



**Vietnam**

**Operational Plan Report**

**FY 2011**



## Operating Unit Overview

### OU Executive Summary

#### Background

During the first phase of PEPFAR in Vietnam, continually increasing resource flows from the U.S. government (USG) comprised the bulk of the response to HIV/AIDS and established an expectation of ongoing support. HIV/AIDS is not the leading public health concern for Vietnam, however through PEPFAR our programs have attempted to highlight the serious consequences of ignoring this burgeoning epidemic. PEPFAR activities – from providing lifesaving medicines in local clinics to helping shape national policy and legislation – have played an important role in promoting trust and cooperation between the United States and Vietnam during its relatively young diplomatic relationship of just 15 years.

PEPFAR currently funds nearly 88% of Vietnam's HIV/AIDS response, while the host government contributes 2%, with remaining support from the Global Fund and other donors. USG provides antiretroviral (ARV) medication for over 60% of adults and children currently on treatment. In the first phase of PEPFAR, the USG promoted widespread medication assistance therapy, including methadone, for opioid users; in early 2010 the GVN adopted this approach and announced plans to treat up to 80,000 patients by 2015. Through the Partnership Framework, PEPFAR Vietnam is working with GVN to develop a transition plan that includes increasing GVN financial support for the scale-up of methadone treatment.

As PEPFAR Vietnam gradually moves from direct service delivery to a technical assistance model, careful planning and continual advocacy for financial national ownership will be a critical element to a smooth transition and sustainability. PEPFAR Vietnam identifies a five to ten year window of opportunity to have a significant impact on capacity development of national health systems. The support we can provide now will have a great multiplier effect given Vietnam's increasingly robust technical and economic capacity and the continually improving bilateral relationship, due in large part to U.S. health diplomacy efforts through PEPFAR.

Injecting drug use continues to be the main behavior contributing to the spread of HIV in Vietnam. While the national prevalence rate remains low at 0.43% for ages 15-49, new data from the 2009 HIV/STI Integrated Behavioral and Biological Survey (IBBS) Round II estimates that as many as 40% of injecting drug users (IDU) are infected with HIV. The epidemic is particularly acute and worsening in select provinces including Ho Chi Minh City (48%), Hai Phong (48%), Dien Bien (56%), and Quanh Ninh (56%). HIV prevalence is also high among sex workers (SW), both streetbased and venue-based, averaging 16% in hot-spot cities with larger populations such as Ho Chi Minh City, Hanoi, Hai Phong, and Can Tho. Another emerging group is men who have sex with men (MSM), with data indicating a growing HIV epidemic among MSM in Hanoi and Ho Chi Minh City. Overlapping risky behaviors amplify HIV transmission risks for SW and MSM who also inject drugs, with prevalence rates greater than 40% among SW who inject drugs. While more precise data are needed, the sizes of these most at-risk populations (MARPs) seem to vary across the country. IDU numbers are highest in Ho Chi Minh City, Hanoi, the Red River Delta and the Northwest regions; SW numbers are greatest in Ho Chi Minh City, the Mekong Delta and southeastern Vietnam; and "open" MSM are most easily accessed in the major cities of Ho Chi Minh City and Hanoi.<sup>1</sup>

The status of MARPs in Vietnam's social strata renders them particularly vulnerable. There is little investment placed in ensuring robust HIV prevention, care, support, or treatment programs for a segment of the population in whom the GVN places modest value or hope. Civil society lacks

<sup>1</sup> *Vietnam HIV/AIDS Estimates and Projections 2007-2012*.

Vietnam Ministry of Health, 2009.



*VIETNAM COP 2011 Executive Summary Page 2 of 9*

acknowledgement from the host government and thus their ability to advocate for MARP-centered programs and to share in the ownership of a country-led response, remains hampered.

### **Sustainability and Country Ownership**

Since the inception of Vietnam PEPFAR activities in 2004, the USG team has been highly engaged with the GVN in all aspects of program implementation. All HIV/AIDS programs in Vietnam are conducted with, by, or through the government, resulting in strong host country ownership and leadership in the national response to HIV/AIDS. The PEPFAR team meets regularly with officials from the Ministry of Health (MOH), Ministry of Defense (MOD), and Ministry of Labor, Invalids and Social Affairs (MOLISA), among others, to ensure that programming not only complements but also strengthens Vietnam's capacity to provide for HIV/AIDS prevention, care and treatment. This approach is consistent with the overarching goals and objectives developed in the Partnership Framework, which the U.S. Secretary of State and the Vietnam Minister of Justice signed in Hanoi on July 22, 2010.

Activities supported through Vietnam's FY 2011 Country Operational Plan aim to fulfill USG commitments outlined in the first year of the Partnership Framework Implementation Plan and are aligned with the principles of the Global Health Initiative. These contributions work towards supporting the broad goals of the Partnership Framework:

1. Increased access to quality HIV/AIDS prevention, care and treatment services for most-at-risk populations,
2. strengthened health systems, and
3. strengthened and sustained national engagement, including civil society and private sector, in the HIV/AIDS response.

Through the Partnership Framework, PEPFAR Vietnam will continue to integrate its response to support the National HIV/AIDS Strategic Plan, which is currently under development for 2011-2015. While Vietnam's economy continues its rapid progress towards middle-income status, the national healthcare system remains under-developed with inequitable resource distribution. Vietnam's health sector is governed largely at the central and provincial levels, under a legal framework that provides a foundation for a far-reaching health system. The state is involved in directing all aspects of public health service delivery, rather than limiting itself to oversight roles such as providing guidance and ensuring compliance to regulations and standards. Ministries and departments operate independently, which makes it difficult to efficiently deliver a comprehensive range of services across different agencies. Capacity limitations, particularly in health information and human resources, undermine the ability of the government to implement its laws and policies fully, with results that impact service delivery. In some areas, management is still characterized by inefficient administrative structures and practices. While there is growing recognition of the value in using scientific evidence-based data for decision-making, this approach is not applied consistently. Quality and management training, whether for nurses, clinicians, laboratory practitioners or program administrators, is one of the most pressing health systems issues the country faces. To address these challenges, PEPFAR Vietnam works across all relevant ministries, as well as the National Committee for AIDS, Drugs, and Prostitution Prevention and Control.<sup>2</sup> The Vietnamese perceive the PEPFAR team as a positive force, which is helping to influence policy development and to strengthen the country's overall healthcare system.

<sup>2</sup> The National Committee is an inter-ministerial group mandated with coordinating the national HIV/AIDS response.

*VIETNAM COP 2011 Executive Summary Page 3 of 9*

In FY 2011, the PEPFAR Vietnam team will continue working with government leaders at both the central and provincial level to support policy reform and to invest in training as part of PEPFAR Vietnam's goal to strengthen the healthcare system. These elements of health systems strengthening are an integral part of the Partnership Framework Implementation Plan, as is strengthening coordination with other international agencies and government programs supported by the Global Fund. This is a crucial period, as Vietnam's achievement of middle-income status is



already affecting its eligibility for significant donor support.

Donor support in HIV/AIDS is waning in Vietnam and organizations including AusAID, World Bank/DfID, and the Clinton Foundation have all announced plans to phase out their support over the next two to three years. In the context of developing the Partnership Framework Implementation Plan, the USG has led an effort to increase coordination of donor activities and to jump start the discussion on the most effective ways to streamline our collective support with diminishing resources. Other donors primarily provide direct budget support to the government of Vietnam for health programs. As PEPFAR Vietnam funds decrease over time, transparent and effective use of the Global Fund portfolio grows increasingly important to reduce inefficiencies, lower costs, and achieve maximum impact for the national HIV/AIDS response.

### **Integration across the USG**

PEPFAR and other health programs, including influenza, tuberculosis, and emerging pandemic threats, work together on a weekly basis. Following the principles of the Global Health Initiative, the health team also meets quarterly to ensure U.S. government investments are maximized to achieve integrated health outcomes.

PEPFAR Vietnam has shifted fully into a focus on long-term strengthening of institutional structures and supporting human resource capacity building to make PEPFAR programs sustainable in the long-term. All PEPFAR programs will be subject to systematic evaluations to measure impact and cost-effectiveness of technical assistance and service delivery. These reviews are important for providing precise data to help our technical working groups make strategic programming decisions.

### **Health Systems Strengthening and Human Resources for Health**

Health Systems Strengthening is embedded across the spectrum of PEPFAR Vietnam's prevention, care, treatment, and laboratory activities. FY 2011 activities will strengthen the health system in Vietnam by providing assistance in governance, service delivery, human resources for health, supply chain, health information systems, and financing. Priorities in FY 2011 include technical assistance to develop one national distribution system for HIV/AIDS commodities, which will spill over to strengthen the entire health commodity supply chain. PEPFAR will also provide technical assistance to MOH and MOLISA to strengthen pre-service and in-service training, support to professional nurses organizations to advocate for a defined scope of practice, and support to expand the cadre of social work professionals with the skills to handle case management and addictions counseling. Health financing is also a top priority for FY 2011, including piloting a health insurance scheme for people living with HIV and exploring fee-for-service models.

To help build the capacity of health care workers, PEPFAR will work with Vietnamese universities to develop a standardized curriculum for public health informatics and data use competencies.

This effort will create a cadre of high caliber health professionals including medical doctors, nurses, laboratorians, and paraprofessionals. Vietnam is just beginning to develop a strategy for continuing medical education and PEPFAR is playing a catalyzing role in supporting the development of a national strategy and curriculum materials related to HIV/AIDS, tuberculosis (TB), and other communicable diseases. This work will be implemented through partnerships with the MOH and local and American universities, and supported by a new interagency health systems strengthening advisor and an interagency health systems technical working group.

*VIETNAM COP 2011 Executive Summary Page 4 of 9*

### **Coordination with Other Donors and the Private Sector**

The United States is the leading donor for HIV/AIDS interventions in Vietnam, providing \$89 million in FY 2009 and \$97.8 million in FY 2010, inclusive of Partnership Framework funds. There are approximately 30 international non-governmental organizations (NGOs) and seven government-sanctioned

local NGOs, 10 United Nations organizations, four major bilateral agencies and the Global Fund, providing technical or financial resources for HIV/AIDS programs in Vietnam. International organizations include faith-based organizations and general development and specialized consulting firms. Local NGOs include research, program design and implementation organizations, and community-based organizations. The U.S. Ambassador participates in an active



group of international donors and heads of UN agencies who work together to coordinate aid and technical assistance, as well as to engage with the government on policy reform. Donor partners include AusAID, World Bank/DfID, and the Embassies of France and Ireland, among others. Vietnam's second largest source of support for HIV/AIDS programming is the Global Fund. In Round 1, Round 6, and Round 8, Vietnam was awarded a total of \$70 million over ten years. The Round 9 request for \$110 million was also approved, and is scheduled for signing in November. In August, Vietnam submitted an application for Round 10 with a request of \$189 million over five years for HIV/AIDS and health systems strengthening. The MOH, the principal recipient and implementing partner for the Global Fund, has targeted 10 provinces for Global Fund programming. USAID's Office of Health director represents the USG and other bilateral donors on the Global Fund Country Coordinating Mechanism (CCM). The PEPFAR team is working closely with both incountry counterparts and the Global Fund portfolio manager to provide technical assistance, which will improve CCM governance and the quality of Global Fund-supported activities. Of particular concern are the multiple program management units within the MOH overseeing Global Fund, PEPFAR, World Bank/DfID, and national-funded programs, respectively. This stovepipe approach to HIV/AIDS programming contributes to the lack of full information about activity implementation, and needlessly complicates coordination efforts. Through a new, integrated health systems strengthening award in FY 2011, PEPFAR Vietnam will have a mechanism to provide technical assistance to strengthen and expand the role of private providers in the national HIV/AIDS response, as well as to establish other public private partnerships.

### **Programmatic Focus**

In FY 2011, PEPFAR Vietnam is focused on the following programmatic areas to both achieve the goals and objectives of its Partnership Framework, as well as the global 3-12-12 goals:

#### **1. Prevention**

To reduce incidence of HIV among MARPs, and to prevent the spread of HIV into the general population, PEPFAR Vietnam supports evidence-based practices to reduce the risk of HIV transmission among injecting drug users and those engaged in high-risk sexual behavior. Drug use and commercial sex are illegal in Vietnam. Fear of administrative penalties such as mandatory detention makes these groups difficult to reach with much-needed services. They also face high levels of stigma and discrimination from healthcare workers and their community.

PEPFAR will continue to provide technical assistance to the host government and local NGOs to implement a high-quality, evidence-based package of services. There are core prevention services that are uniform across each most-at-risk population; PEPFAR has also worked closely with the host government to identify services to address specific risk factors for specific populations. An important component is the integration of drug addiction and relapse prevention services into comprehensive prevention programs. A priority will be to offer services to drug users both in *VIETNAM COP 2011 Executive Summary Page 5 of 9*

government-run rehabilitation centers (also known as "06 centers") and in their communities. We will submit PEPFAR Vietnam guidance for engagement with 06 centers to OGAC shortly; we hope to finalize and implement these principles early in FY 2011 to ensure that drug users have access to HIV/AIDS-related services.

PEPFAR continues to take a lead role in promoting medication assisted therapy, an intervention proven to stem the rate of HIV infection among people who use drugs. The national goal is to provide methadone to at least 80,000 opioid users by 2015. As of September 2010, there are 2,200 patients receiving methadone in 11 PEPFAR-supported clinics. In FY 2011, PEPFAR Vietnam will assist the MOH to establish 40 additional methadone clinics.

PEPFAR Vietnam embraces the shift in the USG policy to Needle and Syringe Programming (NSP) which adheres to evidence-based international standards. In FY 2011, PEPFAR Vietnam will provide technical assistance to the host government, including advocacy for the implementation of NSP without negative repercussions to the user.

Approximately 40% of new HIV infections are sexually transmitted; therefore it is critical that we





continue to strengthen our interventions with sex workers. We will expand our existing interventions to reach those people with the dual risk factors of sex work and injecting drug use. We collaborate with MOLISA and the Ministry of Public Security, as well as Provincial AIDS Committees, to strengthen advocacy for prevention of sexual transmission among high-risk groups. We will continue to promote the 100% Condom Use Program (CUP) and introduce new modalities in risk reduction. Additionally, the 2009 IBBS indicated a sharp increase in HIV prevalence among MSM. PEPFAR will increase outreach to MSM, sensitize health workers to MSM-specific issues, and continue its advocacy efforts with the GVN. Finally, PEPFAR will expand efforts to reach regular sexual partners of MARPs with HIV prevention interventions. PEPFAR Vietnam will continue to support the Vietnam MOD's main objective of building human and program capacity to provide safe blood products during peace time as well as during high-demand situations such as disaster response. PEPFAR will also help MOD build capacity among Vietnamese clinical health care providers with improved infection control program management and monitoring. With the World Health Organization (WHO), PEPFAR will support the MOH to develop and disseminate national guidelines and training curriculum on infection control to healthcare professionals across the country. The military healthcare system represents approximately 10% of government healthcare facilities, and serves both the military and civilian population. According to the MOH, in the first half of 2009, 29% of all women who delivered in antenatal care settings were tested for HIV, nearly double the previous year's figure. In FY 2011, PEPFAR will encourage the host government to pay a greater share of the costs of the prevention of mother-to-child transmission (PMTCT) program. PEPFAR will continue to concentrate on community outreach for high-risk women and the referral network between PMTCT, pediatric and adult outpatient clinics.

## **2. Care**

Through the first phase of PEPFAR, the USG invested heavily in setting up care and treatment services for those affected by or living with HIV/AIDS. Services range from clinical and homebased care to the integration of TB and HIV treatment for patients afflicted with both diseases, to the support of orphans and other vulnerable children. While there have been impressive achievements, significant gaps exist. The combination of the concentrated epidemic and the government's aspiration for universal geographic coverage make a targeted response difficult. With multiple partners and donors at work in Vietnam, each implementing their own programs, the result has been a scattered coverage of services. Vietnam's health care system is itself

*VIETNAM COP 2011 Executive Summary Page 6 of 9*

fragmented. Often, those in need of HIV care must access different services in different locations, each with its own set of requirements and restrictions. Referral systems and coordination of patient care across services is often poor or non-existent. This means that services that do exist are underutilized, or the quality of care is diminished. In FY 2011 PEPFAR support will focus on improving the continuum of care for people living with HIV, extending from home-based and community-based care to the clinic setting.

Additionally, there is a need to increase testing among MARPs. In FY 2011, PEPFAR will assist the GVN to open sites in rural, mountainous areas with high-risk populations, and consolidate existing clinics to increase reach and coverage of testing services. We will expand provider-initiated testing and counseling at TB and sexually transmitted infections clinics; support for mobile and outreach testing and counseling in high prevalence areas; and improved referrals and tracking mechanisms between HIV testing and counseling (HTC) and clinical services. In FY 2011, PEPFAR will continue to pilot the use of rapid HIV tests in Vietnam.

TB remains a leading public health issue for Vietnam, which the WHO ranks 12th among the 22 high-burden countries. Achievements in the national TB program are undermined by barriers to access due to weak implementation and coordination at the local level, and unregulated treatment in the emerging private health sector. There are an estimated 150,000 active TB cases in the country, with approximately 3.8% HIV prevalence among TB patients. In FY 2011, the TB/HIV program will improve collaboration in PEPFAR-supported provinces to ensure that TB patients



receive HTC and when appropriate, referral to HIV/AIDS care and treatment. Patients receiving HIV/AIDS care will be screened routinely for TB, and access to advanced diagnostics will be provided to patients who need them. PEPFAR will also continue the assessment and expansion of TB infection control practices in PEPFAR-supported HIV/AIDS care and treatment and national TB program service sites; build and expand laboratory capacity for improved TB diagnosis; and provide HIV and TB screening and care in government-run drug rehabilitation centers. By September 2011, PEPFAR will help care for 7,500 people living with HIV who have active TB. As a core element of its TB strategy, the USG plans to support a CDC Division of TB Elimination FTE to deliver technical assistance to the National TB Program; the incumbent will coordinate USG TB and TB/HIV activities, and mentor USG FSNs to bolster their TB technical assistance capacity. Because HIV/AIDS in Vietnam is typically seen as a disease of adults, the needs of children – both infected and affected – are often overlooked. Targeting resources to care and treatment of children is particularly difficult because many locations have relatively small numbers of infected children. The GVN has recognized the growing need for child-oriented services with the recent passage of the National Plan of Action for Children Affected by HIV and AIDS, the development of which was largely supported by PEPFAR. Current activities with the government aim to reach both children and their caretakers with access to education, healthcare, nutrition, protection and legal aid, psychosocial support, and shelter. In FY 2011, PEPFAR will work with GVN and other donors to integrate pediatric services into adult clinics, and include more than 5,000 children in home-based and community-based programs. PEPFAR will also continue to support the successful early infant diagnosis program.

### **3. Treatment**

PEPFAR is the largest provider of ARV medications in Vietnam. As of September 2010, 40,000 adults and 3,000 children were receiving antiretroviral treatment (ART), but an additional 50,000 people still require these lifesaving drugs (based on estimates for adult eligibility at CD4<350). Currently, the MOH is revising the national guidelines for the diagnosis and management of HIV/AIDS. Significant changes will include raising the threshold for ARV eligibility to CD4<350, which will substantially increase the unmet need; and the use of routine viral load testing to monitor all patients. PEPFAR Vietnam currently supports viral load testing to any patient for the diagnosis or exclusion of treatment failure.

*VIETNAM COP 2011 Executive Summary Page 7 of 9*  
In FY 2011, PEPFAR will continue its current rate of scale-up, and seek to consolidate treatment services to target areas with the highest HIV prevalence and the most difficult-to-reach populations, where they can benefit the largest number of people and where there are additional health systems benefits. Remote mountainous provinces, which also have chronic shortages in health care workers, now have the largest unmet need for ART in Vietnam. PEPFAR will support a pilot taskshifting model at outpatient clinics by increasing clinical capacity for nurses. We will also increasingly focus on technical assistance to government sites and sites funded by other donors to improve access to ART services.

Economies of scale must be rapidly achieved to ensure the sustainability of the treatment program and in FY 2011 PEPFAR will develop a cost-sharing and cost-reduction plan with GVN. The challenge is to increase treatment access while continuing to reduce the unit cost-per-patient. Large-scale treatment programs exist in some of the richest provinces, which can share the cost of services, allowing reallocation of resources to poorer parts of the country. The data for this engagement will come from a care and treatment costing study performed by the MOH with technical and financial support from PEPFAR.

As part of the larger health systems strengthening objective, PEPFAR will pilot quality of care improvement activities. In FY 2011 PEPFAR will expand its intensive Quality Management programs in selected high-volume sites as well as pilot HIVQual, which has the potential to be implemented at all treatment sites.

Empowering and training people living with HIV, and involving them in care and treatment activities such as adherence support, home-based care and assisting patients to access services, is a



priority in FY 2011. Routine program evaluation and monitoring for emergence of drug resistance among patients on ARVs will continue in collaboration with the MOH and the WHO. In addition, PEPFAR will assist the government in the design and implementation of a more effective system for the distribution of HIV medications and related commodities.

To assure quality services and long-term sustainability of the national health system, PEPFAR will continue to develop human capacity through clinical mentoring, on-site supervision, the development and implementation of a national training curriculum, and care and treatment guidelines and protocols. Special attention will be given to prescription practices in order to increase the rate of first-line retention; education in addiction treatment; and training nearly 3,000 healthcare workers to deliver services. To promote host government leadership and strengthen sustained collaboration between health and education institutions, PEPFAR Vietnam will expand access to public health training opportunities for emerging Vietnamese public health leaders at American universities. As part of this focus on health systems strengthening, PEPFAR will help GVN develop sustainable staffing plans and in-service training in management and leadership. PEPFAR has worked closely with the GVN to improve the quality of its laboratory system, which has been hindered by poorly maintained equipment, outdated technologies and a lack of training resources. In FY 2011, quality assurance and quality improvement will continue to be the major area of emphasis for PEPFAR's laboratory program. This includes quality management training for all sites, designation of site quality officers, and the development and the expansion of external quality assessment programs. In FY 2011, six national- and provincial-level laboratories will receive technical assistance to achieve international accreditation. Support will be provided to the HIV drug-resistance sequencing laboratory and to the development of a national laboratory accreditation program. Training continues to be a fundamental part of PEPFAR support and *VIETNAM COP 2011 Executive Summary Page 8 of 9*

whenever possible is presented in a training-of-trainers format with the aim of developing local cadres of skilled laboratorians.

#### **4. Women and Girl-Centered Approaches**

The HIV/AIDS epidemic in Vietnam is concentrated among male injecting drug users, and PEPFAR's efforts remain primarily targeted toward this group. However, we will continue to support mainstreaming gender equity through activities to reach those most at-risk, including female IDU, and sex workers who inject drugs. The PEPFAR Vietnam program will also focus on reaching the sexual partners of IDU with sexual prevention interventions.

Vietnam does not receive additional USG funding for PMTCT, maternal and child health, or reproductive health/family planning.

#### **5. Other Programs**

A lack of quality data and low human capacity to effectively interpret and utilize these data has hindered the ability of GVN and PEPFAR to implement and evaluate the impact of high-quality programs. As the cornerstone of program planning, implementation, and improvement, strategic information activities will continue to work with GVN ministries and parastatals to develop a culture of data use to ensure that health programs are evidence-based and focused on improving quality and efficiencies.

In line with the Partnership Framework, PEPFAR will continue to help develop GVN's strategic information planning and capacity to undertake surveillance, program monitoring and evaluation, and management information systems. PEPFAR will provide technical assistance to the GVN and indigenous organizations for sustainability of data use across funding streams. Recognizing the strong technical and coordination contribution of multilateral agencies, PEPFAR seconded one CDC staff to WHO to provide technical assistance for cross-cutting disease surveillance, monitoring and evaluation, and TB/HIV.

In FY 2011, PEPFAR will also strengthen local capacity for the collection, interpretation and utilization of data at the sub-national levels. The production and utilization of precise epidemiologic data will be supported through activities such as expanded capacity to use and interpret sound modeling techniques (i.e. Estimates and Projections, Spectrum, Asia Epidemic Model), HIV case





reporting systems, routine HIV sentinel surveillance with integrated behavioral elements, IBBS Round 3, HIV incidence surveillance, standards-based health management information systems, and provincial level size estimation for MARPs.

PEPFAR will support the development of a national research and evaluation agenda. Technical assistance will be provided to GVN to establish a standardized ethical review, clearance, and supervision capacity and process for program evaluation and research. To address the unique strategic information needs of the region, a self-sustaining training center will be established within an existing public teaching institution to serve as a public health and HIV/AIDS surveillance capacity-building center for Asia. PEPFAR will also undertake public health evaluations to study the impact of IDU harm-reduction efforts in northwest Vietnam and TB infection control interventions among health care workers.

As both a member of the National M&E Technical Working Group and an implementing agency, PEPFAR will continue with efforts to integrate all program reporting requirements with the Vietnam national M&E system, "Decision 28."

Management and staffing funds will support the in-country personnel needed for CDC, USAID, DOD, and SAMHSA in FY 2011. A net increase of eight new staff, seven of whom are Foreign VIETNAM COP 2011 Executive Summary Page 9 of 9

Service Nationals (FSNs), are requested across all agencies and detailed in the separate Management and Operations narrative. The PEPFAR team prioritizes the empowerment of our FSN colleagues to lead and manage the PEPFAR portfolio, and have identified several key positions that will be filled by Vietnamese technical experts. The transition to a technical assistance model will have a steadily growing impact on our management and staffing budget line in Vietnam. To increase the capacity of the USG to provide effective technical assistance to the host government and other in-country partners, PEPFAR Vietnam projects a need to increase the number of staff, particularly FSNs, to work on the program in the coming years.

**New Procurements**

REDACTED

**Program Contact:** Viviane Chao, PEPFAR Country Coordinator ([vchao@usaid.gov](mailto:vchao@usaid.gov))

**Time Frame:** October 2011 – September 2012

**Population and HIV Statistics**

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	270,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						

Deaths due to HIV/AIDS	14,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	1,653,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	3,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	280,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with	110,000	2009	Towards Universal Access. Scaling			



advanced HIV infection (in need of ART)			up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	81,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

**Partnership Framework (PF)/Strategy - Goals and Objectives**

(No data provided.)

**Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies**

Redacted

**Public-Private Partnership(s)**

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Provision of microfinance services for PLHIV and high risk individuals (HRIs)	7349:AED Smartworks Follow-on	New Partner			PEPFAR VN recently was awarded a matching grant through OGAC's PPP Incentive Fund to support expansion of a microfinance program for PLHIV and affected

				<p>communities in 2 provinces. The program was funded in COP 11 and does not require additional funding in COP 12. The PPP addresses a gap in provision of economic strengthening support to PLHIV and affected populations by helping them improve their financial capacity to achieve more stable living conditions, and to reduce the spread of HIV in their community. Private Sector Partner: M7.</p>
<p>The HIV/AIDS Workplace Prevention</p>	<p>7349:AED Smartworks Follow-on</p>	<p>New Partner</p>		<p>This PPP aims to strengthen the partnership between provincial Vietnam Chambers for Commerce and Industry (VCCI), enterprises, the Ministry of Health and the Ministry of Labors, Invalids and Social Affairs, to roll-out National</p>

					<p>Guidelines on HIV Prevention in the Workplace. Through this activity, VCCI will continue to advocate with the government of Vietnam, in particular the Ministry of Finance, to revise the Enterprise Tax Law to encourage enterprises to increase funding for HIV workplace programs, as well as to raise corporate social responsibility funds to support PLHIV and recovering drug users. Private Sector Partner is: Vietnam Chamber for Commerce and Industry</p>
--	--	--	--	--	---

### Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
ART Outcome Evaluation	Evaluation	Other	Publishing
Assessment of service update and utilization in select provinces	Evaluation	Female Commercial Sex Workers, Injecting Drug Users, Other	Development



BED False Recent Rate Study	Recent HIV Infections	Other	Publishing
Evaluation of the Impact of Harm Reduction Activities for IDUs in North West Vietnam	Evaluation	Injecting Drug Users	Implementation
HCV/HBV Prevalence survey	Other	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Development
HIV Drug Resistance Threshold Survey	HIV Drug Resistance	Other	Publishing
HIV Incidence Surveillance	Recent HIV Infections	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Planning
HIV/AIDS Case Reporting	AIDS/HIV Case Surveillance	Other	Planning
HIV/AIDS Estimates & Projections	Other	Female Commercial Sex Workers, General Population, Injecting Drug Users, Men who have Sex with Men	Publishing
Integrated Biological and Behavioral Surveillance	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Publishing
Linkages to HIV care and treatment services (HCMC)	Evaluation	Other	Development
Methadone evaluation	Evaluation	Injecting Drug Users	Implementation
Migrant worker risk behavior survey (Hanoi)	Behavioral Surveillance among	Male Commercial Sex Workers,	Development

	MARPS	Migrant Workers	
Most at Risk Population Size Estimation	Population size estimates	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Implementation
Pediatric ART Outcome Evaluation	Evaluation	Other	Implementation
Survey among male clients of sex workers	Population-based Behavioral Surveys	Other	Development
Survey among MSM population	Population-based Behavioral Surveys	Men who have Sex with Men	Planning
Survey among sex workers including injecting sex workers	Population-based Behavioral Surveys	Female Commercial Sex Workers	Planning
Survey on the coverage of and access to interventions for MARPs	Evaluation	Drug Users, Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men, Other	Implementation
Time-Location Sampling/Respondent-Driven Sampling Comparison survey	Evaluation	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Development



## Budget Summary Reports

### Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			3,664,880		3,664,880
HHS/CDC		2,855,000	30,392,984		33,247,984
HHS/HRSA			945,000		945,000
HHS/NIH			220,000		220,000
HHS/SAMHSA			553,000		553,000
State/OGAC			25,000		25,000
USAID			46,177,304		46,177,304
<b>Total</b>	<b>0</b>	<b>2,855,000</b>	<b>81,978,168</b>	<b>0</b>	<b>84,833,168</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	DOD	HHS/CDC	HHS/HRSA	HHS/NIH	HHS/SAMHSA	State/OGAC	USAID	AllOther	
HBHC	335,000	3,646,695					2,967,000		6,948,695
HKID		388,490					750,000		1,138,490
HLAB	400,000	2,649,821					1,548,949		4,598,770
HMBL	554,400								554,400
HMIN	388,080								388,080
HTXD							14,000,000		14,000,000
HTXS	230,000	2,127,445	200,000				2,800,000		5,357,445
HVCT	177,400	1,628,672					1,891,000		3,697,072
HVMS	610,000	11,138,259			553,000		3,351,355		15,652,614
HVOP	400,000	502,000					6,175,900		7,077,900
HVSI	150,000	2,685,916	330,000	220,000			2,000,000		5,385,916
HVTB	60,000	1,516,186					980,000		2,556,186



IDUP		3,397,450					6,560,100		<b>9,957,550</b>
MTCT	60,000	1,329,979					300,000		<b>1,689,979</b>
OHSS	300,000	815,000	415,000			25,000	2,020,000		<b>3,575,000</b>
PDCS		911,797					472,000		<b>1,383,797</b>
PDTX		510,274					361,000		<b>871,274</b>
	<b>3,664,880</b>	<b>33,247,984</b>	<b>945,000</b>	<b>220,000</b>	<b>553,000</b>	<b>25,000</b>	<b>46,177,304</b>	<b>0</b>	<b>84,833,168</b>

### Budgetary Requirements Worksheet

(No data provided.)



## National Level Indicators

**National Level Indicators and Targets**  
REDACTED





## Policy Tracking Table

(No data provided.)



## Technical Areas

### Technical Area Summary

#### Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	6,948,695	
HTXS	5,357,445	
<b>Total Technical Area Planned Funding:</b>	<b>12,306,140</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	14,000,000	
<b>Total Technical Area Planned Funding:</b>	<b>14,000,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	554,400	
HMIN	388,080	
IDUP	9,957,550	
<b>Total Technical Area Planned Funding:</b>	<b>10,900,030</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
-------------	----------------------------	----------------



HVCT	3,697,072	
<b>Total Technical Area Planned Funding:</b>	<b>3,697,072</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Health Systems Strengthening**

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	3,575,000	
<b>Total Technical Area Planned Funding:</b>	<b>3,575,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Laboratory Infrastructure**

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	4,598,770	
<b>Total Technical Area Planned Funding:</b>	<b>4,598,770</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	15,652,614	
<b>Total Technical Area Planned Funding:</b>	<b>15,652,614</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: OVC**

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	1,138,490	
<b>Total Technical Area Planned</b>	<b>1,138,490</b>	<b>0</b>



<b>Funding:</b>		
-----------------	--	--

**Summary:**  
(No data provided.)

**Technical Area: Pediatric Care and Treatment**

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	1,383,797	
PDTX	871,274	
<b>Total Technical Area Planned Funding:</b>	<b>2,255,071</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: PMTCT**

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	1,689,979	
<b>Total Technical Area Planned Funding:</b>	<b>1,689,979</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Sexual Prevention**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVOP	7,077,900	
<b>Total Technical Area Planned Funding:</b>	<b>7,077,900</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Strategic Information**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	5,385,916	
<b>Total Technical Area Planned Funding:</b>	<b>5,385,916</b>	<b>0</b>



**Summary:**  
(No data provided.)

**Technical Area: TB/HIV**

<b>Budget Code</b>	<b>Budget Code Planned Amount</b>	<b>On Hold Amount</b>
HVTB	2,556,186	
<b>Total Technical Area Planned Funding:</b>	<b>2,556,186</b>	<b>0</b>

**Summary:**  
(No data provided.)





## **Technical Area Summary Indicators and Targets** **REDACTED**



## Partners and Implementing Mechanisms

### Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7339	Ministry of Planning and investment, Vietnam	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	130,000
7342	Population Services International	NGO	U.S. Agency for International Development	GHCS (State)	2,935,000
7345	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	20,926,949
7346	Program for Appropriate Technology in Health	NGO	U.S. Agency for International Development	GHCS (State)	400,000
7348	United Nations Resident Coordinator	NGO	U.S. Agency for International Development	GHCS (State)	945,000
7349	Chemonics International	Private Contractor	U.S. Agency for International Development	GHCS (State)	215,000
7630	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	0
9972	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers	GHCS (State)	290,000

			for Disease Control and Prevention		
9973	Hanoi School of Public Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	0
9974	Ho Chi Minh City Provincial AIDS Committee	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	0
9976	Ministry of Health, Vietnam	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	8,000,000
9977	National Institute for Hygiene and Epidemiology	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	0
9997	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	200,000
9998	Pasteur Institute	Host Country Government	U.S. Department of Health and	GHCS (State)	570,000

		Agency	Human Services/Centers for Disease Control and Prevention		
9999	Ministry of Labor, Invalids and Social Affairs	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	197,000
10000	Harvard Medical School of AIDS Initiative in Vietnam	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,699,999
10001	Family Health International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,501,060
10002	Association of Schools of Public Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	200,000
10118	Vietnam Administration for Medical Sciences	Implementing Agency	U.S. Department of Health and Human	GHCS (State)	168,851

			Services/Centers for Disease Control and Prevention		
10814	American Society for Microbiology	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,100
10831	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	150,000
10832	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	50,000
11605	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	468,995
11609	U.S. Department of State	Implementing Agency	U.S. Department of State/Office of the Global AIDS Coordinator	GHCS (State)	25,000

11613	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,239,000
11616	USAID	Own Agency	U.S. Agency for International Development	GHCS (State)	500,000
11619	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	1,442,480
12340	Institute of Population, Health and Development	Implementing Agency	U.S. Department of Defense	GHCS (State)	577,400
12341	Vietnam Nurses' Association	Implementing Agency	U.S. Department of Defense	GHCS (State)	485,000
12577	Measure Evaluation	NGO	U.S. Agency for International Development	GHCS (State)	0
12736	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12750	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12879	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12934	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12967	TBD	TBD	U.S. Department of Health and Human	Redacted	Redacted

			Services/Centers for Disease Control and Prevention		
12976	Development Center for Public Health	Implementing Agency	U.S. Department of Defense	GHCS (State)	550,000
13007	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13060	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13073	WHO	Implementing Agency	U.S. Agency for International Development	GHCS (State)	350,000
13089	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13114	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13115	TBD	TBD	U.S. Department of Health and	Redacted	Redacted

			Human Services/Centers for Disease Control and Prevention		
13117	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13131	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	745,000
13147	NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE	Implementing Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	200,000
13159	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13177	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted



13198	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13221	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13222	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13225	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13234	KNCV	Implementing Agency	U.S. Agency for International Development	GHCS (State)	280,000
13269	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13282	DATA QUALITY AND USE	Implementing Agency	U.S. Agency for International Development	GHCS (State)	250,000
13306	FOGARTY INTERNATIONAL CENTER	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHCS (State)	220,000
13370	TBD	TBD	U.S. Agency for	Redacted	Redacted

			International Development		
13379	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13511	Institute of Hygiene and Public Health	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	0
13513	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13551	Nordic Assistance Vietnam	FBO	U.S. Agency for International Development	GHCS (State)	0



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 7339</b>	<b>Mechanism Name: General Statistics Office</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Planning and investment, Vietnam	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 130,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	130,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	90,000
----------------------------	--------

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID: 7339</b>
---------------------------



<b>Mechanism Name:</b>	<b>General Statistics Office</b>		
<b>Prime Partner Name:</b>	<b>Ministry of Planning and investment, Vietnam</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	130,000	

**Narrative:**

/ This is a continuing activity. With COP11 funds, PEPFAR will continue to support GSO to strengthen capacity on survey, data collection, data management and use, to enhance Vietnam Government agencies to analysis and disseminate data, make data available for use at national and provincial level. GSO is the centrally mandated agency to provide collect, maintain, and disseminate required statistical data related to health, education, culture and sports, the environment, living standards, and safety. 1. Funds will be used to strengthen capacity for health data management and analysis across Government agencies such as MoH, NIHE, Regional Pasteur Institutes, MOLISA, PACs and provincial department of health. Specific activities include trainings of MoH staff on survey/questionnaire design and using analytic software (e.g. STATA). 2. GSO will be supported to collect and disseminate key health, demographic, administrative, and economic information through open portals such as the recently completed VietInfo database. This database has been developed by GSO to collect health indicator data from various sources into a single, high-utility system that can be accessed by a wider audience. 3. GSO, in collaboration with other key ministries, will be supported to integrate appropriate health-related questions into its annual national demographic and birth survey in order to provide relevant information related to health seeking behavior, health/disease burden, and access to care.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 7342</b>	<b>Mechanism Name: Social Marketing for HIV Prevention Project</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

**Total Funding: 2,935,000**



Funding Source	Funding Amount
GHCS (State)	2,935,000

**Sub Partner Name(s)**

AIDS Program (HCMC)	An Giang Provincial AIDS Committee	Can Tho Provincial AIDS Committee
Consultation for Investment in Health Promotion (CIHP)	Dien Bien Provincial AIDS Committee	Ha Noi Provincial AIDS Committee
Hai Phong Provincial AIDS Committee	HCMC Provincial AIDS Committee	ISMS / CHP
Nghe An Provincial AIDS Committee	Quang Ninh Provincial AIDS Committee	Save the Children US
Vietnam Administration for AIDS Control		

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	400,000
----------------------------	---------

**Key Issues**

Addressing male norms and behaviors  
 Mobile Population

**Budget Code Information**

<b>Mechanism ID:</b>	7342
<b>Mechanism Name:</b>	Social Marketing for HIV Prevention Project
<b>Prime Partner Name:</b>	Population Services International



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	475,000	

**Narrative:**

Social marketing VCT:  
 Collaborate with PEPFAR VCT service partners to promote client uptake, and specifically to develop and implement strategies to increase uptake of HTC services among MARPs (including MSM, IDU, and SW)  
 Consolidate surveys on MARPS behavior  
 Mid-term evaluation in COP 10 will help to recommend program efficiency and sustainability

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,160,000	

**Narrative:**

Condom/lubricant:  
 This continuing activity will focus on social marketing of behavior change, particularly around increased regular condom use.  
 Implementation of findings from the Total Market Approach to condom distribution, including:  
     Distribution of condom for free distribution through PEPFAR outreach program where appropriate.  
     Maintain sale system for condom social marketing program in hotels and guesthouse around hotspots.  
     Mobilize Private sector participation and contribution in HIV prevention program may become an option for future PSI social marketing program.  
     BCC on Condom and lubricant promotion for MSM.

SW/IDU:  
 Scale up intervention to SW/IDU including applying of unique identifier code (UIC) and TA provision to other PEPFAR outreach partners.

Potential Male Client intervention:  
 Male client interventions will be focused and targeted to where sex work happens (hotels/guesthouse). This activity will include targeted behavior change around condom use as well as ensured access to condoms where they are most needed.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	300,000	

**Narrative:**

Break the Cycle:  
 This activity has been funded for two years. In COP 11, PSI will make efforts to standardize BTC training



and services. PSI will provide TA to other partners to streamline the intervention into other PEPFAR IDU outreach programs in Hanoi, Hai Phong, Quang Ninh, Ho Chi Minh City, Nghe an, Dien Bien.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7345</b>	<b>Mechanism Name: SCMS</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 20,926,949</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	20,926,949

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	200,000
Human Resources for Health	600,000

### Key Issues

TB



### Budget Code Information

<b>Mechanism ID:</b>	7345
<b>Mechanism Name:</b>	SCMS
<b>Prime Partner Name:</b>	Management Sciences for Health

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	500,000	

**Narrative:**

With carried over funding from FY10, SCMS will continue to provide technical assistance to LifeGap project's decentralized procurement system to supply OI drugs to PEPFAR and non-PEPFAR supported sites upon PEPFAR's request.

SCMS will use \$200,000 to continue procuring Amphotericin B on to PEPFAR sites.

SCMS will use \$100,000 as Emergency OI Procurement Fund to fill in interruption of OI supply in case LifeGap project fails to supply OI drugs in a timely manner to PEPFAR-supported sites.

SCMS will use \$200,000 to procure therapeutic foods for HIV adult and pediatric patients: There is currently no therapeutic or supplementary feeding for PLHIV in clinical care in Vietnam. Based on the result of RUTF acceptability study and SAM/MAM prevalence study, AED/FANTA-2 will provide technical assistance to PEPFAR/Vietnam to identify appropriate therapeutic and supplementary food products and calculate the amounts needed to meet energy requirement of malnourished adults and children living with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,500,000	

**Narrative:**

As part of the PEPFAR program and in support of the uninterrupted treatment and care of those living with HIV/AIDS in Vietnam, SCMS will continue to fund and improve quantification, procurement, storage and distribution of HIV related medicines, lab supplies and other commodities supported through PEPFAR.

Building on the activities started in FY2010 in ARVs in FY 2011 SCMS activities will focus on transfer of capacity to PAC or other appropriate Government staff to manage dispensers and stock managers at the site level. SCMS will work closely with the VAAC in ensuring the appropriate staff is identified; that they are aware that this is their mandate and that the appropriate training and mentoring is provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------





Care	PDTX	270,000	
------	------	---------	--

**Narrative:**

? Continue to support the provision of ARV drugs to PEPFAR-supported out-patient clinics and other non-PEPFAR supported sites depending upon PEPFAR's programming with Vietnam Administration for AIDS Control (VAAC).

? To sustain the ARV supply chain in Vietnam and build capacity for PAC staff, plan joint site visits with PAC staff to transfer knowledge and skills in the areas of ARV dispensing and counseling, verifying stock, stock conditions and expiry dates and general problem solving.

? Train PAC staff to use self learning curriculum for new dispensers developed in FY10 so that PACs can provide effective coaching and site supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	608,000	

**Narrative:**

? In support of the Government of Vietnam's HIV/AIDS National Strategy, SCMS will assist the Government of Vietnam to design and implement a long-term strategy for developing a more efficient, effective national supply chain system for the distribution of HIV related medicines, lab supplies and commodities.

? Focus on health systems strengthening through supporting the Government of Vietnam's new initiative to develop a single National Distribution System for ARVs and other HIV/AIDS commodities that will be managed by the VAAC and PACs. By merging the three existing ARV supply chains into a single national system under the management of the VAAC the sustainability of distribution of these life saving drugs will be increased.

? Building on the activities started in FY2010 in ARVs in FY 2011 SCMS activities will focus on transfer of capacity to PAC or other appropriate Government staff to manage dispensers and stock managers at the site level in the areas of Methadone and Laboratory. SCMS will work closely with the VAAC in ensuring the appropriate staff is identified; that they are aware that this is their mandate and that the appropriate training and mentoring is provided.

? Support the MOH's development of needed Circulars and Decrees in order to provide the legal authority to implement a National Distribution System.

? Work with the GVN to implement a paper based LMIS.

? Institute national forecasting and procurement planning for ARVs on a quarterly basis.

? Support the NTP to develop a distribution strategy and planning for MDR drugs at a national level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	2,350,000	

<b>Narrative:</b>			
Provide safe, secure, timely, and cost-effective delivery of methadone from their point of origin to the final client destination. Out of this total, \$2,000,000 will be used for methadone procurement.			
Provide in-country commodity strategic planning coordination to improve commodity availability, transparency, data-driven decision making and resource management by all organizations and institutions.			
Support the Government of Vietnam to develop sustainable narcotics supply chain management to meet the requirement of methadone program scale up.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	150,000	
<b>Narrative:</b>			
- Continue to support the provision of ARV drugs for PMTCT ARV prophylaxis to PEPFAR-supported sites and other non-PEPFAR supported sites depending upon PEPFAR's programming with Vietnam Administration for AIDS Control (VAAC).			
- To sustain the ARV supply chain in Vietnam and build capacity for PAC staff, plan joint site visits with PAC staff to transfer knowledge and skills in the areas of ARV dispensing and counseling, verifying stock, stock conditions and expiry dates and general problem solving.			
- Train PAC staff to use self learning curriculum for new dispensers developed in FY10 so that PACs can provide effective coaching and site supervision.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,548,949	
<b>Narrative:</b>			
? Support HIV laboratories by procuring and delivering best-value, appropriate-quality CD4 reagents in a timely manner to 20 laboratory sites including 13 BD machines and 7 Cyflow machines.			
? Support CD4 testing for approximately 17,000 pre-ART patients and 48,000 ART patients supported by PEPFAR and 19,300 pre-ART and 4,700 ART patients in Global Fund-supported and National Program-supported sites.			
? Provide hands-on technical assistance to supported laboratories by paying regular visits. It is required that PEPFAR will transition out of Global Fund-supported sites, so Global Fund project's lab staff need to accompany SCMS staff in order to learn and take over SCMS work after three years.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	14,000,000	



**Narrative:**  
 ? SCMS will provide a cost-effective in-country and international procurement service to support PEPFAR supply chain in delivering best-value, appropriate- quality products in timely manner that avoids stock-outs of vital ARV drugs.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 7346</b>	<b>Mechanism Name: Tuberculosis Task Order 2015 (TB TO 2015)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 400,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	400,000

**Sub Partner Name(s)**

(No data provided.)

**Overview 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. 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. 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. In Vietnam GFTAM TB Round9, PATH is major partner of the National TB Program to implement PPM in various provinces. Building on the work currently underway with PEPFAR program, for FY09, PATH proposes to sustain the existing pharmacy and private clinic activities in Hai Phong and, with additional \$400,000, begin pilot implementation of these activities in Ho Chi Minh City, Nghe An, and Can Tho which are areas with high burden of TB. These are provinces in different regions of Vietnam that the PPM will need to be adapted for lessons learned and further expansion under GFTAM Round 9 TB funding.

**Cross-Cutting Budget Attribution(s)**

Food and Nutrition: Policy, Tools, and Service Delivery	23,830
Human Resources for Health	4,320

**Key Issues**

Military Population  
TB

**Budget Code Information**

<b>Mechanism ID:</b> 7346			
<b>Mechanism Name:</b> Tuberculosis Task Order 2015 (TB TO 2015)			
<b>Prime Partner Name:</b> Program for Appropriate Technology in Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	400,000	
<b>Narrative:</b>			
This is a continuing activity focusing on using a public-private mix (PPM) model to increase case detection of TB patients in four high HIV burden provinces which are receiving intensive support from PEPFAR/Vietnam.			
PATH will continue to implement PPM activities in four provinces: Hai Phong, Nghe An, HCMC and Can Tho. Experiences and lessons learned are guiding the way for the expansion of PPM activities in country. PATH is a close collaborator of the NTP and is a sub-recipient to the Round 9 GFATM grant for scaling-			



up PPM to other areas in the country based on the experiences and lessons learned in these 4 provinces.

In order to conduct this activity, PATH will:

Map private providers in participating districts in each province to determine providers' location, proximity to provincial and district TB hospitals and primary care clinics and volume of clients.

Conduct coordination meetings with the PHD, Medical Associations, Pharmacy Associations, HIV Programs and other key stakeholders to organize Provincial PPM Working Groups.

Develop the referral model and recording and reporting tools and define roles and responsibilities of staff in the public and private sectors.

Develop an enhanced training curriculum to train PPM Working group members and develop an action plan for implementing PPM activities.

Monitor the implementation of the work plan and adjusted the plan if needed.

Develop an SOP for PPM implementation and scale-up with the aim of assisting other provinces in initiating and/or strengthening PPM in their settings based on lessons learned in four provinces.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7348</b>	<b>Mechanism Name:</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: United Nations Resident Coordinator	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 945,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	945,000

### Sub Partner Name(s)

UNAIDS - Joint United Nations Programme on HIV/AIDS	World Health Organization	
---	---------------------------	--



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
----------------------------	---------

### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources

### Budget Code Information

<b>Mechanism ID:</b> 7348			
<b>Mechanism Name:</b>			
<b>Prime Partner Name:</b> United Nations Resident Coordinator			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	450,000	
<b>Narrative:</b>			
<p>? WHO: integrated surveillance, Data use, research development setting, EPP support, national M&amp;E support, MTCT impact evaluation, HMIS TA</p> <ul style="list-style-type: none"> <li>o To accelerate data analysis and use for the establishment of integrative health information systems in support of health sector responses</li> <li>o To strengthen guidance on surveillance and identify national operational research agenda for health sector response</li> </ul> <p>? UNAIDS: effective data use, D28 support and evaluation, M&amp;E coordination</p> <ul style="list-style-type: none"> <li>o Strengthen the national response through finalization of the evaluation process and development of a strategic direction for the next phase of the national response</li> <li>o Support national capacity building on use of strategic information</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Other	OHSS	330,000	
-------	------	---------	--

**Narrative:**

Support to Coordination at national and provincial level  
 ? Support the strengthening of the partnerships between the International Community and the National Committee on HIV, Drugs and Prostitution prevention and control, such as partnership forum.  
 ? Promote multi-sectoral coordination mechanisms at the provincial level to facilitate coordination and advocacy on programming.

Policy and Advocacy for a sustained response  
 ? Build the capacity for a sustained response including meaningful exploration of the role of the private sector, and increasing the domestic funds for health including HIV in light of declining donor resources.  
 ? Ensure the integration of HIV in the Poverty Reduction strategy to ensure wider government commitment and ownership and impact mitigation.  
 ? Advocate with the National Committee, National Assembly and line ministries on how to respond to HIV in light of new 5 year SEDP and changing profile of the epidemic.  
 ? Improve coordination of resources across government including through mechanisms such as CCM and central government allocation with MOF and MPI (GACA), and Office of Government.

Support for civil society capacity building and coordination  
 ? Increasing participation of civil society as advocates for service delivery and alternative channels for service delivery.  
 ? Provide support to groups of PLHIV, such as VNP+. Advocate for greater involvement in the response to HIV of people living with HIV and key populations at higher risk.

Support for selected areas of health systems strengthening  
 ? Build capacity for Vietnam Social Security Agency's staff who administer health insurance and advocate for the inclusion of people living with HIV  
 ? Work with MOH to develop accreditation system for HIV care providers. This will be accompanied by standardizing training program for the HIV care providers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	165,000	

**Narrative:**

UNAIDS MARPS (MSM and SW) Coordination and Capacity Building  
 ? This is a continuing activity focusing on MSM since COP 10 with a slight expansion to include sex workers.

? Improve coordination of MSM programs and efforts to build capacity of MSM working groups and self-help groups.

? Increase MSM ownership of key coordination, information sharing and cross learning mechanisms; support MSM participation in national and provincial meetings on the HIV/AIDS response.

? Improve the evidence base for MSM and SW programs and for advocacy to increase political support for, and resources allocation for and performance of HIV interventions for MSM and SW.

? Intensify advocacy for the revision of punitive policies and address sources of stigma and discrimination that create barriers to access HIV services for SW

\$40,000 funding moved from SAMHSA to USAID UNRC to reimburse cost of methadone study tour for DPM Trong to U.S. in December 2010.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7349</b>	<b>Mechanism Name: AED Smartworks Follow-on</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Chemonics International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 215,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	215,000

### Sub Partner Name(s)

Ministry of Finance	Ministry of Health (VAAC)	Ministry of Invalid and Social Affairs (MOLISA)
Office of Government		

### Overview Narrative





### Cross-Cutting Budget Attribution(s)

Economic Strengthening	165,000
------------------------	---------

### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Workplace Programs

### Budget Code Information

<b>Mechanism ID:</b> 7349			
<b>Mechanism Name:</b> AED Smartworks Follow-on			
<b>Prime Partner Name:</b> Chemonics International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	
<b>Narrative:</b>			
Provide technical support to Provincial VCCI to support selected enterprises in implementing HIV/AIDS prevention activities in the workplace.			
Provide supervision visit to Provincial VCCI to monitor the implementation of the HIV/AIDS workplace prevention activities.			
Work closely with HPI to advocate with Ministry of Finance for tax-exemption for those enterprises that are active and good in implementing HIV/AIDS workplace prevention activities and in providing HIV/AIDS services for their employees who are infected by HIV/AIDS.			
Prepare to hand-over the TA and supervision work to Provincial VCCI to continue to support the implementation of HIV/AIDS workplace prevention activities.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	165,000	



**Narrative:**

Strengthen integrated vocational training and the job referral systems to increase access to jobs for methadone clients through competitive job markets and enterprises receiving project support under HVOP activities.

Work with relevant PEPFAR partners to select a good pool of beneficiaries from methadone clinics to screen them for employment preparation.

Provide job preparation training with necessary skills for those selected and prepare them to be ready for job through both competitive market and enterprises.

Document the lessons learnt and best practices that can be applied/taken over by other organizations/donors.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 7630</b>	<b>Mechanism Name: Strengthening Pharmaceutical Systems</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	0

**Sub Partner Name(s)**

Hanoi University of Pharmacy		
------------------------------	--	--

**Overview Narrative**



### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 7630			
<b>Mechanism Name:</b> Strengthening Pharmaceutical Systems			
<b>Prime Partner Name:</b> Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	

#### Narrative:

Support Hanoi University of Pharmacy to develop a pre-service curriculum on Pharmaceutical Supply Chain Management (PSM)

? Develop a pre-service PSM curriculum at the level of post-graduate pharmacy education. The course will build locally-relevant competencies amongst graduates in all aspects of PSM, including quantification, ordering, storage, distribution, inventory management, and patient counseling.

? SPS will work with HUP and other in-country partners to (1) map the existing gaps and the required competencies, (2) develop a draft of the curriculum including the contents and instructional plans, and (3) finalize the draft of the curriculum through a wide review and consultative process.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 9972	<b>Mechanism Name:</b> APHL LAB
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 290,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	290,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 9972			
<b>Mechanism Name:</b> APHL LAB			
<b>Prime Partner Name:</b> Association of Public Health Laboratories			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HLAB	290,000	

**Narrative:**

- Continuing Lab Program Activities
- Laboratory Information System: TA for expansion, Software improvements, equipment interface.
- Data Exchange (VCT/Laboratory/Patient Information Systems).
- TA to Hanoi School of Public Health (on issues related to use of Labs in Public Health Planning).

- Review of blueprints for BSL3 lab in HCMC.
- Review of Teaching Laboratory design for Hanoi School of Public Health.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9973</b>	<b>Mechanism Name: HSPH</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Hanoi School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	0
----------------------------	---

### Key Issues

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b>	9973		
<b>Mechanism Name:</b>	HSPH		
<b>Prime Partner Name:</b>	Hanoi School of Public Health		

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	0	

**Narrative:**

Activity 1: Strengthening public health capacity in Vietnam

The Hanoi School of Public Health (HSPH) is the premier public health institution in Vietnam. It currently has bachelors, masters, and doctorate level degrees in public health as well as a wide range of in-service training opportunities. COP11 funds (year two of a five year cooperative agreement) will be used to further develop and enhance the capacity of the HSPH to train and develop a high quality and relevant public health workforce for Vietnam. Specific activities include: 1. Establishing a Bachelors of Public Health Informatics 'track' within the existing HSPH curriculum. This curriculum will be based upon standardized competencies that are appropriate for Vietnam. This program seeks to increase capacity and availability of public health workers to improve the acquisition, integration, and display of information, with the goal of improving both individual and population health. This program will train between 15-25 students per class. 2. Strengthening the epidemiology/biostatistics program at the HSPH. In collaboration with local and international institutions the HSPH will seek to enhance the quality of its epidemiology training by a systematic review and adjustment of its current course offering, increased training of existing faculty and partner staff, faculty exchanges with external institutions, and increasing the availability of 'hands-on' research opportunities for faculty and students. 3. Establishing an integrated Vietnam Public Health Training Network (VPHTN) public health training network involving the existing public health facilities and medical training institutions. It is envisioned that this network will result in an expanded reach of high-quality, standardized curricula related to public health training and technical assistance under the coordination of three regional coordination centers in the north, central, and southern regions of Vietnam. COP11 funds will be used to support coordination meetings, materials development, technical assistance, and course implementation. 4. Improving information technology (IT) infrastructure based upon an evaluation of existing resources and facility needs. COP11 funds will support an IT needs assessment, computer workstations, and local area network equipment.

Activity 1 Budget: \$200,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	0	



<b>Narrative:</b>
/ Expansion of SMDP training outside of Ministry of Health, including ministries of Defense, Labor, Public Security and Education; and to civil society development partners
/ Based on findings from impact evaluation in COP 2010, expansion of key capacity building activities related to strengthening School curriculum, faculty expertise and linkages to international and national institutions
/ Coordination and networking to strengthen linkages among the public health schools in Vietnam
/ Technical assistance to regional partners in the central and southern region in management training development and delivery

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9974</b>	<b>Mechanism Name:</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ho Chi Minh City Provincial AIDS Committee	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)



Construction/Renovation	0
Education	0
Food and Nutrition: Commodities	0
Human Resources for Health	0

### Key Issues

- Addressing male norms and behaviors
- Child Survival Activities
- Safe Motherhood
- TB
- Workplace Programs
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 9974			
<b>Mechanism Name:</b>			
<b>Prime Partner Name:</b> Ho Chi Minh City Provincial AIDS Committee			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• Strengthen and improve quality of services for prevention and treatment of opportunistic infections (OIs) in 29 PEPFAR-funded sites.</li> <li>• Build capacity and improve sustainability of the network of People Living with HIV/AIDS (PLWHA) in HCMC</li> <li>• Strengthen facility-based and home/community-based health care (HCBC) systems supporting care and treatment activities (HBC activity will expand to all 11 community-based OPCs supported by CDC)</li> <li>• Build capacity and improve quality of services for Sexually Transmitted Infections (STI), outlets for counseling, testing, diagnostics and treatment of STIs, as well as strengthen the linkage between STI outlets and HIV-related outlets</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount





Care	HKID	0	
------	------	---	--

**Narrative:**

- Implementing IEC activities to raise awareness of community of HIV/AIDS in order to create a supportive environment for OVC
- Provide core OVC services to 900 OVC at 3 OVC sites
- Training on life skills for junior high school students and OVC kids at the same age in community
- Capacity building for OVC staff, caregivers, teachers, OVC & school kids
- Collaborating with DOLISA to coordinate the OVC program in HCMC to maximize the resources in order to improve the quality of OVC program and serve more OVC children in the city

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	0	

**Narrative:**

- Strengthen and improve quality of services and coverage for ARV treatment in 11 sites - 4,000 newly registered OPC patients will be provided ART during COP11
- Establish a quality assurance (QA) and quality improvement (QI) mechanism for enhancing the capacity and quality for ARV treatment
- Establish an HIV drug resistance surveillance system following the WHO strategy, which includes National HIV Drug Resistance (HIVDR) monitoring surveys and collection of early warning indicators - during COP11, all CDC supported OPCs will participate in collecting HIV-DR EWI
- Extend HIV QI up to 10 OPCs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	0	

**Narrative:**

- To maintain high quality testing and counseling for MARPs and other individuals at nine sites (including one in Nhi Xuan rehabilitation center)
- To implement PITC model in two hospital sites
- To improve capacity for VCT staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	

**Narrative:**

- Support 4 existing sites to provide treatment services to HIV-infected & exposed children
- Provide direct care and support services to 1,900 infected and exposed children in 4 service outlets as

well as refer children to other services available in the community

- Support psychologists and social workers, who will be available at the OPCs to provide psychosocial support, link the children with other services in community and home-based care support for children who are receiving services at OPCs
- Organize training courses on the disclosure model for health care workers at OPCs - this aims to improve capacity of OPC staff on how to inform HIV status to HIV-infected and their caregivers.

New:

- Support OPCs to establish peer clubs at OPCs where parents or HIV kids can join, help each other and share experiences on treatment and life

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	0	

**Narrative:**

- Support 4 existing sites to provide treatment services to HIV-infected children
- Support a pediatric technical team in HCMC to provide on-site TA/QA to OPCs
- Provide food and nutrition support services including counseling, food supplements, food by prescription (including nutritional support for at least 20 HIV positive children annually with evidence of severe malnutrition) - this activity will be integrated with the nutrition department at the Pediatric hospitals where OPCs are located
- Maintain the activities at the training unit to provide all training courses on Pediatric treatment
- Organize new and refresh training courses for OPC staff on HIV treatment
- Organize monthly meetings at Pediatric 1 OPC where pediatricians in the city and from nearby provinces can share experiences on care, support and treatment

New:

- Piloting HIVQUAL at ND1 OPC to improve the quality of services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	0	

**Narrative:**

- Continue to provide primary technical oversight for monitoring and evaluation (M&E), health management information system (HMIS), surveillance, and human capacity development (HCD) activities
- Routine program monitoring and reporting for ART, PMTCT, VCT, community outreach, and HMIS activities supporting centralized client registration for HIV/AIDS services in HCMC province. Focus on data quality assurance, M&E, and reporting technical assistance at the provincial and service delivery levels. Funds will support contracted staff, training, implementation and supervision at all levels across all PEPFAR program areas

- Collaboration with technical local institutions and universities around capacity building activities to strengthen HIV program management and data collection, management and use
- HMIS implementation and support, expanded through national TWG support
- Collaborate with the HCMC Department of Health, HCMC Pasteur Institute, preventive medicine centers, and local technical institutes to establish geographic information systems and epidemiologic capacity building around disease monitoring in HCMC and the Mekong Delta regions
- Program evaluations and operational research to measure intervention outcome and impact and inform evidence-based intervention approaches

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	

**Narrative:**

- To provide behavioral change communication and referral to HIV related services particularly VCT for street-based and venue-based sex workers
- To maintain and improve supportive environment for outreach work
- Continue activities and maintain the same geographical coverage of seven districts since last year's COP with focus on improving service quality

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	0	

**Narrative:**

Outreach for IDU

- To provide behavioral change communication and referral to HIV related services particularly VCT for IDUs
- To maintain and improve supportive environment for outreach work
- To continue activities and maintain the same geographical coverage of seven districts since last year's COP with focus on improving service quality

Methadone (MMT)

- To maintain high quality Methadone treatment in 3 sites and extend to two new Methadone sites (with minimal support from PEPFAR i.e. TA/QA and methadone). Estimated 1,800 Methadone clients will be provided Methadone Maintenance Treatment services and referred to HIV-related services as needed
- To improve screening for mental health disorders for MMT clients and to make successful referrals to mental health systems in HCMC
- To strengthen activities of self help groups and MMT treatment supporters
- To build capacity for clinical mentors as well as MMT counseling mentors

- To develop and implement a sustainable staffing plan for MMT in HCMC

Addictions

- Addiction counseling in 5 sites, shifting to an integrated MMT/counseling model wherever possible (attach counselors to new MMT sites)
- Training and mentoring existing community-based volunteers and government staff in outreach/peer education, IDU case management, general HIV and addiction knowledge
- Work towards housing addiction treatment services in the Mental Health sector
- Targeted BCC for IDU hotspot areas (communities) and families of IDU
- Pre-release support & community linkages for residents of mandatory drug detoxification centers
- Modest facilitation of volunteer IDU self-help and social-support groups, linked to MMT self-help groups
- Strengthening linkages, referrals and experience-sharing between core IDU services, and then from core services to key wraparound services
- M&E for addictions services in HCMC to inform programming

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	

**Narrative:**

- Scaling down the coverage of the PMTCT program by handing over some sites to other partners such as GVN, and other donors
- Improving the public awareness of PMTCT programs to increase the number of pregnant women who receive HIV counseling and testing, to increase the number of women who obtain their test results, and to increase the number of HIV-infected women and their babies who are receiving ARVs
- Strengthening the linkages between PMTCT with OPCs and VCT programs for primary prevention purposes and preventing unintended pregnancy among HIV-infected women
- Improving quality of PMTCT services through regular TA/QA
- Strengthening linkages between PMTCT and reproductive health, nutrition, STI and other HIV/ AIDS programs through coordination meetings
- Capacity building for PMTCT and MCH staff for sustainability of PMTCT program

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	0	

**Narrative:**

- Continuing Lab Program Activity (under new Coag)
- Quality Management Training Program: Training will be provided to labs in HCMC region (includes identification and training of site Quality Managers) - this activity will be supported (TA, staff and funding)



from FHI and these funds will be used to support logistics and travel

- Lab Site monitoring program: Funding supports training for HCMC PAC staff and travel to all PEPFAR supported sites
- Technical support to CSQL and development of EQA Software and Technical support to CSQL.
- Laboratory Information System: maintenance of system at 10 sites, implementation at 2 new sites, staff (3) at PAC, support for bar coding at 12 sites, instrument interfacing at 12 sites, and support for data exchange between information systems at 4 sites

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	0	

**Narrative:**

- Core activities: PITC, 3 Is (ICF, IPT, IC), training and capacity development, strengthen collaboration between TB and HIV program at all levels
- 100% of districts (n=24) implement PITC in 27 sites including 25 for TB out-patients and 2 for TB hospitalized patients
- IC interventions in 1-2 sites
- Targets: > 90% of TB patients (14,000) receiving PITC, 800 PLHIV receiving IPT, 10,000 PLHIV screened for TB, and 200 HCW trained
- Expansion of PITC to 2 new sites in Pham Ngoc Thach hospital targeting TB hospitalized patients
- Expansion of IC interventions to 2-3 new sites
- Targets: 15,000 TB patients receiving PITC, 600 PLHIV receiving IPT, 10,500 PLHIV screened for TB, and 250 HCW trained

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 9976</b>	<b>Mechanism Name: Vietnam Administration for HIV/AIDS Control (VAAC)</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health, Vietnam	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



<b>Total Funding: 8,000,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	8,000,000

**Sub Partner Name(s)**

National Hospital for Obstetrics/Gynecology	National Institute of Dermato-Venereology	National Institute of Infectious and Tropical Diseases
National Pediatrics Hospital	National Tuberculosis Programme	

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	REDACTED
Economic Strengthening	15,000
Education	310,000
Food and Nutrition: Commodities	100,960
Food and Nutrition: Policy, Tools, and Service Delivery	10,000
Human Resources for Health	1,020,000

**Key Issues**

Increasing gender equity in HIV/AIDS activities and services  
 Child Survival Activities  
 TB

**Budget Code Information**

<b>Mechanism ID:</b> 9976
---------------------------



<b>Mechanism Name:</b> Vietnam Administration for HIV/AIDS Control (VAAC)		<b>Prime Partner Name:</b> Ministry of Health, Vietnam	
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,491,695	

**Narrative:**

/ Continue to support high quality clinical care and support services in 30 LIFE-GAP supported adult HIV outpatient clinics in 20 provinces, along with an effort of integration of HIV outpatient services into existing health care system in order to reduce cost norms and promote sustainability

/ Ensure non-ARV medications to be supplied to all PEPFAR supported sites in 20 provinces

/ Maintain food and nutrition support in 8 provinces and HBC program in 4 provinces, which would help promote better linkage between clinical and community based services

/ Continue to support STI services for PLHIV and MARPs referred from PE and VCT program in 8 LIFE-GAP supported provinces

/ Continue to support Department of Health Insurance to promote the model of health insurance for PLHIV

/ Continue to support physicians, nurses and pharmacists to attend Palliative care training

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	145,290	

**Narrative:**

On-going activities:

- Maintain OVC program at 3 provinces with comprehensive model, 5 provinces with OVC attached to outpatient clinics model, providing services for 800 OVC.
- Improve caregiver knowledge and skills in taking care of children at home through providing training and group meetings
- Continue to provide training on life skills to OVC and DOET system.
- Strengthen psychological support
- Support coordination between 3 bodies PAC, DOET, DOLISA. Improve linkage with HIV/AIDS prevention and care and treatment by assigning a POC for this referral network.

New activities:

- Pilot economic strengthening model in small scale at Thanh Hoa.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	570,056	

**Narrative:**

- / Increase access to ART for patients who need treatment. About 16,700 patients will be received HIV treatment in 32 OPCs in 20 provinces
- / Provide ART for difficult in-reach people
- / Provide viral load test for people with treatment failure suspected
- / Implement HIVQAL to ensure QI of clinics
- / Implement HIVDR activities (monitoring survey, EWI, threshold survey)
- / Evaluation and selected studies
- / Build national and local capacity to ensure sustainability of ART service provision throughout Vietnam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,257,672	

**Narrative:**

- / Increase MARP coverage and uptake through diversifying HTC models of service delivery across 28 provinces: implementation of PITC at health facilities in the selected highest HIV prevalent urban area; and/or outreach HTC services in mountainous/rural areas where the HIV epidemic among MARPs is emerging; and delivery of risk reduction message to high-risk MSM clients
- / Strengthen partner testing/referral and mutual disclosure, including improvement of on-going CHCT interventions and messages of early testing and re-testing
- / Improve referral and tracking mechanism between HTC service and care and treatment services, especially with HIV/AIDS outpatient clinics
- / New activity: Standardize counseling tools, including training manuals, efficient service delivery models, protocols, quality assurance and quality improvement (QA/QI)
- / Improve HIV testing quality and uptake through onsite testing, use of quality HIV rapid test kits, provision of quality training on testing
- / New activity: Provision of TA to host government to build institutional HTC technical and leadership capacity, especially in quality training delivery, guideline development, supervision and data management and use

A key contribution to HSS is the provision of TA and training of LifeGap staff on specific technical and managerial issues related to HVCT. As part of the Ministry of Health structure, all guidelines developed and staff capacity enhanced with PEPFAR assistance contribute to an evidence-based, higher performing government organization.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	250,274	



**Narrative:**

On-going activities:

- / Maintain 25 clinics in 20 provinces, providing care and support services for 2,400 infected children and 950 exposed infants
- / Implement the revised/updated national HIV/AIDS care and treatment guideline which the current guideline is planned to be updated according to WHO 2009 recommendations in COP2010.
- / Nationally implement early infant diagnosis
- / Continue hands on training activities at pediatric Hospital #1 in HCMC and National Pediatric Hospital in Hanoi to strengthen clinical capacity for PEPFAR and non-PEPFAR programs
- / Improve HIV/AIDS case detection at in-patient wards and strengthen infectious diagnosis and treatment of OIs for doctors working at different departments in hospitals
- / Continue to coordinate with FHI on pediatric palliative care project.
- / Other supports to pediatric patients include nutrition, transportation, and hospitalization

New activities:

- / MOH will work with HaNoi medical university to conduct a study on opportunistic infections to have better picture of OIs of preART and on ART patients who are followed up at clinics. This study will be jointly done with fund from HBHC for adults.
- / Support national program given CHAI transition plan.
- / Together with Unicef, WHO, PEPFAR partners and other international organizations to develop VCT protocol for children and piloting in selected sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	250,274	

**Narrative:**

On-going activities:

- / Maintain 21 pediatric ART sites in 20 provinces providing treatment for 1435 infected children.
- / Make sure ARV treatment service provided to 100% infants who have PCR positive results at LG supported sites.
- / Support to implement updated care and treatment guideline toward earlier treatment to children
- / Continue to work with other PEPFAR partners (HAIVN, FHI, Pact follow on) to implement updated care and treatment guideline through trainings, technical assistance, quality assurance/ quality improvement. Better coordinate to reduce overlaps, be more efficiency.
- / Together with adult care and treatment programs to support viral load testing to treatment failure suspected patients in ART sites.



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	382,921	

**Narrative:**

Activity: Support to the VAAC M&E Unit and LIFE-GAP project

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 continued support of the National M&E Framework, MOH Decision 28 mandated reporting, and on-going M&E, HMIS, size estimation, data use, and GIS technical working groups. LIFE-GAP activities will continue to 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 pediatric 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.
- Developing and implementing an appropriate and evidence based program evaluation agenda that provides high quality information related to program implementation practices and impact.
- Technical review and evaluation of the Vietnam HIV ('HIVInfo') case reporting system to assess its accuracy and utility for tracking HIV trends among relevant populations and regions in Vietnam.
- 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 M&E 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 and designated technical partners.
- 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 and the development of a national strategy for the effective use of spatial data and analysis.

VAAC will coordinate and contribute government and multiple donor data to the application to produce nationally applicable information for program monitoring and management.

COP11 funds will continue to support the he LIFE-GAP project M&E Team for data collection and management of prevention, care and treatment services in 28 PEPFAR provinces. Funds will continue to support:

- LIFE-GAP's program supervision and monitoring activities, including service data quality assurance, reporting and feedback.
- 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 and districts AIDS control centers and ongoing training, including attendance at M&E short-courses and VAAC
- In collaboration with the MoH and other stakeholders developing and implementing an appropriate and evidence based program evaluation agenda that provides high quality information related to program implementation practices and impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	300,000	

**Narrative:**

/ Human resource and management support  
 / In light of the Partnership Framework, MOH Life-GAP is conducting an assessment of government efficiencies, and will re-orient the project towards more explicit HSS goals in this period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	350,000	

**Narrative:**

This is a continuing activity:

/ Continue peer-based community outreach activities for commercial sex workers in 28 provinces that include behavior change communication to facilitate the target population to adopt and maintain safer sex- and drug use-related behaviors and prevent new HIV infections; linking high-risk individuals to other services, such as voluntary counseling and testing (VCT), HIV care and treatment, sexually-transmitted infection (STI) services, and drug treatment; training of program staff; technical assistance and routine monitoring and evaluation.

/ New activity: To provide sensitization training on MSM to program staff; explore and pilot a model for reaching high-risk MSM with HIV prevention messages in select provinces where the MSM prevalence rates have increased

A key contribution to HSS is the provision of TA and training of LifeGap staff on specific technical and managerial issues related to HVOP. As part of the Ministry of Health structure, all guidelines developed and staff capacity enhanced with PEPFAR assistance contribute to an evidence-based, higher performing government organization.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	1,239,450	

**Narrative:**

/ Continue peer-based community outreach activities for injecting drug users (IDU) in 28 provinces that include behavior change communication services to facilitate active IDU to adopt and maintain safer sex- and drug use-related behaviors and prevent new HIV infections; linking high-risk individuals to other services, such as voluntary counseling and testing (VCT), HIV care and treatment, sexually-transmitted infection (STI) services, and drug treatment; training of program staff; technical assistance and routine monitoring and evaluation.

/ New activity: Implement needles/syringes program in selected locations (based on prevalence and need), including procurement of needles/syringes and distribution through effective modalities; training of program staff, technical assistance and routine monitoring and evaluation.

/ Implement an opioid dependence treatment program using methadone maintenance therapy (MMT) to reduce new HIV infections among injecting drug users and assist them with community reintegration. This includes the provision of MMT services in total 17 clinics in 6-7 selected provinces with dual epidemics of drug use and HIV; procuring urine test kits for 35 PEPFAR-supported MMT clinics throughout Vietnam; training of program staff; technical assistance and routine monitoring and evaluation. (This activity will become more cost efficient over time as capacity of MMT-providers is built in country, increasing the number of patients served with quality MMT services and reducing the cost for

international technical assistance).

A key contribution to HSS is the provision of TA and training of LifeGap staff on specific technical and managerial issues related to IDUP. As part of the Ministry of Health structure, all guidelines developed and staff capacity enhanced with PEPFAR assistance will contribute to an evidence-based, higher performing government organization.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	770,602	

**Narrative:**

- o Principle activities to be carried out: refer to the planning tool
- o Geographic coverage: throughout Vietnam but strongly focus on PEPFAR supported provinces
- o Target population: primary population is pregnant women and HIV infected pregnant women
- o This is a continuing activities
- o COP11 activities:
- o Maintain PMTCT sites at PEPFAR supported provinces
- o Provide HIV test to pregnant women during ANC
- o Provide ARV for PMTCT to HIV infected pregnant women and their babies
- o Provide nutritional support including formula replacement for exposed babies and HIV infected pregnant women
- o Provide training to staff of clinics and Ministry of Health
- o Collaborating with Department of Maternal and Child Health to develop needed policies to better integrated PMTCT into ANC and MCH systems
- o Collaborating with Insurance Department to develop needed policy and mechanism to better use of health insurance to cover cost that are related to HIV
- o Provide STI services to HIV infected women
- o Target:
- o 240,000 pregnant women HIV tested
- o 550 HIV infected women identified
- o 710 HIV infected pregnant women and their babies received ARV for PMTCT

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	390,680	

**Narrative:**

- / Continuing Lab Program Activity
- / Quality Management Training Program: Training will be provided to lab managers from 28 LG

provinces. Will include identification and training of site Quality Managers. Anticipated 6 training sessions. Trainings interval time is about 3-4 months with site visits in between. Participated Laboratories will be assigned for improvement projects to see what they can change after the training. Results of the improvement projects will be reported in the next training

/ Lab Site monitoring program: Development of monitoring tool, training for CDC, LIFE GAP, VAMS, HCMC PAC, CLQS lab staff on site monitoring and report generation. Funding includes travel to all PEPFAR supported sites.

/ HIV Diagnostic Testing Training Program. Development of a training package (PI, NIHE, CDC). Creation of cadre of trainers. Five day training will be provided to all lab staff in Vietnam conducting HIV testing. Anticipated training to 120 sites

/ CD4 training for all testing labs in Vietnam (45 sites). Will make use of Master Trainers (trained by ASCP)

/ STI Program (National Hospital of Dermatology and Venereology): SOP development and training related to specimen collection. TA to update STI training packages (guidelines). Technical training to develop capacity/expertise of NHDV Lab staff. TA for NHDV for the creation of a national STI-EQA program. Support for NHDV to deliver basic STI diagnostic training to provincial labs

/ CD4 Testing Network: National Hospital for Tropical Diseases. CD4 EQA Program (panel and report generation), Staff person (1), site visit funding. Participation in International/Regional CD4 meeting.

/ Bach Mai: Procurement of EQA panels for Microbiology and OIs, distribution, support staff, procurement of OI test reagents/equipment. Hands on training for microbiology for provincial level labs. Physician training for test requests and results interpretation

/ Laboratory Information System: maintenance of system at 8 sites, implementation at 4 new sites, staff (2) at LG, support for bar coding at 12 sites, instrument interfacing at 12 sites, and support for data exchange between information systems at 4 sites.

/ Annual Laboratory Meeting/Conference (National Level meeting focused on one HIV-related topic).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	601,086	

**Narrative:**

/ No expansion to new provinces, but possible expansion of TB/HIV services to new districts. Consider reduce support to sites in areas where the epidemics is not severe. Services provided include HIV counseling and testing for TB patients, TB screening for HIV infected patients, coordination between TB and HIV activities in the area

/ Establish 2 TB referral labs in Can Tho and Da Nang

/ IC interventions in 3 sites

/ Continue training and capacity development



/ Strengthen the coordination of TB and HIV activities at district and provincial level through training, on-site TA and regular meetings

/Expansion of IPT and ICF which is attached to the development of specimen transportation system and the revision of national guidelines for TB screening

/ Budget \$1,350,000

/ Target: 70% of HIV patients receiving TB screening (12,500), 70% of TB patients receiving PITC (25,000), IPT to 1,200 patients and training 400 HCW

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 9977</b>	<b>Mechanism Name: NIHE</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Institute for Hygiene and Epidemiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	0

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	0
----------------------------	---

## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	9977		
<b>Mechanism Name:</b>	NIHE		
<b>Prime Partner Name:</b>	National Institute for Hygiene and Epidemiology		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	0	

### Narrative:

Activity: Strategic Information support to NIHE

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. PEPFAR will continue to support NIHE to leverage its role as head of Vietnam's HIV/AIDS surveillance subcommittee, NIHE will develop strategies and guide surveillance disease monitoring with a focus on:

- Strengthening the national sentinel surveillance system through continued training, quality assurance and control, and improved data management systems, and widespread use of surveillance data.
- Biological and behavioral surveillance among risk populations not yet routine monitored, such as clients of sex workers and partners of IDUs.
- Size estimation of most at risk populations (IDU, FSW, high risk MSM) in additional provinces where the HIV epidemic concentrates.
- Technical support for national monitoring and evaluation activities, supporting VAAC in operationalizing the national M&E framework.
- Continued engagement with international technical working groups to test incidence assays and routine incidence surveillance in Vietnam using stored sentinel surveillance and integrated biological and behavioral surveillance.
- Modeling national estimates and projections of HIV infection.
- Capacity development around second generation surveillance: building technical capacity within the HIV/AIDS surveillance department at NIHE and other regional institutes; skills building for implementers at the provincial level, including basic epidemiology courses; and applications of novel and improved methodologies.
- Integrating HIV with other disease surveillance; coordinating donors and other stakeholders to make





efficient disease surveillance systems and encourage a platform for information sharing.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	0	
<b>Narrative:</b>			
/ Continuing Laboratory Program Activity (under a new Coag). / HIV EQA Serology program, includes panel production, data analysis, report generation, training for participating sites / Development of an HIV diagnosis Internal Quality Control (IQC) Program. / Phase II HIV Test Kit Evaluation, conducted at 3-4 field sites. / HIV Diagnostic Training, package development and delivery.			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9997</b>	<b>Mechanism Name: FANTA 2</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 200,000</b>	
Funding Source	Funding Amount
GHCS (State)	200,000

### Sub Partner Name(s)

National Institute of Nutrition		
---------------------------------	--	--

### Overview Narrative



### Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	100,000
Human Resources for Health	20,000

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 9997			
<b>Mechanism Name:</b> FANTA 2			
<b>Prime Partner Name:</b> Academy for Educational Development			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,000	
<b>Narrative:</b>			
Continue to support the National Institute of Nutrition (NIN) to coordinate a National Program for People Living with HIV (PLWH) and integrate nutrition assessment, counseling, and support (NACS) into HIV services for adults to help reduce malnutrition and optimize treatment outcomes.			
Develop national nutrition and HIV training materials: Continue to support NIN, PEPFAR/Vietnam partners in designing and implementing a national nutrition and HIV training plan that incorporates a skills-based, practical approach to NACS.			
Develop national nutrition and HIV guidelines.			
Provide technical assistance to PEPFAR/Vietnam to identify appropriate therapeutic and supplementary food products and calculate the amounts needed to meet the energy requirements of malnourished adults and children living with HIV.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	
<b>Narrative:</b>			
Continue to support the NIN to coordinate a National Program for PLWH and integrate NACS into HIV services for children.			



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 9998</b>	<b>Mechanism Name: PI</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pasteur Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 570,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	570,000

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

Human Resources for Health	108,526
----------------------------	---------

## Key Issues

(No data provided.)

## Budget Code Information



<b>Mechanism ID: 9998</b>			
<b>Mechanism Name: PI</b>			
<b>Prime Partner Name: Pasteur Institute</b>			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	35,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HLAB	535,000	
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• Continuing Lab Program Activity</li> <li>• Capacity to perform HIVDR patient monitoring (equipment, TA, training)</li> <li>• TA to obtain WHO Lab Accreditation in HIVDR Sequencing</li> <li>• HIV Early Infant Diagnosis (EID) testing for southern half of Vietnam,</li> <li>• HIV Viral Load Testing for southern half of Vietnam,</li> <li>• Lab QA activities (including HIV EQA program),</li> <li>• Surveillance (HIV incidence, BED assay testing)</li> <li>• Internal Quality Control (IQC) for CD4 testing</li> </ul>			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 9999</b>	<b>Mechanism Name: MOLISA</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Labor, Invalids and Social Affairs	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 197,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>



GHCS (State)	197,000
--------------	---------

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Education	10,000
Human Resources for Health	30,000

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 9999			
<b>Mechanism Name:</b> MOLISA			
<b>Prime Partner Name:</b> Ministry of Labor, Invalids and Social Affairs			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	20,000	

**Narrative:**

Activity: Support for MOLISA:  
 The Department of Social Evils within the Ministry of Labor, Invalids and Social Affairs (MOLISA) regulates prostitution and illicit drug use in Vietnam and is a key partner in tracking and engaging MARPs in harm-reduction activities in Vietnam. The PEPFAR strategic information team will continue to 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. As MOLISA is the GVN agency responsible for the management of programs targeting IDUs and CSWs, PEPFAR has prioritized HCD and effective data use skill building activities for the MOLISA SI and program team. This person will work directly to provide direct assistance to improving strategic information available on those programs. 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. Activities will be established to created stronger program linkage and information sharing between MOLISA and other Ministries within the GVN and stakeholders.

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.

Note: due to the delay in initiating the MOLISA cooperative agreement the SI budget has been reduced from previous years. It is anticipated that as programming processes improve additional funding will be made available to expand MOLISAs scope of work.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	20,000	

**Narrative:**

/ Expansion of the development and institutionalization of Addictions Curriculum into MOLISA training institutions, including schools of social work  
 / Development of a sustainability and capacity-building plan as part of the training framework for drug treatment staff  
 / Adapt existing training curriculum to the MOLISA in-service training institutions;  
 / Develop pre-service training curriculum for MOLISA universities by reviewing existing regional and international training curricula to identify appropriate technical resources that can be adapted to the Vietnam context.

/ Train the first round of MOLISA addiction counselors and link them with the practice of pilot center; refinement of training program

/ Health Systems Strengthening: As part of the on-going progress in developing and institutionalizing addictions curriculum, MOLISA/DSVP will work in collaboration with CDC and partners to develop framework to ensure on-going maintenance of addictions curriculum. This will include plan to ensure that the curriculum remains technically current and in-line with best practices

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	157,000	

**Narrative:**

Continued activities from COP10 (please note that the implementation of activities planned for COP10 is still pending all necessary approval by the Government of Vietnam in order to ensure maximum output, efficiency, and sustainability of program)

- Development and institutionalization of addictions curriculum into MOLISA training institutions, including schools of social work
  - Disseminate results of a rapid assessment of training needs (including demand of addiction treatment training in drug treatment units, community and training centers) of MOLISA
  - Develop sustainability and capacity-building plan, as part of the training framework for MOLISA's drug treatment staff
  - Continue integration of adapted training curriculum into the MOLISA in-service training institutions
  - Develop pre-service training curriculum for MOLISA universities
  - Train the first cohort of MOLISA addiction counselors and link them with the practice of pilot center
- Development of community-based and evidence-based drug support/treatment model for addictions services
  - Work with international and regional TA providers to develop an appropriate pilot model for the drug support and treatment
  - Continue the regular convening of a Steering Committee to guide programmatic and technical decisions
- Development of Strategic Information capacity-building plan
  - Evaluate and identify critical gaps in MOLISA current SI structure
  - Link MOLISA data collection activities to a existing national system
  - provide TA on systematic and routine monitoring of drug treatment programs
- Increase MOLISA contribution to Health System Strengthening



- Support capacity-building of MOLISA staff in strategic engagement of a health systems strengthening approach
- Promote and disseminate the potential effectiveness of a pilot model as compared to current models for treatment

Key contribution to HSS:

One of the key priority areas of this agreement is to improve the human capacity of government staff working in addiction treatment. Technical staff involved in the co-ag represents a broad range in government service, including the MOLISA Senior Management, Department of Social Vice Prevention, Addiction Treatment Centers and other relevant department. Improving the technical and management capacity of the staff will contribute to the sustainability of quality government-supported HIV Prevention services—particularly drug treatment, addiction, and support services beyond the duration of the project.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10000</b>	<b>Mechanism Name: HAIVN</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Harvard Medical School of AIDS Initiative in Vietnam	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 2,699,999</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,699,999

### Sub Partner Name(s)

Ho Chi Minh City Provincial AIDS Committee	National Institute of Infectious and Tropical Diseases	National Pediatrics Hospital
--	--	------------------------------





Vietnam Administration for AIDS Control	Vietnam Nurses Association	
---	----------------------------	--

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	1,350,000
----------------------------	-----------

**Key Issues**

Child Survival Activities  
TB

**Budget Code Information**

<b>Mechanism ID:</b>	10000
<b>Mechanism Name:</b>	HAIVN
<b>Prime Partner Name:</b>	Harvard Medical School of AIDS Initiative in Vietnam

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	869,845	

**Narrative:**

/ Train physicians, nurses and counselors on ARV treatment for adults and children  
/ Provide technical assistance for clinics supported by PEPFAR and Vietnam government  
/ Implement QA/QI activities in clinics

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,009,020	

**Narrative:**

/ Train physicians, nurses and counselors on ARV treatment for adults and children  
/ Provide technical assistance for clinics supported by PEPFAR and Vietnam government



/ Implement QA/QI activities in clinics			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	368,815	

**Narrative:**

On-going activities:

- / Updates of training materials and 2 sets of modular training
- / TA at newly established OPCs, or OPCs that need more hands-on training, or non-PEPFAR sites, as coordinated by CDC/LG
- / Develop additional materials on child development and sex education, and adolescents
- / Develop additional materials on child development and sex education, and adolescents
- / Continue monthly network meetings, quarterly newsletter, national pediatric conference.

New activities:

- / Basic training course on recognition and treatment of common opportunistic infections, and initiation of HIV testing for non-HIV providers
- / Assess needs for oral health, and explore sustainable ways to provide dental care
- ? Work with the TB program to provide better linkage, case findings, and treatment between TB and HIV treatment
- ? Improve linkage between peds OPCs and PMTCT to reduce rates of lost of follow-ups of infants

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	104,380	

**Narrative:**

On-going activities:

- / Updates of training materials and 2 sets of modular training
- / TA at newly established OPCs, or OPCs that need more hands-on training, or non-PEPFAR sites, as coordinated by CDC/LG
- / Continue monthly network meetings, quarterly newsletter, national pediatric conference.

New activities:

- / Evaluate long-term adverse effects in children on ART, including effects on lipids, glucose, body habitus, and other laboratory indicators

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	347,939	

**Narrative:**



- / Geographic coverage: continue 10 provinces and expand to 10 new provinces
- / Maintain the COP10 activities
- / Strengthen referral system between TB and HIV through training and sharing experience between TB doctors and HIV doctors
- / Pilot TB screening at VCT through training and workshop
- / Develop national guidelines for diagnosis and treatment of TB/HIV co-infection
- / Training and develop curriculum on IC
- / Training and develop capacity on ICF for general medicine sectors
- / Develop training and curriculum, build capacity for diagnosis and treatment of MDR TB
- / Work with and train doctors in private sectors on TB diagnosis and management
- / Budget: \$ 200,000
- / Target: train 1,400 HCW

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 10001</b>	<b>Mechanism Name: CDC-FHI</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 3,501,060</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	3,501,060

**Sub Partner Name(s)**

Ministry of Labor, Invalids and Social Affairs	Pathfinder International	Vietnam Administration for Medical Services
--	--------------------------	---

**Overview Narrative**

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	530,000
----------------------------	---------

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 10001			
<b>Mechanism Name:</b> CDC-FHI			
<b>Prime Partner Name:</b> Family Health International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	550,000	

### Narrative:

I. Palliative care training and capacity building:

- Physician palliative care training/capacity building: In COP9 full transition of the physician palliative care training and capacity building was made to local clinical leaders. A new group of local clinicians was nurtured through a fellowship training in COP10 that has further strengthened local ownership and capacity of providers. To date, the majority of HIV and cancer clinicians have been trained in the 5-day training. In-service (including distance learning). Pre- and in-service palliative care training was been integrated into Hai Phong Medical University on COP09 and in COP10 into to Hanoi Medical University, further increasing local ownership and sustainability of physician palliative care training and health work force strengthening. COP 11 will focus on training physicians that have not yet been trained. MoH VAMS will lead a total of 2 palliative care trainings. No international TA will be required for physician palliative care training. Pathfinder will provide smaller scale support to Hai Phong MU in running pre and in-service training, planning for complete handover by the end of the project.

- Nurse palliative care training/capacity building: In COP9/10 the nurse palliative care training curricula was developed and piloted. This is the first curricula of its kind in Viet Nam. In COP10 the training will be adapted and submitted to the MoH for approval. In COP11, MoH VAMS will lead 2 nurse trainings with

TA support from BSPCC who will support a growing leadership role of local nurses (this will include a ToT). Given the limited development of nurse palliative care provision, TA from BSPCC will be required in ensuring there are local trainers who are able to fully lead training and mentoring by COP12. In COP12, it is expected that international TA will no longer be required for this component. However, as with the physician training, additional training and capacity building of local nurse trainers in palliative care will be sought.

- Pharmacist training: In COP11, 2 trainings will be held. VAMS will provide TA for this training. BSPCC support will no longer be needed

- Other support: Clinical mentoring, clinical networks and an assessment of local capacity building and sustainability will also be conducted in COP11. Pathfinder will provide smaller scale support in developing the mentoring and supportive supervision capacities of new master trainers/mentors and precept site providers.

II. CHBC training and capacity building:

- CHBC training/capacity building: In COP11, FHI will run 2 ToTs to assist CDC life-gap in leading future CHBC trainings and mentoring efforts. TA for this training will be provided locally by local and expat experts. This will include finalizing the curriculum, SOPs and QA materials.

III. Mental health training and capacity building:

- Mental health training/capacity building: In COP11, FHI will increase the number of mental health care trainings to 4 given the number of HIV clinicians who require training. This will include finalizing the curriculum, SOPs and QA materials. In COP12, a ToT will be held to fully transition this training to local clinical trainers/leaders.

IV. Strategy for becoming more cost efficient over time: From the start of the program, the aim has been to provide targeted capacity building of lead clinicians and then transfer capacity to local providers.

Through this process, the MoH takes greater responsibility for leading the work translating into greater cost efficiencies. In addition, support from international TA is only used during the first few years of introduction of new training/clinical capacity development areas and then phased back. This has already taken place for the physicians palliative care training.

V. Contribution to HSS: The focus of this CoAg is to build the capacity of the MoH and medical universities to lead and manage HIV, palliative care and addictions medicine training (pre-service, in-service and continuing education). The Co-Ag has already made a substantial contribution to the capacity of the MoH and universities to lead more evidenced-based adult clinical learning programs and innovations in learning (eg distance learning) while building the local health workforce clinical, mentoring, teaching and supportive supervision skills.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------

Care	HTXS	90,000	
<b>Narrative:</b>			
<p>/ CME- distant learning: implemented by Pathfinder with TA from FHI to deliver distance e-learning training course in HIV care and treatment for target group</p> <p>- Target: 25 HCWs</p> <p>/ Medical education at HN MU: support HN MU by FHI to institutionalize, deliver training curricula in HIV care and treatment.</p> <p>- Target: 200 undergraduate students trained; approved integrated training curricula framework by MOH; and dissemination workshop</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• Physician pediatric palliative care training/capacity building: A similar process will be followed with the physician palliative care training as with the nurse training. In COP11, there will be 2 trainings. Given pediatric palliative care is even more nascent than nurse palliative care, TA from BSPCC in COP11 will be critical to ensuring there is adequate capacity for this training to be fully localized.</li> <li>• Two training courses plus practicum will be delivered to pediatricians who work on HIV and cancer settings.</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	754,213	
<b>Narrative:</b>			
<p>Activity 1: Technical Assistance to Vietnam to establish high quality research systems</p> <p>Institutional and human capacity to conduct and manage research in Vietnam is relatively new. To address this COP11 funds will be used to continue activities around supporting the establishment and expansion of sites to adequately implement, manage, and oversee high quality research that will be used to inform better program practices and interventions. Building upon COP10 activities and achievement, FHI will provide technical assistance to the Ministry of Health to expand the capacity for ethical research oversight through institutional review boards (IRBs) and standard operating procedures at up to four institutions that will be identified as 'Clinical Research Units' through an objective review process. Formal training will also be provided in the areas of: protocol development, study design, adverse-events reporting, and research ethics. Curricula for these will be standardized in collaboration with MoH for future application.</p>			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	1,385,000	

**Narrative:**

These are continuing activities since COP10 (Total funding: \$1,385,000)

/ Build national capacity for the implementation of methadone maintenance treatment (MMT) through 1) developing national accreditation training curricula for MMT staff; 2) training a cadre of national MMT master trainers; 3) strengthening institutional capacity for in-service and pre-service MMT training delivery within medical universities in Hai Phong and Hanoi; and 3) strengthening national capacity and systems for providing clinical supervision/mentoring to MMT clinics.

/Build institutional capacity across Vietnam to better address the addiction-associated needs of drug users through 1) training on the basic principles of addiction and evidence-based addiction treatment approaches for service providers (incl. government and non-government partners of PEPFAR) who work with drug users; 2) strengthening mentoring and supervision systems for case managers and counselors who provide services to drug users in community-based settings; and 3) institutionalizing addictions training into the universities of Ministry of Labor, Invalids and Social Affairs.

The key contribution to Health Systems Strengthening is the development of both curricula and a cadre of expert MMT-providers that contribute to policy changes, development and dissemination of MMT guidelines, creation of institutional networks and alliances, and intensive long-term trainings (human resources for health) that will eventually be sustained by the host country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	89,377	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	582,470	

**Narrative:**

/ Continuing Lab Program Activity

/ Support for international accreditation (ISO 15189) of 2 selected laboratories (possible examples include military , large regional hospital).

/ Package includes training, direct TA to laboratory staff, twice monthly monitoring visits



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 10002</b>	<b>Mechanism Name: ASPH Fellowship Program</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Schools of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	200,000

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000
----------------------------	--------

## Key Issues

Impact/End-of-Program Evaluation

## Budget Code Information

Custom





<b>Mechanism ID:</b> 10002			
<b>Mechanism Name:</b> ASPH Fellowship Program			
<b>Prime Partner Name:</b> Association of Schools of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	55,000	
<b>Narrative:</b>			
/Intensive capacity building and management support to Vietnam GoVN partners in program and project implementation			
/ Facilitate coordination across PEPFAR partners to ensure complementary efforts and reduce duplication			
/ Facilitate sharing of expertise and TA across multiple programs			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	15,000	
<b>Narrative:</b>			
/Intensive capacity building and management support to Vietnam GoVN partners in program and project implementation			
/ Facilitate coordination across PEPFAR partners to ensure complementary efforts and reduce duplication			
/ Facilitate sharing of expertise and TA across multiple programs			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	40,000	
<b>Narrative:</b>			
/Intensive capacity building and management support to Vietnam GoVN partners in program and project implementation			
/ Facilitate coordination across PEPFAR partners to ensure complementary efforts and reduce duplication			
/ Facilitate sharing of expertise and TA across multiple programs			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	60,000	
<b>Narrative:</b>			
/Intensive capacity building and management support to Vietnam GoVN partners in program and project			



implementation / Facilitate coordination across PEPFAR partners to ensure complementary efforts and reduce duplication / Facilitate sharing of expertise and TA across multiple programs			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	30,000	
<b>Narrative:</b>			
/Intensive capacity building and management support to Vietnam GoVN partners in program and project implementation / Facilitate coordination across PEPFAR partners to ensure complementary efforts and reduce duplication / Facilitate sharing of expertise and TA across multiple programs			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10118</b>	<b>Mechanism Name: Department of Medical Administration</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Vietnam Administration for Medical Sciences	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No
<b>Total Funding: 168,851</b>	
Funding Source	Funding Amount



GHCS (State)	168,851
--------------	---------

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	15,000
----------------------------	--------

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 10118			
<b>Mechanism Name:</b> Department of Medical Administration			
<b>Prime Partner Name:</b> Vietnam Administration for Medical Sciences			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	168,851	

**Narrative:**

/ Continuing Lab Program Activity  
 / Vietnam National Laboratory Strategic Plan (NLSP) Implementation  
 / Site visits to key regional labs for VAMS technical staff, assessment and monitoring visits (2 times a year).  
 / International Accreditation: Provide leadership and work with local Lab experts (6 labs).  
 / Development of national level laboratory guidelines/regulation.  
 / Participation in Lab Quality Management Certificate Program.  
 / Technical Staff (2 laboratorians to guide VAMS coag activities)



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 10814</b>	<b>Mechanism Name: ASM</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 100,100</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	100,100

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

Human Resources for Health	100
----------------------------	-----

## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID: 10814</b>
----------------------------



<b>Mechanism Name:</b>	<b>ASM</b>		
<b>Prime Partner Name:</b>	<b>American Society for Microbiology</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HLAB	100,100	

**Narrative:**

/ Continuation of COP10 Lab activities (including the following)

/ Provide laboratory TA to National Hospital for Dermatology and Venereal Diseases (NHDVD) in the area of Lab Quality Systems

/ Provide laboratory TA to National TB Program and TB reference laboratory in southern Vietnam for improved diagnosis of non-TB lung diseases

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10831</b>	<b>Mechanism Name: CLSI LAB</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Clinical and Laboratory Standards Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 150,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	150,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



### Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000
----------------------------	--------

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 10831			
<b>Mechanism Name:</b> CLSI LAB			
<b>Prime Partner Name:</b> Clinical and Laboratory Standards Institute			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	150,000	

#### Narrative:

/Continuing Laboratory Program Activity  
 / Provide consultation/TA on national level laboratory guidelines and regulation  
 / Provide TA for implementation of the Vietnam National Laboratory Strategic Plan  
 / Finalize and deliver year-long curriculum for Lab Quality Management Certificate Program

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 10832	<b>Mechanism Name:</b> ASCP LAB
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 50,000</b>
------------------------------



Funding Source	Funding Amount
GHCS (State)	50,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	40,000
----------------------------	--------

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	10832		
<b>Mechanism Name:</b>	ASCP LAB		
<b>Prime Partner Name:</b>	American Society of Clinical Pathology		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	50,000	

**Narrative:**

/Continuing Lab Program Activity  
 /Provide TA to 2 National Laboratory Quality Centers (Created/Supported by the Vietnam Administration for Medical Services, VAMS) for creation of a Biochemistry/Hematology EQA and IQC programs.  
 /Completion of Per-Service (curriculum) activities at the Hanoi Medical University  
 /Support implementation of a CDC/WHO developed laboratory management certification program for Provincial and District level labs (Strengthening Laboratory Management Towards Accreditation, SLMTA)

**Implementing Mechanism Indicator Information**



(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 11605</b>	<b>Mechanism Name: CDC-GHCS-Funded HQ Activities</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 468,995</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	468,995

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

The U.S. Centers for Disease Control and Prevention (CDC) implements PEPFAR programs by supporting HIV/AIDS prevention, treatment and care, strategic information, human resources for health (HRH), and program and policy development through an evidence-based manner. These activities are accomplished through the provision of direct technical assistance, working through a total of 10 cooperative agreements that have been established between the CDC and the government of Vietnam, an international NGO, and a U.S.-based university. All activities are developed in coordination with the government of Vietnam and U.S. Government agencies implementing PEPFAR programs in Vietnam.

The two largest and most comprehensive of the 10 cooperative agreements are with the Vietnam Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) in Hanoi and the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC). These two cooperative agreements provide direct support to implement a comprehensive strategy on HIV/AIDS through; 1) prevention programming; 2) provision of care, support and treatment programs; and 3) strengthened infrastructure, human resources and information systems. The Hanoi School of Public Health (HSPH) is one of the U.S. Government's oldest and closest partners in Vietnam. Through CDC support to HSPH, critical public health activities are developed in program management, informatics and epidemiology. This represents an important





contribution to HRH as increasing numbers of highly qualified public health professionals graduate and enter the public health field. The General Statistics Office receives support to strengthen key cross-cutting capacity in public health evaluation and data analysis.

Another key strategic element for CDC Vietnam is the provision of technical assistance to strengthen the laboratory infrastructure for improved diagnosis of HIV and opportunistic infections (OI) such as tuberculosis. CDC has partnered with three government of Vietnam agencies including the National Institute of Hygiene and Epidemiology (NIHE), the Vietnam Administration for Medical Services (VAMS) and the Pasteur Institute to strengthen laboratory systems and infrastructure. Because the epidemic in Vietnam is driven primarily by intravenous drug use, addressing the epidemic will require a multi-sectoral commitment and a collaborative approach. CDC has a cooperative agreement with the Ministry of Labor, Invalids and Social Affairs that address the addictions issues related to the unique nature of the HIV epidemic in Vietnam. Through partnerships with international organizations, such as Family Health International and the Harvard Medical School AIDS Initiative in Vietnam, HRH and institutional capacity are strengthened through the implementation of clinical mentorship programs.

In addition to the technical, financial and systems strengthening support provided through the cooperative agreements, CDC Vietnam works closely with regional technical staff. Thailand has one of the most developed healthcare systems in Southeast Asia and Thai technical experts are highly respected throughout the region. The CDC Thailand program is well placed to assist in the identification of technical resources within the Thai Ministry of Health to support the PEPFAR Vietnam laboratory program, specifically in the provision of training and technical support to Vietnamese laboratorians in the areas of HIV diagnostics (i.e., regional workshops and post-market surveillance of test kits), external quality assessment program development (in the areas of HIV serology, CD4 and HIV viral load), laboratory auditor programs, OI diagnostics, sexually transmitted infections (STI) diagnostics and equipment calibration (pipette). CDC's Division of Tuberculosis Elimination (DTBE) contributes to the focus and strategy of Vietnam's TB/HIV program, advancing the evidence base for planning and evaluating program, and assists in coordination with the National Tuberculosis Program, the Ministry of Health and VAAC. CDC Vietnam is able to access Atlanta-based expertise, as well as Bangkok-based regional staff from CDC's DTBE. To further support the laboratory programs, CDC Vietnam procures diagnostic test kits (HIV, STI, OI and TB) and laboratory consumables to support CDC-IRB-approved research and surveillance and internal/external quality assurance.

CDC and the PEPFAR Vietnam team are working closely with the government of Vietnam to coordinate activities around a Partnership Framework, which will be developed in the coming year. CDC is committed to building local capacity to ensure sustainable programming through all of its activities and collaborations. CDC Vietnam also recognizes that developing and establishing programs for long term



sustainability can only be attained by dedicated and technically driven expertise in country. CDC and PEPFAR Vietnam are therefore committed to strengthening the leadership, management and technical skills of locally employed staff. Technical and management/leadership training opportunities, supporting attendance at conferences, and providing mentorship and skills training are some of the ways in which these goals can be accomplished.

Given the relatively low prevalence of HIV in the general adult population in Vietnam (0.43%), prevention efforts that target most-at-risk populations remain the top priority for CDC and PEPFAR-supported programs. This is central to preventing the further spread of HIV and to identifying individuals with the greatest HIV care and treatment needs.

CDC's key contributions to health systems strengthening include: 1) continued partnerships with the government of Vietnam to build the capacity of its technical staff at the central, provincial and district levels; 2) support to the government of Vietnam to improve the quality of its national health delivery systems, manage technical strategies and health policies; 4) focus on pre- and in-service training and professional staff development opportunities across all program areas; and 5) focus training to strengthen management, harmonization and coordination of health programs.

Program Efficiency: CDC's strategy of working directly and in a bilateral fashion with the government of Vietnam is a strategy intended to build country-based, country-run and country-owned delivery systems. In building the capacity of the government, CDC feels that in the long run, the broader health needs of the country will be met, resulting in efficiencies.

Monitoring and Evaluation (M&E) activities are systematically built into all programming supported by CDC. As the cornerstone of program planning, implementation and improvement, all M&E activities will continue to focus on evidence-driven programming to strengthen quality and efficiency. Through the staffing for results exercise, CDC was designated as the technical working group lead for SI. Working together with the other U.S. Government agencies implementing PEPFAR in Vietnam, CDC promotes the development and use of standardized M&E tools, including surveillance, program monitoring and evaluation, and management information systems.

### **Cross-Cutting Budget Attribution(s)**

(No data provided.)



## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b> 11605			
<b>Mechanism Name:</b> CDC-GHCS-Funded HQ Activities			
<b>Prime Partner Name:</b> HHS/Centers for Disease Control & Prevention			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	382,775	
<b>Narrative:</b>			
<p>To support senior epidemiologist seconded from CDC to the HIV and Communicable Disease Surveillance and Response teams of the World Health Organization in Vietnam. Senior epidemiologist will:</p> <ul style="list-style-type: none"> <li>• Strengthen the capacity of Vietnam in the prevention and response to communicable diseases, particularly cross cutting issues related to HIV, STI and TB by providing technical support in strengthening of surveillance systems including capacity building; conducting ad hoc or special surveys; estimating and projecting disease incidence and prevalence and sizes of high risk populations; as well as, analyzing and utilizing data for program monitoring and evaluation,</li> <li>• Provide technical guidance and support for the development of comprehensive, sustainable communicable disease surveillance systems including special surveys and estimation and projection, especially for HIV, STI and TB in collaboration with international, national, regional, and provincial health officials and partners,</li> <li>• Review, monitor and evaluate communicable disease surveillance and control programs for HIV, STI and TB through field visits, outbreak investigations, laboratory assessments, data collection, surveys and surveillance reports,</li> <li>• Support strengthening of systems and human resource capacity in public health surveillance, monitoring and evaluation and operations research</li> <li>• Participate in responses to outbreaks/epidemics in collaboration with national health officials, WHO, etc.</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	61,220	
<b>Narrative:</b>			
<p>For short term technical assistance from CDC Atlanta's Sustainable Management Development Program (SMDP) to strengthen the Hanoi School of Public Health (HSPH) and other institutions to improve</p>			



institutional and management and leadership program capacity. CDC SMDP staff will:

- Collaborate with and support PEPFAR Vietnam's national partners to strengthen the Human Resources for Health national strategy and existing and future management and leadership capacity in-country,
- Improve national capacity to monitor and evaluate management and leadership-related program activities, specifically those led by the HSPH,
- Increase collaboration between national health system leaders, HSPH, and other key partners/stakeholders that will support and sustain management and leadership activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	25,000	

**Narrative:**

For short term technical assistance from the CDC Thailand regional office to PEPFAR Vietnam's TB/HIV activities. Medical Officer/epidemiologist will:

- Provide technical support in the development of a PEPFAR TB/HIV strategy that is in harmony with that of the National Tuberculosis Program (NTP),
- In collaboration with the NTP participate in planning of TB/HIV activities,
- In collaboration with PEPFAR Vietnam and national health officials, compile and disseminate essential information concerning TB/HIV,
- Provide support to the development of the national operational research agenda and to participate in the identification and implementation of research activities supportive to the development of evidence-based TB/HIV prevention and control programs,
- Support capacity building of national professional officers involved in TB/HIV.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 11609</b>	<b>Mechanism Name:</b>
Funding Agency: U.S. Department of State/Office of the Global AIDS Coordinator	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

**Total Funding: 25,000**



Funding Source	Funding Amount
GHCS (State)	25,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

The funding agency for this mechanism is State/EAP.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	11609		
<b>Mechanism Name:</b>			
<b>Prime Partner Name:</b>	U.S. Department of State		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	25,000	

**Narrative:**

+The U.S. Ambassador's Fund for HIV/AIDS Public Diplomacy will support activities to raise general awareness of the HIV/AIDS epidemic among communities with people infected and affected by HIV, and promote community and national-level dialogue on stigma and discrimination reduction against people living with HIV.

**Implementing Mechanism Indicator Information**

(No data provided.)



### Implementing Mechanism Details

<b>Mechanism ID: 11613</b>	<b>Mechanism Name: HPI (Follow-on)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 2,239,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,239,000

### Sub Partner Name(s)

An Giang AIDS Association	Boston University	CHP (Community Health Promotion Centre)
Hanoi and HCMC AIDS Associations	HCMA (Ho Chi Minh national Political and Administration Academy)	ISD (Innovative Soft Development)
Lawyer Associations in Hanoi, Hai Phong, Quang Ninh, HCMC, An Giang and Law Faculty, Vinh University	PHAD (Population and Health Development Institute)	SCDI (Supporting Community Development Initiatives Centre)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

Addressing male norms and behaviors



Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's legal rights and protection

**Budget Code Information**

<b>Mechanism ID:</b> 11613			
<b>Mechanism Name:</b> HPI (Follow-on)			
<b>Prime Partner Name:</b> Abt Associates			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	

**Narrative:**  
 Support to HIV/AIDS legal services  
 Continue to support three existing legal clinics  
 Develop "Technical assistance package"  
 Standard operation procedures for providing legal aid services,  
 Develop curriculum in general counseling skills for legal aid counselors  
 Develop curriculum on legal topics such as employment, education, social protection, marriage and family, access to VCT and care and treatment, and civil and criminal issues, etc.  
 Provide technical assistance including above-mentioned technical package, training and other capacity building activities on HIV/AIDS legal issues for general purpose legal aid centers in three provinces as well as other existing legal aid facilities under the management of provincial department of justice, law school, and professional associations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	

**Narrative:**  
 Strengthening M&E for OVC  
 Support MOLISA to pilot the national OVC M&E framework in one province.  
 Assess the appropriateness of the routine data collection and management system that HPI recommended to PEPFAR OVC and SI teams in COP10 and implemented in HCMC.  
 Support OVC Partnership Group and other PEPFAR partners to support MOLISA to develop guidelines and training materials for implementation of the OVC M&E Framework.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------



Other	HVSI	550,000	
<b>Narrative:</b>			
<p>This is a continuing activity from FY10. As designed, HPI is a primary SI implementing partner on development and deployment of timely and accurate data for evident-based decision making. HPI will be supported in FY11 for the PEPFAR Strategic Information priority areas of human capacity development at both national and provincial levels, and data synthesis and use, while continuing to expand the operational research on bridge populations such as sexual partner of IDUs, HIV retailed costing studies, analysis and modeling the HIV expenditures and resources needed for HIV programs.</p> <p>1. Expand use of A2 and RNE:  HPI will continue to work with the PEPFAR SI, VAAC/MoH and PEPFAR Provincial AIDS Centers (HCMC, Hanoi, Quang Ninh, Hai Phong, Nghe An, Can Tho, An Giang, Dien Bien and Lao Cai) and FHI to expand the activities of Analysis and Advocacy (A2) project, focusing on translating the results of studies and model applications into appropriate policies, programs, and advocating for the use of available data to formulate appropriate responses to and resource allocation for HIV/AIDS.</p> <ul style="list-style-type: none"> <li>- Provide follow-up training on RNE and on-site technical assistance for application of RNE in PEPFAR focus provinces.</li> <li>- Collaborate with other international and local partners and VAAC to advocate for the use of available data to formulate appropriate responses and resource allocation for HIV/AIDS.</li> </ul> <p>2. Data synthesize and use - Mobilize evidence for policy changes and program adoption/scale up  HPI/Abt Associates will work closely with USAID, the PEPFAR SI team, VAAC, and FHI to implement the data use for decision making project (DDM). To work closely with VAAC to develop relevant technical guidelines, facilitate M&amp;E TWG role in advocating data use at the provincial level. And mobilize co-sponsorship from World Bank so that the program becomes the PEPFAR/WB DDM program; coordinate and cooperate with other partners, particularly FHI and UNAIDS.</p> <p>3. Sexual partner of IDUs evaluation:  The cross sectional survey of SPs which have been implemented in Hanoi, HCMC and Dien Bien in FY2010 provides valuable findings on HIV prevalence among the target population as well as sero-discordance rates, and data on trends in behaviors and engagement with the project. In FY2011, HPI will expand the survey activities in 4 additional PEPFAR provinces. Additionally, the monthly progress reports provide significant data on HIV status, drug use of the IDUs (client self-reported), and changes in condom use according to a stages-of-change model. In-depth analysis will focus on the effectiveness of the intervention and strategic recommendations for adjustment and improvement of the interventions. The evaluation data will also be used to inform SP interventions as well as add-in to the pool of HIV</p>			



surveillance data in Vietnam which is now totally lack of data in this population.

4. System for monitoring implementation of the HIV/AIDS law and incidents of HIV/AIDS-related discrimination:

With support from SI, HPI will continue to work with Boston University and Center for Community Health Research and Development (CCRD) to maintain the first systematic national estimates of acts of HIV/AIDS-related discrimination prohibited by Vietnam's HIV/AIDS law – primarily discrimination in education, employment, and health care – and violations related to HIV testing and disclosure of status. These estimates are based on a nationally representative survey of PLHA in 17 provinces. The survey data are being triangulated with monitoring data from our 5 legal clinics to assess the extent to which the clinics are reaching clients suffering the most prevalent and serious forms of discrimination.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	589,000	

**Narrative:**

Pilot of Health Insurance coverage for HIV services  
 Conduct assessment of health insurance system and current financing of health insurance system.  
 Conduct cost analysis of health insurance pilot for people living with HIV/AIDS in two provinces.  
 Work on legal documents -- Government decisions, MOH circulars, inter-ministerial circulars – that might be needed to support changing coverage of HIV services under health insurance schemes.  
 Develop technical guidelines and training for an expanded health insurance system.

Expanded capacity building for self-help and supported groups (SSGs) working toward full legal registration  
 Increase sustainability of health programs and services by building capacity of civil society.  
 Foster dialogue between civil society, private sector and government, as essential steps for building country ownership and sustainability of programs.

Design, pilot, and evaluate a performance-based incentive scheme to improve quality of care of and access to private providers  
 Focus on diseases of public health importance, such as STI and/or TB  
 Focus on disadvantaged population, who do not access public services due to stigma  
 Emphasis on performance (quality of care) as the basis for financial reimbursement  
 Preparation for future work on accreditation, which requires standardization of services as well as buys in from both private sector and public regulatory body.  
 Focus on rigorous, well designed evaluation to provide convincing evidence for policy advocacy.



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	900,000	
<b>Narrative:</b>			
<p>100% CUP</p> <p>Continue to implement the 100% CUP in An Giang and replicate it in two other provinces (Hai Phong and CanTho).</p> <p>Continue to advocate for the 100% CUP included in the new HIV/AIDS National Strategy which is being developed by MOH and in the revised Ordinance on Sex Work which planned by MOLISA.</p> <p>Continue to advocate for the development of an inter-ministerial circular on 100% CUP to better facilitate the implementation and replication of 100% CUP at provincial levels.</p> <p>Based on the Program Evaluation planned to implement in FY10, work closely with other PEPFAR partners like PSI and FHI to support MOH to develop the National Guidelines on Condoms, including 100% CUP.</p> <p>Continue to coordinate the relevant stakeholders at provincial level to implement a truly 100% CUP.</p> <p>Intervention for Sexual Partners of MARPs</p> <p>Continue to implement intervention for sexual partner of MARPs in Hanoi and Ho Chi Minh City and expand it in two other provinces.</p> <p>Based on Program Evaluation planned to implement in FY10, document lessons learned and produce a manual to help other partners integrate this intervention into other existing programs for MARPs.</p> <p>Prevention with Positive (PwP)</p> <p>Continue to serve as Secretariat for PEPFAR PwP Action Team to promote standardized PwP implementation among partners. Activities may include Partner Meetings or a Regional Meeting on PwP. Continue to provide PwP services among HIV-positive MARPs.</p>			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 11616</b>	<b>Mechanism Name:</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: USAID	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	500,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 11616 <b>Mechanism Name:</b> <b>Prime Partner Name:</b> USAID			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	

**Narrative:**

Condom and Lubricant Procurement:  
 This money will be used to procure approximately 12 million condoms for PEPFAR Vietnam program. Five million Protector Plus condoms will be for free distribution for most at-risk populations and the remaining seven million condoms will be subsidized to cover hotspots, such as hotels and guesthouses,



where sex work happens.  
 Total Market Approach Assessment conducted in COP 10 will help PEPFAR Vietnam to balance condoms needs for free distribution and social marketing. Lubricant needs will also be assessed in the TMA.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 11619</b>	<b>Mechanism Name: DoD - Defence-Partnered HQ activities</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Umbrella Agreement
Prime Partner Name: US Department of Defense	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,442,480</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,442,480

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Education	190,000
Human Resources for Health	740,000

**Key Issues**



Increasing women's access to income and productive resources  
 Military Population

**Budget Code Information**

<b>Mechanism ID:</b> 11619			
<b>Mechanism Name:</b> DoD - Defence-Partnered HQ activities			
<b>Prime Partner Name:</b> US Department of Defense			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	80,000	

**Narrative:**

- Principle activities to be carried out in support of PFIP 2.1: Strengthen selected areas of health service management; and PFIP 2.3. Strengthen national system of workforce development for improved service delivery.
- Geographic coverage: throughout Vietnam
- Target population: primary population is nursing faculty; secondary population is clinical nurses and nursing students; and tertiary population is patients.
- This is a new focus area – targeting nursing faculty with the ultimate goal to improve nursing training by employing more effective teaching techniques (despite non-flexibility in changing nursing curriculum), thus enhanced products, i.e. new nurses.
- COP11 key activities:
  - o Providing technical assistance and coaching to nursing faculty
  - o Providing workshops on teaching techniques/methodologies to nursing faculty in military and selected civilian nursing school/nursing universities on chronic illness management, infection control, physical assessment
  - o Supporting with development of lesson plans and evaluation
  - o Supporting with continuing nursing education

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	150,000	

**Narrative:**

- Principle activities to be carried out: Strengthening data and information areas of health service management
- Geographic coverage: throughout Vietnam

- Target populations: primary target is Vietnam military medical & nursing officers and personnel; secondary target is healthcare recipients
- This activity is ongoing in its second year. This area is "brand new" for MOD. MOD traditionally has been reluctant in sharing data outside of VN MOD. Data collection and use have been accomplished without quality controlled nor managed. This marks the big step forward for VN MOD. Thus will required regular training and intense TA to all levels: leadership, management, technical, and implementing.
- Strategy for activity to become more cost efficient over time: Because VN MOD has not been opened to SI training & TA, MOD is lagging behind in many SI areas. Therefore, MOD staff cannot enjoy other SI training/TA opportunities due to lack of informatics sophistication. After initially and basic support to MOD, the main goal is to have MOD to mainstream into other PEPFAR SI training, activities, etc. Thus, reducing parallel administration costs.
- COP11 key activities: (1) training & TA to MOD management on data use for monitoring & management (2) training & TA to the new TWG group on data use for tracking/monitoring/evaluation (3) training & TA to 8 implementing sites on data collection/ cleaning/use and reporting (4) travel expenses for training & TA (5) hardwares/software to support data collection at implementing sites (6) training on tracking/monitoring and reporting

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

**Narrative:**

- Principle activities to be carried out: Strengthen the capacity and involvement of professional and non-governmental organizations.
- Geographic coverage: throughout Vietnam
- Target populations: primary target is Vietnam nurses (military and civilians), within and outside of the Vietnam Nurses Association, secondary target is healthcare recipients
- This activity is ongoing with focal emphasis on strengthening the capacity of the Vietnam Nurses Association as a advocacy professional organization.
- COP11 key activities: (1) strengthening nursing professional organization (VNA) to advocate for nursing professions (2) support nurses in the organization to voice concerns within the professions, i.e. formalized scope-of-practice and standard-of-practice through chapter meetings, professional meetings, etc.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	554,400	

**Narrative:**

- Principle activities to be carried out in support of PFIP 1.1 Improve availability and quality of prevention,

care and treatment services;

- Geographic coverage: throughout Vietnam
- Target population: healthcare workers and all patients
- This is a ongoing activity but the focus has been refined to TRAINING and QUALITY
- COP11 key activities:
  - o Providing basic, refresher, and advanced training on safe handling of blood products, appropriate use of blood products, collection & screening of blood for key infectious diseases , blood processing procedures for all regional and provincial level military hospitals, including non-PEPFAR supported sites
  - o Providing enhanced training on laboratory and blood safety QA/QC programs to all military regional and provincial level hospitals
  - o Expanding capacity for longer-term storage of safe blood components in high needs area, in order to be responsive to emergency situations
  - o Providing basic training on equipment maintenance for all military regional level hospitals
- Budget: \$554,400

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	158,080	

**Narrative:**

- Principle activities to be carried out in support of PFIP 2.3. Strengthen national system of workforce development for improved service delivery – building capacity among Vietnamese clinical health care providers with improved infection control program management and monitoring
- Geographic coverage: throughout Vietnam
- Target population: clinical healthcare workers (HCW) in both civilian and military health care settings
- This activity is continuation with refined programmatic focus on: improved quality of care through enhanced clinical infection control management
- COP11 key activities:
  - o Mainstreaming IC curriculum into appropriate areas of education at military medical and nursing schools
  - o Supporting implementation of standard precautions, hand hygiene, and injection safety guidelines at military sites
  - o Implementing model infection control programs in selected military hospitals
  - o Maintaining TA and monitoring of infection control-related activities

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	400,000	

**Narrative:**



- Principle activities to be carried out in support of PFIP 1.1 Improve availability and quality of prevention, care and treatment services; and PFIP 2.3. Strengthen national system of workforce development for improved service delivery.
- Geographic coverage: throughout Vietnam from Hanoi, Da Nang, Nha Trang, HCMC to Can Tho,
- Target population: healthcare workers and all patients
- This is a ongoing activity but the focus has been refined to: building stronger collaboration between military laboratory system with existing national civilian laboratory, meeting national standards, and preparing for achieving ISO standards
- COP11 key activities:
  - Enhancing current training program of laboratory Quality Assurance/Quality Control (QA/QC)
  - Providing refresher and advanced training to selected Regional military hospitals on QA/QC protocol, in order for these hospitals to become Center of Excellence of laboratory in military healthcare system
  - Providing technical assistance and coaching to the implementing sites
  - Providing support for scheduled equipment maintenance (hematology, chemistry, microbiology, etc.)
  - Providing training on equipment management & maintenance to selected regional military hospitals to maximize utilization
  - Providing coordination support for 1 additional site to implement automated (e-system) laboratory information system (LIS). Support for hardware, software, and TA will be covered under the existing PEPFAR mechanism/PEPFAR CDC. Direct costs will not be used out of this budget line.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12340</b>	<b>Mechanism Name: PHAD</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Institute of Population, Health and Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 577,400</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	577,400

### Sub Partner Name(s)





(No data provided.)

## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Education	50,000
Human Resources for Health	200,000

### Key Issues

Military Population

### Budget Code Information

<b>Mechanism ID:</b> 12340			
<b>Mechanism Name:</b> PHAD			
<b>Prime Partner Name:</b> Institute of Population, Health and Development			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	177,400	

#### Narrative:

- Principle activity to be carried out: (1) Strengthening HIV counseling and testing services in military setting to further support both military and civilian populations in need of HIV counseling (both client-initiated and provider-initiated); and (2) Enhancing referral from counseling and testing to other support services within the community.
- Geographic coverage: throughout Vietnam (Hanoi, HCMC, Can Tho, Da Nang and Nha Trang)
- Target populations: Populations with high risks of HIV infections (MARPs), blood donors, STIs patients, TB patients, pregnant women.
- This is an ongoing activity
- COP11 key activities: (1) Providing training & TA to MOD managers on data use for monitoring & management (2) Providing training & TA to military TWG group members on data use for tracking/monitoring/evaluation of HVCT programs (3) providing training & TA to onsite staff at 8

implementing sites on data collection/ cleaning/use and reporting (4) Providing travel expenses for onsite staff to attend training (5) Providing travel expenses for TWG members to conduct TA and monitoring ( installation of software and training to support data collection at implementing sites (6) Providing basic, refresher and supervisory training for all program supervisors & counselors at sites (7) Providing didactic training and practicum for laboratory staff working at CT sites

- Budget: \$177,400

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	

**Narrative:**

- Principle activity to be carried out: Promoting Behavior Change Communication among new military inductees
- Geographic coverage: throughout Vietnam (7 military regions, Navy, Air Force, Border Guard and 4 military Corps)
- Target populations: New military inductees (18 to 22 years of age)
- This is an ongoing activity
- COP11 key activities: (1) training permanent military service personnel on how to teach (ToT) others on HIV/AIDS awareness, substance-abuse, risks avoidance, HIV testing & STI prevention, using adapted/updated curriculum which originated from UNAIDS on peer education for military populations (2) conducting teach-back training on Peer Education for selected (motivated, with leadership skills) military inductees (team leader) (3) providing continued/refresher communication activities at troop level on: HIV prevention, STIs preventions, substance abuse prevention and management (4) promoting "change agent" concept and practices among graduating inductees (5) upgrading communication tools to promote effective peer education activities, i.e. booklets, flip charts, cue cards, etc. (6) strengthening monitoring and supervision by Vietnamese NGO through enhanced TA and supervision by both MoD and Vietnamese NGO at all levels of implementation (i.e. ToT training, PE training and troop-level activities).
- Budget: \$400,000

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 12341</b>	<b>Mechanism Name: VNA</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Vietnam Nurses' Association	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 485,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	485,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Education	100,000
Human Resources for Health	400,000

**Key Issues**

Increasing women's access to income and productive resources  
 Military Population

**Budget Code Information**

<b>Mechanism ID:</b> 12341			
<b>Mechanism Name:</b> VNA			
<b>Prime Partner Name:</b> Vietnam Nurses' Association			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	255,000	

**Narrative:**

- Principle activities to be carried out in support of PFIP 1.1 Improve the availability and quality of care

and treatment services, and PFIP 2.3. Strengthen national system of workforce development for improved service delivery – building capacity among Vietnamese nurses.

- Geographic coverage: throughout Vietnam
- Target population: primary population is nurses who care for HIV/AIDS and infectious diseases; secondary population is patients with infectious diseases.
- This activity is continuation with refined programmatic focus on: improved quality of care through stronger clinical management and enhanced as well as relevant training for broader application & sustainability.
- COP11 key activities:
  - o Providing technical assistance and coaching to middle and higher level military nursing & medical leader.
  - o Providing teaching workshop for nursing faculty in military and selected civilian nursing school/nursing department of universities on chronic illness management, infection control
  - o Supporting revision of current nursing curriculum as needed
  - o Providing training and technical assistance for clinical management, HIV care and support, patient-focused practices, general health assessment, standard precaution/ Infection control
  - o Support to clinical sites: maintaining patient-focused care in Infection disease department (operational cost, commodities)
  - o Supporting travel expenses for implementing staff, at 4 sites, to attend training/ workshops)
  - o Maintaining TA and monitoring of care-related activities
- Budget: \$270,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	230,000	

**Narrative:**

- Principle activities to be carried out in support of PFIP 2.3. Strengthen national system of workforce development for improved service delivery – building capacity among Vietnamese clinical health care providers with improved infection control program management and monitoring
- Geographic coverage: throughout Vietnam
- Target population: clinical healthcare workers (HCW) in both civilian and military health care settings
- This activity is continuation with refined programmatic focus on: improved quality of care through enhanced clinical infection control management
- COP11 key activities:
  - o Providing support and technical assistance for development of the training curricula on certification of infection control program officer, including pilot training
  - o Providing technical assistance and coaching to the National Infection Control Technical Working Group

for the development of necessary guidelines

- o Supporting consolidation of current guidelines for the development of the national infection control guideline package and related training curriculum
- o Implementing model infection control programs in selected civilian and military hospitals, which will utilize the newly developed guideline and infection control program officer certification program

• Budget: \$230,000

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12577</b>	<b>Mechanism Name: Measure Evaluation</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Measure Evaluation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Measure Evaluation has been working with USAID in Vietnam for several years. With PEPFAR/USAID financial support in COP10, experts from Measure Evaluation will continue to provide technical assistance on routine monitoring for HIV/AIDS programs. This is a CoAg with Field Support to Vietnam.

### Cross-Cutting Budget Attribution(s)

(No data provided.)



## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	12577		
<b>Mechanism Name:</b>	Measure Evaluation		
<b>Prime Partner Name:</b>	Measure Evaluation		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	
<b>Narrative:</b>			
<p>Capacity Building: Training curriculum development: due to the purpose of specific training requested by VAAC on D28 implementation, data management and data use, MEASURE Evaluation team work with VAAC and PEPFAR partners to develop and finalize the training curriculum, handouts, presentation, classroom technical activities, and homework assignments</p> <p>Develop methodologies, standard operating procedures and tools for improving data collection system, data quality amongst the PEPFAR implementing partners Onsite mentoring and coaching on implementing of data quality assurance and routine monitoring systems, including standardized baseline reports, grading system and action plan for improving data Text</p> <p>Support a culture of data demand and consumption for program management among PEPFAR partners and USG technical staff</p> <p>Work with SI team to conduct an assessment of PEPFAR technical team and partner data needs and capacity to identify: i) demand data and information for programmatic management and quality improvement, ii) capacity to do data management and data analysis, iii) the availability of data to meet the data analysis requirements.</p> <p>Training material preparation: MEASURE team work with SI and its TWGs to develop training materials including handouts, presentations, classroom technical activities, and group assignments. Example of data analysis and data use will be taken from the PEPFAR actual data (program data, SAPR, APR, surveys, etc.)</p> <p>Supporting development of program information system as part of national HMIS: Support implementation of existing program information system (VCT and Peer Outreach/ drop in center/ Peer education for rehabilitation centers for former drug users) for all PEPFAR partners and coordinate with VAAC to build up a data sharing mechanism as well as a national data hub as part of national HMIS; Coordinate with VAAC, PEPFAR SI team and relevant stake holders to facilitate the development and</p>			



implementation of information system for needed programs (Care and Treatment, TB, PMTCT, OVC...) that conform to national HMIS. Assignment includes but is not limited to developing standards, user case, technical specifications, manuals, operational protocols, supervision of software vendors; Maintain and improve the PEPFAR database to cover financial data, target, and additional/revised indicators.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12736</b>	<b>Mechanism Name: FIND</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
----------------------------	----------



### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 12736			
<b>Mechanism Name:</b> FIND			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
/ Continuing Lab Program Activity			
/ Hire Laboratory Technical Expert, based in Vietnam to provide TA to the National TB Program and TB Reference Laboratory			
/ Provide training for TB Lab Management (specific for TB Molecular and TB Culture Assays)			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12750	<b>Mechanism Name:</b> Food and Nutrition Technical Assistance (FANTA III)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)





## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Economic Strengthening	REDACTED
Food and Nutrition: Commodities	REDACTED
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED
Human Resources for Health	REDACTED

### Key Issues

Child Survival Activities

Workplace Programs

### Budget Code Information

<b>Mechanism ID:</b>	12750		
<b>Mechanism Name:</b>	Food and Nutrition Technical Assistance (FANTA III)		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

#### Narrative:

Mitigate the negative effects of HIV disease to individuals, families, and communities by continuing to support a core package of psychosocial and clinical services in out-patient clinics and at home/community that are designed to optimize pre-antiretroviral therapy (ART) care, and facilitate access to long-term treatment.

Support the integration of wrap-around services into Continuum of Care (CoC) sites including family planning, STI, and mental health services, foster referral linkages and mentoring between COC sites and

mental health providers.

Provide nutrition screening and comprehensive nutrition assessments to both adults and children where indicated. PLHIV, children, and caregivers will be provided with nutrition education and counseling, and therapeutic food will be provided to those who meet criteria in keeping with OGAC guidance. Sustain the response by building the capacity of local public, private institutions and CBOs and maintaining a moderate model of services that is acceptable to local government.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

**Narrative:**

Continue to provide OVC services in existing sites and the comprehensive model of care for OVC in Thu Duc district, HCMC. Continue to develop the psychosocial and protection elements of the OVC program including the identification and response to mental health problems among children. Continue to support MOLISA to complete national training materials and SOP for OVC program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

**Narrative:**

Support providing ART at 23 CoC sites to up to 10,000 adult patients, scaling up the integration of comprehensive services into the HIV CoC network. Continue to support sites to focus on maximizing efficiency of existing sites to offer ART and to focus on client-centered adherence, psychosocial support, and case management to facilitate referral and access to community-based support services. Established ART sites will function as model training sites for health care workers at new clinics as Vietnam continues to scale up and institutionalize ART within the government system. Continue to support ARV sites through training, supportive supervision, QA/QI, and clinical mentoring, which will increasingly be done by local mentors using standardized HIV care and treatment clinical mentoring tools. Sustain the response by building the capacity of local public, private institutions and CBOs and maintaining a moderate model of services that is acceptable to local government.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

**Narrative:**



\*\*These activities build off the activities currently implemented under the FHI-USAID award.

The partner will strive to increase uptake of HTC services by: strengthening existing HTC sites to help them to better serve MARPs; expanding coverage in Dien Bien and Lao Cai to meet rising demand; and through diversified models of HIV counseling and testing services, such as VCT, provider-initiated counseling and testing (PITC), the one-stop-shop model, particularly mobile services, couples counseling, and the mobile placement of HTC in MARP hotspots.

The partner will build the capacity of all district health centers and district hospitals to provide HTC services.

The partner will strengthen linkage and referral mechanisms between outreach and HTC services, as well as between HTC and other HIV services (including care and treatment, STI, MMT, etc).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

**Narrative:**

Continue to support pediatric care with services linked to HIV counseling and testing to identify and increase access to care for HIV-infected children. 10 of the 23 COC sites will provide clinical services to up to 300 pediatric clients through integrated family-centered care (FCC) outpatient HIV services. Infants born to infected mothers referred from the PMTCT program will be followed up until their HIV status is identified, and positive children will be provided with on-going care in out patient clinics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

**Narrative:**

Continue to provide pediatric ART services in 10 of the 23 sites where pediatric treatment is provided in integrated FCC OPC.

Focus on child development and stage-appropriate adherence support, psychosocial support, and case management to families to facilitate referral and access to community-based support.

Scaling up the early infant detection program and supporting clinicians to provide early ART to infants under 12 months of age who are HIV-positive

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

**Narrative:**



This is a continuing activity from FY10, and SI activities are on-going. The partner will be supported in FY11 for the PEPFAR Strategic Information priority areas of human capacity development at both national and provincial levels, and data synthesis and use, while continuing to conduct and provide TA on routine program monitoring, QA/QI, DQA for all programs and basic program evaluation of prioritized program areas. These areas include ARV services, basic HIV clinical and community-based care, medication-assisted therapy (MAT), and prevention peer outreach programs.

Data Synthesis and Use: The partner work with the VAAC/MoH and PEPFAR Provincial AIDS Centers (HCMC, Hanoi, Quang Ninh, Hai Phong, Nghe An, Can Tho, An Giang, Dien Bien and Lao Cai) and HPI to:

Provide series of trainings on data collection to better understand the local and national HIV epidemic. Conduct the Advocacy and Analysis (A-squared) Project to: 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 third 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, the partner will also support epidemiological and program data gathering and participating in analysis and dissemination workshops.

Program monitoring:

Reporting: the partner will upgrade the existing prevention peer-outreach program database. 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 partner-supported prevention sites and training will be provided to all software users.

DQA and QA/QI 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. The partner will work with VAAC M&E to develop national standardized guidance for conducting DQA activities for all HIV related programs. In addition the partner will continue a QA/QI activity as routine monitoring and provide



its TA to other PEPFAR partners on applying QA/QI tools.

MMT: The partner will provide TA to PEPFAR and GVN on the routine M&E activities for national MMT program.

**Program Evaluation and operational research:**

The partner will implement program coverage evaluations of interventions for both prevention, VCT and care and treatment programs and link it with GIS system to provide insightful data for programmers as well as strengthening the data use capacity at program level.

The partner will work closely with PEPFAR SI on designing operation research targeting MARPs and bridge populations to provide better understanding on the these populations to guide the programming.

The partner will conduct validation research on several methodologies that are used for studying MARPs to identify best practice methodologies for MARPs epidemic surveillance.

The partner will create the Small Grant program for HIV research to support for Vietnam local research.

**Survey/Surveillance:**

The partner will work closely with VAAC, NIHE and SI to provide technical assistance and support to the HIV surveillance system in Vietnam including both second generation surveillance (IBBS) and sentinel surveillance (HSS) and promotion of data synthesis, triangulation and use.

Technical assistance and training on HIV estimate and projections (including EPP and AEM).

**HMIS:**

Provide support to MoH and VAAC to strengthen the Health Management Information System.

**HCD:**

The partner will share its experience and provide technical assistance in DQA, 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.

The partner will join to organize and facilitate some basic and advanced training on M&E, HIV surveillance, and data synthesise and use since having solid experiences and expertise on these.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

**Narrative:**

\*\*These activities build off the activities currently implemented under the FHI-USAID award.

The partner will focus on providing intensive risk reduction services for most-at-risk and vulnerable FSWs, particularly those who inject drugs, and those who use condoms inconsistently, and will seek to improve uptake of services, particularly for those FSW who do not utilize health services (such as STI, VCT and RH). These FSW interventions will be particularly emphasized in high-prevalence provinces based on IBBS Round II, such as Hanoi, Hai Phong, HCMC, and Can Tho.

The partner will improve coverage and reach of innovative and evidence-based MSM interventions. They will target MSM, including those who are also MSW and/or IDU, with a comprehensive package of services, and will facilitate access to MSM-friendly VCT, STI services, and HIV treatment.

The partner will build capacity of MSM-led local NGOs and MSM social support groups.

The partner will support reduction of stigma and discrimination in health care settings and in the community through sensitization training on MSM-specific issues and health needs for health care providers, PAC staff and local stakeholders.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted

**Narrative:**

\*\*These activities build off the activities currently implemented under the FHI-USAID award.

Scale up MMT service delivery in the most cost efficient manner possible in collaboration with MOH (VAAC and other related departments), provincial People's Committee and provincial health service (PHS).

Pilot service provision models and evaluate the effectiveness, cost efficiency and sustainability of each model to prepare for Vietnamese Government to invest in the Methadone treatment service system, including satellite dispensing, co-payment, and integrated in ARV out-patient clinics models.

Based on similar QI approaches developed in other prevention, care and treatment interventions develop a tool for improved MMT implementation at the district and provincial levels to add to existing quality improvement tools (QI).

Conduct an evaluation of the methadone program in Vietnam to inform programming decision. Findings from the evaluation will support program planning and decision making and will provide evidence in support of effective program elements to Vietnamese policy makers and health authorities.

This evaluation will determine whether and which model of interventions of the scale up of methadone program for Vietnamese IDUs should be replicated nation-wide in expanded settings based on cost effectiveness, observed outcomes on HIV status, adherence to HIV treatment regimens, continued drug

injection, sharing of injecting equipment, engagement in criminal activity, and enhanced quality of life, compared with costs of providing methadone treatment.

The partner will increase drug users' access to services, as well as to sterile injecting equipment, condoms, and behavior change communication (BCC) aimed at preventing HIV transmission. The partner will encourage and facilitate access for clients to HTC and drug dependence treatment, especially MMT.

The partner may procure, and will distribute, clean needles and syringes through a variety of innovative and traditional channels (including outreach, vouchers, pharmacists, tea/snack shops, fixed boxes, fixed sites, and secondary distribution) in accordance with results of an NSP needs assessment to determine procurement and distributions needs throughout the country.

In partnership with Chemonics, the TBD partner will provide vocational training with a focus on improving employment opportunities for methadone clients.

The partner will incorporate strategies around prevention of sexual transmission among IDUs and their sexual partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

**Narrative:**

Continue to support PMTCT services in existing sites where also supports adult and pediatric care and treatment services in a family-centered model, focus on integrating PMTCT services into MCH and RH services and strengthening these services to serve for most-at-risk women.

Improve women's access to PMTCT services by strengthening MCH/RH services and by supporting the development of strong referral links between PMTCT services at the commune and district levels, district pre-natal and pediatric clinics, and district HIV outpatient clinics.

Integrate counseling and testing into pre-natal clinics through the RH and MCH networks, and among mobile teams providing counseling and testing in some hotspot communes in provinces such as Dien Bien and 'hot spot' districts and communes, where the HIV epidemic is generalized.

Sustain the response by building the capacity of local MCH/RH public and private institutions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

**Narrative:**

Continue to support improved management of HIV-TB co-infection by supporting and funding TB screening and referral, improving coordination of TB and HIV services at the province and district, and, capacity building for TB and HIV clinicians.



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 12879</b>	<b>Mechanism Name: Clinical and Community Strengthening</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Economic Strengthening	REDACTED
Food and Nutrition: Commodities	REDACTED
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED
Human Resources for Health	REDACTED

## Key Issues





Addressing male norms and behaviors

**Budget Code Information**

<b>Mechanism ID:</b> 12879			
<b>Mechanism Name:</b> Clinical and Community Strengthening			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
Funding level: REDACTED			
Continue selected HBHC activities under previous civil society program.			
Integrate CHBC core service package into HBHC services provided by civil society groups.			
Empower the role of CBOs in service delivery on home-based care for people living with HIV/AIDS and closely link these groups with OPCs from other partners.			
Funding Level REDACTED			
Mitigate the negative effects of HIV to individuals, families, and communities by continuing to support a core package of psychosocial and clinical services in out-patient clinics and at home/community that are designed to optimize pre-antiretroviral therapy (ART) care, and facilitate access to long-term treatment.			
Sustain the response by building the capacity of local public, private institutions and CBOs and maintaining a moderate model of services that is acceptable to local government.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
Continue the alternative care program in Hai Phong.			
Play a leadership role in the National Plan of Action for children infected and affected with HIV/AIDS linking civil society groups with different GVN line ministries.			
Continue to support MOLISA to complete IEC materials for OVC national program.			

Development of psychosocial services for OVC.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
<b>Narrative:</b>			
<p>Funding Level: REDACTED</p> <p>Continue to support clinical pediatric care for about 300 children living with HIV in three HIV orphanages in Tam Binh, Mai Hoa (HCMC) and in Ba Vi (Hanoi).</p> <p>Support MOH to implement the national early infant diagnosis test for exposed infants country wide with stepwise approach. Places with available PMTCT and pediatric programs, and remote areas are prioritized.</p> <p>Funding Level: REDACTED</p> <p>Sustain the response by providing training and clinical mentoring to other HIV pediatric treatment centers in Vietnam.</p> <p>Support MOH to implement the revised patient charts and forms used at HIV/AIDS OPCs which are revised in FY 2010. Activities include training and technical assistance.</p> <p>Work with reproductive health department on perinatal care and child health for HIV exposed infants and infected children. There will be a review of current guidance and examine gaps/ needs specifically for HIV exposed and infected target groups. A plan for guidance development and implementation will be developed based on situation review.</p> <p>Review the current status of IEC materials for pediatric care and treatment. The partner will then develop a comprehensive plan for IEC development and printing for all PEPFAR sites.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
<p>Continue to provide pediatric ART services for about 150 children in three HIV orphanages in Tam Binh, Mai Hoa (HCMC) and in Ba Vi (Hanoi).</p> <p>Sustain the response by providing training and clinical mentoring to other HIV pediatric treatment centers in Vietnam.</p> <p>Provide technical assistance to make sure exposed infants with confirm PCR positive get ARV treatment.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
<p>Strengthen M&amp;E capacity building, promotion of data use for monitoring program quality and progress and data use for advocacy for selected civil society groups.</p> <p>Provide civil society partners with the capacity to design and refine their monitoring and evaluation systems in order to implement measures for data quality assurance. Ensure that partners have the capacity to analyze data collected from M&amp;E activities and use them to improve the quality of service provision.</p> <p>Focus on data use for planning, managing and evaluating partner HIV and health-related activities.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
<p>Develop the technical and organizational capacity of civil society and community based organizations to contribute effectively to the HIV/AIDS response.</p> <p>Provide organizational development support to local civil society organizations to develop their own organizational strengthening plans, strategic planning and visioning, developing knowledge and skills in resource mobilization, HR management strengthening and advocacy training.</p> <p>Build the capacity of local Vietnamese organization(s) to provide capacity building (including technical and management skills) to local civil society groups.</p> <p>Provide training to enable civil society and community based organizations to play a strong advocacy role in developing policy, guidelines and strategic plans.</p> <p>Integration of stigma and discrimination reduction activities into local civil society programming.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
<p>Build on the work carried out under the previous civil society capacity building project, particularly through continued support to civil societies and local NGOs/CBOs in Vietnam.</p> <p>Strengthen civil society technical capacity to implement HIV/AIDS sexual prevention interventions to MARPs, especially to Female sex workers, Male sex workers, MSM, sexual partners of MARPs.</p> <p>Standardize best practices in management and implementation of peer outreach programs across civil society partners</p> <p>Provide referrals/linkages to VCT, STI, and care and treatment services for MARP populations.</p> <p>Provide TA to civil society partners to track referrals in order to know whether clients are accessing the services.</p>			



Advocate to GVN the important role of civil society/ local NGO can play the design, implementation, and monitoring of the HIV response in Vietnam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted

**Narrative:**

Build on the work carried out under the previous civil society capacity building project, particularly through continued support to civil societies and local NGOs/CBOs in Vietnam.

Strengthen civil society technical capacity to implement HIV/AIDS prevention interventions with IDU and their sexual partners.

Advocate to GVN the important role of civil society/ local NGO can play the design, implementation, and monitoring of the HIV response in Vietnam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

**Narrative:**

Continue to support improved management of HIV-TB co-infection for adults and children by supporting and funding TB screening and referral, improving coordination of TB and HIV services at the province and district, and, capacity building for TB and HIV clinicians.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12934</b>	<b>Mechanism Name: Police and prisons TBD</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

Safe Motherhood

**Budget Code Information**

<b>Mechanism ID:</b> 12934			
<b>Mechanism Name:</b> Police and prisons TBD			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
<p>PRISONS</p> <p>This activity will continue to provide TA to MOPS on National HIV Implementation in Prisons Guidelines (developed with COP10 funds). It will provide advocacy and awareness-raising among prison staff and prisoners on HIV/AIDS in general, and more specifically on prevention of HIV transmission and acquisition among prisoners and to the broader community. The activity may also provide technical support to Global Fund HIV Round 9's prison component, and where possible leverage GF resources to provide the continuum of prevention, care, support and treatment services to prisoners, as well as the promotion of case management practice when to transition prisoners back to community. The activity will ensure linkages with existing prison-related work with the Ministry of Public Security (MOPS).</p>			

POLICE

This activity will focus on providing advocacy and sensitization on harm reduction issues to MOPS as well as to local law enforcement officers, and will result in their improved understanding of and attitudes towards HIV prevention among vulnerable at-risk populations, including people who use drugs and sex workers. The partner will strive to raise awareness of sensitive topics specifically around distribution of key HIV prevention commodities, including clean needles and syringes as well as condoms, and on the importance of MAT for recovering drug users. The primary objective will be to engage law enforcement officials to be active collaborators in harm reduction and HIV prevention activities, as well as to promote a stronger inter-ministerial partnership specifically between MOH, MOPS, and MOLISA.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12967</b>	<b>Mechanism Name: IBSS STI testing</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	12967		
<b>Mechanism Name:</b>	IBSS STI testing		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

#### Narrative:

Activity: HIV/STI surveillance support  
 CDC Vietnam will identify a local health and epidemiology institution with which to partner on HIV/STI co-infection surveillance. The activity will include improving current case reporting and surveillance systems to detect rates of STIs. CDC will support protocol development for testing HCV, HBV, herpes simplex, syphilis and other STIs on stored specimen from existing surveillance such as sentinel surveillance, integrated biological and behavioral surveillance, and incidence surveillance.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12976	<b>Mechanism Name:</b> Development Center for Public Health (DCPH)
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Development Center for Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

**Total Funding: 550,000**



Funding Source	Funding Amount
GHCS (State)	550,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Education	210,000
Human Resources for Health	300,000

**Key Issues**

Increasing gender equity in HIV/AIDS activities and services  
 Military Population  
 TB  
 Family Planning

**Budget Code Information**

<b>Mechanism ID:</b>	12976		
<b>Mechanism Name:</b>	Development Center for Public Health (DCPH)		
<b>Prime Partner Name:</b>	Development Center for Public Health		

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	230,000	

**Narrative:**

- Principle activities to be carried out in support of PFIP 1.1 Improve the availability and quality of care and treatment services, and 2.1 Strengthen selected areas of health service management.
- Geographic coverage: 4 provinces (Hanoi, HCMC, Can Tho and Danang)



- Target population: Military HWC and HIV patients
- This activity is a continuation from COP10
- COP11 key activities:
  - o Providing training & technical assistance to 4 PEPFAR military supported hospitals: MH 103 (HN); MH 175 (HCMC), MH 121 (CT) and MH 17 (DN)
  - o Providing operational support to 4 PEPFAR military supported hospitals: MH 103 (HN); MH 175 (HCMC), MH 121 (CT) and MH 17 (DN)
  - o Building capacity of healthcare workers (HCW) in PMTCT PICT at regional and central military hospitals (PEPPFAR and non-PEPFAR supported sites)
  - o Strengthening referral system between military and civilian; PICT sites to OPC sites
  - o Supporting military HCW to attend other care and treatment related trainings/workshops organized by other PEPFAR partners, VAAC, etc.
  - o Conducting quality assurance and monitoring activities
  - o Supporting 4 referral labs that provide lab tests for patients on ART or pre-ART
- Budget: \$ 300,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	

**Narrative:**

- Principle activities (PFIP) to be carried out in support of (1) Strengthen the national system of workforce development for improved service delivery; and (2) Increase collaboration across national programs to maximize the performance of health service and related welfare delivery
- Geographic coverage: throughout Vietnam
- Target populations: primary target is Vietnam military personnel, including non-medical and medical personnel, ranging from junior to senior officers.
- This activity is ongoing with focal emphasis on strengthening the capacity for better management, quality products, and implementation policy in the military system.
- COP11 key activities: (1) TA on grant management & program management for 2 Vietnamese NGOs (2) support MOD personnel (at all levels) to participate in management training (3) TA & support to implementation staff at 8 sites with quality improvement activities (4) support cross-training between military and civilian sectors for sharing of best-practices and harmonization/standardization of programs (5) support MOD senior staff in policy advocacy & policy improvement in disease surveillance for force health protection (6) continue to expose MOD leadership to Human Resource motivation
- Budget: \$200,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	MTCT	60,000	
------------	------	--------	--

**Narrative:**

- Principle activities to be carried out in support of PFIP 1.1 Improve the availability and quality of care and treatment services, and 2.1 Strengthen selected areas of health service management.
- Geographic coverage: 4 provinces (Hanoi, HCMC, Can Tho and Danang)
- Target population: pregnant and young women
- This activity is a continuation from COP10
- COP11 key activities:
  - o Providing training & technical assistance to 4 PEPFAR military supported hospitals: MH 103 (HN); MH 175 (HCMC), MH 121 (CT) and MH 17 (DN)
  - o Building capacity of healthcare workers (HCW) in PMTCT PICT at regional and central military hospitals (PEPPFAR and non-PEPFAR supported sites)
  - o Strengthening referral system between military and civilian; PICT sites to OPC sites
  - o Supporting military HCW to attend other PMTCT-related trainings/workshops organized by other PEPFAR partners, VAAC, etc.
  - o Conducting quality assurance and monitoring activities
- Budget: \$100,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	60,000	

**Narrative:**

- Principle activities to be carried out in support of PFIP 1.1 Improve the availability and quality of care and treatment services, and 2.1 Strengthen selected areas of health service management.
- Geographic coverage: 4 provinces (Hanoi, HCMC, Can Tho and Danang)
- Target population: patients with HIV and/or TB
- This activity is a continuation from COP10
- COP11 key activities:
  - o Providing training & technical assistance to 4 PEPFAR-supported military hospitals: MH 103 (HN); MH 175 (HCMC), MH 121 (CT) and MH 17 (DN)
  - o Building capacity of healthcare workers on TB/HIV PICT, infection control to HCW at regional and central military hospitals (PEPPFAR and non-PEPFAR sites)
  - o Strengthening referral system between TB and HIV, military and civilian sites
  - o Supporting military HCW to other TB/HIV-related training/workshops organized by other PEPFAR partners, NTP, or VAAC
  - o Conducting quality assurance and monitoring activities
- Budget: \$100,000



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13007</b>	<b>Mechanism Name: NTP</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	<b>13007</b>
----------------------	--------------



<b>Mechanism Name:</b>	<b>NTP</b>		
<b>Prime Partner Name:</b>	<b>TBD</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HVTB	Redacted	Redacted

**Narrative:**

/ Focus on addressing one or more of the key challenges identified by the World Health Organization's (WHO) Stop TB Partnership in the Global Plan to Stop TB: 2006 to 2015.

/ Develop programs to ensure access to and provision of equitable, high quality basic DOTS services at all levels of health service delivery

/ Develop programs and activities to reduce the burden of TB-HIV, prevent and manage drug-resistant TB, and prevent and manage TB in prisons and training and education centers

/ Support the development of lab capacity and service networks for diagnosis of smear-negative TB and MDR-TB.

Development of programmatic activities focused on health system strengthening

/ Develop programmatic activities related to increased (early) case finding, reduction of TB patients going unreported, and ensuring that patients are managed in accordance with NLH/NTP guidance in public and private health facilities

/ Develop programs for engaging people with TB and the affected community in TB control efforts

/ Strengthen the staff capacity of NLH/NTP to address related lung health issues.

/ Support TB and lung health related surveillance activities to monitor and evaluate performance and impact of programs

/ Subcontract activities, where applicable, to regional and/or provincial entities

/ Conduct research on TB and other lung diseases

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 13060</b>	<b>Mechanism Name: Bio-safety cabinet maintenance</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13060			
<b>Mechanism Name:</b> Bio-safety cabinet maintenance			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

<b>Narrative:</b>
<ul style="list-style-type: none"> <li>• Continuing Lab Program Activity (from COP10)</li> <li>• Mechanism for certification/maintenance of Biological Safety Cabinets (BSC)</li> <li>• CDC Lab Program will identify a local contractor.</li> </ul>



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13073</b>	<b>Mechanism Name: Umbrella (HQ)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: WHO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 350,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	350,000

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's legal rights and protection

## Budget Code Information



<b>Mechanism ID:</b>	13073		
<b>Mechanism Name:</b>	Umbrella (HQ)		
<b>Prime Partner Name:</b>	WHO		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HVTB	350,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13089</b>	<b>Mechanism Name: DoH data use</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)



## Key Issues

Safe Motherhood

## Budget Code Information

<b>Mechanism ID:</b> 13089			
<b>Mechanism Name:</b> DoH data use			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

### Narrative:

The major gap in the M&E system of PEPFAR provinces is the lack of capacity and/or not being technical supported to analyze and use data from various sources. In addition, technically analyzing and systematically presenting current data such as epidemic data, coverage data, and financial data at provincial level for HIV/AIDS programming and planning still remain as weak point of M&E system at all provinces.

The fund will be used to provide technical assistance and capacity building support 6 PEPFAR provinces to:

? Strengthen the capacity of decision makers to identify data needs for solving problems and to interpret and use data appropriately for public health decisions;

? To build and enhance the capacity of provincial officers to provide valid, essential, and timely data to decision makers clearly and effectively; and

? Strengthen M&E systems to facilitate the collection, analysis, reporting, presentation, and use of data at local, district, regional, and national levels.

The target beneficiaries will not focus only on Provincial AIDS Centers leaders and officers but broader to other sectors that contribute to the HIV/AIDS program including Provincial Department of Health (DoH), Provincial Department of Finance (DoF), Provincial Department of Planning & Investment (DoPI).

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID:</b> 13114	<b>Mechanism Name:</b> HCMC PAC
----------------------------	---------------------------------





Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Education	REDACTED
Food and Nutrition: Commodities	REDACTED
Human Resources for Health	REDACTED

### Key Issues

Addressing male norms and behaviors  
 Child Survival Activities  
 Safe Motherhood  
 TB  
 Workplace Programs  
 Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 13114			
<b>Mechanism Name:</b> HCMC PAC			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• Strengthen and improve quality of services for prevention and treatment of opportunistic infections (OIs) in 29 PEPFAR-funded sites.</li> <li>• Build capacity and improve sustainability of the network of People Living with HIV/AIDS (PLWHA) in HCMC</li> <li>• Strengthen facility-based and home/community-based health care (HCBC) systems supporting care and treatment activities (HBC activity will expand to all 11 community-based OPCs supported by CDC)</li> <li>• Build capacity and improve quality of services for Sexually Transmitted Infections (STI), outlets for counseling, testing, diagnostics and treatment of STIs, as well as strengthen the linkage between STI outlets and HIV-related outlets</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• Implementing IEC activities to raise awareness of community of HIV/AIDS in order to create a supportive environment for OVC</li> <li>• Provide core OVC services to 900 OVC at 3 OVC sites</li> <li>• Training on life skills for junior high school students and OVC kids at the same age in community</li> <li>• Capacity building for OVC staff, caregivers, teachers, OVC &amp; school kids</li> <li>• Collaborating with DOLISA to coordinate the OVC program in HCMC to maximize the resources in order to improve the quality of OVC program and serve more OVC children in the city</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• Strengthen and improve quality of services and coverage for ARV treatment in 11 sites - 4,000 newly registered OPC patients will be provided ART during COP11</li> </ul>			

<ul style="list-style-type: none"> <li>• Establish a quality assurance (QA) and quality improvement (QI) mechanism for enhancing the capacity and quality for ARV treatment</li> <li>• Establish an HIV drug resistance surveillance system following the WHO strategy, which includes National HIV Drug Resistance (HIVDR) monitoring surveys and collection of early warning indicators - during COP11, all CDC supported OPCs will participate in collecting HIV-DR EWI</li> <li>• Extend HIV QI up to 10 OPCs</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• To maintain high quality testing and counseling for MARPs and other individuals at nine sites (including one in Nhi Xuan rehabilitation center)</li> <li>• To implement PITC model in two hospital sites</li> <li>• To improve capacity for VCT staff</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• Support 4 existing sites to provide treatment services to HIV-infected &amp; exposed children</li> <li>• Provide direct care and support services to 1,900 infected and exposed children in 4 service outlets as well as refer children to other services available in the community</li> <li>• Support psychologists and social workers, who will be available at the OPCs to provide psychosocial support, link the children with other services in community and home-based care support for children who are receiving services at OPCs</li> <li>• Organize training courses on the disclosure model for health care workers at OPCs - this aims to improve capacity of OPC staff on how to inform HIV status to HIV-infected and their caregivers.</li> </ul>			
New:			
<ul style="list-style-type: none"> <li>• Support OPCs to establish peer clubs at OPCs where parents or HIV kids can join, help each other and share experiences on treatment and life</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>• Support 4 existing sites to provide treatment services to HIV-infected children</li> <li>• Support a pediatric technical team in HCMC to provide on-site TA/QA to OPCs</li> </ul>			

- Provide food and nutrition support services including counseling, food supplements, food by prescription (including nutritional support for at least 20 HIV positive children annually with evidence of severe malnutrition) - this activity will be integrated with the nutrition department at the Pediatric hospitals where OPCs are located
- Maintain the activities at the training unit to provide all training courses on Pediatric treatment
- Organize new and refresh training courses for OPC staff on HIV treatment
- Organize monthly meetings at Pediatric 1 OPC where pediatricians in the city and from nearby provinces can share experiences on care, support and treatment

New:

- Piloting HIVQUAL at ND1 OPC to improve the quality of services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

**Narrative:**

- Continue to provide primary technical oversight for monitoring and evaluation (M&E), health management information system (HMIS), surveillance, and human capacity development (HCD) activities
- Routine program monitoring and reporting for ART, PMTCT, VCT, community outreach, and HMIS activities supporting centralized client registration for HIV/AIDS services in HCMC province. Focus on data quality assurance, M&E, and reporting technical assistance at the provincial and service delivery levels. Funds will support contracted staff, training, implementation and supervision at all levels across all PEPFAR program areas
- Collaboration with technical local institutions and universities around capacity building activities to strengthen HIV program management and data collection, management and use
- HMIS implementation and support, expanded through national TWG support
- Collaborate with the HCMC Department of Health, HCMC Pasteur Institute, preventive medicine centers, and local technical institutes to establish geographic information systems and epidemiologic capacity building around disease monitoring in HCMC and the Mekong Delta regions
- Program evaluations and operational research to measure intervention outcome and impact and inform evidence-based intervention approaches

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

**Narrative:**

- To provide behavioral change communication and referral to HIV related services particularly VCT for street-based and venue-based sex workers
- To maintain and improve supportive environment for outreach work

<ul style="list-style-type: none"> <li>Continue activities and maintain the same geographical coverage of seven districts since last year's COP with focus on improving service quality</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted
<b>Narrative:</b>			
<p>Outreach for IDU</p> <ul style="list-style-type: none"> <li>To provide behavioral change communication and referral to HIV related services particularly VCT for IDUs</li> <li>To maintain and improve supportive environment for outreach work</li> <li>To continue activities and maintain the same geographical coverage of seven districts since last year's COP with focus on improving service quality</li> </ul> <p>Methadone (MMT)</p> <ul style="list-style-type: none"> <li>To maintain high quality Methadone treatment in 3 sites and extend to two new Methadone sites (with minimal support from PEPFAR i.e. TA/QA and methadone). Estimated 1,800 Methadone clients will be provided Methadone Maintenance Treatment services and referred to HIV-related services as needed</li> <li>To improve screening for mental health disorders for MMT clients and to make successful referrals to mental health systems in HCMC</li> <li>To strengthen activities of self help groups and MMT treatment supporters</li> <li>To build capacity for clinical mentors as well as MMT counseling mentors</li> <li>To develop and implement a sustainable staffing plan for MMT in HCMC</li> </ul> <p>Addictions</p> <ul style="list-style-type: none"> <li>Addiction counseling in 5 sites, shifting to an integrated MMT/counseling model wherever possible (attach counselors to new MMT sites)</li> <li>Training and mentoring existing community-based volunteers and government staff in outreach/peer education, IDU case management, general HIV and addiction knowledge</li> <li>Work towards housing addiction treatment services in the Mental Health sector</li> <li>Targeted BCC for IDU hotspot areas (communities) and families of IDU</li> <li>Pre-release support &amp; community linkages for residents of mandatory drug detoxification centers</li> <li>Modest facilitation of volunteer IDU self-help and social-support groups, linked to MMT self-help groups</li> <li>Strengthening linkages, referrals and experience-sharing between core IDU services, and then from core services to key wraparound services</li> <li>M&amp;E for addictions services in HCMC to inform programming</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	MTCT	Redacted	Redacted
------------	------	----------	----------

**Narrative:**

- Scaling down the coverage of the PMTCT program by handing over some sites to other partners such as GVN, and other donors
- Improving the public awareness of PMTCT programs to increase the number of pregnant women who receive HIV counseling and testing, to increase the number of women who obtain their test results, and to increase the number of HIV-infected women and their babies who are receiving ARVs
- Strengthening the linkages between PMTCT with OPCs and VCT programs for primary prevention purposes and preventing unintended pregnancy among HIV-infected women
- Improving quality of PMTCT services through regular TA/QA
- Strengthening linkages between PMTCT and reproductive health, nutrition, STI and other HIV/ AIDS programs through coordination meetings
- Capacity building for PMTCT and MCH staff for sustainability of PMTCT program

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

**Narrative:**

- Continuing Lab Program Activity (under new Coag)
- Quality Management Training Program: Training will be provided to labs in HCMC region (includes identification and training of site Quality Managers) - this activity will be supported (TA, staff and funding) from FHI and these funds will be used to support logistics and travel
- Lab Site monitoring program: Funding supports training for HCMC PAC staff and travel to all PEPFAR supported sites
- Technical support to CSQL and development of EQA Software and Technical support to CSQL.
- Laboratory Information System: maintenance of system at 10 sites, implementation at 2 new sites, staff (3) at PAC, support for bar coding at 12 sites, instrument interfacing at 12 sites, and support for data exchange between information systems at 4 sites

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

**Narrative:**

- Core activities: PITC, 3 Is (ICF, IPT, IC), training and capacity development, strengthen collaboration between TB and HIV program at all levels
- 100% of districts (n=24) implement PITC in 27 sites including 25 for TB out-patients and 2 for TB hospitalized patients

- IC interventions in 1-2 sites
- Targets: > 90% of TB patients (14,000) receiving PITC, 800 PLHIV receiving IPT, 10,000 PLHIV screened for TB, and 200 HCW trained
- Expansion of PITC to 2 new sites in Pham Ngoc Thach hospital targeting TB hospitalized patients
- Expansion of IC interventions to 2-3 new sites
- Targets: 15,000 TB patients receiving PITC, 600 PLHIV receiving IPT, 10,500 PLHIV screened for TB, and 250 HCW trained

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13115</b>	<b>Mechanism Name: HSPH</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
----------------------------	----------



## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b> 13115			
<b>Mechanism Name:</b> HSPH			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
<p>Activity 1: Strengthening public health capacity in Vietnam</p> <p>The Hanoi School of Public Health (HSPH) is the premier public health institution in Vietnam. It currently has bachelors, masters, and doctorate level degrees in public health as well as a wide range of in-service training opportunities. COP11 funds (year two of a five year cooperative agreement) will be used to further develop and enhance the capacity of the HSPH to train and develop a high quality and relevant public health workforce for Vietnam. Specific activities include: 1. Establishing a Bachelors of Public Health Informatics 'track' within the existing HSPH curriculum. This curriculum will be based upon standardized competencies that are appropriate for Vietnam. This program seeks to increase capacity and availability of public health workers to improve the acquisition, integration, and display of information, with the goal of improving both individual and population health. This program will train between 15-25 students per class. 2. Strengthening the epidemiology/biostatistics program at the HSPH. In collaboration with local and international institutions the HSPH will seek to enhance the quality of its epidemiology training by a systematic review and adjustment of its current course offering, increased training of existing faculty and partner staff, faculty exchanges with external institutions, and increasing the availability of 'hands-on' research opportunities for faculty and students. 3. Establishing an integrated Vietnam Public Health Training Network (VPHTN) public health training network involving the existing public health facilities and medical training institutions. It is envisioned that this network will result in an expanded reach of high-quality, standardized curricula related to public health training and technical assistance under the coordination of three regional coordination centers in the north, central, and southern regions of Vietnam. COP11 funds will be used to support coordination meetings, materials development, technical assistance, and course implementation. 4. Improving information technology (IT) infrastructure based upon an evaluation of existing resources and facility needs. COP11 funds will support an IT needs assessment, computer workstations, and local area network equipment.</p>			





Activity 1 Budget: \$200,000			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
<p>/ Expansion of SMDP training outside of Ministry of Health, including ministries of Defense, Labor, Public Security and Education; and to civil society development partners</p> <p>/ Based on findings from impact evaluation in COP 2010, expansion of key capacity building activities related to strengthening School curriculum, faculty expertise and linkages to international and national institutions</p> <p>/ Coordination and networking to strengthen linkages among the public health schools in Vietnam</p> <p>/ Technical assistance to regional partners in the central and southern region in management training development and delivery</p>			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13117</b>	<b>Mechanism Name: English for national lab</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



### Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
----------------------------	----------

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	13117		
<b>Mechanism Name:</b>	English for national lab		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

#### Narrative:

/ New Lab Program Activity  
 / English Language lessons for selected staff at national level laboratory institutions (examples include National TB Reference Laboratory, National Hospital for Tropical Diseases, National Hospital for Dermatology and Venereology).  
 / This will facilitate: uptake of TA from international partners and allow for participation in international laboratory conferences (as both attendees and presenters)

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13131	<b>Mechanism Name:</b> I-TECH
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 745,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	745,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Vietnam has the 12th highest burden of tuberculosis in the world with an estimated 173 cases per 100,000 persons. For HIV-positive persons in Vietnam, TB is the primary cause of severe illness and death.

The new USAID TBD TB program will work to enhance existing TB programs and expand their reach. Consistent with the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam 5-Year Strategy, the expansion of provider-initiated testing and counseling (PITC) 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-positive persons by promoting the three "I's", consisting of intensified TB case finding, infection control and isoniazid preventive therapy (IPT). Special attention will continue to be paid to the development of a successful, evidence-based model for screening HIV patients for TB disease, strengthening human resources at the district level, and the provision of cotrimoxazole, antiretroviral therapy (ART) and other services for HIV-positive TB patients.

Human resource development is vital in order to ensure there is a sustainable HIV TB care system in the future. To meet this goal, PEPFAR will support direct technical assistance and additional training of individuals who will offer TB diagnosis and treatment, and ensure proper data recording and reporting practices. PEPFAR will expand TB laboratory capacity support and will support national efforts for training and quality assurance in smear microscopy.

The target populations are HIV TB co-infected individuals (in particular, those diagnosed with TB and not currently diagnosed with HIV, and those diagnosed with HIV and not yet screened for TB or receiving treatment for TB). The geographic coverage will be in the seven PEPFAR-focus provinces.

One of the primary goals of the USAID TB program is to strengthen the overall TB system, especially for



those who are HIV positive. Activities in this program will involve laboratory strengthening within the Ministry of Health system and the training of key health personnel at the national, provincial and community levels on how to improve diagnosis, infection control and treatment of TB.

All Vietnam in-country activities are implemented through, by or with Vietnamese government partners, ensuring country ownership. PEPFAR Vietnam will continue to formally coordinate with the government of Vietnam and other relevant programs, including those supported by the Global Fund, WHO, other donors and other donor funded programs, to ensure that future PEPFAR investment in these areas is strategic and complementary.

All new activities will have strong monitoring and evaluation and quality and efficiency improvement components, as PEPFAR support gradually shifts to a more supervisory and, eventually, advisory role.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

TB

**Budget Code Information**

<b>Mechanism ID:</b> 13131			
<b>Mechanism Name:</b> I-TECH			
<b>Prime Partner Name:</b> University of Washington			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	330,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	415,000	

<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13147</b>	<b>Mechanism Name: HIVQUAL</b>
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	200,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b> 13147			
<b>Mechanism Name:</b> HIVQUAL			
<b>Prime Partner Name:</b> NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	200,000	

**Narrative:**  
 / Provision of technical assistance from the AIDS Institute of the New York State department of health to the MoH and HCMC PAC (HEALTHQual International) to establish HIVQual  
 / HIVQual is a national HIV Quality of Health Care program  
 / These funds will cover 2-3 technical assistance visits and technical support from HEALTHQual international

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13159	<b>Mechanism Name:</b> S Vietnam epi support
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	13159		
<b>Mechanism Name:</b>	S Vietnam epi support		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

#### Narrative:

Activity: Strategic Information support to HCMC Pasteur Institute

PEPFAR will partner with the Ho Chi Minh City Pasteur Institute to strengthen disease surveillance capacity in the southern region of Vietnam. The HCMC Pasteur Institute oversees preventive medicine and HIV and other disease surveillance in 20 southern provinces, including Ho Chi Minh City. In collaboration with CDC and the National Institute of Hygiene and Epidemiology, the HCMC Pasteur institute will:

- Identify operational research needs and conduct epidemiological studies to provide evidence-based best practices in disease control and prevention and to evaluate outcomes and impact of HIV and other disease interventions.
- Contribute to national and international disease surveillance knowledge by evaluating methodologies for surveillance, including but not limited to hidden population sampling methods and incidence algorithms. Provide epidemiologic methodology and analysis support to the HCMC Department of Health, HCMC Provincial AIDS Committee, other provincial AIDS centers, preventive medicine centers, and local technical institutes in surveillance activities in the south of Vietnam, including the development of an integrated disease surveillance system and applications of geographic information systems for disease monitoring and response.



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13177</b>	<b>Mechanism Name: Social Work-OVC</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

## Sub Partner Name(s)

Ministry of Education and Training	Ministry of Labor, Invalids and Social Affairs	University of Labor and Social Affairs
------------------------------------	--	--

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b> 13177
----------------------------





<b>Mechanism Name:</b>	<b>Social Work-OVC</b>		
<b>Prime Partner Name:</b>	<b>TBD</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
<p>Completion of the training curriculum on a foundation program for social work and the development of a social work specialization program for OVC.</p> <p>Pilot of the training curriculum with a group of MOLISA in-service staff and case managers working in PEPFAR supporting social service models for OVC.</p> <p>Revision of the training and practicum program for replication.</p>			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13198</b>	<b>Mechanism Name: Interoperability and mHealth</b>		
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement		
Prime Partner Name: TBD			
Agreement Start Date: Redacted	Agreement End Date: Redacted		
TBD: Yes	Global Fund / Multilateral Engagement: No		
Total Funding: Redacted			
<b>Funding Source</b>		<b>Funding Amount</b>	
Redacted		Redacted	

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Safe Motherhood

## Budget Code Information

<b>Mechanism ID:</b> 13198			
<b>Mechanism Name:</b> Interoperability and mHealth			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

### Narrative:

Interoperability REDACTED

- ? Support HMIS Strategy Coordination, including the HMIS TWG, chaired by the Ministry of Health's Department of Planning and Finance.
- ? Conduct quarterly meetings to bring together Ministries, donors and experts in the field of informatics to discuss progress towards implementation of the National HIS strategic plan
- ? Key topics will include unique patient IDs, security and confidentiality, enterprise architecture, use cases and requirement documents, infrastructure, governance, system and data interoperability, and information use
- ? All activities directly support Health Systems Strengthening
- ? Geographic Coverage: National Level

New Activity

mHealth REDACTED

- ? Explore use of mHealth solutions to improve delivery of health care services
- ? Document appropriate use cases, i.e., collecting information needs and systems functionality to support beneficiaries of mobile phone systems
- ? Determine design, and/or coverage level of appropriate software technologies
- ? Explore public-private partnerships to help tackle obstacles to deliver health care services
- ? Ultimate goal is to Increased access to healthcare and health-related information, particularly for hard-to-reach populations

- ? Improved ability to diagnose and track diseases
- ? Timelier public health information
- ? Expanded access to ongoing medical education and training for health workers

Possible Applications for m\*health:

- ? Education and awareness
- ? Remote data collection
- ? Remote monitoring
- ? Communication and training for healthcare workers
- ? Disease and epidemic outbreak tracking
- ? Diagnostic and treatment support

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13221</b>	<b>Mechanism Name: Microcredit &amp; Job Placement</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



### Cross-Cutting Budget Attribution(s)

Economic Strengthening	REDACTED
------------------------	----------

### Key Issues

Increasing women's access to income and productive resources  
 Workplace Programs

### Budget Code Information

<b>Mechanism ID:</b> 13221			
<b>Mechanism Name:</b> Microcredit & Job Placement			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

#### Narrative:

This is a continuing activity from COP 08, 09, 10, currently being carried out by Chemonics.

In COP10, Chemonics piloted a new model that shifted the provision of micro loans from PEPFAR funding to the micro-finance institutions acknowledged and accredited by the national banking system. This is a challenging activity requiring careful step-wise approach to assure the expected outcomes achieved. Chemonics performance in COP10 will be reviewed to define their continued role in COP11. The key partner for this activity hereafter will be referred as TBD partner.

The purpose of the activity is to support the people living with HIV/AIDS (PLHIV) and the residents from government rehabilitation centers in achieving the social and economic stability which are not only a key HIV prevention priority in Vietnam, but also a key priority of Adult Care and Support. Economic rehabilitation services can improve treatment outcomes and quality of life for PLHIV.

Based on the previous support provided under COP08, 09 and 10, under COP11 the TBD partner will play a leading role in sustainability by building capacity of identified institutions to implement best-practice approaches to the economic rehabilitation of PLHIV/HRIs in the following two key areas:

- Job placement program:
  - o Expand the job placement program by strengthening systems that are most effective in the short term



and most promising in the long term in regard to job creation and retention for PLHIV/HRIs.

- o Work within local enterprises to promote employment, employees' rights and workforce policies and reduce workplace stigma and discrimination against high-risk individuals and PLHIV.
- o Work with all PEPFAR OPCs, drop-in centers, MMT clinics, home based care and support groups to provide information and counseling services on employment opportunities.
- o Ensure coordination among different job market players in order to increase access for and provide a continuum of support for PLHIV/HRIs to find jobs through a competitive job market.

- Micro-finance program:

- o Sustainably mainstream microfinance program through handing over pilot partnership programs to VBSP and a newly independent micro-finance institution (TYM).
- o Expand the pilot model to other microfinance organizations (for instance: M7 in 4 provinces, Binh Minh/SEDA in Ha Noi, CEP in HCMC) to increase the number of HRIs accessing MF services.
- o Promote the HIV mainstreaming among MFIs who are members of microfinance working group in Vietnam.
- o Strengthen microenterprise development among PLHIV/HRIs.

In COP10, TYM committed to contribute 50,000 USD for loans for PLHIV/HRIS leveraging PEPFAR funding. Partners who participate in the micro-finance program (TYM, VBSP, other micro-finance organizations) will be encouraged to share costs or increase their cost sharing percentage for loans for PLHIV/HRIs.

In COP2011, TBD partner will seek to increase the number of PLHIV provided service in all 7 PEPFAR focus provinces.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13222</b>	<b>Mechanism Name: Incidence Survey</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No



Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13222			
<b>Mechanism Name:</b> Incidence Survey			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

**Narrative:**

Activity: HIV Incidence testing support  
 Building on previous work in testing and validating new incidence assays, CDC Vietnam will continue to support the National Institute of Hygiene and Epidemiology in incidence surveillance. Funds will be used to procure assays for testing on sentinel surveillance and integrated biological and behavioral surveillance specimens stored at NIHE.

**Implementing Mechanism Indicator Information**



(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13225</b>	<b>Mechanism Name: Data Quality Assurance &amp; HMIS</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

Safe Motherhood

### Budget Code Information

<b>Mechanism ID:</b>	13225
<b>Mechanism Name:</b>	Data Quality Assurance & HMIS



<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
<p>Work in collaboration with multilateral and bilateral organization to jointly develop a national Data Quality Assessment (DQA) Tool. The objective of this harmonized initiative is to provide a common approach for assessing and improving overall data quality. A single tool helps to ensure that standards are harmonized and allows for joint implementation between partners</p> <p>Support the GVN to strengthen data quality assurance procedures</p> <p>National Level</p> <p>Expanded activity</p>			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13234</b>	<b>Mechanism Name: TB CARE - 1</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: KNCV	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 280,000</b>	
Funding Source	Funding Amount
GHCS (State)	280,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative





### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection

### Budget Code Information

<b>Mechanism ID:</b> 13234			
<b>Mechanism Name:</b> TB CARE - 1			
<b>Prime Partner Name:</b> KNCV			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	80,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13269	<b>Mechanism Name:</b> Surveillance Hub
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement



Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13269		
<b>Mechanism Name:</b>	Surveillance Hub		
<b>Prime Partner Name:</b>	TBD		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	Redacted	Redacted

**Narrative:**

• Surveillance Hub: To establish and maintain an HIV/AIDS and public health surveillance training center ('Knowledge Hub'). TBD Partner will coordinate the development and will provide input into the establishment of an Asia regional surveillance knowledge hub in Vietnam to contribute to increasing



capacities in the implementation of effective, sustainable and context-specific HIV and public health surveillance and evaluation systems to enable evidence-based development of HIV prevention, care and treatment programs.

- TBD Partner will contribute to staff for curricula development and training, and resources will be used to establish the lecture halls and computer labs. Partner will also collaborate with technical experts to provide current and evidence-based training and capacity building through this established institution. TBD Partner will create linkages with key institutions in-country and in the region to leverage the reach and impact of the institution.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13282</b>	<b>Mechanism Name: To Be Determined</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: DATA QUALITY AND USE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 250,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	250,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)



## Key Issues

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's legal rights and protection

## Budget Code Information

<b>Mechanism ID:</b>	13282		
<b>Mechanism Name:</b>	To Be Determined		
<b>Prime Partner Name:</b>	DATA QUALITY AND USE		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	250,000	
<b>Narrative:</b>			
None			

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13306</b>	<b>Mechanism Name: Fogarty</b>
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: FOGARTY INTERNATIONAL CENTER	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 220,000</b>	
Funding Source	Funding Amount
GHCS (State)	220,000

## Sub Partner Name(s)

(No data provided.)



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000
----------------------------	---------

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	13306		
<b>Mechanism Name:</b>	Fogarty		
<b>Prime Partner Name:</b>	FOGARTY INTERNATIONAL CENTER		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	220,000	

#### Narrative:

This is an ongoing activity. These funds will be used to develop opportunities for Vietnamese nationals to receive training in epidemiology, biostatistics and data use through a collaboration of the National Institutes of Health (NIH) and the Fogarty Program with US based Universities.

This fellowship program aims to provide qualified Epidemiologists and M&E officers to donors, implementing partners, and the government. This fellowship will target mid-career professional in statistics, public health, epidemiology, and related fields. This program will provide opportunities for Vietnamese nationals to receive training in epidemiology, biostatistics and data use at high-quality US-based universities. Candidates will be chosen based on a rigorous application and evaluation process that will assess technical skills, personal motivation, and their potential contribution to the Vietnamese health system.

It is envisioned this program will consist of two components:



**Component 1:**

Starting in the summer 2010, 5-10 scholars will be competitively selected to attend a series of intensive short courses in the key areas described above. This 4-6 week summer fellowship may be sub-divided into progressive and parallel modules and is designed to further the professional development of Vietnamese public health practitioners in applied data use. Successful applicants will have an opportunity to gain further knowledge in applied epidemiology, biostatistics, operational research, program management, monitoring and evaluation. COP11 funds will be used to support 16-18 fellows with travel, tuition, and living expenses for the duration of the fellowship.

**Component 2:**

Funds will also be used to support up to two individuals annually from Vietnam to undertake a complete Masters-level program providing training in public health that will focus on epidemiology, biostatistics, monitoring and evaluation (M&E). This fellowship program aims to provide qualified epidemiologists and M&E officers to various Vietnam government agencies and program implementing partners. Specific agencies may include: the Vietnam Administration for HIV/AIDS Control (VAAC), the National Institute for Health and Epidemiology (NIHE), the provincial AIDS/Health centers as well as other MoH entities. This fellowship will target university graduates in statistics, public health, epidemiology and related fields. Upon the completion of the program, fellows will have the ability to work as epidemiologists and/or M&E officers for an public health (e.g. HIV/AIDS) programs. For selected scholars, the fellowship will cover the cost of university tuition and fees, and provide a monthly living stipend and health insurance. Scholars will be enrolled in a U.S.-based university and will be provided with academic support and mentorship through the selected university. In addition to academic program support, scholars will receive post-program mentorship from the selected university as well as the USG program in Vietnam. USG will also foster integration of returned fellows into existing alumni networks, professional associations, and international public health fora in Vietnam.

The ultimate goal of this program is to cultivate a new generation of public health specialists engaged in the implementation of program activities related to HIV care, treatment and prevention and overall data use for the improvement of public health programs and systems.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 13370</b>	<b>Mechanism Name: TB CARE</b>
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement



Development	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

Can Tho PHS/PAC/TB hospital	Da Nang PHS/PAC/TB hospital	Hanoi PHS/PAC/TB hospital
Ho Chi Minh City PHS/PAC/TB hospital	National TB Program	Thanh Hoa PHS/PAC/TB hospital

### Overview Narrative

Vietnam has the 12th highest burden of tuberculosis in the world with an estimated 173 cases per 100,000 persons. For HIV-positive persons in Vietnam, TB is the primary cause of severe illness and death.

The new USAID TBD TB program will work to enhance existing TB programs and expand their reach. Consistent with the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam 5-Year Strategy, the expansion of provider-initiated testing and counseling (PITC) 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-positive persons by promoting the three "I's", consisting of intensified TB case finding, infection control and isoniazid preventive therapy (IPT). Special attention will continue to be paid to the development of a successful, evidence-based model for screening HIV patients for TB disease, strengthening human resources at the district level, and the provision of cotrimoxazole, antiretroviral therapy (ART) and other services for HIV-positive TB patients.

Human resource development is vital in order to ensure there is a sustainable HIV TB care system in the future. To meet this goal, PEPFAR will support direct technical assistance and additional training of individuals who will offer TB diagnosis and treatment, and ensure proper data recording and reporting practices. PEPFAR will expand TB laboratory capacity support and will support national efforts for training and quality assurance in smear microscopy.



The target populations are HIV TB co-infected individuals (in particular, those diagnosed with TB and not currently diagnosed with HIV, and those diagnosed with HIV and not yet screened for TB or receiving treatment for TB). The geographic coverage will be in the seven PEPFAR-focus provinces.

One of the primary goals of the USAID TB program is to strengthen the overall TB system, especially for those who are HIV positive. Activities in this program will involve laboratory strengthening within the Ministry of Health system and the training of key health personnel at the national, provincial and community levels on how to improve diagnosis, infection control and treatment of TB.

All Vietnam in-country activities are implemented through, by or with Vietnamese government partners, ensuring country ownership. PEPFAR Vietnam will continue to formally coordinate with the government of Vietnam and other relevant programs, including those supported by the Global Fund, WHO, other donors and other donor funded programs, to ensure that future PEPFAR investment in these areas is strategic and complementary.

All new activities will have strong monitoring and evaluation and quality and efficiency improvement components, as PEPFAR support gradually shifts to a more supervisory and, eventually, advisory role.

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

TB

### Budget Code Information

<b>Mechanism ID:</b> 13370			
<b>Mechanism Name:</b> TB CARE			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			





? Further development of the laboratory network for early diagnosis of drug resistant TB and adequate follow-up of treatment in five high HIV prevalence provinces with MDR TB treatment sites, building on the achievements and experiences of the TB CAP project.

? Improve TB infection control for district TB and HIV clinics in five provinces with MDR treatment sites, including training on TB infection control, establishment of IC committee at each TB and HIV clinic, development and implementation of IC plan at each clinic, and monitoring and supervision by national IC team.

? Provide TA and support further development of the TB laboratory network to improve TB diagnosis, introduction of new techniques, especially relevant in HIV co-infected patients.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13379</b>	<b>Mechanism Name: NIHE</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)



Human Resources for Health	REDACTED
----------------------------	----------

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13379			
<b>Mechanism Name:</b> NIHE			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

**Narrative:**

Activity: Strategic Information support to NIHE

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. PEPFAR will continue to support NIHE to leverage its role as head of Vietnam's HIV/AIDS surveillance subcommittee, NIHE will develop strategies and guide surveillance disease monitoring with a focus on:

- Strengthening the national sentinel surveillance system through continued training, quality assurance and control, and improved data management systems, and widespread use of surveillance data.
- Biological and behavioral surveillance among risk populations not yet routine monitored, such as clients of sex workers and partners of IDUs.
- Size estimation of most at risk populations (IDU, FSW, high risk MSM) in additional provinces where the HIV epidemic concentrates.
- Technical support for national monitoring and evaluation activities, supporting VAAC in operationalizing the national M&E framework.
- Continued engagement with international technical working groups to test incidence assays and routine incidence surveillance in Vietnam using stored sentinel surveillance and integrated biological and behavioral surveillance.
- Modeling national estimates and projections of HIV infection.
- Capacity development around second generation surveillance: building technical capacity within the HIV/AIDS surveillance department at NIHE and other regional institutes; skills building for implementers at the provincial level, including basic epidemiology courses; and applications of novel and improved



methodologies.

- Integrating HIV with other disease surveillance; coordinating donors and other stakeholders to make efficient disease surveillance systems and encourage a platform for information sharing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

**Narrative:**

/ Continuing Laboratory Program Activity (under a new Coag).  
 / HIV EQA Serology program, includes panel production, data analysis, report generation, training for participating sites  
 / Development of an HIV diagnosis Internal Quality Control (IQC) Program.  
 / Phase II HIV Test Kit Evaluation, conducted at 3-4 field sites.  
 / HIV Diagnostic Training, package development and delivery.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 13511</b>	<b>Mechanism Name: IHPH</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Institute of Hygiene and Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
Funding Source	Funding Amount
GHCS (State)	0

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Through this cooperative agreement PEPFAR Vietnam will provide support to train and improve the skills



of public health professionals and students of public health, particularly in the areas of program and administrative management. CDC/PEPFAR will provide technical assistance and funding to the Institute of Hygiene and Public Health, which is based in Ho Chi Minh City and is charged with carrying out training, research, etc. to strengthen the capacity of Vietnam's public health professionals to budget, lead, plan, monitor and evaluate public health programs by providing in-service training for public health providing on epidemiology, statistics, project management, total quality management, grant writing, etc. The activities will focus on southern Vietnam and be coordinated with the Hanoi School of Public Health and the Pasteur Institute in HCMC.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13511			
<b>Mechanism Name:</b> IHPH			
<b>Prime Partner Name:</b> Institute of Hygiene and Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	
<b>Narrative:</b>			
<p>July 2010 reprogramming: Funds added to this new CoAg for OHSS activities. Funds were reprogrammed from Mechanism #10499 (HBHC).</p> <ul style="list-style-type: none"> <li>• Expanding capacity building initiatives in Southern Vietnam, including training in management in public health, TQM, QA, epidemiology and other topics as needed and appropriate</li> <li>• Coordination with similar regional GoVN institutes to deliver capacity building initiatives</li> <li>• Other health system strengthening activities, such as applying GIS/GPS for disease/outbreak monitoring and management; and developing an integrated disease surveillance system. etc</li> </ul>			



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13513</b>	<b>Mechanism Name: Super national lab</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b> 13513
<b>Mechanism Name:</b> Super national lab



<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
/ New Lab Program Activity / Strengthen ties between Vietnam's TB program and its designated supernational reference lab / Provide on -site training/monitoring to national and regional TB lab. / Provide TB-specific bio-safety training			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13551</b>	<b>Mechanism Name: New Partners Initiative</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Nordic Assistance Vietnam	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
Funding Source	Funding Amount
GHCS (State)	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)



**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13551			
<b>Mechanism Name:</b> New Partners Initiative			
<b>Prime Partner Name:</b> Nordic Assistance Vietnam			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	
<b>Narrative:</b>			
This is a centrally-funded NPI award.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	
<b>Narrative:</b>			
This is a centrally-funded NPI award.			

**Implementing Mechanism Indicator Information**

(No data provided.)



## USG Management and Operations

1.  
Redacted
2.  
Redacted
3.  
Redacted
4.  
Redacted
5.  
Redacted

### Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				200,327		200,327
ICASS				548,660		548,660
Management Meetings/Professional Development				220,500		220,500
Non-ICASS Administrative Costs				590,262		590,262
Staff Program Travel				288,200		288,200
USG Staff Salaries and Benefits				1,503,406		1,503,406
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,351,355</b>	<b>0</b>	<b>3,351,355</b>





### U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		200,327
ICASS		GHCS (State)		548,660
Management Meetings/Professional Development		GHCS (State)		220,500
Non-ICASS Administrative Costs		GHCS (State)		590,262

### U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				70,000		70,000
Computers/IT Services				20,000		20,000
ICASS				70,000		70,000
Management Meetings/Professional Development				50,000		50,000
Non-ICASS Administrative Costs				80,000		80,000
USG Staff Salaries and Benefits				320,000		320,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>610,000</b>	<b>0</b>	<b>610,000</b>



**U.S. Department of Defense Other Costs Details**

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		70,000
Computers/IT Services		GHCS (State)		20,000
ICASS		GHCS (State)		70,000
Management Meetings/Professional Development		GHCS (State)		50,000
Non-ICASS Administrative Costs		GHCS (State)		80,000

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention**

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				288,152		288,152
Computers/IT Services				504,000		504,000
ICASS				2,592,870		2,592,870
Institutional Contractors				2,181,200		2,181,200
Management Meetings/Professional Development				148,077		148,077
Non-ICASS Administrative Costs				1,158,470		1,158,470



Staff Program Travel				846,602		846,602
USG Staff Salaries and Benefits			2,855,000	563,888		3,418,888
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2,855,000</b>	<b>8,283,259</b>	<b>0</b>	<b>11,138,259</b>

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details**

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		288,152
Computers/IT Services		GHCS (State)		504,000
ICASS		GHCS (State)		2,592,870
Management Meetings/Professional Development		GHCS (State)		148,077
Non-ICASS Administrative Costs		GHCS (State)		1,158,470

**U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration**

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				85,000		85,000
Non-ICASS Administrative Costs				35,000		35,000
Staff Program Travel				88,000		88,000



USG Staff Salaries and Benefits				345,000		345,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>553,000</b>	<b>0</b>	<b>553,000</b>

**U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration Other Costs Details**

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		85,000
Non-ICASS Administrative Costs		GHCS (State)		35,000