

HAARP Vietnam

Report - Results of Project Implementation Activities for 2010 – 2014
Hanoi, March 2015



ACRONYMS

JSC	Central Project Joint Steering Committee
N&S	Needle and Syringe
CPMU	Central Project Management Unit
DFAT	Department of Trade and Foreign Affairs
VAAC	Vietnam Authority of HIV/AIDS Control
DSEP	Department for Social Evils Prevention
HR	Harm reduction
MMT	Methadone Maintenance Therapy
FSW	Female sex worker
MOLISA	Ministry of Labour, Invalids and Social Affairs
STIs	Sexually transmitted infections
STD	Sexually transmitted diseases
IDU	Injecting drug user
OW	Outreach workers
PEPFAR	The US President's Emergency Plan for AIDS Relief
PE	Peer Educator
VCT	HIV voluntary counselling and testing
UNAIDS	Joint United Nations Program on HIV/AIDS
SODC	Standing Office for Drugs and Crime Prevention

PART I:

PROJECT BACKGROUND INFORMATION

I. Project general information:

- 1. Project title:** HIV/AIDS Asia Regional Project in Viet Nam
- 2. Funding Agencies:** The Australian Government
The Royal Netherlands Government
- 3. Managing Agency:** Ministry of Health
- a. Address: 138 A Giảng Võ, Hà Nội
b. Telephone: 043. 8464416
- 4. Project Implementing Agency:** Vietnam Authority of AIDS Control – Ministry of Health
- a. Address: 135/3 Núi Trúc, Ba Đình, Hà Nội
b. Telephone: 043. 8460133.
Fax: 043.8465732
- 5. Collaborating Agencies:** Department of Social Evils Prevention (DSEP)
- Ministry of Labor, Invalids and Social Affairs (MOLISA);
Standing Office for Drug and Crime Prevention (SODC) - Ministry of Public Security (MPS).
- 6. Estimated duration:** 2009 - 2014
- 7. Project document approved** on 25 March 2010
- 8. Project sites:**
- a. From 2009 to 2013
Hoà Bình city, Mai Châu district - Hoà Bình province;
Bắc Kạn town, Chợ Mới district - Bắc Kạn province;
Tuyên Quang town, Sơn Dương district - Tuyên Quang province
- b. In 2014
Supplementing Can Giuoc and Duc Hoa districts – Long An province
- 9. Project total capital:** 10,715,000 A\$
- ODA fund:** 10 million A\$
- Counterpart fund:** 10 billion VND equivalent to 715,000 A\$
- 11. ODA format:** Non-refundable aid / Grant

II. PROJECT DESCRIPTION

1. Targets and scope

HIV/AIDS Asia Regional Program in Vietnam (HAARP Vietnam) funded by the Australian and the Royal Netherlands Governments has been launched in five Asian countries including Laos, Cambodia, Myanmar, China and Vietnam during 2009 – 2014. HAARP Vietnam has been implemented by 03 ministries: Ministry of Health, Ministry of Labour Invalids and Social Affairs and Ministry of Public Security and concentrated on harm reduction intervention activities for injecting drug users (IDU), female sex workers (FSW) with drug use (DU).

In the period of 2010 – 2013, Project implemented in three provinces including Hoa Binh (Hoa Binh city and Mai Chau district), Bac Kan (Bac Kan town and Cho Moi district) and Tuyen Quang (Son Duong district and Tuyen Quang city). In 2014, Long An province (Can Giuoc and Duc Hoa districts) has been participated in the Project.

The main project objective is to reduce the spread of HIV associated with drug use in the intervention sites, thus contributing to prevention of HIV/AIDS infection in Việt Nam through harm reduction intervention (HRI) models for high risk groups and capacity building in technical aspects and program management for staff of MOH, MOLISA, and MPS involved in the project.

Specific project objectives including:

- To provide a basic package of services for IDUs in the community in project provinces, including behaviour change communication; provision of clean needles and syringes (N&S) and collection of used N&S; provision of condoms; establishment of VCT clinics; STI/STD examination and treatment; implementation of MMT (when it is possible) in the selected provinces
- To provide a comprehensive package of services: apart from activities in the basic package of services, the project will collaborate with the currently existing healthcare service network to establish a referral network aiming at creating favourable conditions for IDUs to get access to HIV/AIDS treatment with ARV drugs, TB and OI treatment; piloting Hepatitis B vaccination and treatment of Hepatitis B and C.
- To implement activities for HIV prevention and treatment of opportunistic infections, STIs/STDs in 06 centers/post-detoxification sites. To implement HIV prevention in prisons, detention centers in project provinces through behaviour change communication and education activities.
- To conduct social support activities for IDUs such as vocational training, job creation and loan/micro-credit program; raising the awareness and behaviour change of the community towards the IDUs, people living with HIV/AIDS; reducing stigma and discrimination.

- To improve understanding of HIV/AIDS, drugs and harm reduction for staff working in the health, public security and social affairs sector; capacity building in the technical and managerial aspects for project staff, specifically on planning, program management, program M&E, financial management in MOH, MOLISA, and MPS.

With such set objectives, targeted beneficiaries include high risk group, specifically:

- IDU and FSW with drug use;
- IDU living with HIV;
- Inmates in 06 centers ;
- Individuals who completed detoxification and re-integrated into community;
- IDUs in detention centers

2. Organizational structure

As regulated by the Project document, MOH, MOLISA and MPS shall direct and manage activities deployed within their own ministry: to provide technical support within its expertise to provinces participating in the project. Activities carried out at each ministry must be correlated with other ministries to ensure the consistency of activities and achieve objectives set. Ministries are under management and direction of Central Project Steering Committee and CPMU shall be responsible for management and coordination of project implementation.

a) MOH Subcomponent

For organization and implementation of Project activities within MOH, set up the organization system at both central and provincial level including:

- CPMU:
- PPMUs:
 - ☐ Provincial project implementing units;
 - ☐ Setting up the network of OWs

VAAC – MOH provides technical supports within its expertise and supports for project implementation in the HIV/AIDS prevention and control.

b) MOLISA Subcomponent

DSEP – MOLISA develops annual workplan and implements Project activities within its scale, provides directions and support for its activities in 06 centers/ , vocational training and micro credit for IDU and post detoxification persons.

Set up TA group within its expertise under management of MOLISA.

c) MPS subcomponent

SODC and relevant units – MPS develops annual workplan and implements Project activities within its scale, provides directions and support for its activities in prisons and detention centers. Set up TA group within its expertise under management of MPS and directly manages activities in Quyet Tien prison and provincial detention centers.

To meet specific 5 objectives at localities, it is essential to implement activities as follows:

- Organize the network of OWs (PE and collaborators) at localities of project implementation
- Organize HR activities for HIV prevention in the community
- Conduct project services such as VCT, examination and treatment of STI, OIs for target group
- Implement the Methadone Maintenance Therapy
- Set up the referral mechanism between services related to HIV/AIDS and HBV testing and vaccination
- Capacity building for staffs at health, social and public security sectors

In addition to implementation of activities on HRI in the community, Project conducted HR activities in detention centers, prisons, 06 center/ , specifically:

- Organize the network of collaborators and PEs in Quyet Tien prison, 06 centers/ for BCC implementation;
- Set up VCT rooms at Quyet Tien prison and 06 centers to conduct testing for inmates when needed
- Organize Hepatitis B vaccination for inmates and prisoners

PART II
OUTCOMES OF PROJECT IMPLEMENTATION
IN THE PERIOD OF 2010 - 2014

A. MANAGEMENT, COORDINATION AND LEADERSHIP

I. AT CENTRAL LEVEL

1. MINISTRY OF HEALTH

- Set up Central Project Steering Committee at Decision No 250/QĐ-BYT dated 25th January 2010 and reformulation of the central steering committee at Decision No 827/QĐ-BYT dated 19th March 2012 chaired the Deputy Minister of Health; followed by 2 vice-chairmen are Deputy Minister of Public Security and Deputy Minister of Labour, Invalids and Social Affairs. The CPSC shall be responsible for organization, management and implementation of HAARP Vietnam activities. Based on it, Ministry of Health issued:

- Operation regulation of the Central Project Steering Committee at the Decision No 2193/QĐ-BYT dated 22th June 2012 by Minister of Health.
- Regulation on organization and operation of Central Project Management Unit at the Decision No 2192/QĐ-BYT dated 22th June 2012 by Minister of Health.
- Guideline on implementing organization at the local level at the Decision No 3349/QĐ-BYT dated 14th September 2012 by Minister of Health.

To direct the implementation of the project in accordance with regulations:

- Minister of Health issued Decision No 5118/QĐ-BYT dated 24/12/2009 on establishment of Central Project Management Unit of HIV/AIDS Asia Regional Program in Vietnam (HAARP Vietnam), on behalf of Vietnam Authority of HIV/AIDS Control - Project Implementing Agency in management and implementation of HAARP Vietnam in accordance with Project Document approved and regulations of Law.

- MOH issued Regulation on operation of Central Project Steering Committee; establishment and completion CPSC and guidance on Project organization and implementation at central and provincial level.

- Based on functions and duties of CPMU and to perform well project objectives, CPMU issued regulations and guidance as follows:

- ☐ Regulation on coordination between CPMU and MPS, MOLISA and the Civil Society Organization etc.
- ☐ Guidance on conducting programs on outreach, NSP and condom
- ☐ Guidance on mobile VCT

- ☐ Guidance on Hepatitis B treatment and vaccination
- ☐ Guidance on financial disbursement
- Held periodical meetings between CPMU, TA groups - MPS and MOLISA and Donor to update progress of project implementation and solve difficulties during deployment.
- Develop annual workplan within MOH subcomponent – CPMU and provide assistance to project provinces, focal points of MPS and MOLISA to build up adequate workplans with each province and each sector.

Organize annual summary and review meetings to report results of project activities and implementation of remaining activities.

2. Ministry of Labour, Invalids and Social Affairs (MOLISA)

Department of Social Evils Prevention is a focal point assigned by MOLISA to implement project activities, establish TA group and organize TA group meetings and develop annual workplan to submit Leader of MOLISA for approval.

- Issued documents on technical guidance in implementation of project activities under management of MOLISA:

- ☐ Issue guideline on implementation of HRI for HIV prevention in 06 centers
- ☐ Design training material set on BCC for trainers and training materials on BCC for inmates in 06 centers
- ☐ Issue Guideline on deployment of micro credit model for IDU and individuals who completed detoxification and integrated into community.
- ☐ Develop piloting model on Prevention and Comprehensive care for drug users at 04 communes in Mai Chau district, Hoa Binh province.
- Organize summary and review meetings and implementation of remaining activities of workplan.
- Organize Conference on harm reduction for HIV prevention in 06 center of which focused on contents related to use of condom and provision of HR examples suitable with closed settings.
- Direct and provide assistance to province in implementation of project activities within MOLISA such as integrating training materials on BCC into the training curriculum in 06 centers, Hepatitis B vaccination and micro credit etc.

3. Ministry of Public Security

Standing Office for Drugs and Crime Prevention is a focal point assigned by MPS to implement project activities, establish TA group and organize TA group meetings and develop annual workplan to submit Leader of MPS for approval.

- Annually, organize summary and review meetings and implementation of remaining activities of workplan.
- Organize meetings among TA group to assess progress of implementation of Project activities and discuss shortcomings to find out solutions.
- Direct and support Quyet Tien prison, detention center in 3 provinces Bac Kan, Hoa Binh and Tuyen Quang in implementation of HR activities for HIV prevention in prison and detention centers.

II. PROJECT IMPLEMENTING PROVINCES

- Establish and complete Provincial Project Steering Committee chaired by the Deputy Chairman of Provincial People's Committee; Establish and complete Provincial Project Management Unit managed by Project Director, known as Deputy Director of Provincial Health Department; and Deputy Director known as Director of Provincial AIDS prevention Center. Select and complete system of staffs who are involved into project implementation in localities.
- Organize annual Provincial Project Steering Committee meeting to report results of project implementation and orientation for upcoming workplan implementation.
 - Develop and organize for implementation of annual workplan. .
 - Organize annual summary and review to report result of Project implementation, advantages and disadvantages and solutions to solve difficulties; provide guidance for implementation of project activities as planned.
 - Issue documents for direction and guidance for workplan implementing units as requested by CPMU.

B. RESULTS OF TECHNICAL ACTIVITIES

I. AT PROVINCIAL LEVEL

Objective 1: Provision of a basic package of services to IDUs and FSWs

1. Communication activities

1.1. Communication to create enabling favorable environment for Project implementation

Bắc Kạn, Hòa Bình and Tuyên Quang are mountainous provinces, 80% of ethnic minority population with low education. Before 2010, there are no budget from provinces for HRI for HIV prevention, thus comments from Leadership levels, staffs at health, labour, invalids and social affairs and public security sectors and residents on HR program were not supportive. Realizing importance on people's awareness, PPMUs concentrated on policy advocacy at grass-root/district/provincial levels for the first stage. Once performing this activity well can change awareness of people and local authorities on harm reduction for HIV prevention to create favorable environment for implementation.

of Project activities. For 04 years of Project implementation, PPMUs developed reportages, talk shows on Provincial Radio and Television and in collaboration with relevant units to organize marches to welcome the Action Month for HIV/AIDS prevention and control. Establish and install 52 posters with contents on NSP, condoms and HIV/AIDS prevention and drugs etc. to propagandize project activities across main roads in Bac Kan, Hoa Binh and Tuyen Quang provinces and in 06 centers, Quyet Tien prison and detention centers.

Advocacies haven been diversified and orientated to target groups such as conferences on intersectoral coordination; role of public security and labour, invalids and social affairs sectors etc. in implementation of HR for HIV prevention; workshop to advocate at commune level to create favorable environment for HRI program, prevent stigma and discrimination against IDUs and people living with HIV/AIDS and introduce project services. Consent workshop on Methadone program for sectors and mass organizations at local level to raise awareness and support the program.

Organize forums to share experiences on implementation of outreach activities; contests on drugs, HIV/AIDS and HRI to create helpful playground for the network of OWs involved into project and create binding relationship between OWs with the project.

1.2. Behaviour change communication (BCC) for high risk behavior groups

a) Outreach activities and direct communication

Table 1. Results of BCC among IDUs through years

Activities	Unit	2011	2012	2013	2014
No # outreached people	Bac Kan	326	421	496	356
	Hoa Binh	379	707	695	635
	Tuyen Quang	448	335	363	339
	Long An				774
	Total	1.153	1.463	1.554	2.104
No # outreached contacts	Bac Kan	20.581	57.240	46.976	59.947
	Hoa Binh	88.860	43.261	42.193	75.703
	Tuyen Quang	22.404	49.932	35.796	62.831
	Long An				9.771
	Total	131.845	150.433	124.965	208.252

For the four years of outreach implementation, as many as 6,274 IDUs have been outreached by the Project with total 615,495 outreach visits. On average, an IDU received 8.2 visits/month.

b) Indirect communication and IEC material distribution

- This activity was supported by the Project from 2011 to 2012. During this period, as many as 1,436 BCC sessions were conducted through the commune/ward loud-

speaker system to update information on HIV/AIDS epidemics, HRI activities implemented by the Project in the province and Methadone program etc. Especially, since 2013 even though funding support was not provided, indirect communication activities have been conducted in Bac Kan and Tuyen Quang provinces with 404 sessions (Bắc Kạn: 148; Tuyên Quang: 256)

- Distributed 84,762 leaflets, brochures and “AIDS and the Community” magazine copies to target group members and high risk behavior people. IEC material provided clients with basic information on HRI activities, guidance for safe injection, right use of condoms and provision of time, venue for clients to get access with project services. The “AIDS and the Community” magazine kept updated national HIV/AIDS control activities and new knowledge/information on HIV/AIDS. Learnt lessons, stories and typical samples making contributions to HIV/AIDS struggle are persuasive examples to encourage people in the same circumstance to live better.

2. Clean needles and syringes program (NSP) and condom use program (CUP)

Table 2. Outcomes of NSP and CUP in the period of 2011 – 2014

No	activities	2011	2012	2013	2014	Total/ Average
1	Total number of distributed NSP	542.123	1.255.201	999.679	837.602	3.634.605
2	Achieved planned target	60%	103%	96%	85%	88%
3	Average number of N&S distributed in an outreach visit	2,5	2,8	2,4	3.0	3,1
4	Average number of N&S distributed to IDU/month	34	58	43	24,2	39,8
5	Percentage of N&S distributed via PEs	87%	83%	83%	78%	82%
6	Number of used N&S collected	380.193 (70%)	900.551 (72%)	670.266 (67%)	592.655 (71%)	2.543.675 (70%)
7	Number of distributed distilled water vials	476.625	1.179.918	893.503	564.731	3.114.777
8	Number of distributed condoms	466.890	613.363	278.786	287.961	1.647.000
9	Achieved planned target	102%	100%	105%	108%	103%

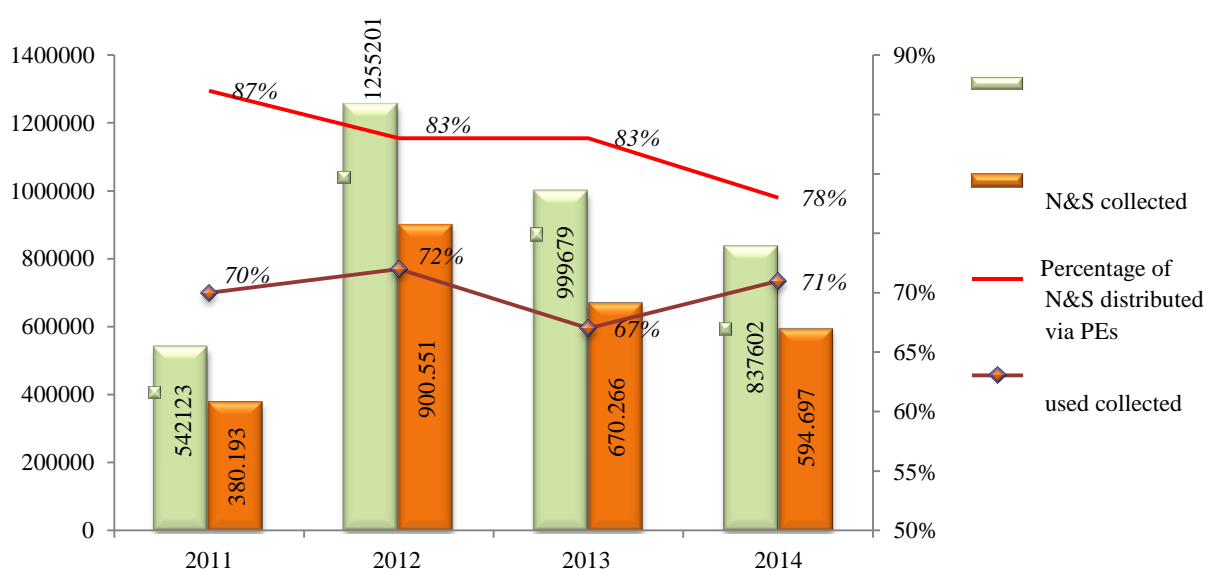
- During 4 years, the Project distributed over 3,63 million of clean NS to 6,270 IDUs in the community and on average, each IDU received 40 units/month. Collected NS are 2,54 million, reaching 70%. Annual average achieved 88% of planned target.

- Nearly 1,65 million of condoms were distributed to IDUs, FSWs and wives or spouses of high risk behaviour groups. Annual average achieved 103% of planned target.

- For the first year of NSP and condom program implementation, due to limited duration of performance starting from June 2011 and the new network of PEs with little experience, number of distributed NS and condom are low. In 2012, number of distributed NS and condom were the highest compared to other years and focused on IDUs, however number of NS and condom decreased in 2013 and 2014 due to:

- Methadone program came into effect (In 9/2012, 02 establishments in Bac Kan and Hoa Binh provinces. In 2013, additionally established 03 clinics in Bac Kan, Hoa Binh and Tuyen Quang provinces);
- In 2014, No of PEs were cut down.

- To conduct the NSP and condom program, role of OWs is very important because no of distributed NS and condoms are mainly based on OWs, on average accounting for 82% of total number of NS and 70% of total number of condom respectively.



Graph 1. Outcome of NSP from 2011 – 2014

3. Activities of Lotus club

3.1. Number of clients visiting the club

The Lotus Club model began in April 2011 and was maintained until May 2013. During 02 years of operation, as many as 18,237 client's visits have been recorded at the clubs for receiving supportive services, of whom 10,149 visits were IDUs (accounting for 56%). On average, there were 127 client's visits/club/month.

3.2. HIV Voluntary Counseling and Testing (VCT)

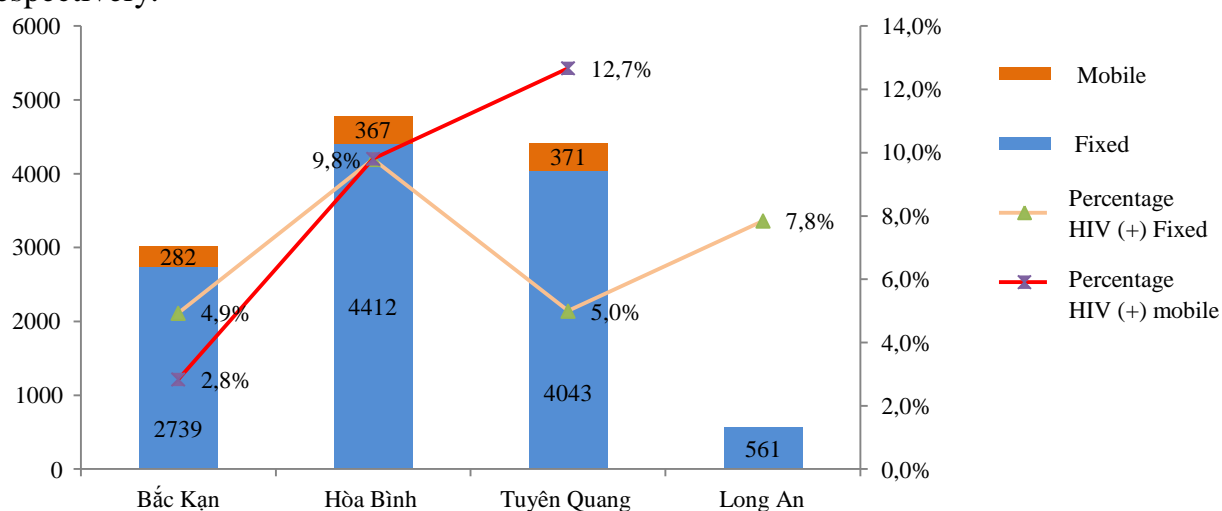
Table 3. Outcomes of VCT activities in the period of 2011 – 2014

Province	Model	# of clients attending pre-test counseling	HIV testing		HIV (+) testing	
			# of HIV testing	%	# of test notification	%
					HIV (+)	
Bac Kan	Fixed	2.958	2.739	92,6%	135	4,9%
	Mobile	282	282	100%	8	2,8%
	Total	3.240	3.021	93,2%	143	4,7%
Hoa Binh	Fixed	4.511	4.412	97,8%	432	9,8%
	Mobile	367	367	100%	36	9,8%
	Total	4.878	4.779	98,0%	468	9,8%
Tuyen Quang	Fixed	4.779	4.043	84,6%	202	5,0%
	Mobile	463	371	80,1%	47	12,7%
	Total	5.242	4.414	84,2%	249	5,6%
Long An	Fixed	561	561	100%	44	7,8%
4 provinces	Fixed	12.809	11.755	91,8%	813	6,9%
	Mobile	1.112	1.020	91,7%	91	8,9%
	Total	13.921	12.775	91,8%	904	7,1%
Achieved annual average planned target		14330 (97%)	12.900 (99%)			

VCT which is launched in April 2011 is one of the prioritised activities in project provinces. Till the end of 2014, VCT was given to 13.921 person times and HIV testing for 12.775 person times, averagely achieving 99% of annual workplan, of which 904 cases of HIV (+), accounted for 7,1 %. This result shows counselling quality considerably well and ensures to be in line with VCT procedures issued by MOH. Testing percentage reached 7,1 %, which groups involved into counselling focused on high risk behaviors including IDUs and FSWs.

To have the best access to the target group in the remote areas, CPMU coordinated with PPMU Tuyen Quang to pilot model of mobile VCT. During one year of operation, this model has seen positive outcomes. 05 episodes of deployment of mobile VCT have provided service to 79 high risk behavior individuals, of whom 9 cases of HIV (+), accounted for 11,4% and 72 individuals returned to get the HIV testing results and received post test counselling, which reached 91,1%.

Till 2013, CPMU issued guidance on implementation of mobile VCT model and it has been expanded to 3 provinces including Bac Kan, Hoa Binh and Tuyen Quang. As at 31 December 2014, 1.112 people were given counselling, 1.020 individuals received HIV testing, accounting for 91,7% and 91 cases of HIV (+) accounted for 8.8%. It also has seen the similar percentage in Hoa Binh and Tuyen Quang provinces at 9.8% and 12.7% respectively.

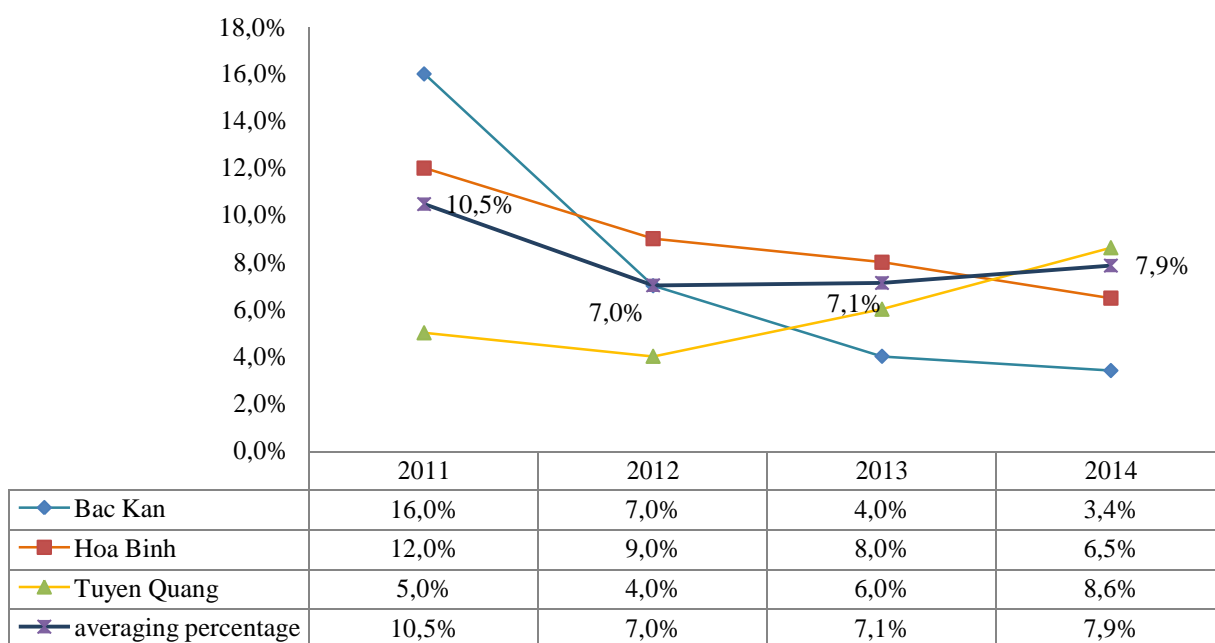


Graph 2: VCT Outcome in the period of 2010 – 2014

Table 4. VCT outcome among IDUs in the period of 2011 - 2014

Content	Year	Bac Kan	Hoa Binh	Tuyen Quang	Long An	Total
# of clients received pre-test counseling	2011	235	915	426		1.576
	2012	691	1.293	986		2.970
	2013	527	1.818	1.144		3.489
	2014	385	883	771	213	2.252
# of clients given testing	2011	207	905	426		1.538
	2012	690	1.289	986		2.965
	2013	527	1.790	1.026		3.343
	2014	383	834	708	213	2.138
# of clients HIV (+) testing results	2011	34	105	22		161
	2012	49	122	37		208
	2013	22	151	65		238
	2014	13	54	61	40	168
Percentage of clients with HIV (+) testing results	2011	16,0%	12,0%	5,0%		10,5%
	2012	7,0%	9,0%	4,0%		7,0%
	2013	4,0%	8,0%	6,0%		7,1%
	2014	3,4%	6,5%	8,6%	18,8%	7,9%

During 5 years of VCT implementation, as many as 12,755 personal times were given VCT, of whom IDUs: 9,984 personal times (accounting for 78,2%) and 775 cases of HIV(+) (averaging percentage for 4 years reaching 7,9%). As the investigation report in 2013, the HIV infection rate in Bac Kan: 25,4%, Hoa Binh: 12,5% and Tuyen Quang: 18,0% respectively¹.



Graph 3. Percentage of HIV (+) testing among IDUs in period of 2011 - 2014

3.3. Examination and treatment for common diseases

During the two years of implementation from 2011 – 2012, as many as 6,496 episodes of patients to Hoa Sen (Lotus) club were given examination and treatment for common diseases. On average, each club received 45 patients per month. Commonly found diseases are cold & fever, pharyngitis, rhinitis, skin infection, etc.

3.4. Other supportive activities

Clubs have conducted 128 monthly group communication sessions for 3.394 client's visits including IDUs, people living with HIV and IDUs' families etc. Contents focused on provision of information on HIV/AIDS, HRI program, and project activities. Additionally, meetings and recreational sessions are opportunities for IDUs and their family members to share their own difficulties for being supported.

Besides, project provinces organized 18 recreational sessions and sport contests. The activities enabled the relationship between PEs, IDU and their families with the club so that IDUs could improve their life quality (spiritual and mental life) and proactively participate in daily activities.

¹ Evaluation on effectiveness of harm reduction program to prevent HIV transmission in community, 2010-2013

4. Examination and treatment of STIs STI examination and treatment are conducted by private STI clinics in Bac Kan town, Hoa Binh city and Tuyen Quang city. However, STI clinics are not available at districts, so this activity is maintained through mobile STIs team run by the Provincial Center for Social Disease prevention. In 2013 annual work plan, examination and distribution of drugs for treatment of STIs were not implemented by STI clinics any more, but referred patients to the Provincial General Hospital or Provincial Center for Social Disease prevention, which showed its low effectiveness. As the result, number of patients to the above clinics to receive project services were very few.

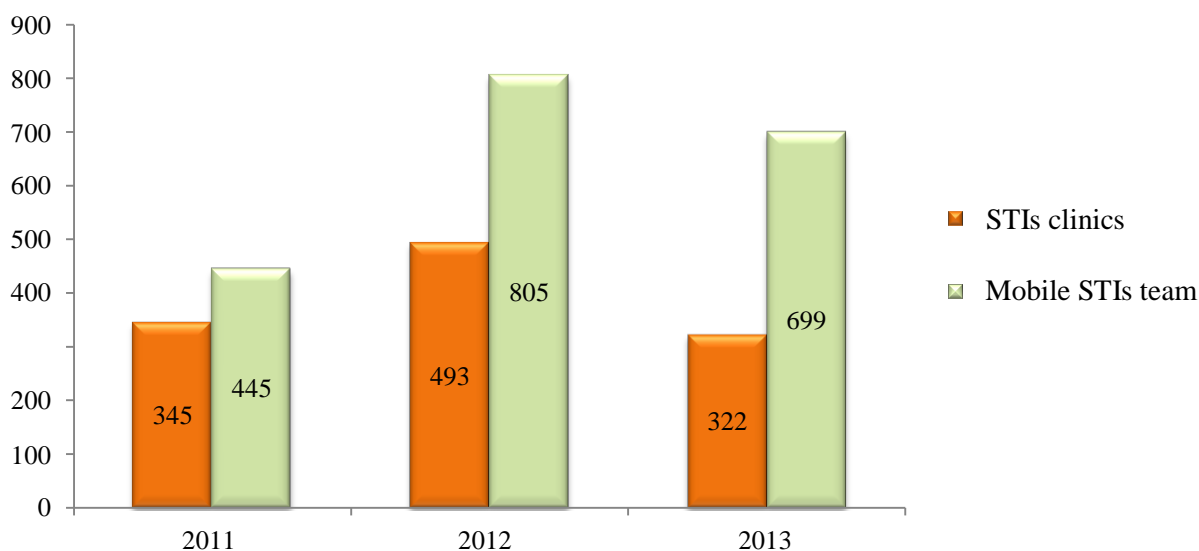


Chart 5: Examination and treatment of STIs

03 STI clinics at Bac Kan town, Hoa Binh city and Tuyen Quang city and the Dermatological Department - the Provincial General Hospital or Provincial Center for Social Disease prevention examined and treated for 1,170 client visits, in which private clinics: 883 visits and the Dermatological Department - the Provincial General Hospital or Provincial Center for Social Disease prevention: 332 visits). The outcome reached only 38% of annual target. Meanwhile, model of mobile STIs examination and treatment showed its effectiveness much more than the fixed model. During the 3 years of operation, 1,949 client times were given examination and treatment, achieving average 75% of planned target.

5. Methadone Maintenance Therapy (MMT) program

As at 31/12/2014, as many as 08 MMT clinics were established and went into effect.

- Bắc Kạn: 02 MMT clinics located in Cho Moi district and provincial PAC
- Hòa Bình: 02 MMT clinics situated in Mai Chau district and provincial PAC
- Tuyên Quang: 02 MMT clinics established in Son Duong district and Health center in Tuyen Quang city
- Long An: 02 MMT clinics located at Health Center in Can Giuoc district and at Hau Nghia General Hospital in Duc Hoa district.

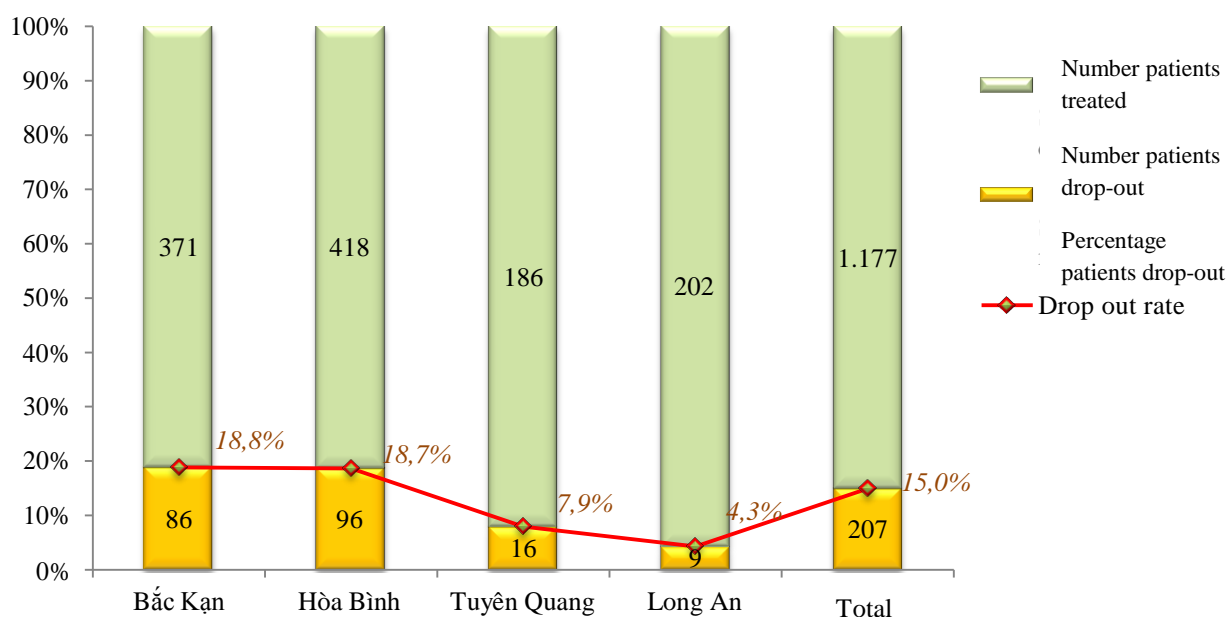
As till Quarter IV/2014, CPMU continued supporting to newly establish 04 MMT clinics in Bach Thong district (Bắc Kạn); Lương Sơn district (Hòa Bình); Yên Sơn district (Tuyên Quang) and Bến Lức district (Long An) including equipment procurement, maintenance for MMT clinics. All 4 provinces strongly committed to put MMT clinics into operation in 2015.

By the end of 2015, as many as 12 MMT clinics will receive and treat about from 2,000 to 2,500 patients.

Table 5: Result of MMT program

Province	# of patients being treated			# of drop-out patients		
	2012	2013	2014	2012	2013	2014
Bac Kan	82	262	371	1	24	86
Hoa Binh	121	288	418	1	26	96
Tuyen Quang		11	186		0	16
Long An			202		0	9
Total	203	561	1.177	2	50	207

By the end of 2014, as many as 1,177 patients were being treated at 8 MMT clinics. Total number of drop-out patients was 207. The general drop out percentage was 15% (Bắc Kạn: 18,8%; Hòa Bình 18,7%; Tuyên Quang: 7,9% và Long An 4,3%) respectively.



Graph 4: Number of patients being treated at MMT clinics accumulated through years

Objective 2: Provision of comprehensive service package to IDUs, FSWs

1. Referral service

Table 6. Outcome of referral activities

Năm	Examination and treatment ARV			Examination and treatment TB		
	Referral	Acceptance	% of acceptance	Referral	Acceptance	% of acceptance
2011	106	94	89%	54	33	61%
2012	229	122	53%	200	171	86%
2013	249	101	41%	103	69	67%
2014	143	36	25%	14	8	57%
Total	727	353	49%	371	281	76%

To enable favorable referral activities, provincial PPMUs set up systems and built up referral mechanism between the network of OWs and supportive services for HIV/AIDS control such as VCT, out clinic and TB clinic; and interchangeable services through provision of introductory sheet and referral sheet to related services to help referred client management easier and supervise the referral successfully.

2. Hepatitis B, C testing and Hepatitis B, C vaccination and treatment

Table 7: Result of HBV vaccination and HCV testing conducted by the province

Subjects	HBV testing	Result of HBV (+) testing	HBV vaccination	HCV testing	Result of HCV (+) testing
Community – based PEs and collaborators	161	18 (11,2%)	143	66	22 (33,3%)
IDUs				621	271 (44 %)
Inmates and staffs at 06 center	284	72 (25,4%)	212		
IDUs and supervisors at detention center	179	18 (10,1%)	161		
Total	624	108 (17,3%)	516	687	293 (42,6)

During the two years from 2012 to 2013, 100% of PEs and collaborators in need received Hepatitis B vaccination and treatment. As a result, as many as 161 people were given testing and 143 people were vaccinated.

Since 2013, HCV testing has been implemented to detect cases of HCV (+) to raise awareness for prevention among high risk groups. Total 687 people were given testing, of whom 621 IDUs (accounting for 90%). Number of HCV (+) cases were 293 people (accounting for 43%), of whom 271 IDUs with positive results, accounting for 44%. The results are much lower, compared to the Project's input evaluation result which was 75%.

As many as 7 cases of HBV (+) in Tuyen Quang province were given treatment and funded by the Project.

Objective 3: HIV prevention for inmates in 06 centers and detention centers

1. In 06 Centers, 06 off-center sites

As many as 4,192 inmates were received services provided by the Project from 2010 to 2013 in 06 centers, 06 off-center sites.

1.1. Communication activities

During the first three years of project implementation, the network of PEs remained stable. On average, each PE managed 20 inmates to conduct BCC, group meetings etc. As many as 2,251 small group meetings were organized to update information related to HIV/AIDS, drug use and other related matters during 2010 – 2012. Since 2013, there was no support funding from the project to maintain the PE network and indirect communication activity. However, these activities are on-going in 06 centers in Hoa Binh city and Lac Son district (Hoa Binh province). Total 796 group meetings were organized in above centers. Besides that, the activity of group meeting between inmates and project collaborators was conducted as planned in 2013 with 150 meetings. In 2013,

- Organized 518 sessions for news reading on HIV/AIDS, drug treatment/detoxification, exemplary persons and stories of IDUs and people living with HIV/AIDS on the loud-speaker system within the 06 Centers and off-center sites, of which 326 sessions without funding from the project. As many as 617 sessions with contents on HIV/AIDS, harm reduction interventions for HIV prevention integrated into the training curriculum of the Center.

- Organized 42 quarterly meetings with inmates' families. Those meetings focused on community re-integration, measures for prevention of HIV infection and relapse prevention.

- Distributed 11,006 communication documents and the "AIDS and Community" magazine copies to inmates. All communication documents and magazines were available in communication corners, staff rooms to raise awareness and share knowledge on HIV/AIDS, HIV/AIDS prevention and control in the project and in the whole country.

1.2. Counseling service

In 06 centers, those inmates in need of counseling service will register with health staff, and superintendents, and then the list of the registered will be sent to the counseling section for arrangement of counseling session appointment. 3,066 individual counseling sessions on HIV/AIDS, detoxification and psychosocial were organized. Besides that, 314 group counseling sessions for new inmates were conducted. In 2013, there was no funding support for counsellors in 06 centers, but project collaborators remained their responsibilities well, which showed the strong commitment of implementing units to ensure project sustainability.

1.3. Provision of harm reduction commodities for prevention of HIV and Hepatitis

Table 8: Result of distribution of harm reduction commodities for prevention of HIV, HBV and HCV

Unit	# of distributed condoms			# of distributed toothbrushes			# of distributed razors		
	2011	2012	2013	2011	2012	2013	2011	2012	2013
Bac Kan	950	258	350	3369	1.077	630	9600	9.111	2.806
Hoa Binh	954	1.969	1.560	2721	3.438	580	2830	18.860	0
Tuyen Quang	1526	1.064	961	1500	692	570	1500	4.692	1520
Total	3430	3291	2871	7590	5207	1780	13930	32663	4326

- Through as many as conferences, workshops and meetings for advocacy, DSEP – MOLISA had no objection to provision of condoms and lubricants in 06 center in three project provinces. Since 2011, there were 18 boxes of condoms at dining areas, rest rooms and 06 center areas. Until the end of 2013, as many as 9,529 condoms were “taken away”.

- Not only provision of condoms, but also to avoid cross infection of hepatitis, Project provided tooth-brushes monthly and razors in every week for inmates. Total 50,919 razors and 14,577 tooth –brushes were distributed to inmates.

1.4. Examination and treatment of common diseases and STIs

The health stations in 06 Centers have provided examination and treatment service for OIs and in collaboration with mobile STI team to examine and treat for 2,803 episodes of inmates.

1.5. HBV vaccination and testing

With the aim of prevention for HBV infection among inmates and direct managers, in 2013 the Project supported funding for HBV vaccination and testing. As many as 284 inmates and staffs were given testing, of whom 212 people with vaccination.

2. In detention center

As many as 2,551 inmates got access to Project services in detention centers in Bac Kan, Hoa Binh and Tuyen Quang provinces from 2010 to 2013.

2.1. Communication activities

Due to typical characteristics of Public security sector, it is impossible to conduct personal communication, thus PE could only implement this activity through big group communication and indirect communication. As many as 183 large group communication sessions were conducted for 5,935 inmate times and 220 communication sessions through loudspeaker system with contents on HRI in general and in closed settings in particular.

Distributed 4.670 communication materials and the “AIDS and Community” magazine copies to inmates to keep them updated with activities for HIV/AIDS prevention and control.

2.2. Counselling service

Individual counseling was conducted for 1.793 inmates who were newly admitted to the centers covering such contents as HIV/AIDS, drug and psychosocial support. Organized 56 group counseling sessions for 469 inmate-times when needed. The procedure for counseling registration is conducted in the same way as in 06 centers.

2.3. Provision of harm reduction commodities for prevention of HIV and Hepatitis

During 02 years from 2011- 2012, project provinces were supported to procure harm reduction commodities for prevention of HIV and HBV, HCV and some harm reduction commodities left from 2012 were continuously provided in 2013.

Table 9: Outcomes of Provision of harm reduction commodities for prevention of HIV and Hepatitis B, C

Unit	# of distributed tooth-brushes			# of distributed razors		
	2011	2012	2013	2011	2012	20130
Bac Kan	3.731	1.695	0	2.099	10.235	0
Hoa Binh	2.332	2.123	0	2.633	7.050	3.452
Tuyen Quang	3.850	557	600	3.850	4.899	100
3 provinces	9.913	4.375	600	8.582	22.184	3.552

- Due to the law regulations on harm reduction commodities allowed to be brought into detention centers, condoms are used in "happy room" for only well – performed inmates in detention center. As many as 1.306 condoms are used.

- Similar with 06 center, provision of tooth-brushes and razors is periodically conducted. Provided 14.888 tooth-brushes and 34.318 razors to inmates in detention centers.

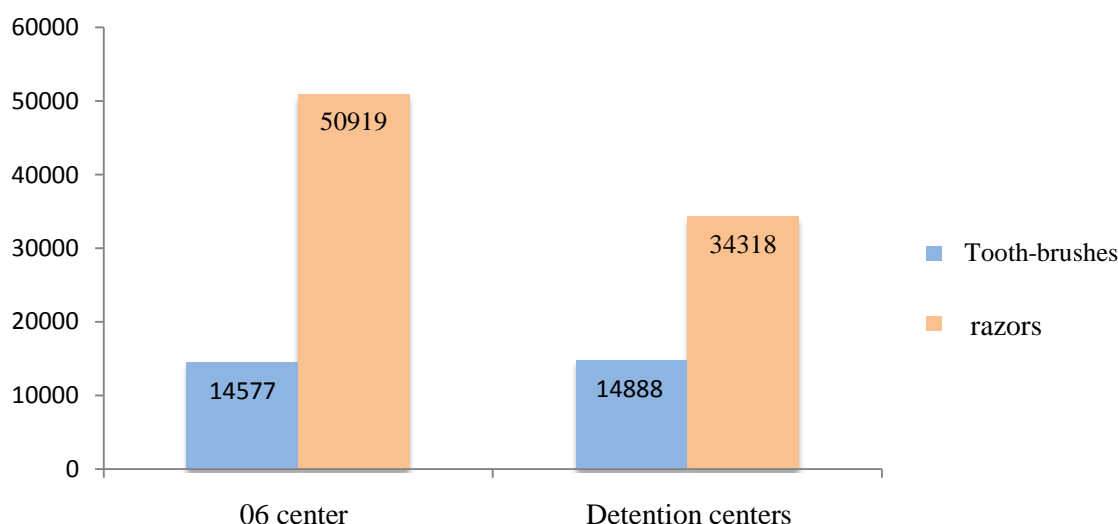


Diagram 6: Number of distributed tooth-brushes and razors in 06 centers and detention centers

2.4. Examination and treatment of OIs and STIs

Provided examination and treatment service to 2.353 inmate-times for such OIs as: skin infection, fever & cold, pharyngitis, STIs

2.5. Testing and vaccination of HBV

PPMUs in Bac Kan, Hoa Binh and Tuyen Quang provinces in collaboration with detention centers managed by the Provincial Public Security provided testing and vaccination of Hepatitis B for some inmates and staffs. As many as 179 people were given testing, of whom 161 people received vaccination.

Objective 4: Prevention of relapse and support for community re-integration of IDUs.

- Micro-credit activity has been piloted in Mai Châu district - Hòa Bình since 2011 for 24 IDUs and scaled up in December 2012. Till 12/2013, a total of 199 IDUs and ex-IDUs got the loan (Bắc Kạn: 54, Hòa Bình: 74, and Tuyên Quang: 71) of whom 18 people are MMT patients. The total capital for loan was one billion nine hundred and ninety nine million VND.

- Main activities under this scheme are production, small business and raising poultry, tree planting, etc. As at 31/12/2013, according to reports from different units, except for 3 cases of risk found (including 01 dead, 01 arrested to put into 06 center and the left with his/her family moved to another locality), production and trading are still on development. Monthly, the borrowers have to pay the interests and have savings as required.

In 2014, as requested by the Donor on collection of micro credit, as at 31/12/2104, Project collected one billion and seventy five million VND, achieving 54%. The collected amount is recommended to newly open 4 MMT clinics in 4 project provinces.

Table 10: Outcome of implementation of micro credit

Unit	# of borrowers	Amount of loans	Collected amount	Percentage of collected loans
DSEP (Mai Chau, Hoa Binh)	24	250.000.000	0	0%
Bac Kan	54	540.000.000	305.000.000	56,5%
Hoa Binh	50	500.000.000	400.000.000	80,0%
Tuyen Quang	71	700.000.000	370.000.000	52,9%
Total	199	1.990.0000	1.075.000	54,0%

Objective 5: Capacity building for staff in health, labor-invalids-social affairs, and public security sector

- During 4 years of project implementation, PPMUs in collaboration with relevant units organized 38 training courses for 1.139 person-times. Training courses concentrated on basic knowledge on HIV/AIDS, HR, safe injection practice, safe sex, communication skills, outreach work, and prevention and management of overdose for collaborators and PEs.

Objective 6: M&E and reporting on project implementation activities

- Three-level supervision (provincial, district and communal level) has been strictly conducted as regulated. Quarterly, PPMUs collaborated with relevant units to conduct supervisory visits to project activities at the district level. Monthly, Head of collaborator group in each district/city supervised activities of each collaborator in charge of communes/wards. Weekly, each collaborator took responsibility for monitoring PE activities at commune/ward level. Operated with such a mechanism, 393 supervisory visits were conducted to project activities at the community, 06 Centers and detention centers. Technical assistance and coordination with other units to promptly solving problems have been provided during the process of project implementation. Periodical/routine reporting and ad-hoc reporting as required by the project were conducted during the life of the project.

II. RESULTS OF THE ACTIVITIES AT THE CENTRAL LEVEL

1. Results of the activities of Ministry of Labour – Invalids and Social affairs (Molisa)

1.1. Technical assistance for implementation of Project activities

DSEP developed documents related to guiding activity implementation and approved by the donor:

- ☐ Guidance on implementation of HRI for HIV prevention in 06 centers;
- ☐ Designed training material set on BCC for trainers and training materials on BCC for inmates in 06 centers;
- ☐ Guidance on implementation of micro credit model for IDU and individuals who completed detoxification in the community;
- ☐ Set up the piloting model of Prevention and comprehensive care for the drug abuse and drug users at 4 communes in Mai Chau district, Hoa Binh province.

Harm reduction activities have been conducted in 06 centers in line with regulations and guidance issued by DSEP and CPMU as well. Training materials on BCC for trainers and inmates have become effective tools and used in 06 centers in the country.

Model of micro credit piloted in Mai Chau district, Hoa Binh province has gave loans to 24 borrowers with the amount of 250 million VND in 2011.

1.2. Hepatitis B testing and vaccination

By the end of 2012, as many as 21 inmates in Hoa Binh 06 Centers had been vaccinated against hepatitis B at first-time vaccination. However, subsequent follow-up vaccination were not carried out (second and third vaccination) because 2013 activity plan - MOLISA component has not been approved and DSEP has not transferred cash for implementation in localities accordingly.

1.3. Capacity Building

MOLISA in collaboration with relevant units held 34 training courses for 958 individuals including staffs of labor, invalids and social affairs at different levels on HRI for HIV prevention; trainers in 06 centers to use the training material set on BCC; provided basic and advanced education on TOT for HIV prevention. Through these courses, learners have been equipped with adequate knowledge and skills to conduct project activities better.

In 2011, DSEP held a study tour to share experiences in implementation of HRI activities in closed settings in Australia and in Ho Chi Minh city for leaders of DSEP, DOLISA and 06 centers in 3 provinces and TA group members. Learnt lessons have been applied in developing annual workplans, guidance and direction for technical activities.

1.4. Research and evaluation

- Collaborated with relevant units in MOLISA to develop proposal for assessment for vocational training demand and sent to project provinces for evaluation and comments at the end of 2012.

-- Consolidated and distributed experiences in implementing the model “Prevention and comprehensive care for the drug abuse and drug users in Mai Chau district, Hoa Binh province” to make preparations for possible scale-up in the future.

- Coordinated with CPMU to have completed research report "Prevalence and risk of HIV infection, hepatitis B, hepatitis C among inmates in 06 Centers /, inmates in prison / detention centers in 3 provinces, namely, Bac Kan, Hoa Binh and Tuyen Quang "(research implemented in a closed setting) MOLISA component and send to the CPMU.

1.5. Monitoring and reporting

DSEP is the focal point to organize supervisory visits and technical supports for implementation of HRI for HIV prevention in 06 centers, implement the pilot model of comprehensive care for the drug abuse and drug users, micro credit activities and ensure these activities to be deployed in line with DSEP guidance.

- Supervised progress of research implementation in 06 centers, survey on vocational training demand, ensure procedures of data collection in accordance with guidance and requirements in the research proposal.

- Monitored centers in implementing training material set on BCC for HIV prevention for inmates in 06 centers/.

- Provided technical supports and supervised implementation of vocational training demand for drug users and post detoxification individuals in project provinces and activities of micro credit as well.

- Participated in intersectoral supervisory visits in the community and closed settings held by CPMU.

- Collected data and reported periodically and extraordinarily as required by CPMU and donor.

2. MPS

2.1. HR activities in Quyet Tien prison

Quyet Tien prison started implementing activities of harm reduction intervention in 10/2011. Although it was the first time, supported by the Technical Assistance Team – MPS, Department of Education, Rehabilitation and Community Re-integration (C86) and CPMU, Quyet Tien prison got encouraging results, specifically:

a) Communication for HIV prevention

- Conducted 205 group communication sessions accounts to 4.920 contacts to inmates and integrated 87 direct communication sessions into the curriculum, of which 48 sessions for 1621 new prisoners and 39 sessions for 1.760 prisoners who were about to complete their jail terms. Communication contents are about drugs, HIV/AIDS and HIV prevention; encouragement and raising awareness of prisoners on safe behavior practice and protect themselves via loud-speaker systems.

- Distributed 37,300 copies of “ AIDS & the Community” magazine as communication and propaganda materials which are available at communication corners.
- Set up 8 advertisement panels to encourage good behaviour on HIV prevention in detention centers.

b) Counseling on HIV / AIDS

- 04 counseling rooms were set up in 4 different areas in detention center with 9 health staffs that were well trained on VCT and certificated in accordance with MOH regulations.

- Counseling was provided to 2.962 prisoner episodes in 04 counseling rooms (100% of prisoners in need). Counselling activity ensures voluntary and confidential principles. By the end of 2013, 650 prisoners who had registered for HIV testing took HIV tests, of whom 41 prisoners with HIV (+) testing results.

c) Examination and treatment for STIs, OIs

100% prisoners who have symptoms of STIs were given examination and treatment with drugs. As many as 2.355 contacts to inmates were provided with examination and treatment for STIs and OIs.

d) Provision of commodities for prevention of HIV, hepatitis

Distributed 54.606 tooth-brushes and 46.786 razors to inmates for prevention of HIV and hepatitis.

e) Hepatitis B Testing and Vaccination

During the two years from 2012-2013, completed hepatitis B testing for 2.122 staffs and prisoners and Hepatitis B vaccination at shot 2 and shot 3 for 1,780 individuals as guidance of the project.

2.2. Capacity building for staffs and individuals involved into Project activities in the Public Security sector

- Health Department (H50) and Department of Correction and Community Reintegration (C86) – MPS held 50 training courses for 1.868 administration management staffs and forces for drugs prevention at district level; and health staffs within its sector and staffs working in detention centers in 3 project provinces and northern provinces; and the network of PEs in Quyet Tien prison who are involved into project communication activities.

- In 2010, MPS organized a study tour to share experiences in implementation of HRI for HIV prevention in closed settings in Australia for leaders of the General Department of Police, Standing Office for Drugs and Criminal Control, Quyet Tien

prison and detention centers in 3 project provinces. Learnt lessons are gained from the study tour to be applied to direct and orientate implementation of project activities.

2.3. Research and evaluation

Coordinated with CPMU to complete the research "Prevalence and risk of HIV infection, hepatitis B, hepatitis C among inmates in 06 Centers, inmates in prison/ detention centers in 3 provinces, namely, Bac Kan, Hoa Binh and Tuyen Quang "

2.4. Monitoring and reporting

- Organized supervisory visits to strengthen implementation of project activities in Quyet tien prison and training courses held by focal point units of MPS.

- Collected data on activities implemented by MPS component to revise and report CPMU and relevant units as required.

3. CPMU and MOH

3.1. Creating favorable environment for implementation of project activities

- For the first year of project implementation, Collaborated with the CPVCC Commission for Popularization and Education to organize a workshop on the Role of the popularization and Education sector for harm reduction intervention in HIV prevention for the audience of key staff working in the popularization and Education sector of 3 project provinces. Upon completion of the workshop, popularization and Education staff had a clearer understanding of the effectiveness of harm reduction intervention activities in prevention of HIV/AIDS and they have shown their support to implementation of the program.

- Organized workshops on Harm reduction intervention in closed settings, workshop on guidance of implementation of Methadone program; workshop to review result of 9 - month implementation of Methadone program to share experiences during program implementation in project provinces.

- Established 01 exhibition booth at the National Congress on the 20 years for HIV/AIDS prevention and control in Viet Nam, the 4th National Scientific Conference on HIV/AIDS, in response to the World AIDS Day and the action month for HIV/AIDS prevention and control in Viet Nam.

- Supported 2 specialized pages on project activities in the “AIDS and the Community” magazine to share the Vietnam HAARP project activities with other programs and projects on HIV / AIDS in Vietnam with readers across the country.

- Designed IEC materials including 02 brochures and 04 leaflets appropriate to different groups supporting the project community outreach activities, different groups in the community, activities in Hoa Sen clubs as well as in the closed settings. Designed 5 different types of posters on contents to encourage the use of clean N&S while injecting,

the use of condoms while having sex and introduction of VCT services and Methadone Maintenance Therapy and anti-stigma and discrimination towards IDUs. Guidance on finance management has been issued.

- Provided technical supports to PPMUs and closed settings when in need.

3.2. Strengthening the capacity of project officers/staff

During 2010 – 2014, 26 training courses have been held by CPMU and attended by 874 staff times. The training courses focused on contents as follows:

- Training courses on technical contents to support provinces in project implementation such as basic and advanced education for TOT at provincial level on outreach, VCT, STIs and basic training on Methadone maintenance therapy.
- Training courses on planning, supervision and program evaluation, finance management and bidding tendering.

CPMU held study tours to share experiences in implementation of HRI activities including:

- Conducted in-country study tour to Huu Nghi (Friendship) Club in Quang Ninh province on sharing experience in implementing HR activities; study tours to Thanh Hoa province on sharing experience for community outreach work and study tour to Hai Phong for sharing experiences on Methadone program implementation.
- Conducted the study tour on sharing experiences for HRI in Europe; the study tour on sharing experiences for Methadone program implementation in Malaysia; delegation to attend the 10th and the 11th ICAAP conference in Busan, South Korea and Bangkok, Thailand respectively and the delegation to participate in the Global AIDS Conference in Australia.
- Organized a forum to share experiences on outreach activities for HIV prevention for OWs in 3 project provinces.
- Held workshop to enhance quality and effectiveness of Lotus Club activities in order to improve service quality for VCT, examination and treatment of common diseases and especially in 2014, CPMU held a workshop to ensure Project stability and maintain project activities after project ended.

3.3. Research and evaluation

- In 2009, conducted the study on Rapid Assessment and Response (RAR) on drug use, HIV/AIDS and inter-sectoral collaboration in harm reduction activities in provinces of Hòa Bình, Tuyên Quang, and Bắc Kạn to create a basis for developing for implementation of project activities in 3 provinces and sharing information among provinces and other projects, international organizations in HIV/AIDS prevention field on risk behaviours and attitude among IDUs.

In 2010, completed a cross-sectional study on HIV prevalence, Hepatitis B, C among IDU group to supplement data to Rapid Assessment and Response (RAR) on situational analysis of drug use, HIV/AIDS and intersectoral collaboration in harm reduction activities in 3 provinces of Hòa Bình, Tuyên Quang, and Bắc Kạn.

In 2012, CPMU is a leading agency to develop and coordinate with relevant units in MPS and MOLISA to complete the study Proposal “ Prevalence and risk ò HIV, Hepatitis B and C in 06 Centers and prison and detention centers in Hoa Binh, Tuyen Quang and Bac Kan”. In 2014, final report was completed and CPMU organized the conference to disseminate the study result with participation of representatives from MPS, MOLISA, in-country and international experts.

In 2012, collaborated with Hanoi School of Public Health to finalize a mid-term review report of Vietnam HAARP Project to be sent to Australian Embassy for approval. On July 4, 2013, Australia sent a no objection letter stating their agreement to the results of mid-term review report.

In 2014, worked with the National Institute of Hygiene and Epidemiology in completion of Research “assessing the effectiveness of the harm reduction intervention program in communities in the period of 2010 – 2013”.

3.4. Monitoring and evaluation (M&E)

a). Enhancing monitoring and evaluation system (M & E)

For the first year of project implementation, CPMU:

- Completed indicator set and forms to collect data for project activities. Indicators and forms met requirements by the Donor and in accordance with the national indicator set. Reporting indicators reflected adequately project activities according to project 5 objectives.

- Set up procedures for period reporting, monitoring and supervision.

- Coordinated with the Population Services International (PSI), which has been chosen by Australia to enhance the capacity of M & E of Vietnam HAARP Project, and countries participating in the project to provide information and materials, forms of M & E activities of the project:

- Coordinated to build up the indicator framework, toolkit drafted by PSI and gave constructive comments for logic framework and M&E framework drafted by PSI.

- In collaboration with PSI to organize training course on use of Unique Identification Code in Bac Kan, Hoa Binh and Tuyen Quang provinces.

- Supported and participated in fieldwork at Hoa Binh city to learn the process of information gathering, record keeping, reporting from the commune / ward level to provincial level, thus helping to identify gaps in M & E activities of the Vietnam HAARP project.

- Organized workshops to share reports and take comments from localities; workshop on M&E to identify real situation of M&E activities, gaps and shortcomings to

find solutions for enhancing quality of this activity in the coming time.

- In 2014, CPMU continued coordinating with PSI's expert to conduct the review report and learnt lessons for implementation of project activities. However, up to now, this activity has been delayed and PSI did not notify the reason of postpone for CPMU although CPMU sent official letter to PSI to request for progress reporting.

b) Monitoring and reporting

- During the 5 years of project implementation, CPMU organized 85 supervisory missions, provided technical assistance and assessment of the progress of implementing the project provinces; monitoring financial activities and reviewing account settlement; supervision of performance of research and evaluation at localities.

- Organized 2 joint supervisory team for monitoring the implementation of harm reduction intervention activities in Hoa Binh and Tuyen Quang provinces with the participation of the representatives from DSEP – MOLISA, SODC - MPS; CHP, TA consultants, Australia, and CPMU.

- Performed periodical reports and extraordinary reports as prescribed by MOH and Donor.

3.5. Financial management and procurement and tendering

- CPMU approved the annual account settlement of the entire project; hired an independent auditor to audit all financial activities of the units involved in the project and the CPMU as prescribed by the Donor.

- Developed and issued the project cost norm and Financial Manual Operation; investigated periodically budget disbursement, asset management, harm reduction commodities at project provinces.

- Strictly implemented regulations of Vietnam Government on approval for tendering plans for bidding for N&S and condoms; selected consultants to develop technical guidance, communication materials, poster to advertise project activities and experts involved in project researches In 2013 and 2014, CPMU successfully conducted domestic bidding for purchasing 3,333 liters of Methadone drug and procurement for 34 pumps to provide 12 Methadone clinics supported by the project.

- Performed well budget transfer for project implementing units to ensure to have adequate funding for project implementation.

- Well-organized supervisory visits on finance, account settlement and annual contract liquidation with participation of representatives of Vietnam Authority of HIV/AIDS Control and Department of Finance and Planning.

- Organized trainings to guide implementing units on procedures to handle with project assets and closing before Project close-up.

- Hired annual Independent audit prescribed by Donor and strictly adhere recommendations of audit.

- Implemented annual financial reports to submit senior management levels.

III. FINANCIAL STATEMENTS

A. ODA FUND								
No	Content	Total	2010	2011	2012	2013	2014	2015 (estimated)
I	INCOMES	137.281.439.591	35.848.685.069	31.720.506.049	55.754.890.624	254.981.899	11.385.040.170	2.318.662.401
1	Funds from donor	137.067.282.825	35.116.937.640	30.579.435.495	55.321.167.488	112.487.452	13.619.918.970	2.317.335.780
2	Interest income	2.531.492.546	731.747.429	1.141.070.554	433.723.136	142.494.447	82.456.980	1.326.621
II	DISBURSEMENTS	135.069.614.988	11.083.432.457	29.041.895.905	40.337.514.648	28.945.443.421	21.664.253.705	3.997.074.852
1	Molisa	12.405.591.099	1.767.102.068	3.479.028.572	6.617.319.093	542.141.366	0	0
2	MPS	13.249.946.023	1.458.837.865	3.159.238.689	5.754.418.524	2.877.450.945	0	0
3	Hoà Bình province	23.524.403.443	1.177.062.474	4.977.579.674	7.600.822.833	5.483.009.394	3.255.572.745	1.030.356.323
4	Tuyên Quang province	17.995.636.654	786.972.818	3.308.547.887	3.867.898.341	4.404.079.135	5.324.250.847	303.887.626
5	Bắc Kạn province	21.057.565.740	1.084.674.852	4.473.992.710	6.641.514.658	4.637.212.867	3.427.371.563	792.799.090
6	Long An province	2.260.117.201	0	0	0	0	1.968.924.381	291.192.820
7	CPMU	44.576.354.828	4.808.782.380	9.643.508.373	9.855.541.199	11.001.549.714	7.688.134.169	1.578.838.993
III	FOREIGN EXCHANG E LOSS	-1.288.151.224	3.323.602.255	-1.295.581.000	-770.951.354	-1.879.405.000	-665.816.125	0
IV	SURPLUS OF RECEIPTS OVER DISBURSEMENT	925.000.000	28.088.854.867	1.383.029.144	14.646.424.622	-30.569.866.522	-10.945.029.660	-1.678.412.451
	Micro credit payables	925.000.000	(Hoa Binh: 100.000.000 VND, Tuyen Quang: 330.000.000 VND, Bac Kan: 245.000.000 VND and Molisa (through Mai Chau district): 250.000.000 VND)					
B. COURTER PART FUND								
I	CPMU	4.521.704.935	1.309.997.783	1.130.000.000	1.065.000.000	745.707.152	271.000.000	

IV. ADVANTAGES, DISADVANTAGES IN PROJECT IMPLEMENTATION

1. ADVANTAGES

- For the beginning of Project document development and preparation for going into operation, the support and consent leaders of MOH, MPS and MOLISA and 03 Provincial People's Committees in Bac Kan, Hoa Binh and Tuye Quang provinces.

- During project implementation, close coordination among CPMU, PPMUs, TA groups in 2 ministries and Donor enabled project implementation. Besides, consent from health service sector, MOLISA, MPS and relevant departments, unions from the provincial level to the grass-roots level in 3 project provinces, as well as people in the locality contributed the success of the project during the time.

- Despite project implementation with little experiences for the first year, Project staffs are active, enthusiastic and dedicated to their work. Thus, the activities of the project have gradually become a routine. The project staffs especially the network of OWs have been trained and are initially experienced in organizing the activities so that project activities obtained encouraging outcomes as mentioned.

2. DISADVANTAGES

2.1. At the provincial level:

- This is the first internationally funded project implemented in Bắc Kạn and Tuyên Quang provinces, and the first project on HRI in Hòa Bình province, thus staff have inadequate experience in developing project work plan, conducting project implementation and management

- Due to the characteristics of the Project provinces (mountainous provinces, the ethnic minority), the project activities are diverse and the capacity project staff, though improved during the recent years, is still limited; in some provinces there is a change in personnel.

- Multiple units got involved in project implementation, therefore, to ensure the planned implementation and technical requirement response, there should be a close coordination among 3 sectors in those provinces.

- Majority of peer educators are drug users, with low educational level, in poor health, and high turn-over rate, therefore the quality of their activity is not as good as expected, especially with regard to data collection and writing report.

- Harm reduction intervention is carried out in diverse environments. This is an operation which is new in Vietnam and particularly implemented in 06 Centers for the first time. Thus, inadequate experience, knowledge and skills among project staffs led to project implementation with difficulties for the first year.

- STIs activities are implemented till the end of 2012 due to inadequate dermatological doctors, which affected planned targets.

2.2. At central level

- Due to the fact that the Ministry of Public Security have many units (5 units) being involved in the project with staff working on a part-time basis, the professional and technical support for prisons/detention centers is limited and the supervision of harm reduction intervention activities Quyet Tien Prison and detention camps in the 3 provinces is not conducted regularly in accordance with the approved plan.

- Project activities implemented by the subcomponent of MOLISA were complicated such as micro credit, vocational training, thus developing guidance for project implementation took too much time, affecting performance of project activities in localities.

- Members of the central Technical Support Group are part-time participants thus their time and professional support are limited

- The procedure of developing and approving the annual work plan was still complicated and time-consuming. The plan was approved too late (by August 2010, April 2011, March 2012 and the end May 2013), leading to the responsibility contracts being signed late with project implementing units, thus affecting the progress of the implementation. Specially, the 2013 plan component of MOLISA was approved so late thus greatly affecting the supervision activities, technical assistance, the implementation of harm reduction intervention in 06 Centers as well as micro-credit activities in the community.

V. EFFECTIVENESS EVALUATION AND PROJECT IMPACT

1. Effectiveness

1.1. Activities of outreach and harm reduction intervention for HIV prevention in the community

Synchronous implementation of community based harm reduction invention services including BCC, provision and guidance for use of N&S, condom and especially Methadone program, accompanying with deployment of services of VCT, STI examination and treatment has seen remarkable effectiveness as follows:

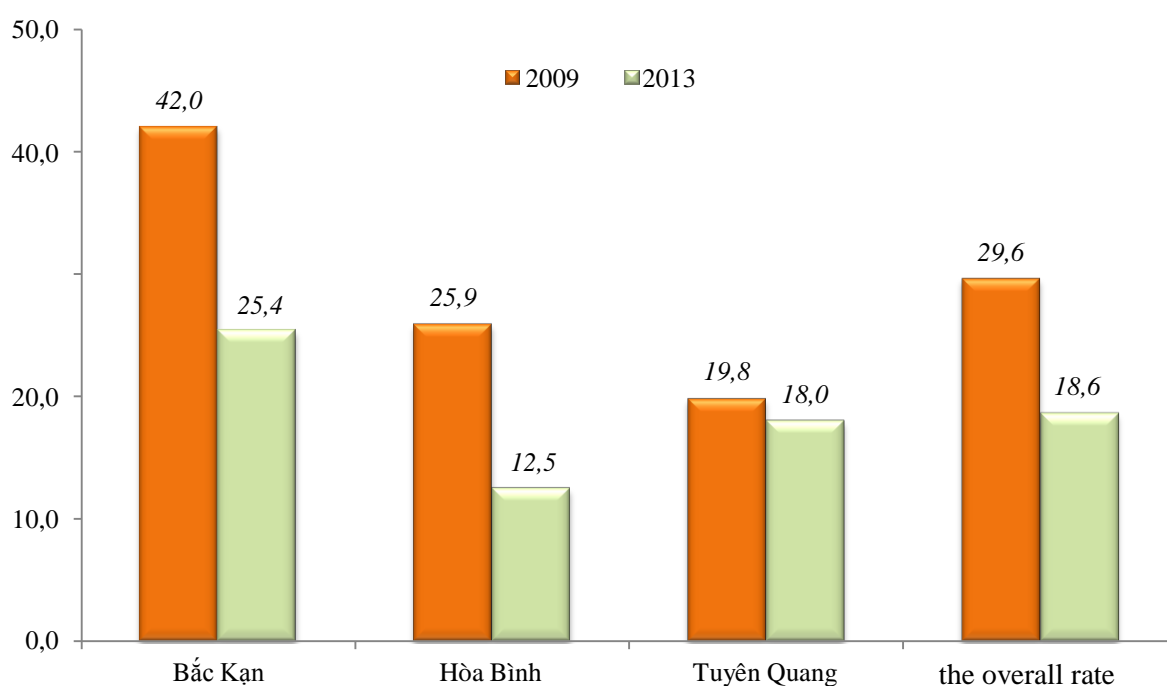
- Enhance knowledge on HIV/AIDS prevention and control in 3 provinces: Bac Kan, Hoa Binh and Tuyen Quang. Interview result for 601 IDUs reveals 79% of IDUs having essential information on HIV/AIDS. This percentage in Bac Kan, Hoa Binh and Tuyen Quang provinces listed at 95,0%, 77,6% and 64,5% respectively, which is considerably high compared to general situation².

² Evaluation on effectiveness of harm reduction program to prevent HIV transmission in community, 2010-2013

- NSP has actively contributed to reduction of proportion of sharing N&S among IDUs. The assessment result on quick response towards drug use, HIV/AIDS and inter-sectoral collaboration in harm reduction activities in Bac Kan, Hoa Binh and Tuyen Quang provinces (RAR) in 2009 provided that sharing N&S with other person among IDUs during a month before evaluation performance is highest in Hoa Binh province with 52.3%, followed by Bac Kan province with 40% and the lowest one in Tuyen Quang province with 35.7%. Till 2014, this percentage is low at Hoa Binh and Bac Kan provinces at 5.0% and 8.5% respectively, however considerably high in Tuyen Quang with 43%.³

- Since 2014, Methadone Maintenance Therapy has operated in Hoa Binh and Bac Kan provinces with 02 Methadone clinics. Up to now, there have 8 Methadone clinics in 4 provinces with total number of 1.177 patients being treated, which actively contributed to reduce HIV prevalence rate and some blood transmitted infections.

- Harm reduction intervention activities has helped reduction of HIV prevalence rate in Bac Kan, Hoa Binh and Tuyen Quang provinces, compared to RAR² result. The current percentage is 25,4%, 12,5% and 18,0% respectively.



Graph 6: Comparison HIV prevalence rate among IDUs between 2009 and 2013

Accompanied with outreach activities, setting up system for client transferal – IDUs to project services namely VCT and STIs provided clients with comprehensive service package on HIV/AIDS prevention and control. Not only received BCC,

³ RAR, 2009

provision of N&S and condoms, but also they are given treatment for STIs or other infections, which limited HIV prevalence, hepatitis B etc. among STI patients.

Methadone Maintenance Therapy (Methadone program) is the project focal program.

- In these provinces, IDUs are scattered and difficult to access. On the other hand, awareness of local authorities and mass organizations is ambiguous; and lack of the consent of all levels and sectors on Methadone Program. Possibility of Methadone program implementation in provinces is very difficult. Moreover, Tuyen Quang province is performing the “three-phase detoxification model” according to the Decision issued by the Provincial People Committee, specifically: Phase 1: detoxification treated in commune/ward (within 30-45 days); Phase 2: drug users gathered in the 06 center sites (within 2 years); Phase 3: drug users continuously managed in commune/ward (within 01 year). If drug users do not get re-addicted any more, it can be recognized to be successful detoxification.

- For the first year, CPMU in collaboration with PPMUs organized advocacy workshops and consent meetings at provincial/district levels and in communes/wards. CPMU is a leading agency to organize study tours on effectiveness and organization to implement the Methadone program for leaders at local authorities, health, public security and labour invalids and social affairs sectors. During 2 years of policy advocacy, Methadone program has officially been launched since October 2012 with 02 Methadone clinics with strong consent and commitment from provincial leaders in Bac Kan town and Hoa Binh city. Up to now, Methadone clinics have always received strong consents from local authorities and community, and specifically met demands of IDUs in localities.

- As at 31 December 2014, project provinces put 08 Methadone clinics into operation and as many as 1,177 individuals were received and given treatment, which has contributed to enhance health for patients, stabilize patient’s family lives and improve their economic situation and helped to remain social security and order⁴.

1.2. Behavioural change communication and harm reduction intervention activities in closed settings

- As many as 3,953 inmates and 2,410 prisoners have been accessible to project services such as IEC on HIV/AIDS, drug, safe injection. Inmates and prisoners who have been in need of being provided VCT services and treated STIs and common diseases got access and received services from the Project. 06 centers/, prisons and detention centers distributed approximately 1,000 condoms, 29,465 tooth-brushes and over 85,000 razors respectively.

⁴ Reported results of project Bac Kan, Hoa Binh province , 2013

- The study report in closed settings in 2012 revealed that 29.7 percent of inmates and 96.9 percent of prisoners were once supplied information on HIV/AIDS. Thus, they had good knowledge on matters related to HIV/AIDS, especially questions on safe sex, safe injection, and use of condoms, needles and syringes. As many as 96 percent of inmates and 78.1 percent of prisoners were provided with counseling on safe injection.

- Since 2011, PPMUs in collaboration with 06 centers provided condoms into these facilities through establishing fixed condom boxes in access-easy place. As many as 64.3 percent of inmates found the place where condoms are put as revealed by the study report.⁵

- Since 2012, Project initially put the voluntary counseling and testing service in to the 06 centers/ and specifically in Quyet Tien prison, of which provinces established VCT rooms to ensure that 100 percent of inmates in need of being counseled received HIV counseling and testing in compliance with regulations. This activity concluded in 2014 due to insufficient funding. Nevertheless, 06 centers, Quyet Tien prison in collaboration with Provincial Center for HIV/AIDS control used their own budget to remain this activity.

2. Project impacts

2.1. Impacts on mechanism and policies for drug detoxification

Through implementation of community-based harm reduction intervention activities, Tuyen Quang province has provided services to nearly 1.500 IDUs, distributed over one million clean N&S and till the end of 2014, as many as 02 Methadone clinics has put into operation in Tuyen Quang city and Son Duong district. It is estimated that Tuyen Quang province will operate another Methadone clinic in Yen Son district. During the 4 years of Project implementation, Methadone program and other HRI programs have contributed to ensure social security in Tuyen Quang province, which has had positive impacts on policy changes towards IDUs in locality.

On 12 December 2013, Tuyen Quang People Committee issued the Decision No 31/2013/QĐ-UBND to abolish the decision related to detoxification in Tuyen Quang province (three – phase detox model). Activities related to drug detoxification, drug addiction management in Tuyen Quang province complied with provisions of the Law on Anti-narcotics; Law on administrative violations handling and provisions of related existing laws. This change has created a favorable environment on legal supports for drug users in Tuyen Quang province to get easier access to harm reduction intervention programs, especially VCT and Methadone Program

2.2. Impacts on HIV/AIDS prevention and control in closed settings

⁵ Study Results HIV, HBV, HCV prevalence and risks behaviors among close setting, 2012

Successful implementation of harm reduction intervention activities in 3 project provinces and in closed settings in period of 2010 – 2013 has strongly impacted on project provinces and public security and labour, invalids and social affairs sectors to make positive changes on harm reduction intervention activates in localities and within its expertise as well:

- With regard to 3 project provinces: HRI activities have been implemented synchronously with service packages, which has positively brought clear changes and proven with strong advocacies and commitment from local authorities, branches and mass organizations, especially in health, public security and labour invalids and social affairs sectors at the grass-root to provincial levels and in the community.

- Implementation of IEC, outreach and provision of service packages for HIV prevention in localities has contributed to enhance capacity for staffs involved into project activities, raise awareness of local authorities and especially in target groups and community on HIV/AIDS prevention and harms of drugs.

- During 4 years, HRI activities for HIV/AIDS prevention have been implemented in project provinces including NSP, condoms, VCT, STIs and especially Methadone program (launched in Bac Kan and Hoa Binh provinces in October 2012 and Tuyen Quang in November 2013 respectively), contributed to ensure social security in localities and improve health for patients. As June 2013, the number of criminal cases reduced from 64 cases to 27 cases compared to the same period. Criminal related incidents related to drugs decreases from 51 cases to 27 cases and it is estimated that Hoa binh city can save approximately 3.3 billion VND annually while giving treatment with Methadone for 200 IDUs.

VI. SUSTAINABILITY OF PROJECT ACTIVITIES

- Provision of the basic HRI service package for IDUs initially required project provinces to concentrate on deployment of activities including outreach, VCT and Methadone program and coordinating implementation of supporting services such as examination and treatment for STIs and common infection diseases. In order to strengthen accessible possibility towards IDUs in project provinces and provide funding for these mentioned activities, CPMU requested project provinces to develop annual workplan to ensure sustainability for project provinces since 2013, specifically:

- Gradually transfer service establishments including VCT and Methadone into state health clinics managed directly by health agencies;

- Gradually Reduce human supports and request project provinces to replace contracted staffs with project-funded salary with available staffs in the health agencies.

- Support technical staffs in state health agencies to attend training courses to replace contracted staffs;

- Provide guidelines for transfer procedures to remain project sustainability.
- By the end of 2014, Project ceased funding for all technical activities in project provinces. Totally, 08 Methadone clinics and 05 VCT rooms have been transferred into available state health centers and project provinces strongly committed to remain project activities, specifically:

Table 11: Outcomes of transfer for Project activities

Provinces	Units which will be transferred with Project activities to continue sustainability for activities	
	Methadone clinics	VCT room
Bắc Kạn	Provincial Center for HIV/AIDS Control	Health center in Bac Kan town
	Health center in Chợ Mới district	
Hòa Bình	Provincial Center for HIV/AIDS Control	
	Health center in Mai Chau district	Health center in Mai Chau district
Tuyên Quang	Health center in Tuyên Quang city	Provincial Center for HIV/AIDS Control
	Health center in Son Duong district	Health center in Son Duong district
Long An	Health center in Can Giuoc district	Health center in Can Giuoc district
	General Hospital in Đức Hòa district	

VII. LEARNT LESSONS

1. Some Project Success

- It is the first project which harm reduction intervention activities has been implemented both in community and in closed settings (06 center and detention center), with provision of the comprehensive and basic service packages for community based IDUs in three project provinces has actively contributed to strengthen intersectoral collaboration among health, labour social invalids affairs and public security in HIV/AIDS prevention and control across the country. Vietnam has been known as the first country to deploy harm reduction intervention activities in the detention center and prison. Learnt lessons have proven strong determination within the public security sector in general and leaders and staffs

in Quyet Tien prison and provincial detention centers in particular in HIV/AIDS control in Vietnam.

- Methadone program has been early implemented in the northern mountainous provinces and obtained positive results, contributed to changes on social security, economics, and health and especially in HIV/AIDS prevention and control in project provinces.

- It is the only project to provide Hepatitis B vaccination and testing for PEs, community based IDUs and inmates in 06 centers, detention centers and prisons, which is the highlighting point to prove for international community to understand that inmates and prisoners in Vietnam's closed settings are always protected on human rights and rights for health care by the Vietnamese Government.

- Condoms have been firstly put into 06 center/ where men who have sex with men (MSM) were previously not admitted. Nearly 10,000 condoms were "taken away", however there have not been studies performed to find out purposes for using these condoms, but it could be seen the demand for condoms in these closed settings to be true.

- Up to now, it has been only appeared in HAARP Vietnam that IDUs and ex- IDUs were given loans for manufacturing and business purposes meanwhile they are complicated and high risk groups.

- It is the first project to have implemented the domestic bidding for Methadone procurement. Methadone program in Vietnam is mainly based on internationally-tendered drug sources from ODA funds/programs. The piloting step will be the basis for provinces in need to perform this activity more conveniently.

- The project has actively contributed to enhance capacity for staffs at health, public security and labour, invalids and social affairs sectors in direction, management, planning and implementation organization etc.; to raise awareness for local authorities, residential communities and IDUs and to enable favourable environment for HIV/AIDS control in provinces in the upcoming time.

2. Project success factors

Consistent leadership at central and local level; strongly political commitment of local authority and enthusiastic participation of sectors, branches, mass organizations and community population have actively contributed to project success.

Project has formulated a system of management, direction and inter-sector coordination at both central and local levels, especially issued important documents and technical guidelines to support project provinces in implementing project activities.

Principle of consistent coordination has helped to use funds effectively and ensure effectiveness of these budgets.

3. Learnt lessons

3.1. Activities at Hoa Sen (Lotus) club

Integrating service models into state-run health facilities is very vital, which is a decisive factor to remain project sustainability in provinces.

Lotus club model in Project implementing units is very necessary to encourage target groups to be involved in project activities including IEC, group meeting, entertainment and cultural and sport events, examination and treatment for common diseases and VCT service. However, due to the inadequate infrastructure, the project had to rent all venues to establish clubs. Staffing structure is complicated, ensuring 05 staffs/club and get full salary from the project, of whom must include 01 doctor in charge of managing the club, thus it is too difficult to recruit and arrange human source.

In 2013, CPMU and project provinces realized that remaining activities of Lotus club would be ineffective due to:

- High expenses due to renting venue, salary for staffs and other fees etc.
- Mostly clients visit club to receive VCT service (on average 50 clients to be given VCT service/club/month), thus it is difficult to organize entertainment activities and sport events.
- Sustainability of Lotus club is not high, thus it is unable to remain its activities after Project closing.
- Remaining human resource of Lotus club is considerably difficult.

Thus, some activities of Lotus Club such as examination and treatment for common diseases, group meetings for IDUs, sport activities etc. have been decreased and only kept remaining VCT since 2013. On the other hand, Lotus club model has been transferred into VCT room and integrated into state health clinics to implement VCT activities effectively, to make use of project budget and specifically remain sustainability of this activity.

As at May 2013, as many as 4 Lotus clubs have been transferred into VCT rooms and situated in State health clinics including VCT rooms in Bac Kan town, in Tuyen Quang city, in health center of Son Duong district and in health center of Mai Chai district respectively. Meanwhile, it is impossible to transfer 02 Lotus club into state health clinics, thus Project could not continue activities of clubs in Hoa Binh city and Cho Moi town.

3.2. STIs examination and treatment

With an aim to provision of a comprehensive service package to project beneficiaries from 2011 – 2013, PPMUs signed contracts with private clinics and the Department of Dermatology – Provincial General Hospital to provide STIs examination and treatment for IDUs in Bac Kan, Hoa Binh and Tuyen Quang provinces. With regard to project districts, due to the unavailability of clinics, this activity is implemented by the mobile team of provincial center for social diseases prevention and control.

After 02 years of operation, problems have been reported from project provinces as follows:

- Shortage of skilled doctors specialized in dermatology, thus it is difficult to implement this activity.
- Limited opening hours at private clinics meanwhile IDUs rarely arrive state-run health clinics, which makes it difficult to get access to this group.
- Difficult in transporting to the clinics because IDUs live far from the clinics.

Due to the above mentioned matters, the number of IDUs to contracted STIs clinics is very few although examination and provision of drugs for treatment is free of charge, thus this activity is not available any more in 2014.

After implementing this activity, HAARP Vietnam has given some recommendations/learnt lessons to some organizations and projects on how to provide STIs services effectively, it should be evaluated on some basic matters as follows:

- Real situation on capability for provision of project services at provincial level including human resources and sites for service provision;
- STIs scale and size in the community and among IDUs and necessity for STIs examination and treatment for the group.
- Capable of accessibility to services

3.3. Vocational training and micro credit

According to the Project document, vocational training and giving loans for job creation are main activities to support IDUs and individuals who completed compulsory detoxification to stabilize their lives, integrate into the community and prevent re-addiction. However, vocational training is only implemented after completing assessment on training demand from beneficiaries, by the end of 2012, this evaluation was performed. Due to the delayed implementation, the budget for this activity has been cut down by the donor.

Loan supply for IDUs and post-detoxification individuals is the piloting activity implemented in Vietnam for high risk groups. However, establishment of guidance took a lot of time, which led to delayed deployment, only early 2013 meanwhile

project budget has been considerably cut down, thus effectiveness of this activity has not come as expectedly, specifically limited loans and loan use in short time, thus did not meet demands of manufacturing and business.

VII. SUGGESTIONS AND RECOMMENDATIONS

1. At provincial level

1.1. Provincial People Committee

Direct the Health Department to be the focal point to collaborate with Department of Internal Affair, Department of Planning and Investment, Department of Finance and relevant units to set up plans for ensuring sustainability for project activities, of which prioritize human resource, Methadone drug and budget to operate Methadone clinics in the upcoming time.

1.2. Health Department and Provincial Center for HIV/AIDS Prevention

- Health Department directs PPMU and its subordinates to perform transfer plan and receive transfer to ensure project sustainability.

- PPMU collaborates with Provincial Center for HIV/AIDS Prevention and relevant units to complete final report to close the Project in line with regulations and report to CPMU prior to 31 March 2015.

- Provincial Center for HIV/AIDS Prevention shall be responsible for implementing directions and monitoring activities implemented by relevant units to sustain project activities after receiving the transfer and report to upper levels according to the regulations. Set up annual plan for HIV/AIDS prevention and control, of which arranges budget for Methadone program, VCT and outreach etc. including human power, drug and other expenses.

2. At central level

VAAC – MOH continues supporting finance and technique for activities of HIV/AIDS prevention and control in provinces, of which focuses on giving assistances for Methadone clinics.

PROJECT DIRECTOR



Pham Duc Manh