygiene and Epidemiology (NIHE) is quantifying and comparing local misclassification rates for estimating HIV-1 incidence using a variety of incidence assays in Vietnam. Other assays under development (i.e., Avidity Index assay, rIDR-Avidity Index Assay, Limiting Antigen Avidity assay, and Rapid I-P) are being tested in combination with the BED assay and may also be procured upon identification of an appropriate sequential testing algorithm. HIV incidence surveillance will be conducted on stored and new sentinel surveillance and IBBS specimens for IDU and CSW populations. This activity will contribute to a better understanding of the HIV epidemic in Vietnam by helping to identify most at-risk populations (MARPs) with highest rates of new infection. These data will contribute to the overall understanding of the trend of the HIV epidemic in Vietnam and would be a vital component of a developing national strategy for strategic information supporting the GVN for program planning.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15383

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15383	5704.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$168,442
9876	5704.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$871,187
5704	5704.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3367	3367.06		\$97,290

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3093.09	Mechanism: N/A
Prime Partner: Ho Chi Minh City Provincial AIDS Committee	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5692.24576.09	Planned Funds: \$450,000
Activity System ID: 24576	

Activity Narrative: This is a continuing activity from FY08.

The Ho Chi Minh City Provincial AIDS Committee (HCMC PAC), a provincial coordination body, provides oversight to all HIV/AIDS activities in HCMC. Achievements to date include the standardization of routine program monitoring and reporting for ART, PMTCT, VCT, Peer Education and rehabilitation center activities; and HMIS activities supporting centralized client registration for HIV/AIDS services in HCMC. HCMC PAC proposes to use FY 2009 funds to maintain high functionality of these information systems through systems assessment, staffing capacity, and hardware and software maintenance and upgrades. HCMC PAC will continue to provide primary technical oversight for M&E, focusing on continued human capacity development and data quality assurance and data use activities. In collaboration with FHI, HCMC PAC will conduct the second round of Advocacy and Analysis, which will provide a clear understanding of the HIV/AIDS epidemic in HCMC, explain changes in HIV prevalence, including the impact of PEPFAR-funded prevention programming, and inform advocacy for policy change and resource allocation. With regards to specific human capacity development activities, through partnerships with the Pham Ngoc Thach Medical University and the School of Public Health in the University of Medicine and Pharmacy in HCMC, HCMC PAC will provide continued training to M&E staff and service providers across all PEPFAR programs on HIV program management and data management using curricula piloted in FY 2008 and new curricula as needed. These universities will also be supporting longitudinal patient monitoring activities in selected PEPFAR-supported clinics in HCMC and be responsible for the abstraction, entry and analysis of data from either electronic or paper-based patient medical records. Furthermore, to ensure integration of HCMC PAC M&E system with the national system, HCMC PAC will continue to participate on the national M&E technical working group and contribute to data triangulation, GIS, and advocacy activities. Services provided to the GVN Transition Program where IDU 06-center residents are returned to their communities, will expand to 5 new districts, or up to 9 catchment districts. As the program shifts, the costs of the transition program will shift away from program evaluation and toward basic program monitoring. Tools developed by Abt Associates, Inc. for process evaluation will become part of routine program monitoring.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15275

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15275	5692.08	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	7107	3093.08		\$625,000
9243	5692.07	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	5101	3093.07	HCMC PAC Cooperative agreement	\$530,000
5692	5692.06	HHS/Centers for Disease Control & Prevention	Ho Chi Minh City Provincial AIDS Committee	3093	3093.06	Cooperative agreement	\$127,710

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$315,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5171.09

Mechanism: ORC/MACRO

Prime Partner: Macro International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 9377.24578.09

Planned Funds: \$300,000

Activity System ID: 24578

Activity Narrative: This is a continuing activity from FY08.

In FY09, PEPFAR will support ORC/MACRO to continue to provide technical assistance to Vietnam in the development of a culture of data use and direct support to M&E HCD through training and curriculum development for in-service and pre-service training activities. In previous years, Macro has worked closely with the M&E unit of the Vietnam Administration for HIV/AIDS Control (VAAC) to design basic M&E curricula specific for the Vietnam context and its concentrated epidemic. National training-of-trainers, regional trainings, and district trainings at the service provider level have resulted from this collaborative effort. VAAC and PEPFAR Vietnam has identified continued training needs for more specific M&E knowledge and skills, including data management, qualitative and quantitative study methods, data quality assessments and data use and advocacy. Funds will be used for needs assessments, curricula development, and training of trainers (TOTs) in these subject areas.

Funds will also support direct technical assistance in measuring and mapping most at risk populations (MARPs) and improved focus and coverage of services for these populations. Macro will assist Vietnam in identifying the most feasible and innovative methods for enumerating hard to reach populations, improving upon the methods soon to be applied by FHI and the National Institute of Hygiene and Epidemiology. In addition, program support to the Vietnam's Care and Treatment team, Macro will provide technical assistance in estimating OVC and PLHIV numbers using the most cost-effective approach for a concentrated epidemic, where population-based surveys and censuses have limited applicability. Focus will also be paid to mapping the catchment areas of these populations to demonstrate PEPFAR programs' reach and coverage.

Furthermore, Macro has worked in the Southeast Asia region on GIS and will bring extensive expertise to the national technical working group for GIS. Funds will be used for TA, as well as for building data resources for GIS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15283

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15283	9377.08	HHS/Centers for Disease Control & Prevention	Macro International	7112	5171.08	ORC/MACRO	\$0
9377	9377.07	HHS/Centers for Disease Control & Prevention	Macro International	5171	5171.07	ORC/MACRO	\$225,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$160,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3106.09

Prime Partner: National Institute for Hygiene
and Epidemiology

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5694.24594.09

Activity System ID: 24594

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$260,000

Activity Narrative: This is a continuing activity from FY08.

HCD – Training and TA: \$40,000

Data Triangulation: \$40,000

GIS: \$20,000

HMIS: \$20,000

Incidence Surveillance: \$70,000

Sentinel Surveillance: \$70,000

As the leading disease surveillance institute in Vietnam, the National Institute of Hygiene and Epidemiology (NIHE) will continue gathering and analyzing epidemiological data to inform policy and programs and contribute to human capacity development in epidemiology. NIHE is currently collaborating with the HHS/CDC Global AIDS Program (GAP) Surveillance and Laboratory Branches to obtain the correction factor for the BED HIV-1 incidence assay for Vietnam. With COP FY 2009 funds, NIHE will apply BED to stored and new specimen from sentinel surveillance and integrated biological and behavioral surveillance (IBBS) to track incidence among most at risk populations. Incidence data are key data currently unavailable for prevention program planning in Vietnam; this activity will provide baseline data for future PEPFAR and national strategy planning. Funds will be used for laboratory supplies and transportation; PEPFAR will procure BED kits.

To address low field surveillance capacity, NIHE will continue to strengthen the capacities of regional epidemiology institutes and provincial implementing partners in ensuring quality sentinel surveillance data. Funds will be used for regional refresher trainings, quality assurance systems establishment, field QA activities, and dissemination workshop.

By 2009, in addition to incidence surveillance, the second round of IBBS, MARP size estimation, and behavioral survey among male client of sex workers will have been completed. Along with the Vietnam Administration for HIV/AIDS control, NIHE will co-chair a technical working group to triangulate these data with program data and disseminate findings to stakeholders.

NIHE will also collaborate with local public health and medical universities to develop epidemiology concentrations at these universities and scholarship programs to encourage greater enrollment in epidemiology programs. NIHE will also engage in curriculum development and lectures of short-course in-service epidemiology training, which will be coordinated by and funded through the Hanoi School of Public Health.

NIHE will also participate on the GIS technical working group, supporting training and data collection and contributing epidemiological data to the project.

Furthermore, NIHE will improve information systems around surveillance, size estimation, and other epidemiological data for data management and sharing among GVN and other stakeholders.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15302

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15302	5694.08	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	7115	3106.08		\$610,000
9244	5694.07	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	5102	3106.07	NIHE Cooperative agreement	\$165,314
5694	5694.06	HHS/Centers for Disease Control & Prevention	National Institute for Hygiene and Epidemiology	3106	3106.06	Cooperative agreement	\$225,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5170.09

Prime Partner: Ministry of Health, Vietnam

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 9376.24590.09

Activity System ID: 24590

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$785,000

Activity Narrative: This is a continuing activity from FY08.

VAAC M&E Unit: \$605,000

LIFE-GAP M&E Team: \$180,000

The VAAC M&E Unit and the LIFE-GAP project M&E Team are main implementing partners for SI activities under the PEPFAR cooperative agreement with MOH. VAAC M&E Unit activities will focus on the support of the National M&E Framework, MOH Decision 28 mandated reporting, and on-going M&E, HMIS and GIS technical working groups. LIFE-GAP activities will focus on the development of LIFE-GAP SI human resources to ensure that programs are continuously more evidence-based, efficient and sustainable.

VAAC is responsible for the oversight and management of all national HIV program M&E and leads the national M&E technical working group (TWG). By partnering with other agencies in the Ministry of Health (MOH), donors, UN, and implementing partners, VAAC is charged with ensuring these programs are coordinated through a single M&E system for national program management. PEPFAR funds to VAAC will continue to support:

- Routine service delivery systems through the development of national standards for data structures and information system design for adult and pediatrics care and treatment, PMTCT, TB/HIV, VCT and prevention and community-based activities. Also, TWG-led consensus building activities around data standardization and harmonization will take place.
- A national HMIS drawing data from routine service delivery information systems, surveillance activities, surveys, and program management databases, including program coverage and quality data. The single national system will be achieved through the guidance of a national HMIS TWG led by VAAC and with broad participation from UN, donors, and implementing partners.
- M&E capacity development through trainings focusing on data analysis, quality assurance and use at the national level across programs and among provincial AIDS control centers throughout Vietnam. VAAC and the provincial AIDS control centers will also benefit from in-service epidemiology training to be conducted by the schools of public health.
- Program activity mapping for better coordination of service provision across donors and programs. The activity will generate a database of basic characteristics of prevention, care and treatment services in Vietnam.
- Obtain results for the National M&E Framework's core indicators for which data sources are not readily available, such as facility survey assessing health service provision.
- Contracted services for M&E with a focus on data quality assurance, particularly for Decision 28 reported data, and for coordinating data sharing across all stakeholders.
- Data triangulation, which is an analytical approach to synthesizing quantitative and qualitative studies, along with data from HIV prevention, care and treatment programs, and making use of expert judgment in order to evaluate interventions and assess population-level outcomes. VAAC will receive technical assistance from other PEPFAR partners to be determined.
- Participation in geographical information systems (GIS) applications. VAAC will coordinate and contribute government and multiple donor data to the application to produce nationally applicable information for program monitoring and management.

The LIFE-GAP project M&E Team supports data collection and management of prevention, care and treatment services in PEPFAR provinces. Funds will continue to support LIFE-GAP's program monitoring activities, including service data quality assurance, reporting and feedback. Funds will also be used for establishing information systems for managing programs and for hardware and software maintenance and upgrades. Human capacity development activities include contractual M&E staffing at LIFE-GAP and provincial AIDS control centers and ongoing training, including attendance at M&E short-courses and VAAC -organized M&E trainings and organizing data management training at service delivery points.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15299

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15299	9376.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$1,100,000
9376	9376.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	5170	5170.07	Vietnam Administration for HIV/AIDS Control (VAAC) Cooperative agreement	\$430,000

Activity ID: 19475.24628.09

Planned Funds: \$150,000

Activity System ID: 24628

Activity Narrative: This is a continuing activity from FY08 with a new prime partner through the HPI mechanism.

A-Squared – Advocacy: \$75,000

Triangulation Technical Assistance: \$25,000

Human Capacity Development – SI Technical staff: \$25,000

Data Use Workshop: \$25,000

In FY09, Health Policy Initiative (HPI) will continue the Analysis and Advocacy (A2) project funded in FY05 to advocate for the use of available data to formulate appropriate responses to the Vietnam HIV/AIDS epidemic. Using Ho Chi Minh City (HCMC) and Hai Phong as case studies, a model will be developed for the use of information to inform HIV/AIDS policy development and resource allocation. With experience and lessons learned from FY05, HPI aims to: 1) complete the development of the Goals Model and Asia Epidemic Model interface and complete resource allocation analysis for Vietnam; 2) in collaboration with Family Health International (FHI), present major outcome results by the end of FY06; 3) conduct workshops in collaboration with FHI on the use of data from the integrated biologic and behavioral surveillance which will provide updated findings on prevalence, behavior and coverage of the minimum package of services for injection drug users, commercial sex workers, and men who have sex with men in the seven focus provinces; 4) provide concrete programmatic implications to the USG team as well as to USG partners; 5) collaborate with other international and local partners to continue supporting the Ministry of Health/Vietnam Administration for HIV/AIDS Control (MOH/VAAC) in advocacy under the framework of A2 (this project will utilize the strengths of both organizations for the appropriate use of data in policy-making and intervention development); and 6) apply the A2 framework to advocacy activities in other focus provinces including Hanoi, Quang Ninh, Can Tho and An Giang. The ultimate goal of this activity is to inform policy makers in focus provinces and at the national level on the situation of the epidemic and resources needed to respond appropriately and effectively to HIV/AIDS in Vietnam.

PEPFAR will support HPI Vietnam to ensure timely and accurate data used for evidence-based decision making. The HPI team brings unique capabilities in using data to translate policy into action through HIV/AIDS policy planning, budgeting, and program implementation.

In FY 09, PEPFAR will support HPI to continue Analysis and Advocacy (A2) project activities by focusing on translating the results of studies and model applications into real policies, programs, and resource allocations. Also, expanding the data resources to inform HIV/AIDS decision making. HPI will coordinate with other PEPFAR efforts to address stigma and discrimination, develop/enhance existing tool kits to include a gender assessment, activities and monitoring to support all partners in their ability to review their programs through the gender prism, and to use resultant data and information to improve access to services, especially for MARPs and PLHA.

Abt will aim to:

- 1) Expand the use of A2 (a tool for HIV/AIDS epidemic modeling and evidence-based policy advocacy) and the GOALS model (for HIV/AIDS resource allocation) to other PEPFAR provinces beyond HCMC, to inform planning and resource use based on numbers of infections averted and cost per infection averted.
- 2) Applying HAPSAT, which simulates national and provincial scenarios of breadth and depth of service delivery coverage, to complements A2 and GOALS.
- 3) Develop more extensive modules on both A2 and GOALS to be added to the HCM National Political Academy training curriculum to expand the potential reach of the tools to officials in the provinces.
- 4) Collect and create a comprehensive data repository to inform policy advocacy and recommendations for program expansion and redeployment of resources. Summarize and distribute data in easy-to-use formats to aid decision making.
- 5) Provide technical assistance to support province-level application of these enhanced strategic information tools. The first priority will be 7 PEPFAR focus provinces.
- 6) Measuring Stigma and Monitoring Changes related to Stigma: Abt will establish a data collection system for monitoring stigma reduction, focused on stigma faced by different MARP groups, including gender-based stigma.gram.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19475

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19475	19475.08	U.S. Agency for International Development	Abt Associates	8674	8674.08	HPI - Vietnam	\$25,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 10745.09	Mechanism: CDC-Gap-Funded Local Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5705.25397.09	Planned Funds: \$252,136
Activity System ID: 25397	
Activity Narrative: Funding in this activity is provided to support the salaries and benefits packages for the following locally employed staff members associated with HVSI: Application Development Manager, Hanoi, LES (100%) Data Analyst, Programmer, Hanoi, LES (100%) LAN Administrator, Hanoi, LES (50%) SI Assistant, Hanoi (100%) SI Program Officer (2), Hanoi, LES (100%) For activities with only LES staff: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with MTCT staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.). Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 15395	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15395	5705.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7129	3694.08		\$496,558
9249	5705.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$356,499
5705	5705.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3694	3694.06		\$241,320

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 10555.09

Mechanism: USAID - State Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 25421.09

Planned Funds: \$15,363

Activity System ID: 25421

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 10746.09

Mechanism: CDC-GHCS-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 25413.09

Planned Funds: \$286,309

Activity System ID: 25413

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with MTCT staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

In addition this funding in this activity (\$150,000) is provided for computer equipment associated with new staff members as well as the costs of upgrading existing systems.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3099.09	Mechanism: UNC/Measure Evaluation Follow-on
Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5696.19933.09	Planned Funds: \$430,000
Activity System ID: 19933	
Activity Narrative: This is continuing activity from FY08.	

PEPFAR/Vietnam will support the University of North Carolina/MEASURE Evaluation program to continue to provide technical assistance (TA) to the government of Vietnam (GVN) for the implementation of the National Monitoring and Evaluation (M&E) Framework, the Decision 28 National HIV/AIDS Reporting Indicators, and the international M&E TWG on data harmonization spanning activities from community-based programs to national M&E systems. This activity will build on FY08 activities to support alignment of facility and community-based, provincial, and national information and reporting systems, provider-based provincial systems and M&E activities for the achievement of the Third One, one coordinated country level monitoring and evaluation system. The partner will work closely with MOH/VAAC, national M&E technical working group (TWG), and other international donors.

This is new activity from FY08.

With support from PEPFAR, UNC/MEASURE will directly provide technical assistance to PEPFAR SI and PEPFAR partners within the context of the Vietnamese M&E reporting system. These activities are designed to support the strategic objective of PEPFAR to strengthen the national response to the HIV and AIDS epidemics in Vietnam by improving demand and use of strategic information (SI). SI is crucial for ensuring that program managers and policy makers can maximize the use of existing resources in responding to the epidemic, and can advocate effectively for increased funds need to meet response needs.

Activity 1: Mapping of HIV-related services:

MEASURE Evaluation will work with USG partners and provincial stakeholders including relevant government, other donors, and the TWGs to develop mapping of HIV/AIDS service delivery activities components for prevention, care and treatment programs. Separate tracking for injecting drug users (IDU), men who have sex with men (MSM), and commercial sex workers (CSW) prevention components, as well as HIV services within the continuum of care (including both community and facility-based services) will be mapped in PEPFAR focus provinces, to the district level, in order to better identify gaps in services and to facilitate improved strategic planning among programs.

Activity 2: Trace and verification of reported PEPFAR data:

Measuring the success and improving the management of projects working towards ambitious goals in the fight against HIV is predicated on strong M&E systems that produce quality data related to program implementation. Working directly with PEPFAR SI team, MEASURE Evaluation will provide technical support using the Data Quality Assessment (DQA) Tool to (1) verify the quality of reported data, and (2) assessing the underlying data management and reporting systems for standard program-level output indicators, and (3) recommendation for action plans to improve both.

Activity 3: Strengthening M & E Systems with USG implementing partners:

MEASURE will customize and operationalize PEPFAR/Vietnam indicators, considering PEPFAR reporting within the context of the national Vietnamese M&E framework. These definitions need to be correctly and consistently applied across all partners at each service delivery point. The purpose of this activity is to better identify M&E capacity gaps and corresponding strengthening measures to be addressed through technical assistance and training. MEASURE will work with USG to review prior reporting data quality challenges and discuss these with partners to jointly develop a partner-level Action Plan to address M&E weaknesses and shortcomings. In collaboration with PEPFAR SI team, LIFE-GAP, FHI, PACT, and other PEPFAR partners, MEASURE Evaluation will jointly develop and implement a detailed action plan for strengthening the M&E system for PEPFAR partners including each technical area (Prevention; Care and Treatment; and Human capacity development (HCD)). A Training plan will developed with M&E Officers and USG for the partner level data managers at service delivery points in order to strengthen the basic skills on target setting and reporting on operationalized PEPFAR indicators within the Vietnam context.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15364

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15364	5696.08	U.S. Agency for International Development	To Be Determined	7126	3099.08	UNC/Measure Evaluation Follow-on	
9246	5696.07	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	5104	3099.07	MEASURE/Evaluation	\$290,000
5696	5696.06	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	3099	3099.06	MEASURE/Evaluation	\$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$180,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 10556.09	Mechanism: USAID Local GHCS Partnered Activities
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5706.24787.09	Planned Funds: \$372,260
Activity System ID: 24787	

Activity Narrative: Funding in this activity is provided to support personnel compensation and operational costs associated with PEPFAR staff members for this program area at USAID. These costs include personnel travel, education allowances and housing. The following positions are supported with funding in this activity:

- M&E Specialist (Hanoi) - 50%
- M&E Specialist (HCMC) - 75%
- M&E Officer (Hanoi) - 70%

Funding in this activity is also provided to cover the costs of rent, telecommunications and other utilities allocated to this program area. These costs include things such as residential rent and utilities for staff members in this program, office rent allocated to this program area and rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices.

PEPFAR is supported by numerous outside TDY and Technical Assistance visits. There is funding in this activity that represents HVSI's portion of these TDY visits. Note that this does not include the TA supported centrally for PEPFAR.

This activity represents a portion of funding allocated to this program area for IRM Tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15372

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15372	5706.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$130,000
9247	5706.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$190,910
5706	5706.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$50,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7769.09

Mechanism: N/A

Prime Partner: Regional Development Mission/Asia

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 17651.24656.09

Planned Funds: \$200,000

Activity System ID: 24656

Activity Narrative: This is a continuing activity from FY08.

The USAID Regional Development Mission-Asia (RDM/A) Continues to provide south to south strategic information technical assistance and HCD support through regional trainings, workshops, and information sharing. Following on COP08 activities where PEPFAR Vietnam support was used to organize two workshops for 1) sharing empirically-based lessons on monitoring & evaluation (M&E) of ART service delivery and 2) reviewing and standardizing HIV/AIDS service delivery measures and coverage modules for most-at-risk populations (MARPs) in Southeast Asia, RDMA will continue to facilitate similar activities. RDM/A manages regional HIV/AIDS programs in close coordination with bilateral programs in China, Laos, and Vietnam, and is therefore in a unique position to assemble public health practitioners and program administrators from these and other Southeast Asian countries with similar HIV epidemics to share knowledge and lessons learned from prevention and care and treatment program M&E.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17651

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17651	17651.08	U.S. Agency for International Development	Regional Development Mission/Asia	7769	7769.08		\$150,000

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$4,555,568

Program Area Narrative:

PROGRAM AREA SETTING

Vietnam's HIV/AIDS epidemic remains concentrated in most-at-risk populations (MARPs). Injecting drug users (IDU) and commercial sex workers (CSW) continue to account for more than 80% of HIV positive people. Advocacy efforts have led to HIV/AIDS policies including the 2004 National Strategy on HIV/AIDS, the 2007 National HIV/AIDS Law and the completion of the National Plan of Action for Orphans and Vulnerable (OVC NPA). These policies have helped shift the national response from stigmatizing HIV/AIDS, to a more comprehensive and rights-based approach of addressing the epidemic as a health issue. However, putting policy into action remains a challenge as public perception continues to target IDU and CSW as the source of the epidemic, and enforcement of the HIV/AIDS Law remains weak. These challenges are multiplied by the lack of effective multi-sectoral coordination of health and social welfare programs, and resource gaps in the national health care system, which continue to limit the successful implementation of policies and programs at the national, provincial and community levels.

While the Government of Vietnam (GVN) is increasingly addressing the needs of high-risk groups, strategies often lack a strong evidence base. Additionally, the health-care system continues to struggle with pervasive stigma and discrimination, an under-trained and under-utilized workforce, and an institutional approach to addressing IDU and CSW that is expensive and ineffective. The recently passed revised National Drug Law, despite advocacy efforts, has maintained the criminalization of drug behavior and has continued policies that require IDU to be confined in GVN-run compulsory rehabilitation or "06" centers. Institutionalizing IDU in the centers promotes continued stigma, social isolation and inadequate HIV and drug treatment. These policies continue to promote addiction as criminal behavior rather than a medically treatable condition.

Civil society continues to wrestle with legal constraints that inhibit their participation in HIV policy and programming. The GVN recognizes the role of civil society organizations (CSOs) in a comprehensive national response to expand access to HIV services to communities. As such, advocacy groups and local NGOs, including groups of people living with HIV (PLHIV) are beginning to assume a larger role in programming and policy advocacy and have found creative and legal ways to circumvent policy barriers by registering as businesses or charities within provinces. However, with no national codified legal framework for the establishment of civil society, they operate with tenuous legal registration and sporadic funding.

KEY ACCOMPLISHMENTS

In spite of these barriers, the HIV policy landscape has changed dramatically during the first five years of PEPFAR. After the release of the 2004 National Strategy on HIV/AIDS, the GVN called for multi-sectoral mobilization of national, provincial and community resources to prioritize IDU transmission prevention, and increase efforts to diminish HIV-related stigma. This includes disassociating HIV from drug use and sex work. Through the development of several key documents, including the National HIV/AIDS Law, many key policy principles have been codified, including the rights of PLHIV. This, along with the adoption of the Three Ones principle, is a considerable accomplishment by the GVN and represents new opportunities for expanded and innovative programming to drive policy change.

Continued policy advocacy holds promise for long-term sustainable change in health and social welfare systems. The Ministry of Labor, Invalid and Social Affairs (MOLISA), which is mandated to regulate the 06 centers, has begun to discuss alternatives to drug treatment, and has requested assistance from PEPFAR to develop a pilot program. This represents a significant shift in the national dialogue on addiction services, and indicates a response to evidence-based policy advocacy efforts from local and international organizations. Another area of importance that falls under the scope of MOLISA is the implementation of the OVC NPA. PEPFAR will continue to work with MOLISA, other donors, and implementing partners to integrate the approved NPA into activities.

Building on the momentum of change during PEPFAR Phase I, future efforts will focus on continued coordination with other donors such as GFATM, DfID, the World Bank, and AUSAID to strengthen policy, health and social welfare systems, with a goal to achieving solutions that are sustainable, host country-owned, and technically sound. To that end, PEPFAR will build on recent successes to identify next steps and key opportunities to improve health systems, introduce alternative programs for at-risk populations, strengthen the role of PLHIV and civil society, and expand multi-sectoral collaboration.

In PEPFAR Phase I, the USG Team supported a number of activities to build local capacity and to address the needs of PLHIV. To create an enabling policy environment, PEPFAR supported the drafting of the National HIV/AIDS Law, and the development and implementation of national guidelines, including the National Palliative Care Guidelines, the National Medical Assisted Therapy Guidelines, National Plan for Action for OVC, and 100% Condom Use Policies. To strengthen management of the national HIV response, PEPFAR supported the Vietnam Administration on HIV/AIDS Control (VAAC), the national HIV coordinating body, at the national and provincial levels to strengthen human capacity and program management. In collaboration with the Hanoi School of Public Health (HSPH), PEPFAR supported the training of public health managers from across public sectors, in Total Quality Management (TQM) and project management training. To improve capacity at the national and provincial level, PEPFAR has supported the Ho Chi Minh National Political Academy (HCM NPA) to train government cadres across sectors on best practices in HIV programs, and coordination of a rights-based, evidence-based and multi-sectoral response.

Through a partnership between the International Center for Research on Women (ICRW) and the Institute for Social Development Studies (ISDS), PEPFAR has supported the roll out of a stigma-reduction toolkit to be used at service delivery sites, and a stigma and discrimination assessment in four PEPFAR provinces. Through this assessment and subsequent dissemination workshops, PEPFAR is supporting a direct intervention to address stigma and discrimination at the national and provincial levels.

PEPFAR has supported the United Nations, through the UNAIDS secretariat, to coordinate efforts in policy advocacy, the greater involvement of people living with HIV/AIDS (GIPA), and local organization ownership. UNAIDS continues to coordinate the Ambassadors and Heads of Agency Coordination Group, which conducts quarterly meetings to identify and address key HIV policy issues, including strategic planning, program coordination, harmonized cost norms, and health sector development.

Despite the lack of a legal framework, local organizations have made tremendous strides in scaling up activities in policy advocacy and in community-based service models. Through Pact and the Health Policy Initiative (HPI), PEPFAR continues to support capacity-building of local organizations and collaboration between local and international organizations. PEPFAR continues to build the capacity of PLHIV through umbrella grants to CSOs, and financial and capacity-building technical assistance. Perhaps the most significant accomplishment for GIPA and civil society in FY08 has been the establishment of Vietnam's first national network of people living with HIV (VNP+) in August 2008. Through long-term advocacy efforts, with PEPFAR support to UNRC, HPI and others, VNP+ was established with GVN permission. This national network, nascent for several years, has emerged as a highly organized and nationally owned group to advocate for PLHIV at the national, provincial and community levels.

In other areas, PEPFAR has provided critically needed support to strengthen legal services for people affected by HIV and to advocate for increased enforcement of existing laws that support the rights of affected people. Under HPI, PEPFAR has supported the establishment of legal aid clinics for PLHIV in Hanoi and HCMC. These clinics provide legal counsel for PLHIV, and are working to address gaps in enforcement of HIV-related laws for women and affected children in the health and education sector. Additionally, through journalist training on the HIV/AIDS Law and media coverage of legal services for PLHIV, HPI is expanding public attention to the difficulties faced by affected populations. As private sector health care continues to expand in Vietnam, PEPFAR has supported advocacy and technical assistance through Pathfinder International, in the development of national guidelines on the regulation and private healthcare providers.

CHALLENGES

Despite current efforts, stigma and discrimination against PLHIV remains strong, creating difficulties in implementation of innovative interventions targeting high risk populations. PLHIV continue to report difficulty in accessing basic services, including education, employment, and quality health care. Additionally, HIV-infected IDU and CSW face double-stigma as they struggle to access services within a national system that creates strong disincentives for full disclosure of their health status due to fear of legal and social reprisals.

Despite GVN willingness to engage civil society, PLHIV and CSOs legal status remains limited. VNP+, like most CSOs, has the ability to organize and advocate. However, without full legal recognition of civil society in Vietnam, VNP+ has difficulty opening bank accounts, and soliciting or receiving direct funding. The National Law on Associations, which would allow the legal establishment of not-for-profit organizations in Vietnam, remains under review in the Ministry of Home Affairs, mired in political sensitivities and bureaucratic process.

Coordination of resources remains difficult as the national health system cannot yet cope with increased need for services and the number of donor organizations supporting HIV programs. While the GVN has made advancements in harmonizing national and international resources, effective implementation mechanisms are lacking. Added to this, gaps in human resource capacity (please see HRH program area narrative) continue to limit efficiency and quality of service provision. Regardless of GVN commitment to developing the capacity of the health workforce, funding and staffing shortages persist and available health professionals are challenged to support a wide range of services.

Vietnam continues to struggle in developing a multi-sectoral national response. The VAAC sits within MOH and does not have the broad-based multi-sectoral mandate required to be a truly effective coordinating body across Ministries. As such, key ministries such as the Ministry of Public Security (MOPS), MOLISA and the Ministry of Education and Training (MOET) remain only peripherally engaged in HIV/AIDS.

COP 2009 PRIORITIES

In COP09, PEPFAR in coordination with the GFATM and other donors will continue to strengthen GVN capacity in strategic planning, management and implementation. PEPFAR will continue to reinforce GVN capacity at the national and provincial levels. Through funding to VAAC, PEPFAR will support national and provincial management, technical oversight, coordination and human capacity development. PEPFAR will support VAAC to develop a national capacity building strategy in COP09, and support the strengthening of the multi-sectoral response at the provincial level. PEPFAR, in collaboration with other donors, will assist the

GVN to meet WTO requirements for health provider certification, and licensure with the creation of a national health provider registration system. PEPFAR will partner with the MOH to strengthen sector regulation and stewardship capabilities, and continue to support more effective and strategic engagement of the private health sector and to continue to coordinate the dissemination of international best practices in private sector responses to HIV.

To work towards creating a sustainable and knowledgeable workforce, HSPH will expand technical assistance and training on public health program management, with a focus on HIV, to improve provincial and national management capacity. In a new initiative, HSPH will collaborate with the Vietnam Ministry of Defense (MOD) to provide HIV program management and EQA training for MOD health-care staff. HIV training will continue to be integrated into MOD academic and training institutes.

To increase direct, multi-sectoral engagement of new ministries in PEPFAR activities, COP09 funds will provide support to build relationships and expand the capacity of MOPS and MOLISA. These two ministries, which have the most direct contact with high-risk populations, will provide a more direct opportunity for policy advocacy and improved technical strategy to address gaps in programming for at-risk populations.

To address stigma and discrimination and GIPA, PEPFAR will continue to support the UN and HPI on policy advocacy, continued expansion and strengthening of PLHIV organizations, including the further development of VNP+. Activities will support the implementation of the National HIV/AIDS Law at the provincial level, and provide training to provincial authorities and service providers on the rights of PLHIV. Support to ISDS/ICRW will follow on the FY08 assessment to support development of a cross-cutting strategy to combat stigma and discrimination.

To strengthen support for civil society, PEPFAR will partner with UNAIDS and HPI to address the needs of PLHIV and CSOs through broad policy advocacy. PEPFAR will work with organizations such as Pact to increase coordination and strengthen the capacity of CSOs. Additionally, COP09 funds will provide expanded support for the US Ambassador's small grants program, which provides funding opportunities for local organizations working on media-related HIV outreach activities.

In COP09, PEPFAR will continue to support UN in policy advocacy around health system strengthening and improving the national multi-sectoral response. UNAIDS will work to strengthen coordination mechanisms, particularly through the Office of the Government and provincial People's Committees. WHO will support the Health Partnership Group (HPG) and the Joint Annual Health Review, two multi-ministerial forums that provide key opportunities to expand involvement of HIV partners in multi-sectoral dialogue. Additionally, PEPFAR will continue to support the HCM NPA to develop the skills of national and provincial leaders to design evidence-based HIV policies and programs.

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10556.09	Mechanism: USAID Local GHCS Partnered Activities
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 5807.24788.09	Planned Funds: \$301,086

Activity System ID: 24788

Activity Narrative: Funding in this activity is provided to support the salaries, benefits packages and operational costs of the following staff members associated with this program:
 - HIV/AIDS Senior Technical Advisor (50%)
 - Program Management Specialist (30%)
 - Monitoring and Evaluation Officer (20%)

Funding in this activity is also provided for this program's share of outside TDY/TA costs which are paid for by USAID. Note this locally-paid TA and not covered centrally.

Finally, funding in this activity is provided to cover the cost of office rent for USAID. This portion is based on a percentage of staff that work in this program area.

This activity also represents a portion of funding allocated to this program area for IRM Tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15373

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15373	5807.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$143,907
9543	5807.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$165,467
5807	5807.06	U.S. Agency for International Development	US Agency for International Development	3108	3108.06		\$15,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8686.09	Mechanism: State
Prime Partner: US Department of State	USG Agency: Department of State / East Asian and Pacific Affairs
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 19448.24612.09	Planned Funds: \$200,000
Activity System ID: 24612	

Activity Narrative: The Ambassador's Fund for HIV and AIDS Outreach in Viet Nam will use PEPFAR funds to support essential HIV/AIDS public affairs activities and promising programs and activities designed by small community organizations and youth groups. These projects, though relatively modest compared to the broader PEPFAR efforts, are making significant contributions to the fight against HIV and AIDS such as organizations or persons living with HIV and AIDS (PLHIV). Special emphasis will be placed on funding media/diplomacy related events and activities which further the broader information sharing goals of the President's Emergency Plan. The Small Grants Fund for HIV and AIDS Outreach will complement grants provided under the Ambassador's Self-Help Fund which focuses on water projects, education activities, health care projects, solar/energy efficiency/environmental projects, income generating projects as well as the Democracy and Human Rights Fund. Activities funded through this program will provide special emphasis on targeting media and outreach activities involving PLHIV and their families, care givers, community volunteers, and other related local organizations in Viet Nam.

The Fund for HIV and AIDS Outreach will be administered by the Public Affairs Section at the US Embassy, with substantial support provided by the PEPFAR Information Specialist. Working closely with the PEPFAR Coordination Office, the Public Affairs Officer will establish guidelines and review procedures to ensure that strong applications are considered for funding through a fair, transparent process. Criteria for selection include: activities which strengthen HIV/AIDS planning, programming, implementation, communications and evaluation, particularly at the level of the community and district; programs that improve basic health, education and social conditions at the community level, particularly those related to HIV/AIDS; actions which are within the means of the local community to operate and maintain; events which provide support to key media objectives and events of significant benefit to USG objectives, particularly those related to PEPFAR programs; and activities which require quick implementation schedules and can generally be completed within a one-year agreement period. The Public Affairs Officer will be responsible for ranking and evaluating all unsolicited proposals prior to review by a full committee comprised of representatives from the PEPFAR interagency team and the Mission's Humanitarian Assistance Coordination Board. This broad committee will meet with the Public Affairs Officer on at least a quarterly basis, or as necessary, to review final applicants and to provide recommendations to the COM or DCM and to share lessons learned and best practices on small grants program implementation.

The Public Affairs Officer, with the assistance of the PEPFAR Information Specialist, will be responsible for keeping a minimal database for tracking the status of the following issues:

- provision of information regarding the origin, type, scope, scale, objectives, targets and other useful information of the proposals received;
- major actions taken by the full committee, Public Affairs Officer and the Mission with regard to receipt, review, approval/disapproval and monitoring/evaluation of each proposal/application;
- communication records between the Mission and appropriate agencies and officials, particularly communications regarding the approval, disapproval or recommended revisions of the proposals/components and the tracking of resources for operation of the Small Grant Fund; and
- selected monitoring, evaluation and auditing activities and actions necessary for operation of the Fund.

It is expected that between five and ten grants will be issued each year, with most grant awards being \$10,000 or less. For the purposes of the operation of this Fund, the designated Public Affairs Officer will be under the supervision of the Deputy Chief of Mission.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19448

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19448	19448.08	Department of State / East Asian and Pacific Affairs	US Department of State	8686	8686.08	State	\$50,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 3109.09 **Mechanism:** DoD - Defence-Partnered HQ activities

Prime Partner: US Department of Defense **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 5808.24728.09 **Planned Funds:** \$0

Activity System ID: 24728

Activity Narrative: SUMMARY AND BACKGROUND:

This activity will be supported with 2008 carryover funding.

In FY09 activities will support ongoing communication and collaboration amongst MOD, and between MoD and the international community.

Facilitating communication is a strategic way to engage a large number of MOD policy makers and high ranking officials on topics such as: 1) HIV epidemiological data in Vietnam and the region; 2) risk behaviors associated with HIV transmission; 3) stigma and discrimination and; 4) MOD implemented care, treatment, and prevention strategies. Communication will be carried out through the workshop model. Speakers will be chosen among MOD officers, DOD officers, and representatives from Vietnam's PEPFAR partner community.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: (\$80,000) - The first activity will support two workshops. One will be held in the north and one will be held in the south of Vietnam. MoD will nominate key policy makers and high ranking officials to attend. MOD and the in-country DOD team will collaboratively determine the workshops priorities topics, and speakers.

ACTIVITY 2: (\$20,000) - The second activity will support one appointed MOD representatives' attendance at the PEPFAR Implementers Meeting and the Asia Pacific Military Medical Conference.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15406

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15406	5808.08	Department of Defense	US Department of Defence/Pacific Command	7130	3109.08	Center of Excellence	\$60,000
9545	5808.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$50,000
5808	5808.06	Department of Defense	US Department of Defence/Pacific Command	3109	3109.06		\$15,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10746.09

Mechanism: CDC-GHCS-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 25414.09

Planned Funds: \$5,350

Activity System ID: 25414

Activity Narrative: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not be limited to allowable expenses associated with OHSS staff related office support, including travel, communications, equipment, and miscellaneous procurement (including translation services, printing, meeting room rental, office utilities, etc.).

Other expenses allocated to this program area include rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices for 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7214.09

Mechanism: New Partners Initiative

Prime Partner: Nordic Assistance Vietnam

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 16077.25417.09

Planned Funds: \$0

Activity System ID: 25417

Activity Narrative: Through the New Partnership Initiatives, PEPFAR will support Nordic Assistance to Vietnam (NAV) to enable the faith-based community to contribute towards reaching the impact of the HIV/AIDS epidemic in Vietnam. NAV began work in Vietnam on HIV/AIDS programming in 1996 and has been a sub-grantee under the PEPFAR-supported Family Health International for Vietnam program.

The NAV program will develop the capacity of faith-based organizations to address HIV/AIDS, community welfare and child issues, and to improve their ability to effectively manage HIV/AIDS programs. NAV will also promote the development of a supportive environment for HIV/AIDS interfaith initiatives by building closer cooperation and exchanges among FBOs of various faiths, and fostering national dialogue on the role of FBOs in HIV/AIDS related issues.

The first activity in FY08 will be to strengthen coordination boards and implementation groups for each partner with further training on governmental frameworks on HIV/AIDS (e.g. the law on HIV/AIDS prevention and control, the national plan on HIV/AIDS) and ethical guidelines for work on HIV/AIDS issues.

The second activity is to develop and provide training on project management, including planning, financial management, administrative procedures, monitoring and evaluation and resource mobilization.

The third activity will advocate through meetings, workshops, study trips and conferences for a more supportive environment for FBOs' involvement in HIV/AIDS issues.

The fourth activity will focus on developing networking and interfaith cooperation among FBOs in the five project sites. A key partner for developing this cooperation will be the FBOs in Hue, who already have a strong interfaith cooperation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16077

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16077	16077.08	U.S. Agency for International Development	Nordic Assistance Vietnam	7214	7214.08	New Partners Initiative	\$0

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10745.09 **Mechanism:** CDC-Gap-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 25398.09 **Planned Funds:** \$8,800

Activity System ID: 25398

Activity Narrative: Funding in this activity is provided to support technical travel costs for staff in this program area.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7251.09 **Mechanism:** HHS/CDC ICASS

Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 9688.24607.09 **Planned Funds:** \$5,759

Activity System ID: 24607

Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5170.09

Mechanism: Vietnam Administration for HIV/AIDS Control (VAAC)

Prime Partner: Ministry of Health, Vietnam

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 9414.24591.09

Planned Funds: \$867,645

Activity System ID: 24591

Activity Narrative: The Ministry of Health (MOH)/Vietnam Administration for HIV/AIDS Control (VAAC) was established in August 2005 and is responsible for overseeing and coordinating HIV/AIDS programs in all 64 provinces. PEPFAR's success in Vietnam depends in part on sustainable national program management solutions as VAAC expands its mandate to coordinate HIV/AIDS activities nationwide. VAAC is mandated to oversee all major donor assistance programs including PEPFAR, Global Fund, World Bank, and the Asian Development Bank. PEPFAR funding currently supports activities in 30 provinces.

Since 2007, PEPFAR has scaled up support to VAAC to support capacity building in technical areas by providing funds for 30 contract staff at the central level and partial support (temporary contract, overtime, incentive bonuses) for provincial and district level staff. This staff has played a critical role in supporting the MOH/VAAC to coordinate donor supported activities across administrative and technical areas. In 2008, PEPFAR supported VAAC to begin developing a comprehensive national plan for geographic coverage of HIV/AIDS programs, in collaboration with other donors including GFATM and World Bank. This includes developing a tiered approach for PEPFAR support in the eight focus provinces, expanded targeted programmatic area technical support in carefully selected provinces, and maintenance of existing services in a total of 32 provinces. PEPFAR will provide continuing support in this project with planned completion in 2009.

Several donors have come together to support the government of Vietnam (GVN) in its response to the HIV/AIDS epidemic, including PEPFAR, Global Fund (GF), World Bank, and the Asian Development Bank. With PEPFAR support, VAAC has strengthened its capability to serve as the coordinating agency by conducting regular coordination meetings with PEPFAR partners, Vietnamese government officials and other donor agencies. These meetings serve as a forum for dialogue on program progress, overlap and duplication, and will address key issues for strengthening the national program. In addition, VAAC sponsors technical workshops on prevention, care and treatment, and strategic information to disseminate lessons learned, program results, as well as highlight innovative programs and ideas.

In 2009, PEPFAR funds to VAAC will continue to support human capacity through temporary contract technical and administrative staff at VAAC, whose principle role will be to coordinate donor programs at the central and provincial levels. At the national level, key temporary technical contract staff will continue to work in prevention, care and treatment, and program administration. At the provincial level, PEPFAR will continue to support temporary contract VAAC staff in each of the seven PEPFAR focus provinces, and will support additional temporary contract staff in the eighth focus province. These individuals will serve as primary liaisons for VAAC and other donor-funded activities, supporting the coordination and communication between national and provincial programs. All PEPFAR-funded staff participate in the Total Quality Management (TQM) course offered in partnership with the Hanoi School of Public Health (HSPH) (see OHSS HSPH activity narrative). Through a memorandum of understanding between VAAC and HSPH, HSPH will continue to provide management technical assistance and training to national and provincial staff. PEPFAR will increase support for the development of provincial AIDS centers (provincial VAAC) through material support, carefully selected infrastructure and renovation support, and coordination activities in eight focus provinces plus at least two additional provinces in which PEPFAR will provide expanded technical support. Also at the provincial level, VAAC will continue to support a network of regional program managers that will link HIV/AIDS programs and provide a forum for discussions on implementation, key issues, challenges and solutions. This network will also provide a mechanism for the dissemination of successful programmatic innovation. The network will meet on a regular cycle to bring together provincial governments, PLHIV, local organizations and international donors, within the provinces to foster a connected relationship between all sectors involved in HIV/AIDS programs.

PEPFAR is currently working with VAAC to develop a sustainable Human Capacity Development strategy (HCD), with information from the Health Systems 20/20 Assessment, as well as the forthcoming HCD Assessment from the Capacity Project. Currently critical staffing gaps are filled through provision of funds to hire temporary workers on behalf of the MOH or other government bodies. It is anticipated that the HCD strategy will address key issues in human capacity to enable a more effective response to the epidemic in Vietnam.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15300

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15300	9414.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Vietnam	7114	5170.08	Vietnam Administration for HIV/AIDS Control (VAAC)	\$874,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$645,275

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10498.09	Mechanism: N/A
Prime Partner: Hanoi School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 5732.24566.09	Planned Funds: \$596,125
Activity System ID: 24566	

Activity Narrative: Activities to be conducted by the Hanoi School of Public Health (HSPH) are aimed at establishing the school as a leading academic center for organizational excellence (COE) in pre- and in-service training and human capacity development. This COE will provide technical support and training for the public health workforce, strengthen the public health educational system, and contribute to a strengthened HIV/AIDS prevention, care and treatment system in Vietnam. These activities will support health system strengthening through (1) pre-service and in-service training, (2) twinning with the Johns Hopkins School of Public Health on management and leadership, and (3) COE development. These activities will build the school's capacity to become a nationally recognized institution and center of excellence for public health capacity development in Vietnam.

1. HIV/AIDS MANAGEMENT TRAINING PROGRAM IN COLLABORATION WITH THE SUSTAINABLE MANAGEMENT DEVELOPMENT PROGRAM (SMDP) (\$336,125)

The management training program will continue to develop the institutional capacity of three regional training centers in Vietnam to deliver public health leadership and management programs to provincial and district HIV/AIDS program personnel. SMDP focuses on supporting participants to apply management training in the workplace to improve team work and leadership skills, and increase efficiency and effectiveness of HIV/AIDS programs and services.

To develop sustainable institutional capacity and management skills in Vietnam, regional training centers were established at the Pasteur Institute in Ho Chi Minh City (HCMC) and the Preventive Medicine Center in Da Nang. The lead center at the Hanoi School of Public Health provides coordination and oversight. A core group of 24 trainers from the three regional centers have participated in several intensive training-of-trainers courses developed and delivered by HSPH and CDC's Sustainable Management Development Program (SMDP) during 2005–2008. Core topics taught through the training-of-trainers program include: Total Quality Management, Project Management, Supervision, Leadership, Organizational Excellence, and Training Design and Facilitation. The intensive development of institutional capacity of these regional centers represents a significant investment that can be cost-effectively used to strengthen the public health system throughout Vietnam over the long-term.

To date, the program has strengthened the management skills of staff teams in 51 of the 63 provinces in Vietnam. These teams have implemented 93 applied management improvement projects that have had an impact on improving the efficiency and effectiveness in core programs in HIV/AIDS prevention, care and treatment. In FY09, the US Department of Defense (DOD) has requested that 33 participants from their health care sites receive training from this program. This training provides a critical step in building MOD capacity, and in strengthening the multi-sectoral response. This budget includes \$52,000 to train the Vietnam Ministry of Defense health care workers on TQM.

During the next year, HSPH, with technical assistance from CDC's SMDP, will leverage the current program achievements to:

- Implement a strategy for integration of the management training into the Vietnam Administration on HIV/AIDS Control (VAAC) national technical training strategies.
- Develop a standardized management training curriculum supported by VAAC to be used nationally across sectors in HIV/AIDS training;
- Continue strengthening management capacity for provincial HIV/AIDS managers through a practice-based training program with diverse management topics
- Devolve training to high-priority districts in collaboration with provincial centers.
- Demonstrate measurable impacts on improved effectiveness and efficiency of HIV/AIDS programs and services through applied management improvement projects
- Continue strengthening the capacity of the three regional training institutions to ensure long-term sustainability to deliver public health leadership and management programs in Vietnam's health sector.
- Establish a network of trained participants for improving program communications and dissemination strategies by 1) focusing on outcomes and impact of management improvement on HIV/AIDS services and 2) enhancing opportunities for peer learning and application of new ideas and innovations

2. HIV/AIDS TRAINING COURSES FOR STAFF IN COLLABORATION WITH VAAC (\$117,000)

The VAAC and HSPH have developed an MOU to further collaborate on HIV/AIDS capacity-building strategies. In FY09, HSPH will continue the introductory training course on HIV/AIDS program in collaboration with VAAC, and develop an HIV/AIDS training module for Bachelor of Public Health and Master of Public Health program at HSPH. The introductory training course is designed to provide a macro level understanding of the HIV/AIDS Epidemic, and provide a foundation of knowledge on prevention, care and treatment programs in Vietnam. Course content covers (1) Basic HIV/AIDS knowledge (2) Epidemiology of HIV/AIDS worldwide, including Vietnam (3) Global strategies for HIV/AIDS prevention, including Vietnam (4) Vietnam's HIV/AIDS prevention strategy (5) Vietnam's nine plans of action on HIV/AIDS intervention, and (6) Strategic Planning.

To develop an HIV/AIDS training module for Bachelor or Master of Public Health degree programs at HSPH, VAAC will continue to send staff to HSPH to obtain either a Bachelor or Masters Degree in Public Health (BPH or MPH). In 2008, VAAC sent 15 staff to the MPH program at HSPH, and has begun working with HSPH to establish a specialized training in HIV/AIDS which can be incorporated into the BPH and MPH programs address the need for increased training on HIV/AIDS. COP 09 funds will support HSPH to build a new training module in methodology for Rapid Assessment, Response, and Evaluation in HIV/AIDS. This training module will equip participants with knowledge and skills on various methods and instruments to assess the HIV/AIDS epidemic's determinants in a participatory manner, and to examine time-sensitive development of changes in intervention strategies, community-based organizational structure, program evaluation, and policy decisions.

3. DEVELOP A CENTER OF EXCELLENCE ON NATIONAL PUBLIC HEALTH AND HIV/AIDS SYSTEMS IN VIETNAM (\$48,500)

This component will provide support to HSPH in becoming a Center of Excellence (COE), which in turn provides technical assistance to strengthen public health and HIV/AIDS prevention, care and treatment

Activity Narrative: programs in Vietnam. HSPH is strategically placed to play a key role in providing public health training and conducting HIV/AIDS research in key technical areas. HSPH has made a commitment to building its HIV training and research capacity over the next ten years as part the School's Development Strategy for the 2005-2015. Initial steps in FY 08 were to conduct assessments of HSPH's human resource and potential capacity for multi-sectoral involvement, and to research best practices in the development and operation of COE. The outcomes of these activities will be the development of a COE model appropriate to HSPH, and expected implementation of the COE in 2010.

Specific actions to be taken in FY09 include:

- Establishing a COE steering committee with involvement of stakeholders across the public health sector, to ensure that the COE has broad-based multisectoral support;
- Conducting a workshop for steering committee members and other HSPH staff and stakeholders on COE development. The workshop will include (1) introduction to fundamental COE principles (2) introduction to the EFQM Excellence Model (3) Identification of key themes, priorities and benchmarks for COE development process (4) Development of COE strategic plan and timeline;
- HRH development, management and implementation plan with emphasis on (1) Current and future needs for HSPH HRH (2) Work plan and standardized scopes of work for key positions within HSPH departments (3) standardized performance evaluations (4) Staff recruitment plan for departments and academic faculties and (5) Staff capacity upgrade and development plan for departments and academic faculties.

4. DEVELOPMENT OF PARTNERSHIP BETWEEN JOHNS HOPKINGS UNIVERSITY – BLOOMBERG SCHOOL OF PUBLIC HEALTH AND HANOI SCHOOL OF PUBLIC HEALTH FOR CAPACITY BUILDING IN HIV/AIDS PREVENTION (\$94,500)

Sentinel surveillance in 30 provinces in Vietnam indicates that national HIV infection rates are increasing in all surveillance population groups. In order to address the national HIV epidemic, increasing social science applications in effective and sustainable local HIV prevention programs is a critical component. The Johns Hopkins Bloomberg School of Public Health (JHSPH) will collaborate with HSPH to enhance applied research infrastructure and capacity in the behavioral and social sciences within HSPH and across HIV/AIDS prevention, care and treatment agencies in Vietnam. In this collaboration, JHSPH will provide technical assistances in social science training and health communication to support HSPH's goal of becoming a COE in public health center of excellence, and meet VAAC's demand for strengthening the management structure of HIV/AIDS prevention, care and treatment programs in Vietnam.

This collaboration will develop goal-specific functional groups and training forums to provide programmatic guidance and facilitate the exchange of behavioral and social science technical skills between JHSPH and HSPH, and across HIV/AIDS programs in Vietnam. In FY08, this activity focused mainly on establishing the partnership with JHSPH. With the technical assistance from JHSPH on curriculum development, HSPH organized two national workshop applying behavioral and social science methodologies in HIV/AIDS. Additionally, HSPH developed a course outline, in consultation with JHSPH, focused on behavior change communication (BCC) to meet the VAAC's priority in strengthening BCC skills of staff working in HIV/AIDS. This specialization focuses on the application of principles from health education, health communication, and behavioral and health social science theories, to encourage health behavior change. This course applied specific attention to at-risk and hard to reach population including but not limited to drug users, sex workers.

In FY09, HSPH will continue providing the training courses developed in FY08 for HSPH and national healthcare staff. These training courses will be organized at the three regional training centers in Hanoi, Da Nang and HCMC. Specific activities include:

- Conducting a TOT training workshop focused on behavioral and social science survey methodologies. The priority participants will be HIV/AIDS program staff in ministerial departments, institutes, and universities currently implementing HIV/AIDS programs. Training will be conducted by the HSPH TOTs who participated in FY08 training, with JHSPH TA as needed. In this course, practice activities will be designed to apply knowledge and skills in their field sites. The participants will be required to complete a cycle of social science research exercises by collecting, analyzing and interpreting data, and providing reports and recommendations based on analysis. These results will be made available to the HIV/AIDS professional community for reference.
- Implementing the BCC course that was designed in FY08 with the facilitating of JHSPH expert. This course will be conducted for core VAAC staff and others working in HIV/AIDS communication.
- Developing a new course focusing on VCT for hard to reach population such as IDUs and sex workers. JHSPH will provide technical assistance on curriculum and course development.
- Two junior program managers who are currently working in the HSPH Department of Social Sciences will attend a JHSPH three-week course on HIV/AIDS communication. These program managers will, upon return to HSPH, provide critical technical input on curriculum and training activities on HIV/AIDS communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15264

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15264	5732.08	HHS/Centers for Disease Control & Prevention	Hanoi School of Public Health	7105	3094.08		\$600,000
9424	5732.07	HHS/Centers for Disease Control & Prevention	Hanoi School of Public Health	5100	3094.07	HSPH Cooperative agreement	\$220,000
5732	5732.06	HHS/Centers for Disease Control & Prevention	Hanoi School of Public Health	3094	3094.06	Cooperative agreement	\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$596,125

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 6132.09	Mechanism: N/A
Prime Partner: United Nations Resident Coordinator	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 5789.24708.09	Planned Funds: \$391,875
Activity System ID: 24708	

Activity Narrative: SUMMARY and BACKGROUND:

In support of the One UN Initiative all PEPFAR support to UN Agencies is channeled through a grant agreement between USAID and the United Nations Resident Coordinator.

UNAIDS will continue vital coordination and advocacy work to ensure Vietnam's response to HIV is strengthened and targeted in COP09. Through coordination of international organizations and support to the Government of Vietnam, the Communist Party, mass organizations and other partners, UNAIDS has a very important role at this stage of the response. Work to strengthen multisectoral coordination mechanisms, particularly through the Office of the Government and provincial People's Committees, is a special focus for activities in COP09.

WHO will implement two system strengthening activities one of which is to work in coordination with the SCMS to strengthen the procurement system for HIV prevention commodities and to accelerate coordination of ARV procurement and supply management systems. The second is to support the Health Partnership Group and the Joint Annual Health Review.

It was observed that key commodities for HIV prevention such as condoms and lubricants were in shortage causing major difficulties in implementing and expanding HIV prevention for most-at-risk populations (MARPs). Currently, major efforts are underway to improve the situation in particular to procurement capacity and procedures specific to certain donor funded projects.

Besides problems caused by complexities of procurement at national level, in many cases, lack of capacity and clear procedures at province level appears to be a major barrier for efficient procurement and distribution of these commodities. Given the declining trend of donor resources, it is imperative provincial procurement system are strengthened to ensure future sustainability.

Based upon intensive collaborative support from SCMS and WHO, basic elements and procedures of procurement and supply management of ARV were incorporated in the HIV Decree enacted in 2007. This decree has been serving to strengthen VAAC's ability to coordinate procurement and supply management procedures of ARVs from major funding sources including PEPFAR, Global Fund, Clinton Foundation and National Budget.

There remains substantive challenges in operationalizing the common ARV procurement and supply procedures across the boundaries of the three funding sources. In the context of integration of donor support into national health system with a view to establishment of a single sustainable ARV procurement and supply management system in Vietnam, WHO will support MOH, in close collaboration with SCMS, to conduct assessment of current systems and operations and to come up with strategic options.

The second focus for WHO will be to support the Health Partnership Group (HPG) whose purpose is to improve the overall effectiveness of external support to the health sector, as it is recognized as the overarching co-ordination forum for the health sector, primarily dealing with strategic and policy issues. It is a joint forum, between development partners, the Ministry of Health (MOH) and other government ministries. The HPG is recognized as the primary forum for developing trust, building common understanding and facilitating progress towards common systems and ways of working in the health sector, as a priority sector for government and development partners. The proposed funding will strengthen the Secretariat function of the HPG and support 6 to 8 meetings of the HPG.

The Joint Annual Health Review is the process through which the Ministry of Health and Partners jointly assess progress in the health sector on an annual basis. As such it is, along with the Health Partnership Group, a forum for dialogue on key issues in sector development. Each review provides an overview of progress in the sector, including up-to-date data on an agreed set of indicators, and looks in-depth at a particular theme of concern. Once the next 5-year Health Plan is developed, the indicators monitored in the JAHR will be coherent with those in the results framework of the Plan.

The JAHR is a relatively new process: the first review was undertaken in 2007, which was a general review of the progress and issues of the health sector, and the review for 2008 focuses on health financing. Funding will be used to support the JAHR in the medium-term (3 years) and the Ministry of Health to further institutionalize the process and create a predictable and sustainable source of financing.

ACTIVITIES AND EXPECTED RESULTS:

UNRC will carry out activities in this program area.

ACTIVITY 1: Development of HIV prevention commodity procurement manuals for provincial level (Funding: \$37,813, Sub-partner: WHO)

WHO will work with VAAC and other concerned departments of MOH to conduct the review of provincial systems of procurement of HIV prevention and other health commodities. Experiences of donor supported procurement will also be compiled. The review is expected to identify key barriers concerning procedures and capacity, diversity of local practices, and good practices to be shared and promoted. It will also explore the possibility of maximally utilizing the experiences of procurement of other health commodities for that of HIV prevention commodities. Based on the review, HIV prevention commodity procurement manuals for provincial level will be drafted to guide local implementation.

ACTIVITY 2: Development of strategic options with a view to establishment of a single sustainable ARV procurement and supply management system (Funding \$37,813, Sub partner: WHO)

In close collaboration with SCMS, WHO will work with VAAC and other concerned departments of MOH to conduct assessment of ARV procurement and supply management systems. Possible advantages and constraints of systems established for PEPFAR, Global Fund HIV Project, Clinton Foundation and national funded ART program will be reviewed. Special attention will be paid to the strengths of the procurement

Activity Narrative: and supply management system supported by SCMS. Based on the assessment, strategic options will be drafted for the national level discussions with a view to establishment of a single sustainable ARV procurement and supply management system in Vietnam.

ACTIVITY 3: HEALTH PARTNERSHIP GROUP (Funding - \$47,812, sub partner: WHO):

The first activity is to strengthen the HPG secretariat and ensure the smooth functioning of HPG meetings. A work plan of activities will need to be developed with MOH, but may include: (i) holding 6-8 HPG meetings; (ii) support to strengthen civil society participation in HPG discussions; (iii) options for establishing an HPG secretariat; (iv) on-line database of partner activities in the health sector; (v) support to HPG sub-groups.

ACTIVITY 4: JOINT ANNUAL HEALTH REVIEW (Funding - \$47,812; Sub-Partner – WHO):

The Joint Annual Health Review is the process through which the Ministry of Health and Partners jointly assess progress in the health sector on an annual basis, both through review of previous indicators and areas of priority action identified in earlier JAHRs, and to review in some depth a particular aspect/area of focus - for 2008 the focus is on health financing; the focus for future JAHRs has not yet been determined.

In order to undertake the JAHRs, the Ministry of Health has requested support from partners to undertake the significant work involved in the review (for 2007 and 2008, the JAHR budget has been approximately US\$150,000 per year). The MOH has requested WHO to assist by serving as a vehicle through which funding from multiple donors can be pooled and provided for the JAHR as needed. The contribution of multiple partners is an important aspect of the JAHR exercise, and helps to maintain its independence - so single donors should fund the entire review.

After agreeing with partners on the topic for the JAHR for the coming year, the MOH prepares a budget for consideration of partners and requests contributions. Depending on the issues being examined, funding may then be needed by the MOH directly, or to engage local consultants and a coordinator to undertake the analysis, specific studies, and report writing. Some international expertise may be engaged to provide peer review of various chapters, coordinate with international partners and edit the English version of the report. In addition, there is an intensive consultation process around the JAHR: meetings are held with health professionals, academics, international partners, and other ministries as draft sections of the report are developed, and once the entire report is compiled, to provide comment and peer review.

The JAHR is only in its second year. PEPFAR funds will provide a foundation for the JAHR over the next three years, thus supporting the institutionalization of the process within MOH and helping to establish a sustainable and predictable source of financing in the medium term, which other partners can then contribute to. Over time it is hoped that it will be possible for funding to be directly contributed to and managed by the MOH. For now, WHO is serving as the mechanism that can enable contributions from different donors to be pooled and used in a timely manner. The responsible department within the MOH is the Department of Planning and Finance.

ACTIVITY 5: Strengthen national coordination, harmonization and alignment within the response to HIV (Funding \$73,906 Sub partner UNAIDS).

With the Law on HIV/AIDS Prevention and Control, the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020 and the Coordination Action Plan in place, UNAIDS will continue to work with Government to strengthen national coordination and harmonize laws and policies in the Vietnam's response to HIV. In 2009, UNAIDS has identified activities to support the National Committee on AIDS, Drugs and Prostitution Prevention and Control in its role as the National AIDS Coordinating Authority. Working closely with the National Committee chair, Deputy Prime Minister Trong Vinh Trong, UNAIDS aims to support the Office of Government's initiative to coordinate a truly multisectoral response and establish systems to oversee the implementation and harmonization of the drug law, the law on HIV (including the decree) and the ordinance on sex work.

UNAIDS will help the National Committee to facilitate open dialogue with donors and other partners and establish a national advisory group of experts to provide high-quality, advice on HIV. As Vietnam advances towards middle-income status, the National Committee is keen to develop strategies to sustain existing budget levels and phase out current donor contributions. In the context of Vietnam's wider economic development agenda, members of the National Committee will also work in 2009 to integrate of HIV in the Poverty Reduction Strategy.

It has been recognized - by international partners and government representatives alike - that a wealth of knowledge and expertise on responding to HIV already exists in Vietnam. In order to share this knowledge more effectively, leaders from both national and provincial levels are interested to take part in domestic study exchanges and bi-annual workshops.

ACTIVITY 6: Strengthen Provincial coordination, harmonization and alignment within the response to HIV. (\$48,906 Sub partner UNAIDS)

Building on work which began in FY06, UNAIDS will continue to strengthen the capacities of provincial coordinating mechanisms. Multisectoral mechanisms in Ho Chi Minh City and Hanoi will continue to be an important focus of work, while Hai Phong, Khanh Hoa, Thai Binh (where assistance began in FY07) will enter a second phase. In cooperation with UNODC, UNAIDS will also support high-prevalence provinces Dien Bien and An Giang (or Can Tho, TBD) and look to expand assistance to new provinces, such as Binh Dinh and Thai Nguyen. Specifically, UNAIDS will support Provincial People's Committees to establish systems to oversee the implementation of relevant laws, and to clarify and interpret these laws at the provincial level.

With a clear example set at the central level, Provincial People's Committees will be provided with the capacity and tools to engage a wide mix of government departments, donors and mass organizations in a more multisectoral response to HIV.

Activity Narrative: UNAIDS will advocate to encourage provincial authorities to integrate HIV into local poverty reduction strategies and plans, and support Provincial Committees in work to develop sustainability strategies for the withdrawal of donor funding in the future.

ACTIVITY 7: Advocate for the active participation and meaningful involvement of civil society and PLHIV in the response to HIV. (\$48,906 Sub partner UNAIDS)

In bringing together other stakeholders and leveraging stronger partnerships with civil society, UNAIDS will continue to provide support to the HIV Technical Working Group, its subgroups and regular lunchtime seminars. UNAIDS will continue to promote GIPA principles and support the development of the new National Network of PLHIV (VNP+).

UNAIDS will concentrate on activities to assist VNP+ to build its own capacity (in terms of operation, organization, resource mobilization and so on) and expand its reach into the provinces. Work will be complemented by the work of HPI, UNV and other partners.

UNAIDS will advocate to the Communist Party and the Government in to include most-at-risk population groups decision-making mechanisms and processes. In FY09, UNAIDS will scale-up activities to ensure the greater involvement of people living with HIV through technical assistance to the Fatherland Front, the Communist Party website and new projects with the Women's Union to expand promotion of GIPA principles.

ACTIVITY 8: Work with key partners to strengthen their involvement in the response to HIV. (\$48,907 Sub partner UNAIDS)

UNAIDS has worked with the Ministry of Public Security (MOPS) since 2004, and more recently Ministry of Labor, Invalids and Social Affairs (MOLISA), to strengthen the response to HIV through the application of the Law on HIV and Decision 54. Additional activities planned for FY09 include advocacy to senior leaders within MOPS and MOLISA to scale up HIV prevention in closed settings (comprising 05/06 centers, prisons and juvenile detention centers) in collaboration with UNODC. Work with MOPS, MOLISA, UNODC and the National Committee to support the development of a 'Video Textbook' series for closed settings that will comprise information on 'Safe Living' and 'HIV'. For a long time, UNAIDS has worked to strengthen the capacity of Vietnam's print and electronic media to raise awareness of HIV. By providing technical support, capacity-building and advocacy (such as through campaigning during World AIDS Month), UNAIDS will continue this work in COP09.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15359

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15359	5789.08	U.S. Agency for International Development	United Nations Resident Coordinator	7111	6132.08		\$175,000
9536	5789.07	U.S. Agency for International Development	United Nations Development Programme	5165	3111.07	UNDP	\$170,000
5789	5789.06	U.S. Agency for International Development	United Nations Development Programme	3111	3111.06		\$60,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 12214.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 29775.09

Activity System ID: 29775

Mechanism: MSH/Strengthening
Pharmaceutical Systems

USG Agency: U.S. Agency for International
Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$250,000

Activity Narrative: Strengthening Pharmaceutical Systems: \$250,000

The intended outcome of an effective pharmacovigilance system is the prevention and/or early detection of medicine problems, leading to reduced morbidity and mortality from medicine use related adverse events and reduction in overall treatment costs. The focus of this effort will be geared to HIV/AIDS-related medicines. However, implementing a systems approach for supporting HIV/AIDS medicines safety will also strengthen other programs such as malaria, TB, child health, etc. As a first step, the Rational Pharmaceutical Management Plus Program (RPM Plus), Strengthening Pharmaceutical Systems Program (SPS) predecessor project, engaged key stakeholders to adopt a framework for pharmacovigilance that incorporates active surveillance of adverse events and ensure public health program participation.

To build on this and other investments by other donors, SPS will work with the Vietnam Administration for AIDS Control (VAAC) and PEPFAR implementers to introduce an active approach to adverse event monitoring and reporting and medicines safety for antiretroviral medicines. SPS will also provide technical assistance to Hanoi University of Pharmacy (HUP) to develop a Global Fund Round 10 proposal for pharmacovigilance system strengthening.

The strategy will build on existing human and institutional resources, and reinforce sustainability, so that the pharmacovigilance system can be strengthened through a phased and modular approach.

1. Technical assistance to support HUP in developing a long-term strategy and proposal to the Ministry of Health and a funding proposal to the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) (approximate budget \$88,500) April 2009 to December 2009
Activity: Provide technical assistance to HUP to develop a long-term strategy and proposal to the Ministry of Health and a proposal on pharmacovigilance system strengthening to GFATM Round 10.
Expected outputs: HUP long-term strategy and proposal to MOH, GFATM Round 10 proposal
Expected outcome: GFATM pharmacovigilance grant awarded to Vietnam

2. Technical assistance on active surveillance of antiretroviral medicines (approximate budget \$161,500) April 2009 to April 2010
Activity: SPS will assist the Ministry of Health to link public health programs to the "new" pharmacovigilance system. Initial activities will focus on the ART program and SPS will work with VAAC and PEPFAR partners to develop program guidance and tools, including standard operating procedures for pharmacovigilance activities, and training materials.
Expected outputs: program guidance documents and tools, training materials, activity report
Expected outcomes: HIV program providing safety information to DI-ADR Centre

SPS will coordinate with and leverage existing resources in Vietnam, including the Supply Chain Management System project (SCMS).

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 3367.09	Mechanism: CDC-GHCS-Funded HQ Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 25679.09	Planned Funds: \$221,675
Activity System ID: 25679	

Activity Narrative: Funding in this activity supports the procurement of contractual services to provide technical support to OHSS activities:

- Contractual: Program Development Specialist (x2), Hanoi - 50%
- Contractual: Writer / Editor consultant services (part time, on an as needed basis)

Funding also includes \$52,500 in travel for TA from the Sustainable Management Development Program (SMDP), Division of Global Public Health Capacity Development, Coordinating Office for Global Health at CDC Atlanta. SMDP provides technical assistance to the PEPFAR Vietnam Cooperative Agreement with the Hanoi School of Public Health (HSPH). In FY 2009 SMDP will provide technical assistance to HSPH in (1) development of standardized program planning module for VAAC, (2) development of standardized management curriculum for VAAC, (3) design of an expanded dissemination strategy for national alumni conference during 2009, (4) integration of management training component into the VAAC's national technical working groups, piloting with one or two committees during 2009, and (5) Strengthening the networking, dissemination, and technical integration strategies in collaboration with VAAC leadership and priorities.

This activity also represents a portion of funding allocated to this program area for this agency's IT Services Office (ITSO) tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8674.09	Mechanism: HPI (Follow-on)
Prime Partner: Abt Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 19476.25680.09	Planned Funds: \$620,625
Activity System ID: 25680	

Activity Narrative: PEPFAR re-competed Health Policy Initiatives locally in 2008. The awardee will begin to develop the work plan in October 2008 after which more precision will be known regarding the planned activities.

ACTIVITY 1: PEPFAR will support HPI to provide national and provincial leaders with skills to design HIV/AIDS policies and programs. National capacity for developing and implementing HIV/AIDS policy has increased significantly in recent years as a result of a highly successful training program run jointly by Boston University and Ho Chi Minh National Political Academy (HCMNPA). Over the course of the first half of the HPI Vietnam project, the training program is to be fully transitioned to the HCMNPA. The international and HCMNPA faculty will team teach three-day workshops on HIV/AIDS policy and planning in focus provinces. HPI provide uninterrupted on-the-ground support to the HCMNPA trainers, to strengthen their capacity for an eventual transition away from external technical assistance. A policy and planning sessions will be offered this year. Training will take place in provinces chosen in consultation with USAID, drawing participants from People's Committees, multiple government sectors, Communist Party, and People's Councils. Alumni of previous trainings will be invited to participate to discuss ways in which they have used the training in their work. Shorter training sessions will be offered to high-level policy makers, including officials of ministries, party bodies, and the National Assembly. In addition, HCMNPA will independently conduct two three-day HIV/AIDS public policy training sessions. HPI will provide ongoing financial support to the Academy to continue the training, once BU assistance ends, with technical support from the onsite HPI team as needed. Expected results: Graduates of the policy training program incorporate analysis of epidemiological data, current state of programs and cross-cutting themes of gender, GIPA, human rights, and multisectoral response into their provincial HIV/AIDS plans. The BU/HCMNPA policy training program will be successfully transferred to HCMNPA.

ACTIVITY 2: PEPFAR will support HPI to train journalists to report on HIV/AIDS accurately and fairly. Building public literacy about HIV/AIDS requires that media professionals themselves have such literacy. The HPI team will present journalist training to cover epidemiology, transmission, prevention, treatment, and impact mitigation, with a focus on accurate media coverage and ending stigma and discrimination. Internews, an expert media services specializing in training journalists on matters related to HIV/AIDS stigma and discrimination, will develop and conduct the course which will help journalists understand the effects of the "social evils" formulation and make the case for a policy shift toward community-based substance abuse treatment and HIV prevention. The Abt team will also invite media representatives to participate in the HCMNPA HIV/AIDS public policy training programs to improve their understanding of appropriate and non-stigmatizing policies and programs

ACTIVITY 3: PEPFAR will support HPI to assist in certification for private providers to provide HIV/AIDS care. An effective response to HIV/AIDS requires mobilizing all qualified professionals and facilities. Yet, without defined standards and proper oversight, effective therapies may be misused, thus worsening the epidemic. Stigma and discrimination within the healthcare system—including private providers—are also major barriers to an effective HIV/AIDS response. The Abt team will work with the Ministry of Health and health provider organizations to define minimum standards for private HIV/AIDS providers. Once agreed on, these minimum standards will be captured in a survey that we will use to assess providers' readiness to achieve certification and provide a full range of HIV/AIDS services, including antiretroviral therapy (ART). For private providers to satisfy minimum requirements, however, they will need access to clinical training covering current treatment protocols. The Abt team will help private providers access this training and negotiate access to subsidized HIV drugs and other services. The certification process will require private providers to participate in training on reducing HIV/AIDS-related stigma and discrimination issues affecting care and treatment. The project will produce "Ready References" summarizing certification requirements for private providers interested in providing HIV/AIDS care. The expected result is that certification criteria, including stigma and discrimination training, for private providers to dispense ART will be defined, agreed to and implemented.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19476

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19476	19476.08	U.S. Agency for International Development	Abt Associates	8674	8674.08	HPI - Vietnam	\$555,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10896.09

Mechanism: State-OGAC TBD Activities (typically TBD country agency)

Prime Partner: To Be Determined

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Activity ID: 29789.09

Activity System ID: 29789

Activity Narrative: Zeroed out due to duplicate entry

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 18

Planned Funds: ■

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10896.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 25903.09

Activity System ID: 25903

Mechanism: State-OGAC TBD Activities
(typically TBD country agency)

USG Agency: Department of State / Office of
the U.S. Global AIDS
Coordinator

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: ■

Activity Narrative: Note that both the agency and partner are to be determined for this activity. Per core team guidance, we are placing this in the State/OGAC TBD funding mechanism until a suitable partner is selected.

The proposed activity would provide funding for two project staff within the Ministry of Labor, Invalids and Social Affairs (MOLISA) to support capacity-building in MOLISA around improved services for HIV and drug addiction treatment. Funds would provide salary support, local travel and some local training support. In collaboration with FHI, which is already providing technical assistance, MOLISA will work to improve services and training curriculum around drug addiction and HIV into its training universities.

Vietnam's primary response to injecting drug use -mainly heroin- is through mandatory treatment in custodial rehabilitation centers, locally referred to as '06 centers', in which detoxification is followed by one to four years of rehabilitation through labor and vocational training. Managed by MOLISA, 06 centers have been politically popular, but subscribe to a punitive approach that is not based on international best practice. The centers have limited medical and other psycho-social support services a relapse rate (over 70 percent relapse into regular injecting drug use) and HIV prevalence rates that have been estimated to be as high as 70 percent. The 06 system has failed to effectively treat drug addiction in Vietnam, and there are few drug rehabilitation, HIV/AIDS or other psycho-social support services available.

Addressing the needs of the IDU population is complicated by the GVN's continued reliance on the 06 centers as a means to address drug use. Additionally, concerns around human rights within the 06 system are many, as there is no judicial process for remanding individuals to the centers, and few mechanisms to ensure continuity of care and treatment for HIV+ IDU in the centers and in the community after release. There are also concerns about the cost and sustainability maintaining the 06 center system in the future. These issues all point to the need to identify and develop more efficient community- and evidence-based drug treatment models.

There are significant human resource gaps in the field of addictions treatment. It is difficult to find qualified people willing to work in addictions treatment due to low prestige, poor pay and limited career advancement opportunities. Furthermore, addiction counseling and treatment is a new concept in Vietnam, a country in which the mental health field is underdeveloped and an unpopular career choice.

Supporting MOLISA to institutionalize drug addiction and HIV curricula into its staff training universities, and to develop alternative, evidence-based, drug treatment services in the community, would lead to a more sustainable PEPFAR intervention and the establishment of more effective drug treatment modalities in Vietnam. MOLISA would be seen as taking the lead in identifying and developing a quality alternative to the government-run 06 system.

Furthermore, the two proposed project-staff positions would fortify support to MOLISA priorities around HIV Prevention and Addictions in two key activities:

1. Institutionalizing addiction counseling and case management training programs in MOLISA universities, in collaboration with FHI; and
2. Identification and development of alternative drug treatment approaches and models, based on international best practice.

The PEPFAR-funded positions would provide two mid-level managers who would be trained in project management and analysis through the HSPH SMDP program and would provide expert managerial support to technical activities as well as upward support to senior-level MOLISA managers on policy advocacy and strategic planning.

New/Continuing Activity: New Activity

Continuing Activity:

Activity Narrative: Through the CDC cooperative agreement with the Association of Schools of Public Health (ASPH), students and graduates gain practical first hand experience by participating in assignments and projects designed to enhance their academic training. In Vietnam ASPH Fellows work under the mentorship of experienced PEPFAR technical and management staff and make considerable contributions to PEPFAR. PEPFAR Vietnam supports this program with the goal of providing a multidisciplinary international experience for two future public health professionals (one each in Hanoi and Ho Chi Minh City).

ASPH Fellows in Vietnam are important members of the PEPFAR Vietnam team. Though they participate in many activities and assignments during their year-long Fellowship, their positions are primarily focused on provision of management support to the Grants Management Unit within the PEPFAR Vietnam office. Each Fellow serves as a primary point of contact for one of the larger programmatically comprehensive cooperative agreements (the Ministry of Health in Hanoi, and the Provincial AIDS Committee in Ho Chi Minh City) assisting Government of Vietnam counterparts in developing work plans, budgets, accomplishing quarterly and annual reporting, developing applications for continued funding, etc. Their work requires them to interact directly and frequently with government partners while liaising with PEPFAR management and financial staff and the PEPFAR Vietnam technical teams.

The cooperative agreements with the Ministry of Health and Ho Chi Minh City Provincial AIDS Committee are support a broad but integrated range of activities to address the HIV epidemic in Vietnam. These two key government partners work with the ASPH Fellows and the larger PEPFAR Vietnam team to implement activities across a variety of program areas including OHSS.

This activity provides funding for a portion of the ASPH Fellowship program in Vietnam for coordination of OHSS activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3102.09	Mechanism: Community REACH Vietnam
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 5785.24690.09	Planned Funds: \$413,750
Activity System ID: 24690	

Activity Narrative: SUMMARY AND BACKGROUND

Pact-supported partnerships are part of a PEPFAR-coordinated effort to increase the scale, quality and effectiveness of both government and civil society HIV interventions in Vietnam. Health systems strengthening activities will be carried out via both international and local partnerships to promote HIV stigma reduction in all seven PEPFAR focus provinces and to enhance the participation and regulation of private sector. The key emphasis area for this activity is workplace programs (encouraging private sector and national association engagement). Specific target populations will include: provincial policy makers, community leaders, PLHIV, PEPFAR implementers across the prevention to care continuum, local civil society organizations (CSOs), and private health care providers.

The majority of health system strengthening funding will be used to support appropriate integration of HIV stigma reduction strategies across the PEPFAR program. Additionally, funds will be used to support private sector participation in the HIV response via dissemination of technical guidance on key issues to private providers and training workshops on international best practices in private sector involvement in the HIV response. Pact will engage in a range of organizational development capacity building activities for local CSOs active across program areas.

Health systems strengthening programs will be carried out via a combination of international and local organizations with management, financial and technical support from Pact. Pact's primary mandate is three-fold: 1) to provide an effective and transparent award and administration system for provision of grants to international and local NGOs; 2) to provide program implementers with access to high quality technical expertise in achieving and effectively reporting results, and organizational development capacity building services to enhance current and future CSO engagement in the national response; and 3) to ensure effective coordination among Pact partners, additional PEPFAR partners, and relevant government and non-governmental initiatives.

In FY09, Pact will support health systems strengthening interventions in all seven focus provinces using a combination of grants and assistance to prime international partners including Pathfinder International and the International Center for Research on Women (ICRW), and local partner Institute for Social Development Studies (ISDS). Pact will promote effective coordination between Pact health systems strengthening initiatives and relevant programs implemented by other partners across the continuum of prevention, care, and treatment.

ISDS/ICRW: \$ 247,725

Building on COP08, local NGO and INGO partnership ISDS/ICRW will continue supporting implementation of PEPFAR's strategy developed under COP08. ISDS/ICRW will support PEPFAR partner organizations to implement their stigma-reduction action plans through staff training and targeted technical assistance and follow up, the balance of which will be determined based on the outcomes of an assessment undertaken in COP08. Technical support and trainings are likely to focus on stigma reduction in communities, schools, and through community/home-based care, and to cover both HIV and IDU-stigma. ISDS/ICRW will also monitor and document stigma reduction activity integration among PEPFAR partners and provide feedback to the USG team and partners to ensure best practices are put to use effectively. Specifically, ISDS/ICRW will provide:

Support to PEPFAR partners trained under COP08 funding and monitoring of implementation of strategy: ISDS/ICRW will provide ongoing support and follow-up to PEPFAR partner organizations for implementation of the stigma-reduction action plans developed at the training to be provided at the end of the COP08 implementation year, after the strategy being developed under COP08 has been developed, vetted and finalized. The partnership envisions working with eight PEPFAR partners under COP09, with a focus on community/home-based care implementers receiving TOT in 2008 and including MOET, as described below.

Support to MOET to implement stigma-reduction in primary and secondary schools:

Although a legal framework is in place to protect children infected and affected by HIV, MOET and schools do not know how to go about implementing the framework, particularly in the face of resistance from parents and the broader community. Building on previous work, ISDS/ICRW will support MOET to begin building the capacity to roll-out stigma-reduction in primary schools. ISDS/ICRW will train select MOET representatives (2-4 each) from each of the 7 PEPFAR focal provinces (14-28 total) to be that province's master trainers and point persons for working with primary schools to integrate stigma-reduction into the curriculum. ISDS/ICRW will also provide follow-on support to these focal persons as they train principals and teachers within their districts and develop a tool for teachers to use with parents. In addition, ISDS/ICRW will provide technical assistance to enhance application of state-of-the-art stigma reduction strategies in the context of HIV prevention education at the secondary school level, in close partnership with SCUS through its PEPFAR supported program with MOET.

Support for roll-out and integration of IDU-stigma reduction:

With support from COP08 funding, ISDS/ICRW has developed two new sets of tools for use in tackling IDU-stigma: new interactive and participatory toolkit exercises on IDU-stigma and a fact-sheet on drug addiction, HIV and stigma. Also, has printed and distributed 3,000 copies of the fact-sheet on drug addiction. Through trainings for HBC organizations, additional needs are anticipated. As such, ICRW/ISDS will print an additional 3,000 copies for further dissemination in COP09. In addition, in COP09, based on the recommendations and results of field test of IDU-stigma toolkit exercises, ISDS/ICRW will finalize, print and disseminate the ISU-stigma toolkit to support the further integration and roll-out of IDU-stigma reduction, alongside HIV-stigma.

Progress monitoring of stigma-reduction strategy roll-out:

ISDS/ICRW will document and monitor the progress of PEPFAR partners in integrating and rolling out stigma reduction and the overall progress of the roll-out of the stigma-reduction strategy. Specifically, ISDS/ICRW will facilitate learning across partners and ensure best practices are available for replication and scale-up. Also, will document and monitor the progress through self-administered electronic

Activity Narrative: questionnaires (paper and mail where necessary), site visits and potentially 3-4 in-depth case studies of programs. The case studies will include a case study of how the hospital monitoring tools developed under COP07/08 funding have been used.

PATHFINDER INTERNATIONAL: \$ 95,625

Building on policy and systems strengthening activities in COP07-08, Pathfinder will continue to support more effective and strategic engagement of the private health sector in the HIV response in Vietnam. Building on its collaboration with Atlantic Philanthropies to build the capacity of Professional Medical Associations (PMAs) to serve as technical and advocacy resources for the private sector, Pathfinder will leverage COP09 funds to support selected PMA partners to develop and disseminate technical guidance on essential HIV-related topics to their members. Topics may include Standard Precautions, CT, PMTCT, Myths and Truths about Substance Abuse, and related topics. Pathfinder will provide training for HIV-related institutional capacity building to 12 individuals through 4 local organizations (PMAs).

Pathfinder will also continue to coordinate the dissemination of international best practices in private sector responses to HIV, facilitating two related workshops in COP09. The objective of the seminar series is to create, support and promote understanding of policy-level priorities key to maximizing the benefits of the private sector's role in the response. Best practices workshops will provide HIV-related policy development training to 20 local organizations and 60 individuals.

PACT DIRECT: \$ 70,400

Pact will continue to conduct collaborative organizational capacity assessments, facilitate institutional strengthening plan development, and support institutional strengthening interventions for local civil society partners engaged in Pact-supported program implementation across all program areas. Support will focus on building the leadership, management, strategic planning, operational, financial, technical and, monitoring and evaluation capacity of each institution and the skills of key individuals within them, with the objective of enhancing the current and potential civil society response to HIV/AIDS in Vietnam. Support will be provided via trainings, one-on-one coaching and mentoring, and targeted technical assistance. Local capacity building service providers will be engaged in providing support with Pact guidance. Approximately 80 individuals in 16 local CSO partner organizations – including Vietnamese NGOs, CBOs, and FBOs -- will receive HIV-related institutional capacity building under the Pact program.

Number of local organizations provided with technical assistance for HIV-related policy development: 20

Number of local organizations provided with technical assistance for HIV-related institutional capacity building: 20

Number of individuals trained in HIV-related policy development: 60

Number of individuals trained in HIV-related institutional capacity building: 92

Number of individuals trained in HIV-related stigma and discrimination reduction: 120

New/Continuing Activity: Continuing Activity

Continuing Activity: 15338

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15338	5785.08	U.S. Agency for International Development	Pact, Inc.	7117	3102.08	Community REACH Vietnam	\$133,000
9530	5785.07	U.S. Agency for International Development	Pact, Inc.	5180	3102.07	Community REACH Vietnam	\$131,036
5785	5785.06	U.S. Agency for International Development	Pact, Inc.	3102	3102.06	Community REACH	\$110,000

Emphasis Areas

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.18: Activities by Funding Mechanism****Mechanism ID:** 10896.09**Mechanism:** State-OGAC TBD Activities
(typically TBD country agency)**Prime Partner:** To Be Determined**USG Agency:** Department of State / Office of
the U.S. Global AIDS
Coordinator**Funding Source:** GHCS (State)**Program Area:** Health Systems Strengthening**Budget Code:** OHSS**Program Budget Code:** 18**Activity ID:** 29805.09**Planned Funds:** ██████████**Activity System ID:** 29805**Activity Narrative:** As stipulated in the OGAC Partnership Framework (PF) Guidance (March 2009), the PEPFAR/Vietnam team is required to carry out several key assessments as part of the completion of the PF implementation plan. The PEPFAR/Vietnam team will need to fund several assessment projects (either building on existing or new) in order to identify and make available the necessary information and data that will populate much of the PF implementation plan for Vietnam.

The PEPFAR/Vietnam team has agreed to set aside funding for the following possible assessment needs (although, the team will use existing evaluation data in-country to the extent possible):

- HIV/AIDS epidemic and response situation assessment
- HIV/AIDS policy reform situation assessment
- HIV/AIDS financing situation assessment
- PEPFAR 5 Year Program Review/Assessment

The PEPFAR/Vietnam team will also plan several participatory conferences and meetings with the objective of engaging GVN officials, inter-ministerial representatives, and key donors and stakeholders during the PF development process.

A portion of these funds will go to supporting the implementation of recommendations originating from technical assistance visits. The recommendations, in general, relate to direct implementation and coordination of activities, as well as address long term sustainability issues.

The total cost associated with this activity is \$350,000.

New/Continuing Activity: New Activity**Continuing Activity:**

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$7,676,502

Program Area Narrative:

The United States' PEPFAR program in Vietnam is represented by the Department of State, USAID, the Department of Defense (DOD), HHS/CDC, and HHS/SAMHSA. The U.S. Deputy Chief of Mission (DCM) serves as the U.S. Ambassador's representative on the PEPFAR Inter-agency Management Team (IAMT) and has an excellent understanding of the PEPFAR/Vietnam program. The PEPFAR Coordination Office (PCO), which in the last year has become fully staffed up, plays a key role in representing PEPFAR programs, communicating challenges and successes to the embassy, and in working with the Government of Vietnam (GVN) and other partners in the fight against HIV/AIDS. Moreover, the PCO is responsible for calling regular meetings of the PEPFAR IAMT and arranging face-to-face discussions between the IAMT and the PEPFAR/Vietnam Technical Working Groups (TWGs) for the purpose of strategic program planning, monitoring, reporting, and conducting other PEPFAR-related activities.

As one of the first countries to host a Staffing for Results (SFR) headquarters visit in 2006, Vietnam has had the opportunity to incorporate and refine SFR recommendations into subsequent programming. As a result, Vietnam's PEPFAR program has benefited from strengthened inter-agency coordination and cooperation. On an operational level, the agencies follow the principle that through teamwork, one agency can access the programmatic strengths of another, thereby maximizing efficiencies and complementary functions. For example, in the care and treatment program area, USAID, working closely with non-governmental partners, provides an important portion of the needed technical assistance and program implementation activities, and is particularly strong in community-based care settings, system strengthening, and logistics. USAID's strategies complement the programs and abilities of HHS/CDC, whose staff collaborate directly with Vietnam's Ministry of Health (MOH) and other GVN agencies to provide expert medical/clinical and laboratory technical assistance and training related to HIV/AIDS treatment. At the same time HHS/SAMHSA works across all agency programs to ensure that cross-cutting issues related to addiction and substance abuse are appropriately addressed. DOD works exclusively with Vietnam's Ministry of Defense (MOD) to provide treatment services to military as well as civilian populations. All agencies provide a wide range of support in the areas of HIV prevention and care and, along with HHS/SAMHSA and the HHS Health Attaché's office, participate together with the GVN and other key partners to plan programs and determine funding needed to provide a comprehensive package of services.

In 2007, the IAMT reached consensus regarding the ideal organizational structure for the PEPFAR/Vietnam program. Since then, agencies formalized and empowered TWGs and began the process of staffing up. In March 2008, the IAMT and TWG leads held a half-day retreat to further review the operating procedures of the organization and terms of reference for each TWG. During this retreat, the team formalized the Policy System Strengthening (PSS) group into an interagency team, to be chaired by USAID. The PSS team, which had previously functioned in an ad hoc manner, has developed a strategic approach to support a strengthened health care system to benefit HIV/AIDS programs and achieve a progressive level of sustainability as Vietnam plans, manages, and implements HIV programs designed to mitigate the concentrated epidemic. Because of the cross-cutting nature of PSS it was determined that this group would function as an inter-agency team with the goal of supporting all TWGs and addressing issues that impact all technical areas. The team reviews and makes recommendations on cross-cutting PSS issues by strengthening national and organizational policies and systems including policy development, human capacity development, stigma and discrimination, advocacy for PLHIV, public-private partnerships, and gender issues.

The functional organization chart (see uploaded PEPFAR VN Functional Chart document) defines PEPFAR/Vietnam's interagency relationships. PEPFAR/Vietnam has three TWGs: Care and Treatment and Strategic Information, which are chaired by CDC; and the Prevention TWG, which is chaired by USAID. The inter-agency Policy and Systems Strengthening team is headed by USAID. Within each TWG there are designated points of contact for each technical area. These staff, many of whom are PEPFAR/Vietnam locally employed staff serve as the focal point for a specific technical area, responsible for responding to questions from in-country PEPFAR management, OGAC or outside organizations as needed. In addition, they work closely with the entire TWG to coordinate strategy development and convene meetings. For example, the technical point of contact for PMTCT is a CDC locally employed Vietnamese staff member. This is also true for special programs implemented in Vietnam, including Methadone, where a USAID locally employed staff member serves as the point of contact, but others are closely involved with the program. The PEPFAR/Vietnam model also incorporates four cross-cutting areas with working sub-committees, including Substance Abuse, Gender, Laboratory, and Procurement. PEPFAR/Vietnam is in the process of documenting the roles and responsibilities of the PCO, agencies, TWGs, and PSS team, as well as individual responsibilities within these TWG's, in order to better harmonize the COP development process.

A well-communicated organizational structure and appropriate staffing, along with the development and improvement of operational systems, has enabled PEPFAR/Vietnam to more effectively address ad hoc and ongoing issues encountered during the day-to-day running of the program. The PEPFAR team began to formally incorporate most of the recommendations from the SFR report in FY07, carrying them forward in FY08. To date, the following recommendations have been incorporated: naming single points of contact for technical areas and PSS; identifying and filling key positions in the PCO; adopting an inter-agency hiring process for all technical positions, including determination of staffing gaps, development of standardized position descriptions, and an inter-agency interview and selection process; conducting IAMT meetings on a routine basis; familiarizing new staff in the PEPFAR inter-agency approach; developing intra-PEPFAR cost norms for various technical areas; and including partners in PEPFAR TWG meetings and strategic planning discussions where appropriate. Finally, PEPFAR/Vietnam is working closely with the U.S. Embassy on an inter-agency co-location strategy and it is expected that all agencies will be located together in the same building in FY 2009.

The positions that were approved in FY07 and FY08 are currently being filled. This means that staffing has nearly caught up with PEPFAR/Vietnam's sizeable financial and programmatic growth. However, with a budget of \$88 million in FY09, an amount that supports expansion of most activities in almost all program areas, including prevention, laboratory, prevention of mother-to-child transmission (PMTCT), antiretroviral therapy (ART) and medication assisted therapy for drug addiction, there is still a need for focused expertise, especially in the areas of program management and prevention, to sustain programming and to enable PEPFAR/Vietnam to provide needed support to existing budgets and activities.

The request for additional staff in FY09 is based on SFR principles and PEPFAR/Vietnam programmatic priorities established by the IAMT. These new positions will enhance the depth of expertise needed to maintain and sustain programming that has been established in Vietnam. The PEPFAR team is therefore proposing the hiring of: 1) a U.S. direct hire at CDC to serve as a Senior Prevention Advisor, who will work 50% of the time in intravenous drug use prevention and 50% in other prevention; and, 2) a U.S. direct hire at CDC to provide leadership to the program management unit formed in FY08 to ensure appropriate fiscal and programmatic oversight of CDC's cooperative agreements, which are primarily with GVN partners. As it is currently focused on filling the FY08-approved staff positions, USAID is not proposing any additional staff positions in FY09. Given USAID/Vietnam's promotion to full mission status in April 2008, USAID has decided to fill the approved Program Development Officer's position with an OE-funded direct hire to work on all of USAID/Vietnam's programs. The OGAC-approved position will now be designated as a program-funded Monitoring and Evaluation (M&E) Technical Advisor, which will strengthen the PEPFAR team and its partners' M&E capacity, as was recommended during the Strategic Information TWG visit in FY08. A local DOD hire will provide SI support to the DOD program and help create an "SI culture" within Vietnam's MOD, so that data is used as a basis for program planning, evaluation, and improvement.

The short- and long-term skills needed this year include discrete technical and management assistance in specific program areas and at specific times. For example, during the development of the annual COP, writer/editor skills may be needed on an ad hoc basis. Such short-term needs are met with agency TDY staff, consultants, or visiting fellows whenever possible.

PEPFAR/Vietnam recognizes that developing and establishing programs for long-term implementation can only be sustained by professional and technically sound expertise in-country. PEPFAR/Vietnam is therefore committed to continuing to develop the leadership, management, and technical skills of our critically-important locally employed staff. Their skills can be enhanced by identifying appropriate technical and management/leadership training opportunities, having them attend conferences directly related to their work, encouraging them to make presentations at international meetings, providing mentorship opportunities, and empowering staff with leadership positions within the in-country team.

Finally, both the IAMT and the U.S. Embassy leadership in Hanoi believe it is critical to co-locate the three agencies that comprise PEPFAR, along with the HHS Health Attaché's office and HHS/SAMHSA, in order to improve the efficiency of operations. Currently the agencies are housed in different buildings, separated by a 30-minute commute. Weekly management and technical meetings form the cornerstone of good communication practices between the agencies and guarantee an inter-agency approach to PEPFAR. Through the use of digital video communication technology and careful planning, the agencies have succeeded in carrying out meetings and maximizing attendance to the extent possible. However, all agencies and the embassy leadership believe that further improvements in communication will result from co-location. In FY08, the U.S. Ambassador to Vietnam requested the IAMT set aside \$500,000 so that this process could begin. This amount was allocated to the U.S. State Department through the July 2008 reprogramming round and has not yet been spent. It is anticipated that additional funds will be required to complete the co-location plan in FY09. Therefore, in addition to the \$500,000 allocated for this project in FY08, the amounts of \$180,000 (CDC) and \$140,000 (USAID) have been set aside as one-time costs related to the move; likewise, \$360,000 of unallocated funds has been set aside. Once it is determined how these funds will be spent they will be programmed to the appropriate agency. This will be a positive move toward fostering and strengthening interagency collaboration. However, the additional funds programmed in the COP 2009 for the co-location project have increased the overall percentage of the Management and Staffing budget to a total of 7.8%. Since these funds are for one-time activities, such as retrofit and moving costs for all USG agencies involved, it is expected that the PEPFAR/Vietnam Management and Staffing budget will return to its normal levels of just below 7% in COP 2010.

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10555.09	Mechanism: USAID - State Partnered Activities (ICASS, etc.)
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 24775.09	Planned Funds: \$119,747
Activity System ID: 24775	
Activity Narrative: This activity represents a portion of funding allocated to this program area for ICASS, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.	
New/Continuing Activity: New Activity	

Activity Narrative: No new staffing positions are proposed in this COP. Funding in this activity is provided to support personnel compensation and operational costs associated with PEPFAR staff members for this program area at USAID. These costs include personnel travel, education allowances and housing. The following existing positions are supported with funding in this activity:

- Driver (Hanoi) - 70%
- LAN Administrator (Hanoi) - 70%
- M&E Specialist (Hanoi) - 100%
- Senior HIV/AIDS Technical Advisor (Hanoi) - 100%
- Administrative Assistant (Hanoi) - 70%
- PEPFAR Information Specialist (Hanoi) - 100%
- PEPFAR Coordinator (Hanoi) - 100%
- PEPFAR Program Advisor (Hanoi) - 100%
- Driver (Hanoi) - 100%
- Development Outreach Officer (Hanoi) - 25%
- Administrative Assistant (Hanoi) - 100%
- Development Assistance Specialist (Hanoi) - 100%
- M&E Specialist (Hanoi) - 100%
- Administrative Management Specialist (Hanoi) - 70%
- Program Management Specialist (Hanoi) - 100%
- Financial Management Specialist (Hanoi) - 100%
- Program Development Specialist (Hanoi) - 100%
- M&E Officer (Hanoi) - 100%
- Office Manager - 100%

Funding in this activity is also provided to cover the costs of Rent, Telecommunications and other Utilities allocated to this program area. These costs include things such as residential rent and utilities for staff members in this program, office rent allocated to this program area and rental of conference meeting rooms for PEPFAR-wide activities such as partner meetings. It is important to note that office rent costs are associated with both the Hanoi and Ho Chi Minh City PEPFAR offices.

USG Agencies implementing PEPFAR programs are expected to co-locate into one building during FY 2009. Co-location implies many one-off costs, such as expenses associated with the retrofitting of existing office space, specifically, hiring contractors to break-down current office set-up and leave space in its original condition. These expenses are captured in this activity.

Funding in this activity is allocated to this program area for Regional Development Mission/Asia (RDMA) support, which is charged to USAID/Vietnam on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

Funding in this activity is provided for this program's share of outside TDY/TA costs which are paid for by USAID. Note this locally-paid TA and not covered centrally.

Funds in this activity will also support the annual PEPFAR retreat, which includes all PEPFAR staff participation, in order to increase the knowledge base, strengthen the team and brainstorm strategies and recommendations for specific PEPFAR challenges. The specific objectives of the FY 2009 2-day retreat will be defined at a later date.

Finally, this activity represents a portion of funding allocated to this program area for IRM Tax, which is charged to this agency on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15376

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15376	9686.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$157,552
9686	9686.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$130,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10896.09

Mechanism: State-OGAC TBD Activities (typically TBD country agency)

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 29790.09

Activity System ID: 29790

Activity Narrative: Zeroed out due to duplicate entry

New/Continuing Activity: New Activity

Continuing Activity:

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: [REDACTED]

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10896.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 29804.09

Activity System ID: 29804

Activity Narrative: The OGAC Partnership Framework (PF) Guidance (March 2009), has stipulated the PEPFAR/Vietnam team must develop a PF which identifies and establishes a collaborative relationship with the government of Vietnam and other relevant counterparts. The establishment of an in-country design team to lead necessary developmental consultations, assessments, and discussions will be required.

Currently the PEPFAR/Vietnam staff, (and throughout the year), is engaged at a maximum operating level providing management and oversight for the activities of PEPFAR implementing partners, including working with the VN government to strengthen their technical and management capacity. The team is also substantially engaged in the lengthy COP development process.

Due to the existing work loads of staff in Vietnam and in order for Vietnam to develop an effective and quality PF and implementation plan, a PF Coordinator will need to be hired with the responsibility to coordinate, lead the development, and write the Vietnam PF. The PEPFAR/Vietnam team has agreed to set aside funding for the hiring of a contractor to serve as PF Project Coordinator, starting in the fall of 2009 and working through a Level of Effort (LOE) contract for the period of 9 months to a year (based on in-country needs and the rate at which the PF is developed and negotiated in Vietnam). The total cost associated with this activity is \$320,000.

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: State-OGAC TBD Activities (typically TBD country agency)

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: [REDACTED]

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10896.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 25909.09

Activity System ID: 25909

Mechanism: State-OGAC TBD Activities (typically TBD country agency)

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: [REDACTED]

Activity Narrative: The progressive increase in the PEPFAR budget (nearly 30%) between FY 2007 and FY 2008 has required a commensurate strengthening of operational and management capacity to plan, implement, monitor and evaluate the increasing scale and scope of programs. To enhance operational and management efficiency and effectiveness, the PEPFAR Management Team has taken actions to: increase the number of key management and technical staff; open opportunities for training; and focus on means to improve program coordination. An important strategy to augment program coordination and more efficiently utilize staff time and resources is to co-locate PEPFAR-implementing agencies, which are presently dispersed widely across Hanoi. Currently Embassy administrators have identified office space, and are making final arrangements with agency headquarters on moving forward with the leasing of this space. The State Department has estimated \$1.8M as the partial costs associated with this activity. However, agencies have learned that setting up Information and Technology systems will cost an additional \$500,000 (approximately).

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10543.09

Mechanism: DoD - State Dept Partnered Activities (ICASS, etc.)

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 24815.09

Planned Funds: \$0

Activity System ID: 24815

Activity Narrative: This activity will be supported with 2008 carryover funding.

This activity represents a portion of funding allocated to this program area for ICASS and the OBO Tax (Capital Security Cost Sharing), which is charged to DOD on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3367.09

Mechanism: CDC-GHCS-Funded HQ Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 9687.24560.09

Planned Funds: \$694,254

Activity System ID: 24560

Activity Narrative: This activity supports several critically important HVMS activities, including a portion of the procurement of long term contracts staff to support PEPFAR programming, administrative costs to manage the CDC offices located in Hanoi and Ho Chi Minh City and a portion of US direct hire staff salaries, benefits, allowances and relocation costs.

In 2008, CDC Vietnam successfully established a program management unit within its organizational structure to provide day to day oversight and support to the cooperative agreement portfolio that has been established to implement PEPFAR programs in Vietnam. Contractual staff have been key to the "standing up" of this unit and are responsible for working closely with GVN counterparts to increase their management and administrative capacity. This is accomplished by providing support to partners in the development, implementation and monitoring of budgets, work plans and activities. This unit also works closely with the entire PEPFAR Vietnam team to effectively manage and provide liaison support between the grantees, the CDC Vietnam Project Officer and the PEPFAR Vietnam technical staff. This unit is also responsible for assisting in the development of funding opportunity announcements, coordinating technical reviews and assuring that grantees submit continuation applications in a timely manner.

A portion of time is attributed to HVMS for the CDC Associate Director for Ho Chi Minh City, who serves as the overall head of the Ho Chi Minh City office working in close collaboration with CDC Hanoi and the members of the multi-agency PEPFAR team. Serving as the principal technical and scientific officer for Ho Chi Minh City, this officer provides overall coordination of PEPFAR activities in southern Vietnam and provides oversight of programs under the HCMC Provincial AIDS Committee cooperative agreement with CDC.

- Contractual: Program Development Specialist I (50%)
- Contractual: Program Development Specialist II (50%)
- Associate Director, Ho Chi Minh City Office, US Direct Hire (35%)

Throughout the year, CDC procures the services of short-term technical assistance through contractual mechanisms. This assistance includes but is not limited to: services of a professional writer/editor, services to cover staffing gaps in the management and staffing program area, etc and are procured on an as needed basis. These short term contracts are supported by the PEPFAR country team in Vietnam.

Other, miscellaneous items that are funded through this activity include purchase orders that are written for equipment and miscellaneous supplies, etc.

In FY08 CDC's Coordinating Office of Global Health along with IT Services Office (ITSO) began the process of developing a comprehensive plan to upgrade the CDC global information technology (IT) services that will allow all countries to receive broader band width and improved electronic communications. This fee will cover the IT management costs at headquarters and in the region associated with supporting existing and new positions, including direct hire, locally employed and contractor staff to provide services and support to CDC offices in Hanoi and in Ho Chi Minh City.

This activity represents a portion of funding allocated to this program area for the ITSO tax, which is charged to CDC Vietnam on an annual basis.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15385

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15385	9687.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7128	3367.08		\$247,603
9687	9687.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5106	3367.07	HHS/CDC GHAI	\$76,522

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 3694.09	Mechanism: CDC-GAP-Funded HQ Activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 9891.24562.09	Planned Funds: \$626,909

Activity Narrative: CDC, Vietnam is fully represented on the US Embassy-Vietnam ICASS interagency working group which meets periodically to develop policy and make recommendations regarding assigning ICASS costs to the various services provided by the US Mission in Vietnam to agencies represented at post. CDC, Vietnam subscribes to the full range of ICASS services to cover administrative and personnel costs associated with supporting staff and office operations.

This activity represents a portion of funding allocated to this program area for ICASS, which is charged to CDC Vietnam on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this service as a cost of doing business.

In FY09 CDC, Vietnam will continue to pay in to the State Department's OBO Capital Security Cost Sharing (CSCS) program. The funds collected under this program are used to provide the State Department Overseas Buildings Office resources to build and renovate chanceries and consulates throughout the world. CDC Vietnam's costs are calculated based upon the per capita costs associated with staff housed in non-controlled access areas within US Embassy.

This activity represents a portion of funding allocated to this program area for CSCS tax, which is charged to CDC Vietnam on an annual basis. This value was calculated based on total staff effort dedicated to this budget code. The percentage of total staff effort for this budget code was multiplied by the total expected 2009 fees for this tax as a cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15398	9688.08	HHS/Centers for Disease Control & Prevention	US Department of State	7251	7251.08	HHS/CDC ICASS	\$579,000
9688	9688.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5107	3694.07	HHS/CDC Base	\$450,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10745.09

Mechanism: CDC-Gap-Funded Local Activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 15776.25399.09

Planned Funds: \$804,460

Activity System ID: 25399

Activity Narrative: ACTIVITY 1: This activity supports costs associated with local procurements, contracts, etc. that are paid for out of post held funds. Such costs include, but may not limited to allowable expenses associated with the assignment of US direct HVMS staff such as housing, utilities, education allowances and benefits, etc. This activity also funds HVMS staff related office support, including travel, communications, equipment, and miscellaneous procurement (including a portion of the costs associated with translation services, printing, meeting room rental, office utilities, etc.). In addition, this activity funds procurement of the services of an auditing firm to conduct annual financial audits on CDC grantees, thus ensuring adherence to US Government financial management policies and guidelines.

In COP 2008 the amount of \$500,000 was allocated to the Department of State to be used to pay for initial fit out expenses associated with the planned co-location of PEPFAR Vietnam and related US Government agencies, including USAID, CDC, DOD and HHS. PEPFAR, Vietnam agencies are working with the Department of State to secure appropriate office space and it is expected that PEPFAR will collocate in FY 2009. Funds in this activity will support the costs of the logistics involved with moving to a new location. It should be noted that the moving costs, including purchase of cabling, office furniture, etc. will be a one-time expense for 2009.

ACTIVITY 2: Funds will be used to support the annual HHS/CDC and PEPFAR management and programmatic offsite meetings which are a follow on to meetings that were held in FY 2008. The HHS/CDC retreat will include all HHS and CDC Vietnam staff and will focus on development of agency priorities, activities and communications. HHS/CDC initiatives, administrative and guidelines updates will also be discussed. Funds in this activity will be used to support travel and per diem for CDC Vietnam Global AIDS Program staff participating in this offsite. The PEPFAR offsite will include all PEPFAR staff from USAID, DOD and CDC and will focus on the further development of PEPFAR Vietnam strategies, roles and responsibilities of the USG partner agencies and team building. Funds in this activity will be used to pay for travel and per diem for CDC's Global AIDS Program staff and the PEPFAR Coordinator's Office staff. Funds will also be used to pay for expenses related to the offsite, including rental of conference and break out rooms, equipment, etc. More detailed agendas for both off-sites will be developed at a later date.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3109.09	Mechanism: DoD - Defence-Partnered HQ activities
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 10167.24729.09	Planned Funds: \$12,444

Activity System ID: 24729

Activity Narrative: No new positions are proposed under HVMS this year.

The majority of the funding for this activity will be supported with 2008 carryover funding (\$320,868). It is provided to support DOD's personnel compensation, benefits and technical travel costs for the following positions in this program area:

- DOD Program Director (Hanoi) - 100%
- DOD Care and Treatment Program Officer (Hanoi) - 10%
- DOD Program Assistant (Hanoi) - 90%
- DOD Technical Advisor/Program Manager (HCMC) - 25%

A small portion of 2009 funding (\$12,444) will be used to cover the costs of two staff retreats. This activity will support costs associated with covering the per diem, travel and accommodation costs of staff in attending the annual FY 2009 PEPFAR retreat. This activity will also support a DOD staff retreat in FY 2009. The goals and objectives for the DOD staff retreat are to:

- Discuss the roles and responsibilities of all team members across different locations (i.e. Hawaii, Hanoi, and HCMC. It must be noted that half of the team by this time will be new to the DOD program).
- Discuss partner performance to date and how performance can be better supported
- Carry out team building exercises

New/Continuing Activity: Continuing Activity

Continuing Activity: 15409

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15409	10167.08	Department of Defense	US Department of Defence/Pacific Command	7130	3109.08	Center of Excellence	\$49,200
10167	10167.07	Department of Defense	US Department of Defence/Pacific Command	5202	3109.07	PACOM/Center of Excellence	\$41,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3661.09

Mechanism: N/A

Prime Partner: Substance Abuse and Mental Health Services Administration

USG Agency: HHS/ Substance Abuse and Mental Health Services Administration

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 15499.24614.09

Planned Funds: \$44,250

Activity System ID: 24614

Activity Narrative: Funding in this activity is provided to support the salaries and benefits packages of the following staff members associated with this program:

- Substance Abuse Technical Advisor (25%)

New/Continuing Activity: Continuing Activity

Continuing Activity: 15499

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15499	15499.08	HHS/ Substance Abuse and Mental Health Services Administration	Substance Abuse and Mental Health Services Administration	7121	3661.08		\$31,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7228.09

Mechanism: N/A

Prime Partner: US Department of Health and Human Services

USG Agency: HHS/Office of the Secretary

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 15681.24615.09

Planned Funds: \$54,660

Activity System ID: 24615

Activity Narrative: This is a continuing activity.

Because PEPFAR is the principal mechanism for working on HIV/AIDS issues, the different activities of the Hanoi HHS Office of Global Health Affairs are frequently and substantively intertwined with those of PEPFAR. This office provides HIV-specific and general public health oriented subject matter expertise, technical assistance, and guidance to the PEPFAR Interagency Management Team. This technical assistance particularly relates to health policy substance and coordination that is derived from involvement in the broader health policy development activity in setting of rapid health sector reform in Vietnam. The Health Attaché serves as an ad hoc member of this Team. Additionally, the Office coordinates with common partners, e.g., Vietnam's Ministry of Health and Ministry of Foreign Affairs and with international donors, on broader health policy issues that affect PEPFAR programming. Some of this work is direct (e.g., leading the internal secretariat to support the U.S. Embassy seat on the Country Coordinating Mechanism for Global Fund projects); other, indirect (e.g., work on tuberculosis, infection control, blood safety, and laboratory systems strengthening). Moreover, the Health Attaché is frequently called on by the Ambassador and Deputy Chief of Mission to represent them on HIV-related activities with the World Bank, the Asian Development Bank, and other major donors. The planned funds represent approximately 12 percent of the annual cost of the overall HHS Health Attaché's office budget (excluding some travel cost clearly not related to PEPFAR).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15681

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15681	15681.08	HHS/Office of the Secretary	US Department of Health and Human Services	7228	7228.08		\$50,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 3108.09

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 9684.24661.09

Planned Funds: \$93,374

Activity System ID: 24661

Activity Narrative: Funding in this activity is provided to support the salaries and benefits packages of the following staff members associated with this program:

- Health Officer (Hanoi) - 70% PEPFAR

New/Continuing Activity: Continuing Activity

Continuing Activity: 15374

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15374	9684.08	U.S. Agency for International Development	US Agency for International Development	7127	3108.08		\$2,067,993
9684	9684.07	U.S. Agency for International Development	US Agency for International Development	5105	3108.07	USAID GHAI	\$1,334,876

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2009?	X	Yes	No
When will preliminary data be available?			3/31/2010
Is an Anc Surveillance Study planned for fiscal year 2009?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			1/31/2010
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?	X	Yes	No

Other Significant Data Collection Activities

Name: Integrated Biological and Behavioral Surveillance (IBBS)

Brief Description of the data collection activity:

A second round of IBBS among most at risk populations will be conducted in 10 provinces, which include the 8 PEPFAR focus provinces. Specifically, HIV & STI prevalence and behavioral data will be obtained for IDU and FSW populations in all 10 provinces and for MSM in 4 provinces. IDU data will be collected for an additional 3 northwest provinces into which PEPFAR is expanding.

Preliminary Data Available:

11/30/2009

Name: Most at risk population size estimation

Brief Description of the data collection activity:

Multiple methodologies (i.e., multiplier, census and capture-recapture) will be applied to obtain size estimates of IDU, FSW, and MSM populations in 7 PEPFAR provinces.

Preliminary Data Available:

4/30/2010

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
OVC_Justification.doc	application/msword	11/4/2008	OVC Budgetary Requirement Justification	Budgetary Requirement Justifications	MSarra
Partnership_Compact_Concept_Note_5YR_Strategy.doc	application/msword	11/4/2008	5-Year Strategy (PEPFAR/Vietnam Partnership Compact Concept Note, submitted on 30 September, 2008)	Other	MSarra
Staffing Analysis [4] Defense ORG Chart.doc	application/msword	11/6/2008	Department of Defense Organizational Chart	Staffing Analysis	MSarra
Management_and_Staffing_Budget_Table.xls	application/vnd.ms-excel	11/4/2008		Management and Staffing Budget Table	JPearsonV
FHI_8%_Justification.doc	application/msword	11/5/2008		Single Partner Funding	MSarra
Staffing Analysis [2] HHS-CDC ORG Chart.doc	application/msword	11/6/2008	HHS/CDC Organizational Chart	Staffing Analysis	MSarra
Staffing Analysis [3] HHS-SAMHSA ORG Chart.doc	application/msword	11/6/2008	HHS/SAMHSA Organizational Chart	Staffing Analysis	MSarra
Staffing Analysis [5] USAID ORG Chart.doc	application/msword	11/6/2008	USAID Organizational Chart	Staffing Analysis	MSarra
Staffing Analysis [1] PEPFAR-Vietnam Functional Chart.doc	application/msword	11/9/2008	PEPFAR/Vietnam Functional Chart	Staffing Analysis	MSarra
Global_Fund_Supplemental_Form.doc	application/msword	11/9/2008	Global Fund Supplemental Form	Global Fund Supplemental	MSarra
HRH_Program_Area_Narrative.doc	application/msword	11/9/2008	HRH Program Area Narrative	HRH Program Area Narrative*	MSarra
Geographic_Coverage_Strategy_Map_Vietnam_COP09.doc	application/msword	11/11/2008	Geographic Coverage Strategy and Map	Other	MSarra
Map_of_Vietnam_SI_Activities.xls	application/vnd.ms-excel	11/12/2008	Strategic Map of SI Activities	Other	JPearsonV
Vietnam_SI_Team_Roles.xls	application/vnd.ms-excel	11/12/2008	SI Team Roles	Other	JPearsonV
PAN-Gender.doc	application/msword	11/12/2008	Program Area Narrative for Gender Issues and Activities	Gender Program Area Narrative*	JPearsonV
Unallocated_Narrative.doc	application/msword	11/11/2008	Unallocated Narrative	Other	MSarra
Ambassador_Letter_Vietnam.pdf	application/pdf	11/13/2008	Ambassador's Letter	Ambassador Letter	JPearsonV
Executive_Summary_Vietnam.doc	application/msword	11/14/2008	PEPFAR/Vietnam Executive Summary	Executive Summary	JPearsonV
Vietnam_PHE_idup_tbd_iduimpact.doc	application/msword	11/14/2008	Vietnam PHE - IDU Impact Evaluation	Public Health Evaluation	RRansom
Budgetary_Requirements_Worksheet.xls	application/vnd.ms-excel	11/30/2008	Updated Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	MSarra
Health_Care_Worker_Salary_Table.xls	application/vnd.ms-excel	12/17/2008	Final health care worker salary report after December revisions	Health Care Worker Salary Report	RRansom
VN Table 3 Populated Program Summary Targets and Explanations Tables-Final.xls	application/vnd.ms-excel	12/17/2008	Final summary of targets after December revisions	Summary Targets and Explanation of Target Calculations	RRansom