

Pact

Community REACH Program FY10 Annual Progress Report – Performance narrative

Supported by the U.S. President's Emergency Plan for AIDS
Relief through the U.S. Agency for International Development



Haiphong street youth
Save the Children in Vitenam/
HHCS



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Abbreviations

AHF	AIDS Healthcare Foundation	HVCT	Counseling and Testing
ART	Antiretroviral treatment	HVOP	Other Prevention
AZT	Zidovudine	ICRW	International Center for Research on Women
BCC	Behavior change communications	IDU	Injecting drug user
BCCi	Behavior Change Communications Outreach Capacity Building Initiative	IDUP	Biomedical Prevention
CBO	Community-based organization	IEC	Information, Education and Communication
CDC	Centers for Disease Control	IGA	Income-generating activity
CESVI	Cooperazione e Sviluppo	INGO	International nongovernmental organization
CHBC	Community- and home-based care	IPT	Isoniazide prophylaxis treatment
CHP	Center for Community Health Promotion	ISDS	Institute for Social Development Studies
CNCSBC	Center for Nursing Consultation & Services Based Community	LNGO	Local nongovernmental organization
COHED	Center for Community Health Development	LPI	Local Partnership Initiative
COP	Country Operational Plan	M&E	Monitoring and Evaluation
CRS	Catholic Relief Services	MARP	Most at risk population
d4T	Stavudine	MdM	Médecins du Monde
DOLISA	Department of Labor, Invalids and Social Affairs	MOET	Ministry of Education and Training
FANTA	Food and Nutrition Technical Assistance	MOLISA	Ministry of Labor, Invalids and Social Affairs
FSW	Female sex worker	MSM	Men who have sex with men
HBHC	Adult Care and Support	MTCT	Mother-to-Child Transmission
HCMC	Ho Chi Minh City	NGI	New Generation Indicator
HESDI	Health and Environment Service Development Investment	NPA	National Plan of Action
HIV	Human immunodeficiency virus	OCA	Organizational Capacity Assessment
HKID	Orphans and Vulnerable Children	OD	Organizational development
HMIN	Injection Safety	OHSS	Health System Strengthening
HRI	HealthRight International	OI	Opportunistic infection
HTXS	Adult Treatment	OPC	Outpatient clinic
HVAB	Abstinence and Faithfulness	OSEDC	Organization for the Support and Education of Disadvantaged Children

OSP	Organizational strengthening plan	SCMS	Supply Chain Management System
OVC	Orphans and vulnerable children	SHAPC	STD/HIV/AIDS Prevention Center
PAC	Provincial AIDS Committee	SI	Strategic Information
PDCS	Pediatric Care and Support	STI	Sexually transmitted infection
PDTX	Pediatric Treatment	TDF	Tenofovir
PE	Peer Educator	USAID	United States Agency for International Development
PEPFAR	President's Emergency Plan for AIDS Relief	VAAC	Vietnam Administration of HIV/AIDS Control
PHAD	Institute of Population, Health and Development	VCSPA	Vietnam Civil Society Partnership Platform on AIDS
PLHIV	Person/People living with HIV	VCT	Voluntary counseling and testing
PMTCT	Prevention of mother-to-child transmission	VICOMC	Vietnam Community Mobilization Center for HIV/AIDS Control
PPA	Provincial plan of action	VUSTA	Vietnam Union of Science and Technology Associations
PPC	Pro Poor Center	VWU	Vietnam Women's Union
PwP	Prevention with positives	WWO	Worldwide Orphans Foundation
RM	Resource mobilization		
S&D	Stigma and discrimination		
SCiV	Save the Children in Vietnam		

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Executive summary

Since 2004 the United States Agency for International Development (USAID) has provided Pact with funding from the President's Emergency Plan for AIDS Relief (PEPFAR) to contribute to enhancing the scale, quality and effectiveness of the civil society response to HIV/AIDS in Vietnam. In FY10 Pact provided financial and technical assistance to 25 civil society partners, over half of them local. The outcomes in this Annual Program Report reflect the revised program descriptions, implementation plans and detailed budgets that Pact's 23 continuing partners were supported to develop for the year. Pact also helped build partner capacity through more than 80 partner visits and 26 workshops and trainings, on topics ranging from behavior change communication (BCC) and antiretroviral therapy (ART) adherence to management of human resources, finance and data quality.

Under **prevention**, Pact and its partners comfortably met all sexual and injection prevention targets for FY10. Partners continued to strengthen their focus on most-at-risk population (MARP) targets: for example, Pact assisted the STDs/HIV/AIDS Prevention Center (SHAPC) to further orient its university outreach project toward MARP students and Save the Children in Vietnam (SCiV) to disaggregate its 5,779 MARP street youth reached. Projects serving men who have sex with men (MSM) improved quantitatively, achieving 123% of the target, and qualitatively, successfully reaching hidden subgroups. Voluntary counseling and testing (VCT) services attained 120% of target, boosted by a popular couples counseling service under Médecins du Monde (Mdm). Provincial negotiations delayed prevention of mother-to-child transmission (PMTCT) activities planned under SCiV; services are ready to roll out in FY11.

Under **care and treatment**, Pact and partners met almost all targets, with a few slight exceptions (e.g., adults receiving ART, 91% of target due to a delay in opening the out-patient clinic [OPC] in Soc Son district, Hanoi). A review of community- and home-based care (CHBC) services informed complementary cross-partner support and input for individual program improvement plans. Pact strengthened standardization of approaches in CHBC, nutrition, livelihoods and sexual and reproductive health (SRH) and case management. Project startups included two CHBC initiatives under local partners Organization for the Support and Education of Disadvantaged Children (OSED, in Quang Ning) and Institute of Population and Development (PHAD, in Lao Cai) and two ART sites under the AIDS Healthcare Foundation (AHF). All partners are scaling up community-level tuberculosis screening, and some have begun to support district-level decentralization of pediatric care. Orphans and vulnerable children (OVC) receiving at least one care service rose 1,205% to 7,046. With USAID, Pact developed a new pilot for OVC psychological support and planned for ongoing treatment support after the end of the Pact Community REACH program.

Pact's **Monitoring and Evaluation (M&E)** unit supported partners in transitioning to tools and protocols for the PEPFAR New Generation Indicators (NGIs) and organized training sessions to lay the groundwork for wider strategic use of data in FY11. It is currently piloting systematic M&E strengthening for data use with Mdm and local partners Pro Poor Center (PPC) and the Vietnam Community Mobilization Center for HIV/AIDS Control (VICOMC); Mdm undertook a detailed program evaluation and costing exercise.

Pact introduced a new program objective this year: to provide local civil society organizations with **organizational development (OD)** capacity building services to enhance current and future engagement in the national response to HIV/AIDS. This reflects the REACH program's transition toward an organization-centered approach to organizational development that addresses subgrantees' self-identified priorities and promotes sustainability. Pact's technical assistance and training for partners emphasized resource mobilization and human resources management. Pact also supported the Vietnam Union of Science and Technology Associations (VUSTA) to prepare for a role of grants management and M&E under the Global Fund Round 09 civil society consortium, which represents the first time that local civil society organizations are engaged in a Global Fund project in Vietnam.



Background: Pact Community REACH Program

Since 2004 USAID has provided Pact with PEPFAR funding to implement a rapid response mechanism for HIV/AIDS in Vietnam. The program currently operates under a five-year Associate Award initiated in 2006, under Pact's global Community REACH Leader with Associate Award. The program goal is to contribute to enhancements in the scale, quality and effectiveness of the civil society response to HIV/AIDS in Vietnam, through supporting comprehensive prevention, care, support and treatment interventions, and creating a supportive social and policy environment. Its specific objectives are as follows:

- *To provide an effective and transparent grant award and administration system for the provision of responsive, fast-track grant-making assistance to civil society organizations*
- *To provide program implementers with access to high-quality technical expertise to assist in achieving and effectively reporting results*
- *To ensure effective coordination and communication with USAID and other stakeholders engaged in the national HIV/AIDS response*
- *To provide local civil society organizations with organizational development capacity building services to enhance current and future engagement in the national response*

Note: The final objective was added as of FY10. While technical assistance for organizational development during the first phase of REACH focused largely on establishing systems and procedures that partners needed to implement their USAID projects and meet grant requirements, this new objective supports the program's transition toward a more comprehensive, organization-centered approach that addresses subgrantees' self-identified priorities for capacity development and promotes sustainability of subpartners and their projects.

Since its inception the REACH project has worked with 32 civil society partners, which have implemented a cumulative 49 projects across all PEPFAR priority provinces and selected others. In FY10 Pact supported 25 partners implementing 36 projects, including three new projects, in 14 provinces (see map). With the addition of two new local partners in FY10, Pact's partners were 54% local organizations, up from 29% in 2006. Pact and its partners implemented activities in almost all PEPFAR program areas: Abstinence and Faithfulness (HVAB), Other Prevention (HVOP), Biomedical Prevention (IDUP), Counseling and Testing (HVCT), Adult Care and Support (HBHC), Adult Treatment (HTXS), Pediatric Care and Support (PDCS), Pediatric Treatment (PDTX), Orphans and Vulnerable Children (HKID), Prevention of Mother-to-Child Transmission (MTCT), Injection Safety (HMIN) and Health System Strengthening (OHSS).

Pact program coverage in Vietnam, FY10

PEPFAR priority provinces	Program area											
	HVAB	HVOP	IDUP	HVCT	HBHC	HTXS	PDCS	PDTX	HKID	MTCT	HMIN	OHS
Dien Bien										•		
<i>International partner</i>	SCIV											
Lao Cai					•				•			
<i>Local partner</i>	PHAD											
Hanoi	•	•	•	•	•	•	•	•	•		•	
<i>International partners</i>	CARE, CRS, HRI, ISDS, MdM, Pathfinder, PSI, SCIV, WWO											
<i>Local partners</i>	COHED, SHAPC, VICOMC, VNA											
Haiphong	•	•	•		•	•	•	•	•		•	
<i>International partners</i>	AHF, CESVI, ISDS, Pathfinder, PSI, SCIV, World Vision											
<i>Local partners</i>	CHP, VNA											
Quang Ninh	•	•	•		•	•			•		•	
<i>International partners</i>	AHF, CARE, ISDS, PSI, SCIV											
<i>Local partners</i>	COHED, CPSE, HESDI, OSEDC, VNA											
Nghe An	•	•	•		•				•		•	
<i>International partners</i>	CARE, ISDS											
<i>Local partners</i>	CHP, PPC, VNA											
Ho Chi Minh City	•	•	•	•	•	•	•	•	•		•	
<i>International partners</i>	CARE, ISDS, MdM, Pastoral Care, PSI, SCIV, World Vision, WWO											
<i>Local partners</i>	Life Center, Mai Hoa, VNA											
An Giang					•				•		•	
<i>International partners</i>	ISDS, PSI											
<i>Local partner</i>	VNA											
Can Tho					•				•		•	
<i>International partners</i>	CARE, ISDS, PSI, SCIV											
<i>Local partner</i>	VNA											
Other provinces	Program area											
	HVAB	HVOP	IDUP	HVCT	HBHC	HTXS	PDCS	PDTX	HKID	MTCT	HMIN	OHS
Yen Bai										•		
<i>International partner</i>	SCIV											
Bac Giang					•	•	•	•				
<i>International partners</i>	AHF, SCIV											
Thai Binh					•	•					•	
<i>International partner</i>	AHF											
Nam Dinh											•	
<i>International partner</i>	SCIV											
Quang Tri	•	•										
<i>International partner</i>	SCIV											
Ba Ria-Vung Tau									•			
<i>International partner</i>	WWO											



Local partners

New partners who initiated work in CHBC and OVC:

- Organization for the Support and Education of Disadvantaged Children (OSEDC)
- Institute of Population and Development (PHAD)

Continuing:

- Centre for Community Health Promotion (CHP)
- Center for Community Health and Development (COHED)

- Research Center for Population, Social and Environmental Affairs (CPSE)
- Health and Environment Service Development Investment (HESDI)
- Institute for Social Development Studies (ISDS)
- LIFE Center
- Mai Hoa Center
- Pastoral Care
- Pro Poor Center (PPC)
- STDs/HIV/AIDS Prevention Center (SHAPC)
- Vietnam Community Mobilization Center for HIV/AIDS Control (VICOMC)
- Vietnam Nurses Association (VNA)

International partners (all continuing)

- AIDS Healthcare Foundation (AHF)
- CARE International
- Catholic Relief Services (CRS)
- Cooperazione e Sviluppo (CESVI)
- HealthRight International (HRI)
- International Center for Research on Women (ICRW)
- Médecins du Monde (MDM)
- Pathfinder International
- Save the Children (SciV)
- World Vision
- Worldwide Orphans Foundation (WVO)

To develop partner capacity, Pact conducted 26 workshops and trainings. During FY10, the prevention team conducted seven workshops focusing on behavior change communication (BCC), data management and materials use and made 30 partner visits. The care and treatment team conducted five workshops focusing on CHBC, SRH, ART adherence and nutrition, as well as more than 20 partner visits. Pact's OD team conducted nine workshops on resource mobilization, organizational capacity development and human resources management planning. Pact's M&E unit conducted four workshops, which focused on building M&E systems, data quality management and PEPFAR NGIs, and made 13 partner visits. Pact's finance team conducted one finance management workshop and 18 monitoring visits.

Pact also collaborated on a range of initiatives in FY10. It worked with PEPFAR Strategic Information staff and MEASURE to implement the NGIs and strengthen partner capacity to use data for decision making. In conjunction with Food and Nutrition Technical Assistance (FANTA), Albion Street Center and CDC, it advanced nutrition work originally started by FHI. Pact partnered with PSI to improve interpersonal communication by partner peer educators (PEs) and share PSI's "Breaking the Cycle" training; with PSI and FHI it worked to improve MSM programming and source high-quality BCC materials for partner use. Also with FHI, it initiated adaptation of FHI's Quality Improvement tool and provided key support to Provincial AIDS Committees (PACs) in Ho Chi Minh City (HCMC) and Hanoi to facilitate coordination forums for MSM work. Pact joined USAID and CDC to plan the transition of ART programs from Pact partners to CDC, and it also collaborated closely with UNAIDS in capacity building support to the Vietnam Union of Science and Technology Association (VUSTA) for Global Fund. As an active member of the Partnership Group, Pact supported the Ministry of Labor, Invalids and Social Affairs (MOLISA) in the initial rollout, detailed planning and resource seeking for the National Plan of Action (NPA) on Children and HIV/AIDS, and it participated in MOLISA's Review Workshop on the Five-Year Program of Action on Sex Work Prevention, 2006–2010. Pact also actively contributed to the development of the peer outreach training curriculum and *Guidelines for HIV Prevention, Care, Support and Treatment for Men Who Have Sex with Men* by the Vietnam Administration of HIV/AIDS Control (VAAC).



1. Prevention

1.1. SEXUAL AND INJECTION PREVENTION

During FY10 Pact provided funding, program development support, grants management, monitoring and technical assistance as needed to 10 partners engaged in sexual prevention of HIV: four international non-governmental organizations, or INGOs (CARE, Mdm, Pathfinder International, SCiV) and six local non-governmental organizations, or LNGOs (CHP, CPSE, Life Center, PPC, SHAPC, VICOMC). Local partners also received organizational development support (see Section 4.2).

As outlined in the table below, Pact and partners comfortably met all targets set for FY10. A total of 183,183 individuals (MARPs and others) were reached with individual and/or small-group prevention interventions, 120% of the estimated target. This overachievement is due in part to SCiV's street youth project, which attained 131% of its target, representing an additional 17,929 vocational students and street youth reached.

Summary of results against estimated targets*

Indicator	COP09 target	COP09 result
P8.1.D – Number of the targeted population reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	131,270	159,848
P8.3.D – Number of MARP reached with individual and/or small group-level interventions that are based on evidence and/or meet the minimum standards	21,780	23,335
P7.1.D – Number of people living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	10,817	11,296

* Pact implemented PEPFAR New Generation Indicator (NGI) targets with subgrantees starting June 2010.

Of the total individuals reached, 13% were MARP and 87% non-MARP, including students at vocational training schools (58% of total non-MARP), university students using/abusing alcohol (6%), secondary school students (25%), street youth (7%), sexual partners of IDU/PLHIV (injecting drug user/people living with HIV, 1%), seafarers (2%) and miners (1%).

The 23,335 MARP individuals reached were 73% male and 27% female. By most-at-risk group, 33% were non-IDU MSM; 45% were IDUs (including IDU/MSM and IDU/FSWs [injecting drug user/female sex workers]), and 22% were non-IDU FSWs.

Partner activities

Interventions targeting men who have sex with men (MSM)

Pact supported six organizations to implement MSM interventions: two INGOs (Mdm [general MSM, HCMC and Hanoi], SCiV [street youth MSM in Hanoi, HCMC and Haiphong]) and four LNGOs (CHP [general MSM, Haiphong], Life Center [male sex workers, HCMC], SHAPC [university student MSM, Hanoi], VICOMC [general MSM, Hanoi]). These partners reached a combined 7,756 MSM (including 38 IDU/MSM¹) with tailored HIV prevention outreach during the reporting period, 123% of the target. Select partner highlights follow:

- CHP reached 1,095 MSM in Haiphong (including 25 IDU/MSM), 122% of its target. CHP conducted 136 small-group communication sessions and two large communication events for MSM groups, with attendance from Haiphong stakeholders such as the Department of Health, PAC, People's Committee, Youth Union and police.
- Life Center reached 830 male sex workers in HCMC, 119% of its target, and distributed 26,455 condoms, 25,547 lubricant packs and 3,104 Information, Education and Communication (IEC) tools.
- SHAPC reached 388 university student MSM in Hanoi, 81% of its MSM target. Because few students self-identify as MSM, this will likely necessitate the recruitment of more PEs and greater assurance of confidentiality. SHAPC continues to build close cooperative relationships with universities while ensuring that student information remains private.
- Mdm reached 1,364 MSM (including 13 IDU/MSM), 97% of its target.
- SCiV reached 2,011 street youth MSM in Hanoi, HCMC and Haiphong, 201% of its MSM target. MARP-specific targets were adopted only in June and will be subject to strategic review with Pact based on the experience of the ensuing months. Sexual prevention interventions were conducted using a gender-based risk reduction approach.
- VICOMC reached 2,068 MSM in Hanoi, 115% of its target, and distributed 25,823 condoms and 22,064 lubricant packs. It successfully referred 351 MSM to VCT/STI (voluntary counseling and testing/sexually transmitted infection) services.

Three approaches contributed to partners' growing success: **(i)** securing the engagement of entertainment establishment owners, who increasingly allowed PEs to conduct HIV communication activities, VCT/STI service referrals and condom distribution on their premises; **(ii)** attracting MSM through diversified activities such as large public or private events, dramas, online chat and gaming forums; and **(iii)** improving VCT/STI service providers' awareness of MSM and their HIV prevention needs.

Interventions targeting female sex workers (FSWs)

Pact supported four organizations to implement FSW interventions: three INGOs (CARE-supported CBOs [general FSWs in HCMC, Can Tho, An Giang and Quang Ninh], Mdm [general FSWs, Hanoi and HCMC], SCiV [young FSWs in Hanoi, Haiphong and HCMC]) and one LNGO (SHAPC [university student FSWs, Hanoi]). A combined 5,401 FSWs (including 222 IDU/FSWs) were provided with tailored HIV prevention outreach, 90% of the target. This gap was due largely to the fact that SCiV did not begin tracking FSWs reached until June, meeting only 57% of its target as a result. Select partner highlights follow:

- CARE-supported CBOs reached 808 FSWs, 90% of their target. To deal with the challenge of reaching hidden FSWs, CARE mobilized the support of local authorities and FSW self-help groups.

¹ The FY10 Semiannual Progress Report incorrectly reported 499 IDU/MSM reached, as one partner inserted its 480 IDUs reached into the IDU/MSM cell rather than the IDU-only cell. The correct number by mid-year was 19.

- MdM reached 2,740 street- or venue-based FSWs in Hanoi and HCMC (including 127 IDU/FSWs), 107% of its FSW target and 31% of all MARP individuals reached during the year. Mobile clinics providing VCT/STI services to hotspots proved effective in overcoming FSW stigma barriers.
- SCiV reached 1,137 street youth FSWs after June in Hanoi, Haiphong and HCMC, 57% of its annual target. FSWs reached during this period accounted for 21% of all most-at-risk street youth reached. In addition to interpersonal communication via street youth PEs and weekly discussions in small groups, six community dialogs with authorities fostered a more supportive environment for programming.
- SHAPC reached 621 university student FSWs, 207% of its FSW target and 51% of all most-at-risk students reached during the year. In spite of the sensitivity of this issue on university campuses, SHAPC was able to achieve these figures through the success of new PEs recruited since February.

Interventions targeting injecting drug users (IDUs)

Pact supported six organizations to implement IDU interventions: three INGOs (CARE-supported CBOs [general IDUs in Hanoi, HCMC, Nghe An and Quang Ninh], MdM [general IDUs, Hanoi and HCMC], SCiV [young IDUs in Hanoi, Haiphong and HCMC]) and three LINGOs (CHP [general IDUs, Vinh City], PPC [general IDUs in Thanh Chuong district, Nghe An], SHAPC [student IDUs, Hanoi]). During the reporting period Pact partners reached 10,178 IDUs (88% male, 12% female) with tailored HIV prevention outreach, 108% of the target. Select partner highlights follow:

- CARE-supported CBOs reached 1,193 IDUs, 92% of their target and 60% of all MARP individuals reached during the year. IDU self-help groups reported significant support from local authorities, especially the Vietnam Women's Union (VWU).
- CHP reached 929 IDUs in Nghe An, 124% of its target, via outreach activities, OPCs and small-group communication at 05/06 Rehabilitation Centers for IDUs. The introduction of rehabilitation center activities contributed to the overachievement.
- MdM mobile PE teams reached 4,773 IDUs (86% male, 14% female), 118% of their target and 55% of all MARP individuals reached during the year.
- PPC reached 678 IDUs, 113% of its target. PPC arranged for FHI to provide mobile VCT services in the mountainous communes of Nghe An, where this project is focused, enabling testing for 519 IDUs and their sexual partners.
- SCiV PEs reached 2,631 street youth IDUs (88% male, 12% female), 88% of their target. This gap is largely due to the fact that SCiV did not track IDUs reached until June. PEs included primary drug use prevention in all club-based group education and interpersonal communication outreach sessions.
- SHAPC reached 209 university student IDUs, 418% of its target and 17% of all MARP students reached during the year. The target of 50 IDUs was selected based on a SHAPC exercise that estimated 120 total IDUs at all four target universities. Substantially more IDUs were identified through strong implementation of the action plan, which SHAPC designed with Pact following an in-depth program review focused on improved MARP outreach. SHAPC also succeeded in attracting IDU participation in club activities.

Interventions targeting other groups at risk of HIV transmission

A number of prevention partners targeted additional groups considered to be at risk, including sexual partners of IDU/PLHIV, potential or actual male clients of FSWs (seafarers, coal miners, university students who use/abuse alcohol), and street youth. A total of 159,848 such individuals (79% male, 21% female) were reached over the period, 122% of the target and 87% of all individuals reached (183,183). Select partner highlights follow:

- CARE's Stronger project reached 2,615 migrant workers and truck drivers, 87% of its target for these groups.

- CHP reached 496 sexual partners of IDU/PLHIV, 99% of its target, and 2,371 seafarers through outreach and small group communication sessions, 103% of its target. Seafarers included 2,330 men targeted as potential sex worker clients and 41 female seafarers targeted as potential sex workers.
- CPSE PEs reached 1,795 migrant coal miners.
- PPC reached 185 sexual partners of IDUs, 93% of its target. This included 153 wives of IDUs, 32 sexual partners and one sex worker.
- SCiV-supported vocational student PEs and street youth PEs reached a combined 101,929 individuals (excluding most-at-risk street youth discussed previously), 121% of their target. Most students were reached through an intracurricular HIV-oriented life skills program. Vocational student PEs supported the 10–20% of peers with high-risk sexual and drug use behaviors through a process of behavior change.
- SCiV/Ministry of Education and Training (MOET) reached 39,234 sixth–twelfth grade students at 35 schools in five provinces (Quang Ninh, Haiphong, Quang Tri, HCMC, Can Tho), 131% of their target. This overachievement was due to PEs enthusiastically continuing their outreach over the summer, in addition to improved outreach skills. SciV/MOET also reached 17,517 students at these schools with messages focused on abstinence and/or faithfulness, representing 117% of their target and 114% of their total target for abstinence/faithfulness programs.
- SHAPC reached 9,680 male university students targeted as potential sex worker clients following alcohol use, 135% of its target.

Prevention with positives (PwP)

Pact partners reached 11,196 PLHIV with a minimum package of PwP interventions, 104% of their target. CHBC providers carry out PwP during home visits, through needs assessment, direct service provision and/or referral. PwP services include risk reduction, HIV testing and counseling, sexual and reproductive healthcare, and adherence and social support. There remains a lack of standardized guidance and limited CHBC knowledge and skills in this area, which Pact is addressing in part by adapting its PwP topic talk to reflect PEPFAR NGI requirements (see Section 2.1). Clarified guidance from Pact helped partners to overcome difficulties in PwP reporting.

Challenges

At Pact’s cross-partner seminar in August, prevention partners recognized that inadequate use of data represents a critical barrier to improving program quality. The majority of partners currently use data largely for reporting purposes, collecting and leveraging it inadequately for planning, targeting, message development or behavior change measurement. This is due primarily to the fact that interventions have been designed without M&E staffing, non-comprehensive and non-standardized M&E systems, and limited M&E capacity among program personnel.

Partners report continuing difficulties with recruitment and retention of quality staff, including PEs, project workers to coordinate and monitor PE activities and outreach, and M&E personnel. As an example, SHAPC has attempted for some time to increase the yield and quality of PEs working with MARP sub-groups among university students, which is complicated by social sensitivities and fear of disclosure. Pact has encouraged partners to improve the quality of outreach activities by prioritizing the quality of staff and PEs over their quantity, and Pact’s OD unit has worked closely with partners to improve their HR policies and systems to reduce turnover.

Pact activities

Local Partnership Initiative (LPI) support

This year Pact prioritized support to partners Life Center and CPSE, which initiated programs in FY09, as well as to CHP’s new prevention project in Nghe An. Pact worked closely with Life

Center to identify and focus on appropriate targets, and it helped them facilitate a coordination meeting with PAC HCMC and FHI. Pact organized monthly meetings with CHP and CPSE to monitor their implementation process, as well as to provide feedback and comments on emerging issues. Pact helped CPSE design and conduct a baseline study and facilitate seminars with project peers and communication workers, to develop a sound outreach plan and technical approach based on the needs of coal miners in the project area.

Pact continues to help SHAPC refocus on MARP outreach through its “HIV Prevention for Students with High-Risk Behaviors” project, following up on the improvement plan that was developed based on Pact’s in-depth program review. During this reporting period Pact supported SHAPC in selecting PEs and redesigning its club activities to focus on most-at-risk students.

Through in-depth program reviews with three partners enrolled during Pact’s first Local Partner Initiative (CHP, PPC, VICOMC), Pact supported the development of improvement plans and monitored their implementation. Pact paid multiple visits and provided quarterly intensive follow-up on program evolution. By year’s end, the three partner programs had been substantially improved via increased targets and higher-quality outreach and communication sessions.

Behavior Change Communication Outreach Capacity Building Initiative (BCCi)

During this period Pact continued to implement its BCCi program, which includes on-site and workshop-based training and technical assistance. The second training workshop in the series was designed and delivered in December 2009. It focused on improving quality of interpersonal communication (in conjunction with PSI), supervision and support for outreach workers, and program monitoring tools and approaches to support data use for program improvement. Follow-up support was provided via consultation with partners and monitoring of partner program improvement plans. Individual partner support focused on improving targeting, clarifying BCC strategies and improving the quality of supervision and support for PEs and club managers.

Prevention cross-partner workshop

To help prevention partners fill gaps in data use for program improvement, in August Pact organized a three-day cross-partner workshop titled “Better Use of Data, Support and Reaching Hidden MARPs.” The workshop attracted 43 participants from Pact partners, as well as guest participants and speakers including PAC Hanoi, PEPFAR, CDC, FHI, MEASURE and PSI. PSI presented its Unique Identifier Code approach, and FHI shared preliminary 2009 Integrated Biological and Behavioral Surveillance results relevant to MARPs. PAC Hanoi discussed its overall prevention program and coordination plan. Partners confirmed that data use represents a key gap, which the workshop was able to address systematically. Participants proposed a number of solutions to increase data quality and use for programming, in addition to approaches for reaching hidden MARPs. All partners committed to improve data use capacity and participation in follow-up activities facilitated by Pact after the workshop. Pact worked with USAID and MEASURE to develop a support plan, finalized in September 2010, for improved data use with three pilot partners from the beginning of the next period.

Boston University evaluation report

As requested by USAID, this year Pact published Boston University’s *Evaluation of President’s Emergency Plan for AIDS Relief (PEPFAR)-Funded Community Outreach HIV Prevention Programs in Vietnam: Report on Findings, 2008* (short version) and disseminated it to key international, national and provincial stakeholders and implementing partners.

Collaboration with FHI and PSI in provision of technical support to local partners

Pact launched collaboration with FHI and PSI to provide Pact partners with higher-quality IEC materials and tools, to train partners in their use and to promote access to capacity-building support available under the FHI and PSI programs. FHI’s MSM handbook for PEs and outreach workers was supplied to three local partners, and Pact coordinated with PSI to provide materials for reaching MSM, sex workers and IDU as follow-on from the second BCC workshop. PSI

materials have been distributed to five local partners working with MSM, IDUs and miners. From May to August, Pact coordinated with PSI to organize training for five partners on the materials and their use: “Break the Cycle” training for PPC project staff and peer outreach workers, trainings for MSM programs (VICOMC and SHAPC in Hanoi, CHP in Haiphong, CPSE in Quang Ninh, Life Center in HCMC). Pact continues to collaborate with PSI to support partners’ application of the materials.

Quality Improvement

In August FHI Vietnam disseminated the Quality Improvement Toolkit for HIV Prevention, Care and Treatment Programs in Vietnam. Pact selected four partners with whom to apply the toolkit. A support plan was developed and activities will be implemented from the beginning of the next fiscal year.

Support for coordination with Government

In collaboration with FHI, Pact provided key support for PAC HCMC and Hanoi to take the lead in coordinating MSM programs in their respective cities. The first HCMC meeting took place in December 2009, with the participation of PEPFAR HCMC, Life Center, FHI, the Harvard Medical School AIDS Initiative in Vietnam, the HCMC HIV Association and PAC HCMC. Hanoi’s first coordination meeting, led by PAC Hanoi, was held in October 2010.

Pact actively supported VAAC’s development of the peer outreach training curriculum and Guidelines for HIV Prevention, Care, Support and Treatment for Men Who Have Sex with Men. Pact also committed to support the ongoing program of the Ministry of Labor, Invalids and Social Affairs (MOLISA) on sex work prevention, in close conjunction with UN agencies and PEPFAR, FHI and Abt Associates. Pact participated in MOLISA’s Review Workshop on the Five-Year Program of Action on Sex Work Prevention, 2006–2010, and contributed to the development of the next five year plan, coordinated by the United Nations Population Fund.

1.2. VOLUNTARY COUNSELING AND TESTING (VCT)

During FY10 Pact supported MdM to provide VCT services as part of its integrated prevention, care and treatment programs in Hanoi and HCMC.

Summary of results against targets

Indicator	COP09 target	COP09 result
P11.1.D – Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results – VCT Setting Only (excluding TB/HIV and PMTCT settings)	4,200*	4,703
P11.3.N – Number of service outlets providing counseling and testing according to national and international standards	4	3

* Original target was 4,300.

MdM’s VCT teams provided pre-test counseling and HIV tests to 4,936 clients, 120% of their target. Of these, 4,703 (95%) returned for their results and post-test counseling. Beneficiaries of the full VCT package were 55% male and 44% female, and 8% under age 15; 32% were MARPs referred by the mobile teams, and 25.6% tested positive for HIV. MdM provided 744 couples counseling sessions.

MdM reports that its overachievement is the result of improved referral skills among outreach workers in HCMC, the effectiveness of mobile STI/VCT clinic services and the good reputation of OPCs where VCT services are located. The added couples counseling service also contributes to their success.

1.3. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

The number of pregnant women with known HIV status fell short of target because the delay in signing subgrants with provincial authorities prevented SCiV from implementing its project.

Summary of results against targets

Indicator	COP09 target	COP09 result
PI.1.D – Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results, excludes VCT and TB settings)	10,000	637
PI.2.D – Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child transmission	30	–
PI.3.D – Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site	26	–

Pact has now reached an agreement with SCiV and PSI regarding the PMTCT program implementation plan for Bac Giang, Dien Bien, Nam Dinh and Yen Bai provinces. With all four provinces, SCiV has signed memorandums of understanding, carried out project orientation meetings and organized training of a combined 71 trainers; two provinces have also participated in detailed implementation workshops on counseling skills, medical protocols and infant feeding. After the training of trainers, 24 rollout trainings were organized for health staff at district and provincial hospitals and at commune health stations. SCiV supported the provincial health departments in developing provincial PMTCT procedures based on Ministry of Health procedures and local conditions. All four provinces organized consensus workshops and three issued procedures for supporting, sustaining and scaling up the project. SCiV and PSI have confirmed a communication strategy for consistent messaging in IEC materials disseminated to local partners.

At the end of 2009, PAC HCMC requested that its prevention partner Mdm take over World Bank PMTCT activities in District 6 of HCMC. The World Bank's primary role was to facilitate access pregnant women's access to VCT and refer those identified as HIV-positive to relevant health facilities. Mdm developed a model that is expected to improve postpartum follow-up of seropositive mothers and signed related agreements with the district. From March to September 865 pre-test counseling sessions were conducted, 702 women agreed to test, 637 received post-test results and counseling, and four tested positive (91% pre/post test ratio). All HIV-positive women were referred to An Hoa OPC for ART and care and support. This activity is funded under the existing OPC prevention budget.

Challenges

The approval process with provincial People's Committees can be time-consuming. Provincial partners, SCiV and PSI agreed to begin trainings and workshops so that they can implement the program as soon as approvals are issued.

1.4. INJECTION SAFETY

During the reporting period, Pact provided funding and support to VNA as it continued to implement activities planned under its FY09 workplan. Pact replaced WHO as the grant manager in FY09, following significant implementation challenges. These challenges have continued under the Pact award, and because of this FY10 funds were not obligated.

Using the training curriculum developed with Pact support, VNA conducted three training-of-trainers courses on injection safety and facilitation for 90 health care staff from seven priority provinces. VNA also developed and disseminated an injection safety brochure and leaflet for use

in healthcare settings. An exchange visit to Singapore was conducted for key stakeholders to learn about new models and approaches.

Challenges

Primary responsibility for activities was granted to VNA's Center for Nursing Consultation & Services Based Community (CNCSCB), which is short of staff and capacity; VNA has provided inadequate support to CNCSCB in fulfilling this responsibility. In FY10 Pact planned to support VNA to roll out the completed injection safety training package to health workers at PEPFAR-supported treatment sites and to support these sites in ensuring implementation. VNA discovered that injection use is not common at the sites, however, and as a result Pact and USAID will reprogram these funds.



2. Care and treatment

2.1. ADULT CARE AND SUPPORT

During FY10 Pact provided funding, program development support, grants management, monitoring, and technical assistance as needed to 13 partners that provide care and support to adult PLHIV: five INGOs (AHF, CARE, CESVI, MmM, World Vision) and eight LNGOs (COHED, CHP, HESDI, Mai Hoa Center, OSEDC, Pastoral Care, PHAD, SHAPC). Local partners also received organizational development support (see Section 4.2).

As outlined in the table below, Pact and partners comfortably met almost all targets for FY10. For example, the number of eligible adults receiving support services from Pact partners reached 26,319, 107% of the target and 105% of the reach in FY09. Similarly, 12,381 HIV positive adults received a minimum of one clinical service, 119% of the target for the year. This can be largely attributed to strongly established networks that link the partners to their communities.

Summary of results against targets

Indicator	COP09 target	COP09 result
C1.1.D – Number of eligible adults provided with a minimum of one care service (18+)	24,645	26,319
C2.1.D – Number of HIV-positive adults receiving a minimum of one clinical service (15+)	10,406	12,381
C2.3.D – Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food (adults + children of all ages)	393	384
C5.1.D – Number of eligible clients who received food and/or other nutrition services (18+)	15,423	16,012
C5.5.D – Number of eligible individuals provided with protection and legal aid services (18+)	1,427	1,570
C5.6.D – Number of eligible individuals provided with psychological, social, or spiritual support (18+)	18,515	21,156
C5.7.D – Number of individuals provided with economic strengthening services	1,445	1,382*
H2.3.D – Number of health care workers who successfully completed an in-service training program (08 HBHC Adult Care & Support)	567**	731

* Includes 850 adults and 532 children.

** Excludes World Vision target, which was set incorrectly.

Partner Activities

Program expansion

During the reporting period, partners expanded community-based care and support for adult PLHIV to new geographical areas, including Dong Hung district in Thai Binh and Bac Giang City, Bac Giang (AHF), An Phu district in An Giang (CARE), Uong Bi town in Quang Ninh (HESDI), Yen Hung district in Quang Ninh (OSED) and Bao Thang district in Lao Cai (PHAD).

Capacity building

Partners continued to focus on building capacity for CHBC workers, providing basic and advanced training courses, frequent topic talks, case conferences, study tours and experience sharing events. New or improved training themes included tuberculosis prevention and screening, as well as PwP. The number of healthcare workers who successfully completed an in-service training program for adult care and support was roughly in line with the annual target. In addition, CESVI, MdM and World Vision facilitated the participation of CHBC workers and staff in training organized by other programs.

Partners also built capacity and networks for PLHIV and their families. Individual counseling and group education was provided to PLHIV, family and network members on topics such as self-care, ART literacy, adherence and PwP. CARE, CHP, COHED, OSED, PHAD and World Vision set up or strengthened local self-help groups to act as peer networks and provide CHBC services after the withdrawal of NGO support.

Microfinance for economic strengthening

CHP, COHED, SHAPC and World Vision continued to provide microloans to people living with and affected by HIV/AIDS via a range of approaches. COHED supported 23 households with loans and grants. World Vision revolved loans during Q3 and Q4, reaching 30 new PLHIV households with loans and providing in-kind grant assistance to 122 beneficiaries for existing businesses. World Vision also trained 23 local VWU staff in loan management. HESDI recently began a microfinance project which disbursed loans to 10 beneficiaries. CHP and SHAPC reduced their microloan reach since FY09 due to budget and staff limitations.

Referrals

Partners reported increased referral of clients to health and other social services. Beyond referral to OPCs for ART, clients were referred to tuberculosis clinics, reproductive health services, income generation opportunities and social grants. The majority of referral mechanisms continue to be informal, relying on personal relationships and proactive CHBC program implementers. To transition to more formal linkages, HESDI, PHAD and CARE have initiated information exchange and discussion, particularly with local OPCs, through workshops and ongoing communication. MdM actively participated in coordination forums organized by PAC HCMC, enabling discussion of difficult cases and access to updated service information.

Referrals for economic strengthening support increased over the year. HRI referred clients to a wide variety of funding sources for business start-up, job placement training and vocational training opportunities, including those sponsored by PEPFAR through Chemonics and REACH. In FY10 MdM referred 91 clients to vocational training services. In HCMC MdM OPC case managers referred 48 of these clients directly to vocational training facilities, while the remainder were referred to PEPFAR-supported programs. Pastoral Care continues to refer clients to vocational training options; CESVI began to refer clients to COHED's HIV and livelihoods program, funded by Irish Aid, and OSED referrals to the Bank for Social Policy resulted in five microloans.

Clinic-based care and support

MdM and AHF continued to provide clinic-based care and support to PLHIV and their families. In an effort to improve quality and systematize practices, MdM completed formalization and

application of protocols for human papillomavirus vaccination, tuberculosis screening and routine testing and monitoring of clients. Mdm also referred patients to isoniazide prophylaxis treatment (IPT) in HCMC, contributing 57 patients to CDC's pilot target of 400.

Challenges

CHBC supplies

The transition of CHBC supplies from Supply Chain Management System (SCMS) to CDC/LIFE-GAP resulted in temporarily suspended distribution to partners, the majority for the first six months of the year. A number of programs (AHF, CARE, CESVI, CHP, COHED, HESDI, OSEDC) had no access to supplies until Q4. Tay Ho OPC is not scheduled to receive drugs and supplies via PAC and must procure directly. Mdm reports that by the end of FY10 it still had not received OI medications for its CHBC program, due to the slow bidding process and related administrative procedures. The clinic is currently borrowing drugs in order to provide services.

Outreach to PLHIV in remote areas

Pact has two new partners working in mountainous areas (OSEDC, PHAD). They report difficulties in recruiting and managing peer CHBC workers among the mainly IDU PLHIV, who have little or no exposure to such responsibilities. Reach and coverage is difficult due to transportation conditions and scattered populations: Approaching new clients is time-consuming and costly, and home visits can necessitate overnight stays. High levels of stigma, discrimination and fear further complicate the situation.

Pact activities

Support to new LPI partners

Pact provided intensive support to LPI awardees OSEDC and PHAD, to finalize technical proposals and workplans in response to comments received from the Request for Applications technical review committee. Pact also provided a technical guidance orientation workshop for OSEDC and PHAD staff on the core service package and indicators. Staff from AHF, COHED, Pastoral Care and SHAPC who had not yet benefited from formal orientation also attended. Pact provided intensive support to new partners via in-person technical discussions and site visits.

CHBC program review

A review of CHBC programs for PLHIV was conducted with nine partners, using a range of qualitative methods to collect information from stakeholders including adult clients and family members, CHBC staff and managers, and stakeholder representatives from OPCs and local authorities such as the Department of Labor, Invalids and Social Affairs (DOLISA), the People's Committee and VWU. The review documented program models and assessed achievements, strengths, weaknesses and lessons learned. Each partner was also debriefed on the findings it provided, for discussion and support in developing a program improvement plan. A consultation workshop was organized for all CHBC partners to discuss preliminary findings and refine the review's recommendations, which included introduction of cross-partner areas such as systematic screening of health and psychological issues, for referral to specialized providers, and risk-reduction counseling for IDU for referral to harm reduction programs and methadone programs. Pact will work with partners on these and other identified areas over the next year. The cross-partner report will be finalized next quarter and the findings shared with USAID and other organizations.

Review of linkage and referral between OPCs and CHBC programs in Quang Ninh

In 2008 Pact and CDC/LIFE-GAP organized a workshop bringing together CDC-supported OPCs and Pact-supported CHBC teams to share experiences and develop plans to improve referral between OPCs and CHBC programs in Quang Ninh. This year Pact conducted a review to assess the impact of the workshop on referral, documenting practices and tools used, as well as

factors that facilitate or act as barriers to referral. Overall, referral from CHBC teams to OPCs is actively implemented, although no standard procedures are used. Post-referral follow-up was a challenge due to lack of a formal mechanism for feedback. Few CHBC programs gather regular feedback from OPCs regarding referral outcomes.

In the opposite direction, referrals from OPC to CHBC programs are rare despite a stated willingness on behalf of OPC staff. Health staff feel they do not have enough information about current CHBC programs, and clients have concerns regarding confidentiality with community-based programs. The role of PAC in providing direction, coordination and backstopping remains limited. In FY11 Pact will build on this work to help PACs improve such linkages in Quang Ninh and other provinces.

Nutrition

In follow-up to work undertaken by FHI and Albion Street Center, Pact joined with FANTA (Food and Nutrition Technical Assistance) and Albion Street Center to host a workshop updating partners on global and national best practice and plans for nutrition under PEPFAR, as well as providing guidance on nutrition screening, assessment, support and use of Albion Street Center assessment tools. The workshop documented partner models and attempted to draw out standard operating procedures. Pact continues to work closely with the FANTA II project to strengthen partner procedures and further standardize assessment processes. This work remains constrained by lack of products to treat for severe malnutrition.

Economic strengthening

Pact continues to monitor and document partners' PLHIV livelihoods initiatives, provide technical assistance in collaboration with Chemonics, and promote access to non-PEPFAR resources for expansion. In FY10 relationships were facilitated among Chemonics, REACH, Microcredit for Mothers (MfM) and Pact partners to strengthen existing and create new economic strengthening opportunities for PLHIV. Pact supported referrals to income-generating activities (IGAs) and related services, increasing these significantly. In January Pact gathered 16 organizations for a resource mobilization meeting at which Chemonics, REACH and the VWU provided information on IGA services on offer to Pact partners. Other FY10 highlights include:

- Partnering with the vocational training and job placement program of REACH, a local NGO. To date seven of the eight program graduates have been employed.
- Links to Chemonics microfinance and soft skills trainings.
- Brokering of a relationship between MfM and Pastoral Care in which MfM approved a grant to open a laundry facility run by women living with HIV. Final agreement is pending identification of a suitable location in HCMC.

Sexual and Reproductive Health (SRH)/HIV integration

Pact continued to support a range of small-scale initiatives in support of SRH/HIV integration:

- The assessment report on SRH needs and gaps among PEPFAR prevention, care and treatment partners was finalized and results are being disseminated through existing networks and in relevant forums. Findings show that SRH care and service offerings are limited, whether directly or by referral, and primarily carried out by partners engaged in care and support. Family planning, assisted fertility and the promotion of sexual health are the SRH areas least addressed by PEPFAR partners.
- ISDS carried out a survey of the SRH rights and needs of PLHIV and their partners, and the final report was completed.
- Pact funded Pathfinder to facilitate civil society participation in the development of Ministry of Health guidelines for provision of SRH services to PLHIV. During Phase I of this initiative, core members of the Vietnam Civil Society Platform on AIDS (VCSPA) were trained as trainers; they then organized 16 comprehensive roll-out training courses in 12 provinces, reaching 480 VCSPA members. Phase II included a

briefing with VCSPA members on the policy development process, direct interaction between the Ministry of Health and VCSPA members to ensure PLHIV feedback on guidelines, and public forums including two provincial meetings organized by the Ministry of Health with funded from the Ford Foundation.

- A cross-partner meeting shared outcomes of the above work and best practices for meeting the SRH needs of PLHIV. Participants discussed opportunities to address SRH needs within their HIV care and treatment programs, and a number then mainstreamed SRH into their workplan. HESDI supported the district reproductive health center in Dong Trieu, Quang Ninh, to build staff capacity for onsite counseling support. CARE and CESVI conducted awareness raising for volunteers, PLHIV and partners on reproductive health issues.

Pact prepared a discussion paper on SRH/HIV integration priorities based on the outcomes of the above activities and other relevant resources. The paper is now with USAID for input and direction.

2.2. ADULT TREATMENT

During FY10 Pact provided funding, program development support, grant management, monitoring, and technical assistance as needed to two INGOs (AHF, Mdm) and one LNGO (Mai Hoa Center) engaged in ARV treatment for adults and children.

Summary of results against targets

Indicator	COP09 target	COP09 result
T1.1.D – Number of adults with advanced HIV infection newly enrolled on ART	1,192*	993
T1.2.D – Number of adults with advanced HIV infection receiving antiretroviral therapy (ART)	2,785*	2,534
T1.3.D – Percent of adults and children who are still alive and on treatment at 12 months after initiating ART	–	–

* Target set based on previous indicators.

Achievement of adult treatment was slightly lower than projected. A total of 993 clients were newly enrolled in ART, 83% of the target, and a total of 2,534 patients received ART, 91% of the target. These gaps are due to the delayed launch of the Mdm OPC site in Soc Son district, Hanoi, and lower-than-expected new enrollments at other OPCs. Achievements nevertheless represented 123% and 143% of FY09 results respectively.

In accordance with updated international and national recommendations, AHF and Mdm are working to reduce adverse effects by transitioning clients from stavudine (d4T)-containing regimes to zidovudine (AZT)- or tenofovir (TDF)-based regimes. Mdm has reduced the proportion of patients on d4T to 65%, as compared to 77% for PEPFAR and 91% for the National HIV Program as of February. Patients co-infected with hepatitis B were prioritized for the change in regime. Mdm expects to increase the number of patients on TDF from 5 to 10%, and it has been in discussion with SCMS to ensure a consistent supply of the drug.

AHF reported difficulties in reducing d4T-containing regimes, as TDF is not reliably available at its sites and there is no standard guidance from Government. At AHF-supported sites 72% of ART patients remained on d4T.

Partners continued to focus on strengthening treatment adherence as part of routine consultations. Mdm introduced adherence counseling for OPC patients prior to all routine consultation with physicians, which was shown to improve doctor–patient relationships and patient adherence. For pre-ART patients, counseling includes lifestyle and prevention messages. Increased patient registration may result in a challenge if demand exceeds adherence counselors' capacity.

Challenges

Government procedures for shifting patients to second-line treatment remain inefficient. For example, OPC patients in need of second-line treatment in District 6, HCMC, must go through a complicated system at authorized hospitals. Some patients preferred to continue receiving first-line treatment at the OPC.

Viral load testing to determine treatment failure remains time-consuming and costly. PEPFAR and Government should promote collaboration with other laboratories to accelerate the process. This might also lower costs (especially in Hanoi, where viral load tests are approximately \$80), and viral load testing could be introduced as a systematic test for patient follow-up.

At the District 9 OPC in HCMC, Mdm reported that new and total ART enrollments are approximately 25% below target. This reflects a continuation of the challenges faced since the center was established in FY09. OPC management has faced unstable human resources and a far-from-ideal geographic location. Mdm has been working with OPC management to ensure consistent services and strategize solutions.

At the request of USAID, AHF and Mdm prepared to hand over some currently supported OPCs to CDC. Both reported challenges in working with local authorities to develop detailed transition plans due to uncertain funding timelines and mechanisms for continued PEPFAR support.

2.3. TUBERCULOSIS

Summary of results against targets

Indicator	COP09 target	COP09 result
C2.4.D – TB/HIV: Number of HIV-positive patients (adult and children) who were screened for TB in HIV care or treatment setting	10,317	10,169

During the reporting period 10,169 PLHIV were screened for tuberculosis, 98.6% of the target. All facility- and community-based care and treatment partners performed screenings using a simple checklist of symptoms. Mdm promoted screening at every visit, improving coverage from 10% to approximately 75% over the course of the year. Facilities also used additional tests such as chest X-rays and sputum smears. Suspected cases were referred to tuberculosis clinics for further assessment. An Hoa OPC was included in CDC's pilot IPT program. By the end of the year 70 of 100 targeted patients had started treatment. Mdm will promote expansion of IPT to other OPCs next year.

Partners continued to report challenges in providing tuberculosis screening and tuberculosis/HIV support to clients. Referral mechanisms between HIV and tuberculosis services are neither formalized nor standardized. Also, there is a lack of training and IEC materials to support CHBC workers screening for tuberculosis.

2.4. PEDIATRIC CARE, SUPPORT AND TREATMENT

During the reporting period, Pact provided funding, program development support, grants management, monitoring and technical assistance as needed to three INGOs (AHF, Mdm, WWO) and one LNGO (Mai Hoa Center) engaged in pediatric care, support and treatment.

Summary of results against targets

Indicator	COP09 target	COP09 result
C2.1.D – Number of HIV-positive children receiving a minimum of one facility-based clinical service	–	219
C2.2.D – Number of HIV-positive children receiving Cotrimoxazole prophylaxis	–	53
T1.1.D – Number of children with advanced HIV infection newly enrolled on ART	–	51
T1.2.D – Number of children with advanced HIV infection receiving antiretroviral therapy (ART) (CURRENT)	–	192

In FY10 a total of 219 HIV-positive children received a minimum of one facility-based clinical service, 24% more than at mid-year. Pediatric care, support and ART were provided to children living with HIV at two AHF sites in Haiphong and Bac Giang; Mai Hoa Center, HCMC; the Mdm-supported OPC, HCMC; and two WWO-supported orphanages, HCMC. Pediatric care and support was also provided at an additional WWO orphanage site in Vung Tau.

Despite late start up, AHF comfortably reached its target for FY10. In contrast, WWO and Mdm both failed to reach their targets, at 66% and 39% respectively. WWO had set a high target in the expectation that Ba Vi would expand. Mdm lacked trained staff to start pediatric activities at its District 9 site, HCMC, and the opening of its OPC, in Soc Son district, Hanoi, was substantially delayed.

Pediatric HIV faces the challenges of a new focus area for many partners. Pediatric service provision at AHF's new sites was delayed due to the long process of training health staff with limited clinical experience in HIV/AIDS treatment. Lack of trained staff prevented Mdm from initiating pediatric services in District 9, HCMC. In addition, children continue to arrive at WWO's Tam Binh 2 and Ba Vi sites in advanced stages of the disease, too late for effective treatment.

2.5. ORPHANS AND VULNERABLE CHILDREN (OVC)

During FY10 Pact provided funding, program development support, grants management, monitoring and technical assistance as needed to 15 organizations engaged in care and support for OVC: seven INGOs (CARE, CRS, CESVI, HRI, Mdm, SCiV, World Vision, WWO) and eight local NGOs (CHP, COHED, HESDI, Mai Hoa Center, OSEDC, Pastoral Care, PHAD, SHAPC). Local partners also received organizational development support (see Section 4.2).

Summary of results against estimated targets

Indicator	COP09 target	COP09 result
C5.1.D – Number of eligible clients who received food and/or other nutrition services	–	5,589
C5.2.D – Number of eligible children provided with shelter and caregiving	1,522	2,303
C5.3.D – Number of eligible children provided with health care referral	1,908	2,619
C5.4.D – Number of eligible children provided with education and/or vocational training	2,858	3,588
C5.5.D – Number of eligible children provided with protection and legal aid services	–	877
C5.6.D – Number of eligible children provided with psychological, social, or spiritual support	–	6,008
C5.7.D – Number of eligible children provided with economic strengthening services	–	532
C5.8.D – Number of unique OVC provided with at least one Support Care service (= 8.1. Number of OVC served by OVC programs)	6,495	7,046

Pact partners reached 7,046 eligible children with a minimum of one care service during FY10, 108% of the target and 1,205% of the achievement in FY09. The last two quarters produced the strongest results, with three partners reporting substantial changes in achievement: PHAD and SCiV started their programs later than expected, but during Q3 and Q4 they reached a high number of OVC. SCiV exceeded its target because the number of grandparent caretakers in difficult circumstances had been underestimated. CARE Stronger was late in recording work at its two drop-in centers due to a delay in establishing reporting systems.

While Pact does not yet have targets for all core OVC service areas, Pact partners have exceeded the targets that have been set. Partners reached 151% of the target for children provided with shelter, 137% of the target for healthcare referral and 125% of the targets for education assistance. Children served were most likely to receive psychosocial support (85.2%), followed by nutritional support (79.3%) and education support (50.4%).

In the second half of the year, partners sought to remedy service gaps. More children received protection and legal support (12.4%, as compared to less than 10% by mid-year). Alternative care is now given more attention as a solution for children who are at risk of abuse or abandonment. In FY10 Pact strengthened the referral system so that OVC caregivers can access vocational trainings and job placements provided by other NGOs.

Partner activities

Program improvement plans

In July Pact organized a workshop to disseminate preliminary results from its CHBC review, including findings on the OVC program (see Section 2.1.). Based on these findings, Pact supported partners to develop program improvement plans. One core challenge identified across partners is the lack of guidance on age-specific care for OVC. In response, Pact partners focused on increasing provision of knowledge and life skills for adolescents, including sexual and reproductive health. OVC case management was also identified as an area in need of strengthening. Pact partners are working with their CHBC teams and management to determine systems and approaches for more immediate response to OVC with special difficulties.

CRS completed its training manual, *Social Work in Supporting Children Infected and Affected by HIV*, and integrated it in the training program for social work students at the University of Labor and Social Affairs. The knowledge gained was piloted at the Huong Sen Club (a CBO for people living with HIV) and Tinh Than Shelter (a social organization that provides support to women living with HIV). This experience will be used to improve case management across Pact partners.

Capacity and skills building

Pact partners continued to build the capacity of OVC CHBC workers. Training on basic and advanced caregiving knowledge and skills was provided for parents and caregivers of OVC. Training topics varied according to program maturity and specific needs noted by program staff or raised by CHBC workers. Nutrition and healthcare were key focus areas for the majority of partners, while some more mature partners concentrated on psychological support and referral.

Addressing psychosocial needs of OVC

To address inadequate levels of parental guidance and support, partners offered life skills strengthening for teenagers. CHP, Mai Hoa Center, OSEDC and Pastoral Care provided trainings, and CESVI led interactive sessions in a camp setting. These activities helped children build self-esteem and learn how to avoid social problems. Mai Hoa Center trained adolescents in sexual and reproductive health. WWO provided technical assistance for “school exchange” activities that partnered its Linh Xuan and Ba Vi centers with schools in the U.S., giving the children the opportunity to learn about life outside their institution and their country.

Creative events were organized to provide psychological support. On special occasions such as World AIDS Day, Lunar New Year and International Children’s Day, OVC gathered for singing,

drawing and age-appropriate games. CARE, CESVI, CHP, HESDI, MdM, OSEDC and WWO organized Mid-Autumn Festival events for OVC, with music performances and traditional games. COHED organized an event titled “Family and My Favorite Women,” which gave OVC a chance to voice their emotions to caregivers and others through poems, songs and stories. These activities foster OVC’s self-confidence and integration with other children.

World Vision continued to support a child volunteer network in Haiphong, promoting child participation and helping OVC to be more active and self-confident. Finally, Pastoral Care organized a homestay program in Dalat, where Mai Tam Center orphans aged 7 to 15 learned about nature and household activities.

To address specialized psychosocial service gaps for children, Pact worked closely with USAID and OSEDC (a local organization with extensive experience in support and education for disadvantaged children) to design a model for bridging CHBC programs with clinical psychological services. The project will focus on building community worker and caregiver capacity to provide basic children’s psychosocial care and use a simple screening tool to identify children in need of further assessment and support. The project will also implement early interventions for children at risk or exhibiting signs of psychosocial difficulties via a range of activities, including individual and group therapy, counseling for children and caregivers, and educational plays.

Child protection

World Vision ran an extensive children’s training program on child rights and life skills, to help them protect against abuse and exploitation.

HRI continued to pilot foster care placement. Foster care panels were established in four Hanoi districts to assess and train potential foster parents, resulting in 13 placements. HRI has nearly finalized training and foster care manuals for potential foster parents, and it joined an informal foster care working group with UNICEF and Holt International to provide technical assistance to MOLISA in reviewing legislation and rolling out foster care.

Education

Pact partners engaged in events to reduce stigma and discrimination, especially for OVC at schools. CHP organized eight artistic performances at two kindergartens, five primary schools and a community center for teachers, pupils and parents, and it cooperated with Nghe An TV and PAC Nghe An to produce a documentary titled “Road to School,” which tells the story of an HIV-positive child who accesses and integrates into a school.

CARE, HESDI and WWO also work with other partners local authorities to integrate children into schools. Although many children are able to go to school with the intervention of local authorities, stigma and discrimination from parents and other schoolchildren are still a barrier for OVC school attendance.

Referrals and linkages

Partners reported a greater focus on enhancing referrals to and linkages with social services for OVC. CARE, CHP, HESDI, HRI and WV worked with DOLISA to advocate for government social support of OVC as regulated under Decree 67. HRI also mobilized state insurance cards for HIV-positive children over the age of six and welfare benefits supported by the Child Social Fund.

In FY10 partners expanded efforts to raise funds from communities, to engage them in OVC care and support. CESVI was successful in connecting children to financial and material support from a Haiphong church. OSEDC received support from local companies to procure school materials for the new school year and Mid-Autumn Festival gifts. Standard Charter Bank and Deutsche Bank donated children’s gifts, for COHED and MdM respectively.

Cross-partner collaboration under Pact was strengthened. HRI and COHED worked closely to exchange HRI’s experience in foster care and case management and COHED’s experience in

livelihoods. SHAPC and COHED coordinated to reduce overlap, allowing OVC to move to either program according to their choice. In Hanoi 150 of 225 OVC previously supported by MDM have transitioned to CARE, COHED, HRI or SHAPC's CHBC programs, guided by geographical area and consent of clients. MDM continues to provide health service for these children as part of its family-focused care.

Livelihoods

For detailed information about livelihoods programming related to OVC care and support, see the livelihoods subsection of Section 2.1.

Challenges

Knowledge and skills to work with OVC

There is a lack of knowledge regarding age-specific psychological and development needs of OVC. Community workers frequently provide care and support for OVC based on experiences with their own children. The lack of standardized training and support materials remains a challenge, limiting provision of services to OVC and variety of services for different age groups. Pact is working with partners to improve case management practices is also involved in an initiative with FHI to develop quality standards for OVC care which will address age-specific needs.

Stigma and discrimination (S&D)

Partners continued to report S&D and fear as significant barriers to service delivery for OVC and their caregivers. Despite many communication events organized by Pact partners in communities and schools, OVC from orphanages still cannot attend school regularly due to the strong parental resistance, particularly at the kindergarten and primary levels. They also experience substantial S&D from peers at school and in their neighborhoods. OVC caregivers must disclose their children's status and choose remote schools so that they can be accepted. Pact is involved in an initiative with MOLISA and other PEPFAR implementers to develop a strategy on this issue.

Pact activities

Partner support

With the support of Pact, LPI awardees OSEDC and PHAD started programming in FY10. Both partners exceeded their targets and successfully established project management and CBHC systems. They are currently focusing on improving the quality of care provided by their volunteers. Pact organized an orientation workshop for these two partners, on the core OVC service package and indicators related especially to service areas and provision of quality needs-based care.

Pact undertook a cross-partner review of CHBC programs for both adults and children (see Section 2.1.).

Pact printed an OVC handbook and distributed it to all partners. Feedback indicated that the book was useful and appreciated by homecare providers and clients. Some partners planned to reprint the book for distribution to their clients, who would also like to use it as a reference aid for taking care of their children.

Training was organized on pediatric adherence for CHBC workers. The key trainer was an experienced doctor from the National Pediatric Hospital. Participants gained knowledge of ART for OVC and methods for encouraging pediatric ART adherence.

National Plan of Action (NPA) on Children and HIV/AIDS

In 2009 the Prime Minister approved the NPA on Children and HIV/AIDS, and MOLISA instructed provinces to develop provincial plans of action (PPA). In November 2009 Pact joined members of the international Partnership Group on Children and HIV/AIDS in offering to

assist the Haiphong People's Committee to create a provincial learning site for evidence-based PPA implementation. It was hoped that this would also advance the provincial OVC pilot envisioned by senior U.S. Government OVC technical staff. Progress was limited, with DOLISA Haiphong convening a meeting to launch the PPA and discuss priorities for 2010. Pact is working with USAID and other Partnership Group members to strategize PEPFAR's role in supporting OVC work in Haiphong.

Pact continued to participate as a core member of the International Partnership Group on Children and HIV/AIDS, to support the Government in identifying key priorities from the NPA on Children and HIV/AIDS for initial implementation, and to develop the resource mobilization strategy. MOLISA is now developing the next five-year plan.

3. Strategic information (SI)

3.1. MONITORING & EVALUATION (M&E) SUPPORT TO PARTNERS

Activities and results

In collaboration with the PEPFAR Strategic Information team and MEASURE, Pact conducted a workshop to orient partners regarding PEPFAR NGIs in October. An experience-sharing workshop was organized in December to provide a forum for discussing challenges and potential solutions. Based on partner feedback, Pact has provided substantial partner support in collecting NGI data and revising indicator protocols and tools for data collection.

Data audits were conducted for four partners. In general, the quality of data and monitoring, evaluation and reporting systems were found to be acceptable. Room for improvement remains, however, particularly with regard to transcription and digitization of data.

In collaboration with MEASURE, Pact completed work on its indicator database and populated it with all historical PEPFAR data. Pact also provided the MEASURE team with comments on how to improve the database and Excel reporting templates for reporting against the NGIs. The SI team has adopted the database for PEPFAR-wide use, which will facilitate aggregation of data from all Pact partners, COP planning and reporting to stakeholders.

Two training modules were organized in Hanoi for 39 participants from 12 partner organizations. Module I (May) focused on M&E and reporting skills, and Module II (September) focused mainly on developing data quality management systems to maximize utility of the data generated. Participants also received frequent, intensive on-site supportive supervision by Pact staff.

A total of 13 trips were made to project sites to clarify NGI-related issues and to provide technical assistance on improvement of M&E systems. Trips to Haiphong and HCMC with USAID helped provide clarity to USAID on NGI challenges and on the need to develop streamlined, harmonized data collection systems.

Use of data for program management and improvement remains a major gap for many partners. With technical support from SI and MEASURE, Pact has started to work with three pilot prevention partners (Mdm, PPC, VICOMC) to systematically strengthen M&E systems for better use of data in program improvement.

Challenges

The introduction of the NGIs required Pact and partners to revise data management systems and guide PEs and caregivers on new data collection procedures, which severely limited the time available for other SI tasks. The additional indicators have also resulted in a heavier data collection and management burden for project staff and volunteers. Although Pact has invested substantial effort in simplifying forms and workloads, project staff and caregivers continue to report a heavy reporting load.



Hanoi
success story
workshop
Pact

4. Health systems strengthening

4.1. PRE- AND IN-SERVICE TRAINING

Summary of results against targets

Indicator	COP09 target	Q1-Q2 COP09 result	COP09 result
H2.2.D – Number of community health and para-social workers who successfully completed a pre-service training program	190	801	857
H2.3.D – Number of health workers who completed an in-service training program	5,754	4,437	4,679

Pact partners implemented numerous pre- and in-service training programs for health care providers, CHBC workers and PEs during the reporting period. A total of 5,536 individuals were trained, 93% of the overall COP09 training target across program areas: 857 community health or para-social workers completed pre-service training, and 4,679 health workers completed in-service training.

4.2. ORGANIZATIONAL DEVELOPMENT (OD)

Background and strategy for FY10

At the start of FY10 the REACH program added a new program objective: To provide local civil society organizations with organizational development capacity building services to enhance current and future engagement in the national response. While technical assistance for OD during the first phase of REACH focused largely on establishing the systems and procedures that partners needed to implement their USAID projects and meet grant requirements, Pact has transitioned toward an organization-centered approach that addresses subgrantees’ self-identified priorities for capacity development and promotes sustainability.

To this end, in FY10 Pact integrated OD more systematically into its program and aimed to reach all local partners with training and technical assistance in at least one priority area suitable to their level of development and commitment, while continuing to support the implementation of organizational strengthening plans with the five organizations that completed capacity assessments during the previous year. In this way, Pact is progressively expanding the number of partners that receive capacity building services as well as the quantity of this support.

Pact has also further intensified its collaboration with other USAID partners and promising local organizations around capacity development. In January Pact hosted a learning event with other PEPFAR implementers and civil society organizations on organizational capacity assessment, and throughout the year Pact was actively involved in establishing the Capacity Development Working Group at the INGO Resource Center.

USAID supported Pact's leadership role in the Global Fund Round 09 civil society consortium, which marks a critical advance in the role of civil society within the national response to HIV/AIDS. Pact developed grant documents and provided targeted pre-award capacity building to the consortium members, with an intensive focus on assisting VUSTA to prepare for an external Global Fund audit of its capacity to serve as principal recipient of the award. Although VUSTA was unsuccessful during the first phase of the project, Pact's support to the consortium helped forge stronger relationships with VUSTA and VAAC.

Activities and results

During the reporting period, OD activities focused on four core areas: participatory organizational capacity assessment, resource mobilization (including proposal writing skills), human resource management, and self-selected capacity building activities that partners initiated through Capacity Building Accounts. Also discussed here is partner training conducted under Pact's finance unit.

Organizational capacity assessment (OCA)

In January Pact joined with CARE to host a three-day OCA experience-sharing event, which introduced Pact's OCA methodology and CARE's Strength Based Approach for CBOs to 30 participants from nine organizations, including VSO, Abt Associates, ISDS/Vietnam Civil Society Partnership Platform on AIDS (VCSPA) and the Academy for Educational Development. Several of the organizations will be working jointly under the Global Fund civil society award to design capacity assessment processes for use with project partners. Members of VCSPA reflected that they would need additional training in order to replicate the techniques.

In FY10 Pact planned to facilitate a new round of OCAs with local partners. Few partners could schedule time for the assessment before the end of the fiscal year, with the exception of LIFE Center. Outreach for OCA is ongoing, and for partners that are unable to prioritize an assessment process, Pact will continue to identify capacity building needs with them through informal dialogue and mentoring.

Resource mobilization (RM) and proposal writing

In January Pact held a four-day training RM workshop in collaboration with the Institute for Social Study and the Resource Alliance, attended by 19 participants representing 10 local partners. The workshop provided a foundation in key principles, techniques and skills for effective RM. Interested partners then applied for tailored technical assistance to develop and implement an RM strategy for their organization. Six partners were selected on the basis of commitment to leading the reflection and change process with their staff. This next phase of support was launched via a training event in July and consists of cross-partner workshops to introduce new ideas and to share and explore common practices, with a follow-on program of on-site and remote mentoring spaced between workshops. This individualized assistance supports the organizations to analyze funding needs and develop a fund raising strategy and action plan for fundraising, to be implemented in FY11.

In parallel with the RM program, Pact refined its proposal writing support via a "Learn & Lunch" training series consisting of modular half-day sessions followed by lunch, to rapidly build local NGOs' proposal writing skills while avoiding time-consuming training workshops. Roughly 25 representatives from 10 local NGOs participated. Feedback was positive and allowed Pact to further refine materials for a subsequent proposal writing workshop for PPC in Ha Tinh.

HR management

An HR capacity assessment carried out across all partners in June identified partners' desire to increase their focus on strategic management of HR functions. Priority areas included policy development, recruitment and retention, staff management, development and motivation, and record keeping. Driven by this demand, Pact piloted a customized HR intervention with three partners. Intensive workshops followed by coaching and mentoring, as well as working from partners' existing practices and materials, strengthened buy-in and motivated documentation and implementation of HR management plans based on core values and strategic goals. The workshop evaluation demonstrated that this capacity building method is appropriate to meeting partners' diverse needs and addresses several challenges that are associated with traditional cross-partner interventions, such as poor follow-up by attendees in sharing and implementing what they have learned and the need for to reinforce learning concepts with follow-up technical assistance.

Capacity Building Accounts

Pact provided ongoing support to five local partners (CHP, ISDS, PPC, SHAPC, VICOMC) for implementation and continued refinement of their Organizational Strengthening Plans (OSPs), which were developed through the FY09 OCA process. Pact assisted each subgrantee with a \$3,000 Capacity Building Account grant supplement, to promote ownership and flexibility by enabling acquisition of capacity building services from providers of the partners' choice. Details of partners' application of these funds are provided below.

Partner Highlights

- HESDI is a corporate organization that welcomed an individualized HR management planning intervention to address a variety of HR challenges, such as retaining qualified staff. Staff developed their understanding not only of HR concepts but of their mission, core values and target populations.
- ISDS developed a personnel manual and restructured its board of directors. It also revised staff roles and responsibilities, as well as its financial guidelines, placing a staff member in charge of HR management and conducting a five-year financial audit. In communications, it improved its website and introduced an introduction to the organization in new publications.
- Life Center began an OCA process, and the majority of its staff participated in all HR planning and RM activities.
- Mai Hoa Center enthusiastically engaged in developing and implementing an HR management plan appropriate to its unique organizational structure, as it is managed by Catholic nuns who are not employed in the conventional sense.
- OSEDC applied RM and proposal writing training to its unique organization, comprised mainly of retired volunteers rather than employees. It finalized its fundraising approach, creating a mechanism to analyze, approach and develop potential donors.
- PPC responded energetically to training, revising its personnel policy (e.g., applying new staff appraisal and recruitment practices) and using its Capacity Building Account to support its ongoing strategic planning process. In communications, it improved its website and enhanced its involvement in relevant networks. It reported that it had built capacity to better involve its entire team in writing proposals.
- SHAPC established a fundraising and project development team following its RM training, to enhance proposal quality and reduce its director's workload. It received support to revise its personnel manual, as well as its financial management policy and procedures. SHAPC used its Capacity Building Account to review and develop its vision, mission, core values and strategic development for the next five to ten years. It is expected to have developed its first strategic plan by the end of the first quarter of FY11.
- VICOMC made impressive advances in OD, developing its first personnel manual and annual operational plan with guidance and materials from Pact. It was also supported to

recruit a VSO volunteer who provides targeted technical support on proposal writing, strategic planning and English skills. It participated in the RM program.

Finance management training

To help enhance local partners' finance management capacity, in September Pact's finance unit also organized a two-day training workshop in Hanoi. A total of 27 participants attended from 14 subgrantees, with representation from finance staff as well as program teams and senior management (directors of HESDI and PPC). The workshop helped participants understand elements of LINGO finance and accounting systems, and it allowed them to share experiences and ask questions on finance management. Orientation on the development of organizational finance manuals included distribution of a handbook of template financial policies and accounting procedures. Pact will continue to support local partners in developing their own finance manuals: It assisted Pastoral Care in developing its current manual prior to the training, and PPC was the first to adapt the template handbook to produce its own good-quality manual in FY10. Pact's evaluation showed that 91% of participants were satisfied with the workshop content and presentation, and almost all said that it was very helpful for improving their current work.

Lessons learned and constraints

FY10 represented an important expansion phase of Pact's OD service package. Although the additional focus and allocation of resources to OD has started to yield tangible benefits for Pact's partner organizations, the late addition of the objective to the REACH program presents two broad challenges:

1. OD is still not seen as an integral part of the REACH program, but as "extra" work for partners, as they must prioritize meeting the demands of their projects. Furthermore, the patchwork grant cycle in which local partners have been integrated at different times throughout the project has made it impossible to establish a unified vision of organizational capacity relevant to all partners from the onset of the program. This is especially true of the partners brought on through the LPI, which was strategically designed to target nascent organizations and those taking on work in new program areas. Accordingly, at the inception of their projects, Pact prioritized technical capacity building and quality implementation over organizational development. Several of these partners are now progressively availing themselves of Pact's OD services.

Implications: Pact must first generate buy-in to the OD agenda and work to familiarize partners with basic OD concepts. As such, Pact has taken a demand-driven approach that is customized to each partner's readiness, commitment, priorities and stage of development, and that focuses on quick wins to build confidence and momentum. Pact's OD team will also emphasize the utility of OD in terms of strengthening the organization, thereby making its work more sustainable and the organization's abilities more attractive to other donors.

2. At the same time, Pact has held cross-partner trainings to tackle topics that are prioritized by multiple partners. The benefits of training are contingent on organizational willingness to apply what is learned and on reinforcement of the training topics through follow-up coaching. In this regard, it is challenging to balance breadth with depth (i.e., the level of partner-by-partner engagement that is required to facilitate meaningful organizational change during the short time remaining in the program).

Implications: During the first half of FY10, the imperative to provide customized support was a challenge for Pact due to difficulty in recruiting qualified staff and the additional demands on the team of pre-award capacity building of the civil society Global Fund consortium members.

As of May 2010, however, Pact has a team of four fulltime staff dedicated to supporting the OD of local partners. Over the last 6 months, it has significantly increased the quantity of direct support.

4.3. PARTNER ACTIVITIES FUNDED UNDER HSS

Institute for Social Development Studies (ISDS) / International Center for Research on Women (ICRW) Stigma and Discrimination Reduction

PEPFAR finalized and printed the PEPFAR-Vietnam-wide stigma and discrimination strategy prepared by ISDS and ICRW. In the strategy ISDS and ICRW identified a number of priority areas for focused intervention. USAID Vietnam decided to delay implementation of some areas, resulting in a reduced workplan for ISDS and ICRW as compared to previous years, prioritizing tool preparation.

ISDS and ICRW organized a series of workshops with different partners to develop an IDU stigma reduction toolkit, scheduled to be finalized in the first quarter of FY11. Participants who shared experience and comments included former and current IDUs from six self-help groups, as well as MSM and PLHIV.

ISDS and ICRW have also adapted the Cambodia sex worker stigma reduction toolkit for use in Vietnam. Two workshops with sex workers and peer educators collected rich information on stigma and discrimination toward both male and female sex workers.

Pathfinder International private sector engagement

Building on work initiated under REACH, in December 2009 Pathfinder, PAC Hanoi, the Hanoi Department of Health and VAAC developed a protocol for piloting HIV/AIDS care and treatment at private clinics, with a Dong Da Hospital outpatient clinic to provide private clinics with regular, direct technical support. A series of training courses were organized for private clinics and the pilot supervisors.

Since the pilot launch in April, seven patients have received ART services at participating private clinics. During the brief six-month period of implementation, the pilot has faced challenges in recruiting patients who are able and willing to pay for private treatment.

At the request of PAC An Giang, Pathfinder provided training support to expand the voucher scheme to seven new districts in that province. An orientation workshop and two training courses were conducted for PEs and private providers, with supervision from PAC An Giang staff. The voucher scheme facilitates MARP access to prevention, care and treatment interventions from the private sector.

4.4. PACT MANAGEMENT

Pact's country director since the start of the Community REACH project, Dr. Diana Measham, announced in May that she would leave Vietnam in July. Pact selected as Dr. Measham's replacement its country director in Malawi, Mr. Matthew Tiedemann. Mr. Tiedemann traveled to Hanoi in June for an in-depth briefing on the program and to meet key Pact partners from the Government of Vietnam, U.S. Government and grantees; he assumed responsibility for the project in late July. Pact's Vietnam deputy director, Ms. Hazel Simpson, served as acting country director in the interim.

The Community REACH program is scheduled to end in September 2011. Pact determined that it had sufficient budget pipeline to support a six-month no-cost extension to the project, and thus formally requested a no-cost extension of the project until March 2012. This extension will permit Pact's subpartners to implement a full year of activity and still allow sufficient time in the final six months of the project for complete and proper close-out of the Community REACH

partner projects and the overall program. The program's final workplan has been prepared for 18 months, in anticipation of approval of the extension.

Pact has been discussing with USAID and its subpartners plans to sustain services that they currently provide beyond the end of the project. Pact has been and will continue to offer training and mentoring in RM, and will also encourage partners to discuss prospects for local authorities to assume implementation of services.