

# USAID SHIFT

SUSTAINABLE HIV RESPONSE  
FROM TECHNICAL ASSISTANCE

## QUARTERLY REPORT

OCTOBER-DECEMBER  
2017



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This document serves as the Year Two (Y2) first quarter (Q1) progress report for the USAID Sustainable HIV Response from Technical Assistance (SHIFT) Project, covering the period October 1 through December 31, 2017.

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COVER PHOTOGRAPH  
VNP+ CO-CHAIR MR. NGUYEN AN PHONG COUNSELS HIV  
PATIENTS ON HOW TO ENROLL IN AND USE  
SOCIAL HEALTH INSURANCE FOR HIV SERVICES  
HO CHI MINH CITY, 2017

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## ACRONYMS AND ABBREVIATIONS

AEM	Asian Epidemic Model	MMS	Multi-Month Scripting
AIDS	Autoimmune Deficiency Syndrome	mRTS	Mobile Reach-Test-Start
ART	Antiretroviral Therapy	MSM	Men Who Have Sex with Men
ARV	Antiretroviral	NIHE	National Institute of Hygiene and Epidemiology
A-SOW	Assignment Scope of Work	NTP	National Targeted Program
ATS	Amphetamine-Type Stimulant	OI	Opportunistic Infection
C-Link	Enhanced HIV Community Link Project	PAC	Provincial AIDS Center
CBO	Community Based Organization	PBI	Performance Based Incentive
CBS	Community Based Supporter	PEP	Post-Exposure Prophylaxis
CDC	Centers for Disease Control and Prevention	PEPFAR	US President's Emergency Plan for AIDS Relief
CHS	Commune Health Station	PI	Pasteur Institute
CLIN	Contract Line Item Number	PIO	Pass It On
CO	Contracting Officer	PITC	Provider-Initiated Testing and Counseling
COP	Country Operational Plan or Chief of Party	PLHIV	People Living with HIV/AIDS
CoPC	Continuum of Prevention-to-Care	PMC	Preventive Medicine Center
C&T	Care and Treatment	PMEP	Performance Monitoring and Evaluation Plan
CSO	Civil Society Organization	PMTCT	Prevention of Mother-to-Child Transmission
DATIM	Data for Accountability, Transparency and Impact	PN	Partner Notification
DGH	District General Hospital	PP	Priority Population
DH	District Hospital	PPC	Provincial People's Committee
DHC	District Health Center	PrEP	Pre-Exposure Prophylaxis
DHS	District Health Service	PSS	Provincial Social Security
DOH	Department of Health	PWID	People Who Inject Drugs
DPMC	District Preventive Medicine Center	Q	Quarter
DSD	Direct Service Delivery	QPR	Quarterly Progress Report
DQA	Data Quality Audit	ROC	Recurring Operating Cost
EOA	Enhanced Outreach Approach	R-SOW	Request Scope of Work
EPP	Estimation Projection Package	RTTR	Reach-Test-Treat-Retain
FGD	Focus Group Discussion	S&D	Stigma and Discrimination
FSW	Female Sex Worker	SBCC	Social and Behavior Change Communication
FY	Fiscal Year	SCDI	Supporting Community Development Initiatives
GBV	Gender Based Violence	SHI	Social Health Insurance
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	SHIFT	Sustainable HIV Response from Technical Assistance Project
GVN	Government of Vietnam	SI	Strategic Information
HCMC	Ho Chi Minh City	SOP	Standard Operating Procedure
HEI	HIV-Exposed Infants	SOW	Scope of Work
HFG	Health Finance and Governance Project	STO	Senior Technical Officer
HHW	Hamlet Health Worker	TA	Technical Assistance
HI	Health Insurance	TA-SDI	Technical Assistance-Service Delivery Improvement
HIV	Human Immunodeficiency Virus	TAMP	Technical Assistance Marketplace
HMIS	Health Management Information System	TB	Tuberculosis
HMU	Hanoi Medical University	TG	Transgender
HSS	Health Systems Strengthening or HIV Sentinel Surveillance	TGW	Transgender Woman
HTC	HIV Testing and Counseling	TO	Technical Officer
HTF	HIV Treatment Facility	TOT	Training of Trainers
IEC	Information, Education, and Communication	USAID	United States Agency for International Development
IDI	In-Depth Interview	USG	United States Government
IP	Implementing Partner	VAAC	Vietnam Authority for HIV/AIDS Control
ITCP	Individual Treatment Continuation Plan	VL	Viral Load
KNCV	Koninklijke Nederlandse Chemische Vereniging	VNP+	Vietnam Network of People Living with HIV
KP	Key Population	VNPT	Vietnam Posts and Telecommunications Group
Local SI	Local Strategic Information System Project	VSS	Vietnam Social Security Agency
LOE	Level of Effort	VUSTA	Vietnam Union of Science and Technology Associations
LTFU	Lost to Follow-Up	WHO	World Health Organization
M&E	Monitoring and Evaluation	WP	Work Plan
MAT	Medication Assisted Therapy	Y	Year
MER	Monitoring, Evaluation and Reporting	YTD	Year to Date
MMT	Methadone Maintenance Therapy		
MOH	Ministry of Health		
MOM	Mountainous Outreach Model		

## EXECUTIVE SUMMARY

The USAID Sustainable HIV Response from Technical Assistance (SHIFT) project is a five-year USAID contract managed by FHI 360 to promote HIV epidemic control and transition a sustainable HIV response. USAID SHIFT is divided into three major areas aligned with contract line item numbers (CLINs) and tasks:

- Achieving HIV case finding, care and treatment targets in priority provinces (CLIN 1, Task 1.1)
- Transitioning ownership of a sustainable HIV response (CLIN 1, Task 1.2)
- Demand-driven technical assistance (CLIN 2, Task 2.1)

This document serves as the Y2 Q1 quarterly progress report (QPR) for the USAID SHIFT project, covering the period October 1 through December 31, 2017. During this period, the project provided direct service delivery (DSD) and technical assistance for service delivery improvement (TA-SDI) support to 67 HIV outreach and prevention, testing, treatment, and methadone maintenance therapy (MMT) sites in 11 provinces.

In three priority provinces -- Dien Bien, Nghe An, and Ho Chi Minh City (HCMC) -- USAID SHIFT supported commune and hamlet health workers (HHWs) and community-based supporters (CBSs) to screen and link highest risk members of key populations (KPs) and priority populations (PPs) to HIV testing and counseling (HTC) and those found positive to immediate care and treatment (C&T). The project employed performance based incentives (PBIs) to motivate HHWs and CBSs to identify and reach the right populations following the Mountainous Outreach Model (MOM) in Dien Bien and Nghe An provinces, and the Enhanced Outreach Approach (EOA) in HCMC. In HCMC the project linked 54 new cases to antiretroviral therapy (ART) through KP Friendly government facilities trained and sensitized to KP client preferences and needs. USAID SHIFT also worked with the Vietnam Network of People Living with HIV (VNP+) to find and support 29 patients who had been lost to follow-up (LTFU) to re-engage in care during the quarter. Such interventions require in-depth knowledge and understanding of HIV patients' challenges and fears, as well as skill to persuade them to trust the quality of HIV services offered through government C&T sites. Through its context-specific outreach and support strategies across the three provinces, USAID SHIFT achieved 140% of its Q1 target for the number of KPs and PP's reached with evidence-based HIV prevention interventions (6,859/4,887), 119% for the number of those linked to HTC (3,796/3,190), 143% for the number of positive cases found (194/136), and 133% for the number of those positive cases linked to ART (181/136). This puts the project well on track to exceed its outreach and prevention targets for Y2.

USAID SHIFT-supported sites continued offering diversified HIV testing modalities appropriate to the widely-varied contexts in which the project operates. This included fixed site, mobile, and lay testing, as well as district confirmatory testing to verify diagnoses. In HCMC USAID SHIFT found 10% (40/400) of KPs provided with lay testing positive, via its local partner Blue Sky Club. As in previous quarters, Blue Sky Club ensured that all 40 of these newly diagnosed people living with HIV (PLHIV) linked to ART. The project also continued and put plans in place to expand its successful enhanced partner notification efforts, whereby those diagnosed via HTC or already enrolled in ART are counselled to engage and help link their partners and risk network members to testing. During Q1 the project also laid the groundwork necessary to launch its new oral and self-testing initiative. Under this scheme, USAID SHIFT is working with HCMC Provincial AIDS Center (PAC), Hanoi Medical University (HMU) and Hanoi Prevention Medicine Center (PMC) to target private self-testing to hidden MSM and PLHIV partners who may not otherwise access HTC. USAID SHIFT HTC sites across five provinces (HCMC, Hanoi, An Giang, Dien Bien and Nghe An) exceeded their Q1 aims, having reached 106% of target for the number of people tested and receiving results (11,560/10,917), 121% for the number found positive (533/441), and 114% for the proportion of positive cases (4.6% vs. 4.0%).

The project is also expediting ART enrollment and enhancing ART retention towards improving HIV treatment outcomes and stopping onward transmission. Following changes to Vietnam's national C&T guidelines, in Q1 USAID SHIFT prepared project-supported HIV treatment facilities (HTFs) to implement Test-and-Start, whereby newly diagnosed PLHIV are provided with immediate ART, as well as multi-month ARV scripting (MMS).

Together these strategies will help accelerate progress towards the second and third 90s<sup>1</sup> and HIV epidemic control. USAID SHIFT also continued working with national and provincial partners to implement Individual Treatment Continuation Plans (ITCPs) to support and facilitate ART patients to transition from donor-to locally-funded treatment. By December 31, 2017 more than 55,000 patients had completed ITCPs. The project also analyzed and found positive results from its Enhanced ART Retention initiative, sustained HIV case finding and ART enrolment among tuberculosis (TB) and MMT patients, and continued supporting TB/HIV integration TA. Through these combined efforts, USAID SHIFT met 109% of its Q1 target for the number of patients newly enrolled on ART (735/675), and 105% for total on ART (23,710/22,671).

USAID SHIFT found solid progress towards transition and sustainability aims among eight provinces and 22 DSD sites assessed in Q1. These reviews examined sites' and provinces' preparedness to assume responsibility for HIV services, financing, human resources, administration, and oversight. The project also continued its fruitful collaboration with VNP+ to support PLHIV facing challenges to enroll in and utilize social health insurance (SHI) for HIV services, highlighted in this quarter's [Success Story](#). In Q1, patients treated at USAID SHIFT HTFs garnered SHI reimbursements of more than 1.4 billion Vietnamese Dong for HIV services. This figure would have been even higher but for continued delays to SHI eligibility among large treatment sites in HCMC. Here USAID SHIFT continued working closely with HCMC Department of Health (DOH), PAC, Provincial Social Services (PSS) and six major HTFs to pursue complex but necessary administrative procedures to establish HIV specialty or poly-clinics and gain required approvals. The project also continued working with partners in Dien Bien and Can Tho provinces, as well as at national level, to integrate HIV into electronic health information systems (eHIS) to expedite SHI claims, strengthen patient management, and streamline HIV reporting.

Under CLIN 2, USAID SHIFT continued operating the TA Marketplace to address national and local HIV stakeholders needs. The project began working to fulfill a set of 36 above site TA assignments (ASTAs) for Y2, covering numerous domains including HIV outreach and prevention, testing, treatment, transition and sustainability, SHI, strategic information, monitoring and evaluation. During the quarter, USAID SHIFT submitted and secured USAID approval for 18 scopes of work (SOWs) under the TA Marketplace.

USAID SHIFT's Y2 Q1 results versus targets are presented in [Appendix I](#), followed by progress versus quarterly benchmarks in [Appendix II](#), a success story in [Appendix III](#), updated organogram in [Appendix IV](#), and site transition schedule in [Appendix V](#).

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<sup>1</sup> In 2015 Vietnam became the first country in the Asia/Pacific region to commit to UNAIDS 90-90-90 Fast Track targets, wherein 90% of people living with HIV are aware of their status, 90% of those who know their HIV status are on ART, and 90% of those on ART have viral suppression. See <http://www.unaids.org/en/resources/909090>.



CLIN I | Provide direct service delivery to achieve targets in priority provinces and transition services in maintenance and priority provinces

## **TASK 1.1 | Scale-up services in priority provinces to achieve 90-90-90**

### **I.1a | REACH**

As USAID SHIFT entered Y2, the project prepared to complete DSD support for outreach services by September 2018 for Nghe An and Dien Bien provinces, and by December 2018 for HCMC. The project's Q1 outreach and prevention activities and outcomes are described by geographic area and results are presented in Tables 1-3 and Figures 1-3, below.

#### **ENHANCED OUTREACH APPROACH IN HCMC**

USAID SHIFT continued to support Blue Sky Club to actively find undiagnosed HIV cases through the PBI-driven EOA. The project provided a refresher training on EOA for 24 Blue Sky Club CBSs and collaborators to strengthen their risk assessment, counseling and persuasive service referral skills. USAID SHIFT staff joined HCMC PAC to provide monthly field visits for supportive mentoring and coaching to maintain Blue Sky Club's robust performance track record.

In Q1, Blue Sky Club focused on reaching, screening and ensuring that high-risk KPs – especially men who have sex with men (MSM) and transgender women (TGW) – know their HIV status. For newly diagnosed HIV cases, Blue Sky Club immediately linked them to ART. By the end of Q1, with USAID SHIFT support, Blue Sky Club had reached 2,160 KPs and linked 1,704 of them to HIV testing, accounting for 139% of the Q1 target (1,250) and 34% of the project's Y2 target (5,000) for this indicator. Among these, Blue Sky Club identified and linked 100% of 155 HIV-positive cases to treatment.

USAID SHIFT is also helping Blue Sky Club reach and diagnose newly positive and hidden MSM and TGW through online tools. In Q1, the project worked with HCMC PAC and Blue Sky Club to design and launch an interactive online risk and needs assessment via Blue Sky Club's Facebook Fanpage. This tool allows visitors to search for the HIV and health information they need, self-assess their risks for HIV and determine whether to visit Blue Sky Club or a sponsored event for further counseling and HIV lay testing services, or access additional virtual support. In addition to connecting at-risk clients with the resources they need, the tool improves the efficiency and accuracy of client tracking, record keeping and M&E by automating data collection for clients reached online.

USAID SHIFT and Blue Sky Club also frequently refreshed the club's Facebook Fanpage content to attract new visitors and re-engage old ones. The page featured ten different stories throughout the quarter, covering a variety of HIV-related themes, role modeling and storytelling, as well as a livestream talk show. The latter garnered more than 2,000 views and 80 shares. USAID SHIFT will continue promoting Blue Sky Club to use social media and social networks such as Facebook and Instagram to reach at-risk populations, as well as chat and hookup applications such as Blued, Hornet and Grindr.

In early December, USAID SHIFT partnered with HCMC PAC and Blue Sky Club to organize an offline event. A total of 120 MSM and TGW joined the event, of whom 50 utilized HIV lay testing and four received reactive results. All four of these were confirmed positive and linked to treatment. In total, Blue Sky Club provided lay testing to 400 clients and identified 40 new cases during the quarter.

USAID SHIFT also continued promoting *KP Friendly* HIV testing and treatment services in HCMC, and intensive follow-up to ensure that all newly diagnosed cases enrolled and were likely to stay on treatment. During the quarter, Blue Sky Club successfully identified and linked a total of 54 new cases to ART via collaboration with 40 *KP Friendly* HIV testing and treatment facilities.

The project and its core HCMC partners continued their strong collaboration with the Vietnam Network of People Living with HIV (VNP+) to recover and re-engage patients lost to follow-up (LTFU). In total, they reached and successfully assisted 29 LTFU PLHIV to re-enroll in treatment during Q1. Such interventions require

significant skill and firsthand knowledge of the number challenges that PLHIV face. VNP+ has proven an adroit and dedicated project partner in these respects, yet again. These efforts improve the health outcomes of PLHIV, reduce the risk of onward transmission and, if done in a timely manner, can stem the risk of ARV resistance conferred by treatment interruptions.

In Y1, USAID SHIFT completed the first HIV service delivery pilot dedicated specifically to TGW. In Y2 the project began working with HCMC PAC to develop a follow-on SOW and tools to confirm TGW service preferences and needs related to HIV, and identify appropriate health service providers. HCMC PAC expects to conduct the rapid survey on this in Q2.

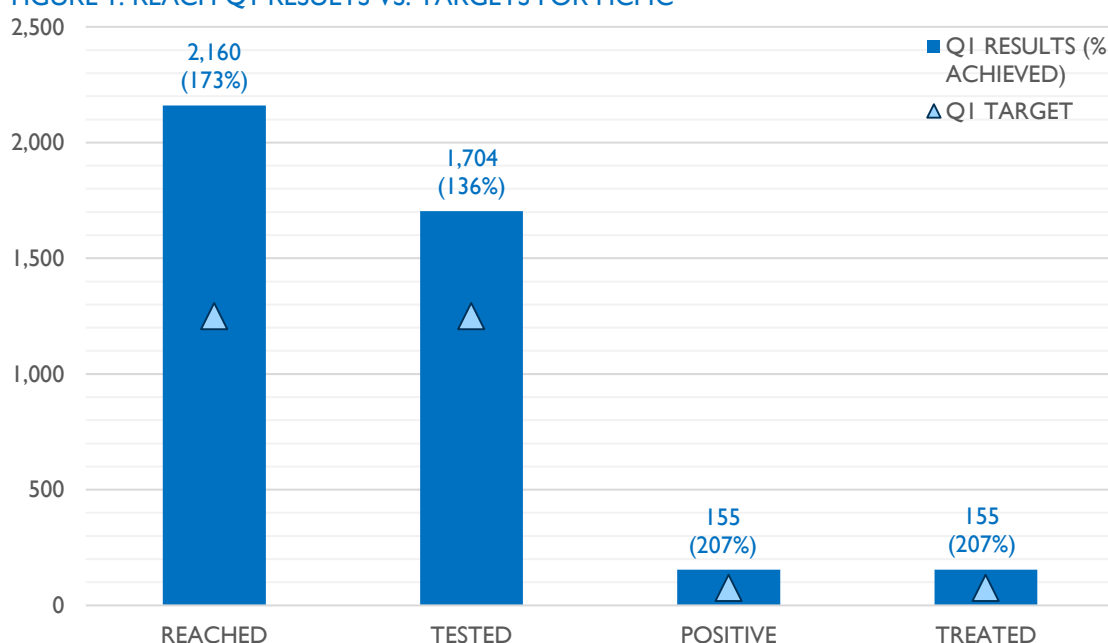
As in Y1, USAID SHIFT also continued to actively coordinate with local health and HIV authorities and stakeholders in HCMC. On November 8, the project joined the HCMC PAC quarterly coordination meeting with 74 participants from community outreach programs supported by CDC, USAID SHIFT, VUSTA/G-Link, USAID C-Link Southern/Life Centre and 24 district HIV testing and treatment sites. Participants worked to ensure successful and timely linkage of identified cases from community-based outreach to ART services.

USAID SHIFT and Blue Sky Club's Q1 performance are presented in Table I and Figure I below. Together they exceeded quarterly targets for outreach, testing, number and percent of positive cases identified, and number of PLHIV linked to ART. This strong performance puts USAID SHIFT on track to exceed Y2 targets in HCMC.

**TABLE I. REACH Q1 RESULTS VS. TARGETS FOR HCMC**

INDICATOR	Q1 RESULTS	Q1 TARGET	% ACHIEVED	Y2 TARGET	% ACHIEVED
Reached	2,160	1,250	173%	5,000	43%
Tested	1,704	1,250	136%	5,000	34%
Positive	155	75	207%	300	52%
% Positive	9.1%	6.0%	152%	6.0%	152%
Treated	155	75	207%	300	52%

**FIGURE I. REACH Q1 RESULTS VS. TARGETS FOR HCMC**





## MOUNTAINOUS OUTREACH MODEL (MOM) IN NGHE AN AND DIEN BIEN

In the first quarter of FY18, USAID SHIFT aimed to reach 3,637 KPs and PPs, refer at least 1,940 of these to HTC, and identify and link 61 new HIV cases to treatment in Dien Bien and Nghe An. To achieve this, the project revised and finalized its MOM training package. Stigma and discrimination remain critical barriers to HIV testing and treatment across Vietnam. USAID SHIFT revised the MOM training content to increase participant awareness and understanding of the harm that stigma and discrimination have on HIV epidemic control, and rally HIV service provider support in tackling it. The project worked to ensure that training, communications and messages promote respect and dignity for PLHIV and those at risk of HIV. USAID SHIFT also developed and finalized a Community-based Partner Notification (CoPN) SOP and training package using information and knowledge gained through its FY16-17 experience with the *Pass It On* (PIO) initiative. The CoPN strategy engages diagnosed PLHIV to refer their partners and network peers to testing and treatment in supported communities.

Under the MOM, USAID SHIFT also continued aiding provincial health authorities to mobilize CBSs and HHWs to accelerate HIV case finding in six mountainous districts in Nghe An (Con Cuong, Do Luong, Ky Son, Que Phong, Quy Chau and Tuong Duong) and Muong Ang district in Dien Bien. HHWs proactively tracked and supported key and priority populations at increased risk of HIV to access HTC via commune health stations, district health facilities and community-based testing services. The project also began preparing for the second year of its Tet campaign with local partners and other PEPFAR implementers. Under this strategy HHWs reach and link KPs returning home for the holiday to HIV testing and treatment.

During the quarter, USAID SHIFT also assisted provincial authorities and facilities to use data from HIVInfo and facility health information systems to continue identifying PLHIV who have been diagnosed but are not enrolled in treatment in the province. The project used PBIs to motivate commune health staff and HHWs to reach, counsel, track and support these PLHIV to enroll or re-enroll in and stay on treatment. USAID SHIFT also worked with Nghe An and Dien Bien PACs and DOHs and the USAID C-Link Northern and Local SI projects implemented by CCRD to review and verify lists of HIV patients who had been lost to follow-up. USAID SHIFT coached HTFs and district HIV staff to share these LTFU patient lists with commune-level health staff and engage HHWs to reach and persuade the lost patients to return to treatment. The project intensified and systematized these efforts under its *Enhanced ART Retention Strategy* described further under [1.1c TREAT](#).

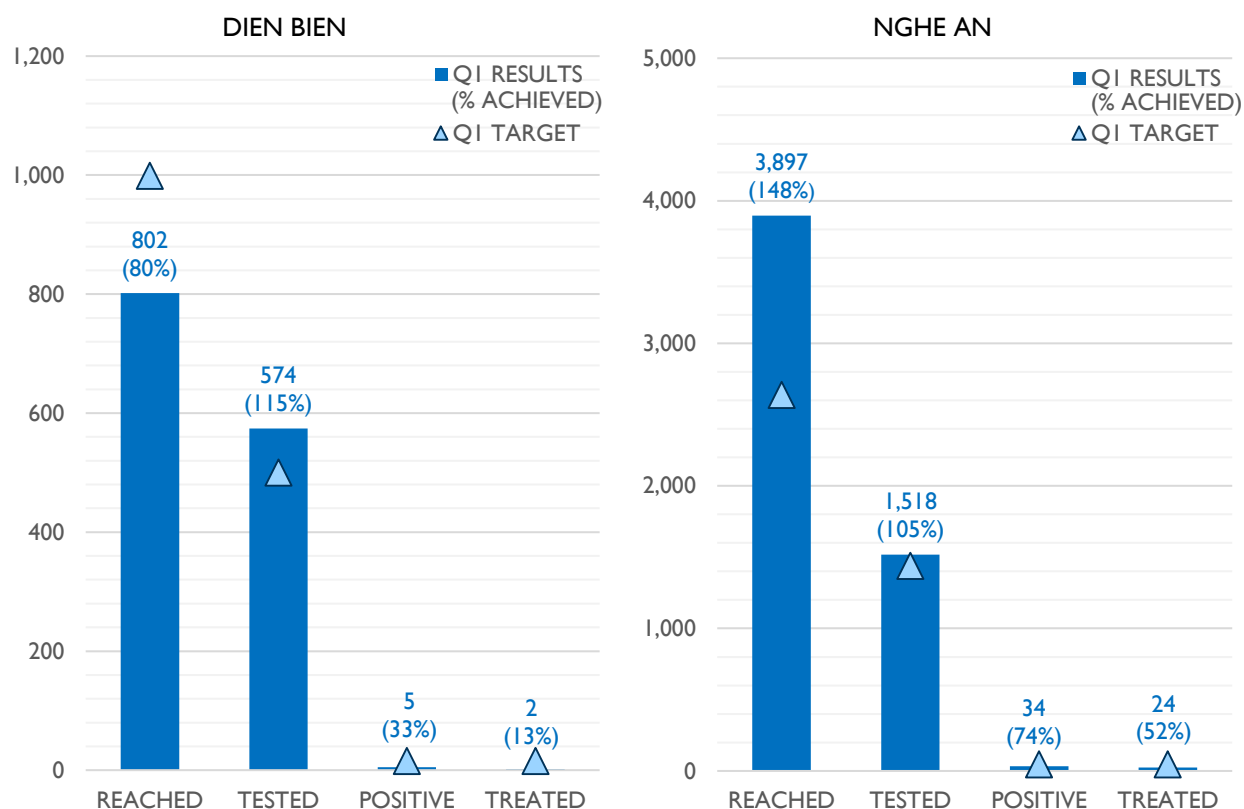
USAID SHIFT trained 97 HHWs, CBSs and community health staff from seven districts on MOM and CoPN during the quarter, and provided on-site mentoring and coaching for HIV in-charge personnel. During the training workshops, the project fortified participant skills in community HIV outreach, tracking and support, and on data collection and reporting. USAID SHIFT built the capacity of PAC staff to collect, clean, analyze and present outreach data for routine monitoring and periodic reviews of program performance. The project will continue intensive mentoring and coaching, via both onsite and virtual TA, to ensure that counterparts in Dien Bien and Nghe An maintain strong M&E skills for community-based HIV services.

In Q1, USAID SHIFT and its local partners reached 4,699 KPs and PPs in Nghe An and Dien Bien, achieving 148% and 80% of provincial outreach targets, respectively. Of these, 2,092 were successfully linked to HTC, or 105% of the Q1 target for Nghe An and 115% for Dien Bien. However, only 39 HIV cases were diagnosed and 26 of these linked to treatment. USAID SHIFT will accelerate performance in Q2, including through the Tet campaign. Q1 performance for Nghe An and Dien Bien is displayed in Table 2 and Figure 2 below.

TABLE 2. REACH Q1 RESULTS VS. TARGETS FOR DIEN BIEN AND NGHE AN

INDICATOR	DIEN BIEN					NGHE AN				
	Q1 RESULTS	Q1 TARGET	% ACHIEVED	Y2 TARGET	% ACHIEVED	Q1 RESULTS	Q1 TARGET	% ACHIEVED	Y2 TARGET	% ACHIEVED
Reached	802	999	80%	3,995	20%	3,897	2,639	148%	10,554	37%
Tested	574	500	115%	2,000	29%	1,518	1,440	105%	5,759	26%
Positive	5	15	33%	60	8%	34	46	74%	184	18%
% Positive	0.9%	3.0%	29%	3.0%	29%	2.2%	3.2%	70%	3.2%	70%
Treated	2	15	13%	60	3%	24	46	52%	184	13%

FIGURE 2. REACH QI RESULTS VS. TARGETS FOR DIEN BIEN AND NGHE AN

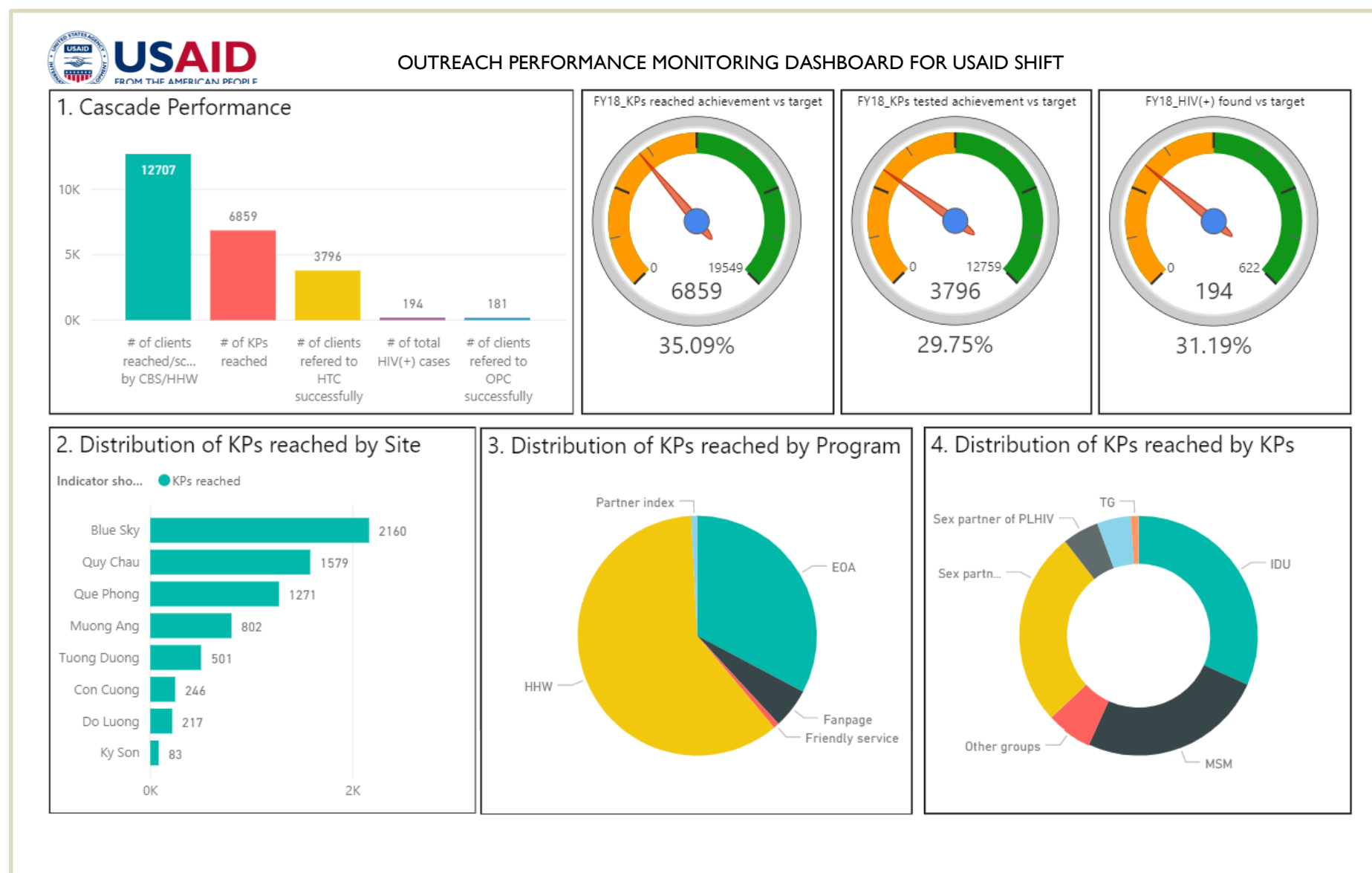


In total, USAID SHIFT exceeded its QI outreach targets for the three provinces combined. The number and percent of positive cases found and linked to treatment fell below targets for Nghe An and Dien Bien. However, strong performance in HCMC made up for this in aggregate, as presented in Table 3 below. Figure 3 provides a screenshot of the project's online outreach performance monitoring dashboard for QI.

TABLE 3. REACH QI COMBINED RESULTS VS. TARGETS

INDICATOR	QI RESULTS	QI TARGET	% ACHIEVED	Y2 TARGET	% ACHIEVED
REACHED	6,859	4,887	140%	19,549	35%
TESTED	3,796	3,190	119%	12,759	30%
POSITIVE	194	136	143%	544	36%
% POSITIVE	5.1%	4.3%	120%	4.3%	120%
TREATED	181	136	133%	544	33%

FIGURE 3. REACH POWERBI DASHBOARD FOR Q1







## **I.1b | TEST**

In Y2 USAID SHIFT is supporting a total of 28 HTC sites, comprised of 22 DSD and six TA-SDI sites in five provinces. These sites are in five districts in Dien Bien (five DSD sites), 11 districts in Nghe An (eight DSD and three TA-SDI sites), and HCMC (six DSD sites), as well as Hanoi (two DSD sites) and An Giang (three TA-SDI sites). USAID SHIFT also continues supporting and ensuring the stringent quality of HIV lay testing via Blue Sky Club network members in HCMC.

### *Mobile Testing*

In Q1, USAID SHIFT partnered with PACs and districts to determine locations that would most benefit from mobile testing. This modality proved particularly effective in Dien Bien's Dien Bien Dong district, where 10 of 342 (2.9%) individuals tested were found positive. The majority of these (70%) were men, whose ages ranged across the 20-24 to 40-49 age groups. The HIV-positive women found also ranged in age from 20-24 to 40-49. Additional mobile missions will be organized in Q2-4 based on HIV case finding potential and planning with provincial and district partners.

### *Lay, Oral and Self-Testing*

In Y2, USAID SHIFT continues to support lay testing through Blue Sky Club in HCMC. In Q1, Blue Sky Club's CBS found 40 reactive cases, or 10% of the 400 individuals for whom it provided lay testing. This continues Blue Sky Club's now established record for high performance in both outreach and lay testing. In Q1 the project also worked with Hanoi Preventive Medicine Center (PMC) and Chuong My DHC to organize lay testing training for 10 participants in December 2017. The lay testers were supplied with job aids, tools and equipment to begin implementing services in Q2. USAID SHIFT is working closely with Hanoi PMC to closely monitor performance of the model and will make modifications as needed to ensure lay testing effectiveness and cost-efficiency.

In late FY17 USAID SHIFT completed procuring 5,000 OraQuick rapid oral test kits. The project carefully considered HIV case finding opportunities which would most benefit from such test kits, and means to make them maximally cost efficient.

In Q1 USAID SHIFT began working with HCMC PAC and Hanoi Medical University (HMU) to develop models for targeting HIV self-testing to hidden MSM who may otherwise be missed through fixed-site and mobile HTC, as well as lay testing aimed at open MSM. Although lay testing services in HCMC have been very successful in identifying new cases within the MSM community, these services are largely provided through well-publicized events. Online platforms, including Facebook, can reach an additional cadre of MSM who are not comfortable attending such events. Organizations including Blue Sky Club have success in providing online support and outreach, facilitating risk assessments, and recommending HIV testing services through such platforms.

In the proposed model, hidden MSM will access HIV risk assessment and self-testing information online. Those at elevated risk will receive an option to access extant testing resources or order an OraQuick kit to be mailed to their home. To maximize cost-efficiency and increase the tester's investment in the process, the tester will be responsible for covering the nominal cost of home shipment. Once received, the kit will include detailed instructions to administer the test accurately, register results, and if found reactive, receive counseling and support to access confirmatory testing.

USAID SHIFT costed out the investment required and potential yield in new HIV cases to confirm the model's value, and has agreed on its principles with HMU and HCMC PAC. In Q2 USAID SHIFT is finalizing logistical details and communication materials necessary to launch the service. In Q1 USAID SHIFT also began working with Hanoi PMC and Hoang Mai DHC to integrate self-testing into partner notification. The project will pursue this option further in Q2-3.



### Partner Notification

USAID SHIFT began deploying enhanced partner notification in Y1. In Q1 of Y2, the project reviewed, revised and adapted the model while working with sites in Dien Bien, Nghe An, and Hanoi to expand its use across HIV testing and treatment facilities. USAID SHIFT conducted site visits to review and strengthen partner notification performance for HTC and HTF sites in Dien Chau, Que Phong, and Quy Chau in Nghe An, and Dien Bien District. The project also discussed and agreed with local partners in Nghe An and Dien Bien to expand partner notification to additional HTC sites. USAID SHIFT will deliver training workshops and tools to do so in Q2.

As noted above, the project is also exploring use of HIV oral tests for partner notification with Hanoi PMC and Hoang Mai DHC, which it will pursue further in Q2. In line with ASTA #55, USAID SHIFT will also train and support provincial and district authorities to oversee and ensure the effectiveness of partner notification services.

### District Confirmatory Laboratories and Specimen Transportation

In Y1, USAID SHIFT successfully supported 17 district laboratories in Nghe An, Dien Bien and HCMC to obtain certification for HIV confirmatory testing. In the first quarter of Y2, USAID SHIFT continued assisting provincial authorities in these provinces to provide TA to monitor, help troubleshoot and improve the quality of district confirmatory testing services. Q1 efforts focused especially on laboratories in Nghe An's Que Phong DHC and West Northern Hospital; in Muong Ang and Dien Bien DHS; and in DHCs for Districts 3, 6, and 8 in HCMC. USAID SHIFT also continued to support implementation of specimen transportation via post, strengthening provincial capacity to oversee the scheme with increasing independence.

### Results

USAID SHIFT exceeded its cumulative Q1 targets for the number receiving HIV testing and counseling and number and proportion of HIV-positive cases diagnosed across HTC sites. Dien Bien province exceeded its Q1 target for the number tested and found a total of 66 positive cases. Yield was particularly high in HCMC and An Giang provinces with 16.9% and 9.1% of those tested found positive. In total, project-supported HTC sites found 533 HIV-positive cases, or 4.6% of the 11,560 tested during the quarter. This puts USAID SHIFT on track to exceed its overall Y2 testing targets and contractual aim of finding at least 4% of those tested positive. Results are presented in Table 4, Figure 4, and Figure 5, below.

TABLE 4. Q1 TEST RESULTS VS. TARGETS

Province	Q1 RESULTS			Q1 TARGETS			% ACHIEVED			Y2 TARGETS			% ACHIEVED		
	Test	HIV+	% Pos	Test	HIV+	% Pos	Test	HIV+	% Pos	Test	HIV+	% Pos	Test	HIV+	% Pos
Dien Bien	5,995	66	1.1%	3,400	102	3.0%	176%	65%	37%	13,599	408	3.0%	44%	16%	37%
Nghe An	1,896	30	1.6%	2,340	75	3.2%	81%	40%	50%	9,359	299	3.2%	20%	10%	50%
HCMC	2,328	394	16.9%	2,841	171	6.0%	82%	231%	282%	11,362	682	6.0%	20%	58%	282%
An Giang	363	33	9.1%	1,050	42	4.0%	35%	79%	227%	4,200	168	4.0%	9%	20%	227%
Hanoi	978	10	1.0%	1,287	52	4.0%	76%	19%	26%	5,147	206	4.0%	19%	5%	26%
TOTAL	11,560	533	4.6%	10,917	441	4.0%	106%	121%	114%	43,667	1,763	4.0%	26%	30%	114%



FIGURE 4. Q1 RESULTS VS. TARGETS FOR NUMBER RECEIVED HIV TESTING AND COUNSELING

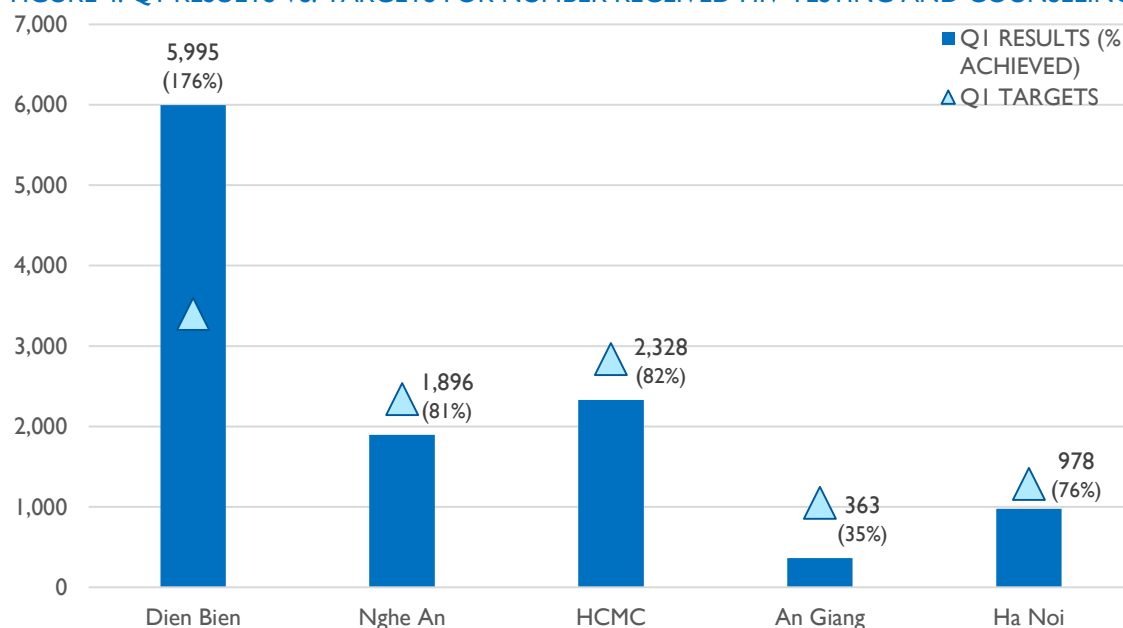
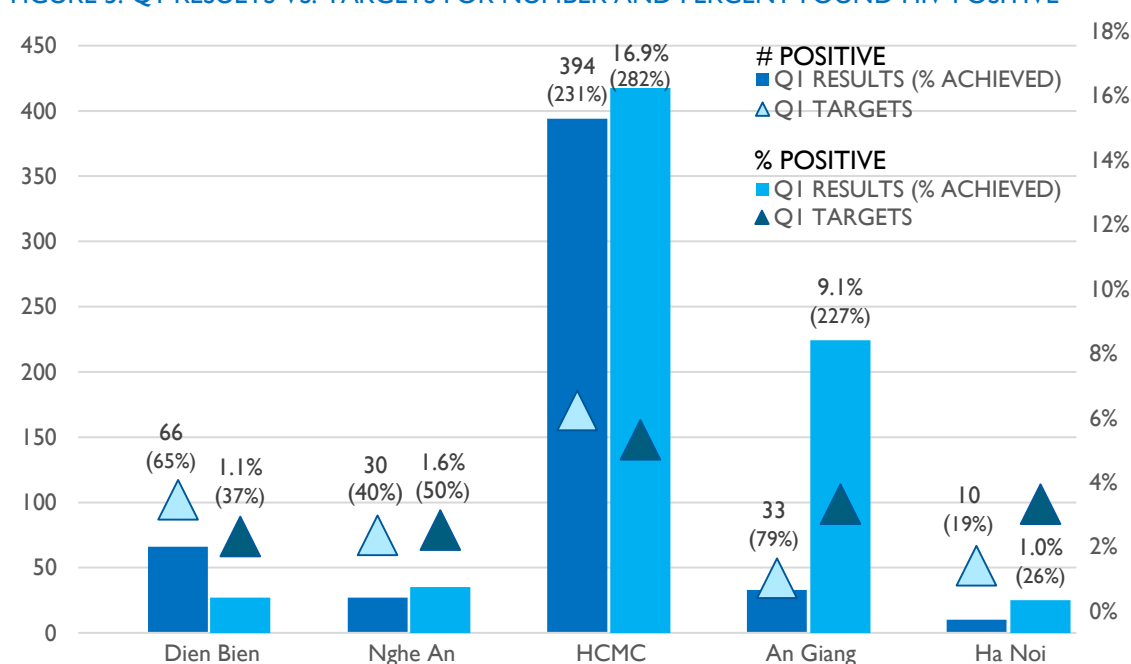


FIGURE 5. Q1 RESULTS VS. TARGETS FOR NUMBER AND PERCENT FOUND HIV-POSITIVE



## I.1c | TREAT

In Y2, USAID SHIFT is enhancing the HIV treatment service model to ensure that PLHIV rapidly enroll in and adhere to ART treatment regimens to achieve and maintain viral suppression. The project is ensuring that supported sites provide PLHIV with immediate ART through the “Test and Start” strategy for same-day ART initiation, that MMT and TB patients are systematically screened for and enrolled on treatment, and that supported HTFs use partner notification to find and link additional cases to ART. USAID SHIFT is also retaining patients on ART through a suite of technical strategies including Individual Treatment Continuation Plans (ITCP); risk mitigation through enhanced ART retention interventions at national, provincial, district and site-levels; differentiated care via commune-level ART and multi-month ARV scripting (MMS); and optimized TB and ART treatment for co-infected patients. The project is also working diligently with funders, implementing partners and local authorities to expand viral load (VL) testing to improve treatment outcomes.

To newly start 2,698 PLHIV on ART, USAID SHIFT implemented the following strategies in Q1:

#### *Mobile Reach-Test-Start (mRTS)*

In Q1, USAID SHIFT assisted and coached Nghe An and Dien Bien DOHs and PACs to plan for and organize mRTS missions to select districts and communes in Q2. The project also worked closely with the USAID C-Link and Healthy Markets projects to help these provinces prepare for and organize Tet HIV case-finding campaigns during February 2018.

#### *TB and MMT Linkages to ART*

PLHIV with serious comorbidities can be more difficult to engage and retain in ART. This is the case for both individuals co-infected with HIV and TB, who accounted for 4% of TB patients in 2016, and former drug users on methadone maintenance therapy (MMT). The project collaborated with the USAID Challenge TB project, implemented by KNCV, to help HTFs and District TB Units strengthen HIV screening among TB patients. USAID SHIFT and Nghe An PAC provided technical monitoring on TB/HIV for HTFs in Nghia Dan, Yen Thanh, Qui Hop, Tan Ky and Vinh City. These missions supported facilities to ensure that TB patients newly diagnosed as HIV-positive enrolled on treatment. USAID SHIFT also continued its successful role as a trusted TA provider in MMT to ensure that HIV-positive methadone patients enrolled on ART. In Q1, 98% and 94% of HIV-positive MMT on were on ART in Dien Bien and Nghe An, respectively — well above the project's 90% target for this indicator.

#### *Test-and-Start and Same-Day ART Initiation*

In July 2017, Vietnam's Ministry of Health issued Decision #3413/QĐ-BYT, changing ART enrollment criteria, so that all those with HIV infection can begin ART regardless of their CD4 count or clinical stages. On December 1, 2017, Decision #5418/QĐ-BYT officially launched the "Test and Start" strategy and updated National C&T guidelines. In this context, USAID SHIFT started providing technical assistance to all USAID SHIFT-supported HTFs to immediately initiate ART for all PLHIV. USAID SHIFT also met with the USAID PSM project to coordinate and incorporate training on drug quantification necessary to implement MMS. The project will work with VAAC and coordinate with other projects to conduct additional trainings and TA missions to supported provinces and sites in Q2.

#### *Partner Notification*

In Y1, USAID SHIFT began implementing enhanced partner notification in Dien Bien and Nghe An. This approach offers index patients multiple mechanisms to notify their sexual and/or drug injecting partners of their HIV status and encourage them to access HIV testing. In Q1, a total of 90 patients in USAID SHIFT HTFs served as index clients. Health staff supported them to contact 39 of 99 of their partners, and assisted 29 of these (74%) to access HTC. Twenty-four percent (7/29) of these partners were confirmed HIV positive, 100% of which immediately started ART. In December USAID SHIFT conducted three TA trips to Dien Chau, Que Phong and Quy Chau sites in Nghe An to review partner notification implementation. In Q2, USAID SHIFT will collaborate with local partners to conduct two trainings to expand partner notification in Hanoi and Nghe An.

To sustain 26,092 PLHIV on treatment, USAID SHIFT executed the following in Q1:

#### *Enhanced ART Retention*

In USAID SHIFT-supported provinces, FY18 Q1 data indicated 1.43% attrition among ART patients. Of these, 0.98% (233) were LTFU and 0.45% (107) died. USAID SHIFT provided technical assistance to provinces to implement enhanced ART retention. LTFU cases were provided with SMS, phone call or contacted by HIV in-charge staff. Of these, 110 (60%) could not be reached. Those who could be reached reported having left treatment due to working far from home, not wanting to be treated, moving to another province, being incarcerated, or lack of transportation. Among patients who died while on ART, nearly half of deaths were due to accidents or other non-HIV related causes. Each of the HTFs has tried its best to reengage patients back to care and treatment.

### *Individual Treatment Continuation Plans (ITCP)*

In Y1, USAID SHIFT developed and worked with partners to implement ITCPs as an essential mechanism to retain PLHIV on ART during Vietnam's HIV funding transition. In the first quarter of Y2, USAID SHIFT refined the ITCP training curriculum, SOPs, assessment forms, and key supporting messages. The project continued assisting partners in Nghe An, Dien Bien, Can Tho and HCMC to implement ITCPs during the quarter. By December 2017, more than 40,000 patients in these four provinces were implementing ITCPs (see Table 5). In HCMC, 3,047 ART patients who are city residents or have temporary official household books will be provided SHI cards in January 2018 by the city's PAC and DOH. In Q2, the project will partner with local authorities in Bac Giang and Lao Cai provinces to implement ITCPs across their HTFs.

TABLE 5. ITCP IN FOUR PROVINCES THROUGH DEC 2017

Province	Patients with ITCPs	SHI coverage
HCMC	31,331	78%
Nghe An	3,838	94%
Dien Bien	3,057	92%
Can Tho	2,209	87%
TOTAL	40,435	81%

### *TB/HIV Integration*

In Y1, USAID SHIFT collaborated with VAAC, the National Targeted Program (NTP), GFATM and USAID Challenge TB to help integrate TB and HIV services in 10 districts in Dien Bien and four in Nghe An. This process involved assessing site capacities and needs, providing training to facility personnel, and delivering support to implement and ensure the quality of TB and HIV services were maintained. During this quarter, USAID SHIFT continued providing technical assistance on TB/HIV integration in Dien Bien and Nghe An. USAID SHIFT and partners followed-up with PACs and provincial TB hospitals to resolve issues and implement recommendations developed during August and September TA missions, including TB/HIV integration model, TB and HIV diagnosis and treatment, TB screening and intensive case finding, isoniazid preventive therapy (IPT), HTC for TB patients and TB treatment and ART for TB/HIV co-infected patients to achieve optimal health outcomes.

### *Managing ART Patients at Commune Level*

In Q1, a total of 2,640 HIV patients received ART at 191 commune health stations (CHSs) in HCMC, Dien Bien, Nghe An and An Giang. In Dien Bien, the number of ART patients managed at the commune level increased in Dien Bien city and Tuan Giao districts. In FY18, Tua Chua district plans to provide ART via three CHSs. Muong Lay district has decided not to open an ART dispensing site. In Nghe An, CHSs in Binh Chuan (Con Cuong district), Ngoc Lam and Thanh Loi (Thanh Chuong district) began receiving ART patients in September 2017. These CHSs will receive TA from district HTFs and Nghe An PAC. In An Giang, an HTF will open in An Phu District General Hospital and receive most ART patients from An Phu dispensing site, which will cease providing ARVs from January 2018.

TABLE 6. ART PATIENTS MANAGED AT COMMUNE-LEVEL

PROVINCE	PATIENTS	CHSs
HCMC	938	84
Dien Bien	1,103	63
Nghe An	524	43
An Giang	75	1
TOTAL	2,640	191

### *HIV Pediatric Treatment*

In Q1, USAID SHIFT provided TA to provinces to develop and implement plans to counsel, refer and follow-up on pediatric patients transferred from the provincial level to district level, and TA to deliver quality pediatric ART. The project delivered on-site TA on pediatric ART in Nghia Dan, Quy Hop and Tan Ky districts in Nghe An. In line with the plans to transfer pediatric patients from the National Pediatric Hospital to provinces, USAID SHIFT supported Bac Giang HTFs to ensure the successful referral of and care for pediatric patients.

To ensure that 19,770 PLHIV are virally suppressed, in Q1 USAID SHIFT implemented the following:

### *Viral Load Monitoring*

During Q1, given that PEPFAR funding for HIV VL testing will soon end, USAID SHIFT provided TA and DSD HTFs to accelerate performing VL monitoring for eligible patients and those with suspected treatment failure. Maximizing the number of eligible patients receiving VL tests was a top priority during on-site TA missions to 30 HTFs in Q1.

### MMT Services and Capacity Building

In Q1, USAID SHIFT facilitated a webinar for doctors, nurses and counselors working at MMT facilities. This webinar covered MMT patients' use of other substances and involved 127 health staff from 31 clinics in 11 provinces, including Dien Bien and Nghe An. Participants appreciated the webinar and the valuable and pertinent knowledge and skills as they related to their work.

Quarterly results are provided in Table 7 and Figures 6 and 7 below.

**TABLE 7. Q1 TREATMENT RESULTS VS. TARGETS**

Province		New on Art					Current on Art				
		Q1 Results	Q1 Target	% Achieved	Y2 Target	% Achieved	Q1 Results	Q1 Target	% Achieved	Y2 Target	% Achieved
PRIORITY	Dien Bien	54	133	41%	530	10%	3,031	2,916	104%	3,643	83%
	Nghe An	59	94	63%	374	16%	2,660	2,356	113%	2,953	90%
	HCMC	500	286	175%	1,144	44%	10,501	9,847	107%	11,220	94%
	TOTAL	613	512	120%	2,048	30%	16,192	15,120	107%	17,816	91%
SUSTAINING	An Giang	37	43	86%	173	21%	1,910	1,989	96%	2,151	89%
	Bac Giang	7	13	54%	52	13%	446	392	114%	445	100%
	Can Tho	13	13	102%	51	25%	520	499	104%	555	94%
	Hanoi	27	38	72%	150	18%	1,297	1,305	99%	1,508	86%
	Hai Phong	3	10	31%	39	8%	667	661	101%	695	96%
	Lao Cai	15	27	55%	109	14%	635	652	97%	851	75%
	Quang Ninh	17	17	103%	66	26%	1,885	1,869	101%	1,866	101%
	Thai Binh	3	3	120%	10	30%	158	185	85%	205	77%
	TOTAL	122	163	75%	650	19%	7,518	7,552	100%	8,276	91%
	GRAND TOTAL	735	675	109%	2,698	27%	23,710	22,671	105%	26,092	91%

FIGURE 6. NEW ON ART, Q1 RESULTS VS. TARGETS

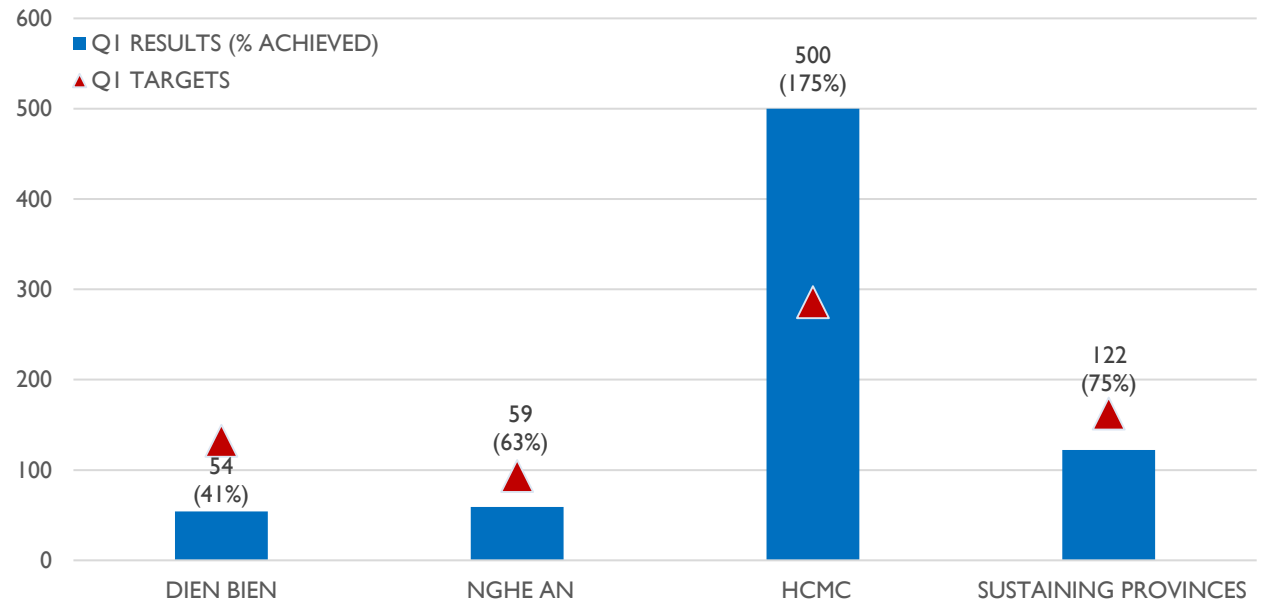
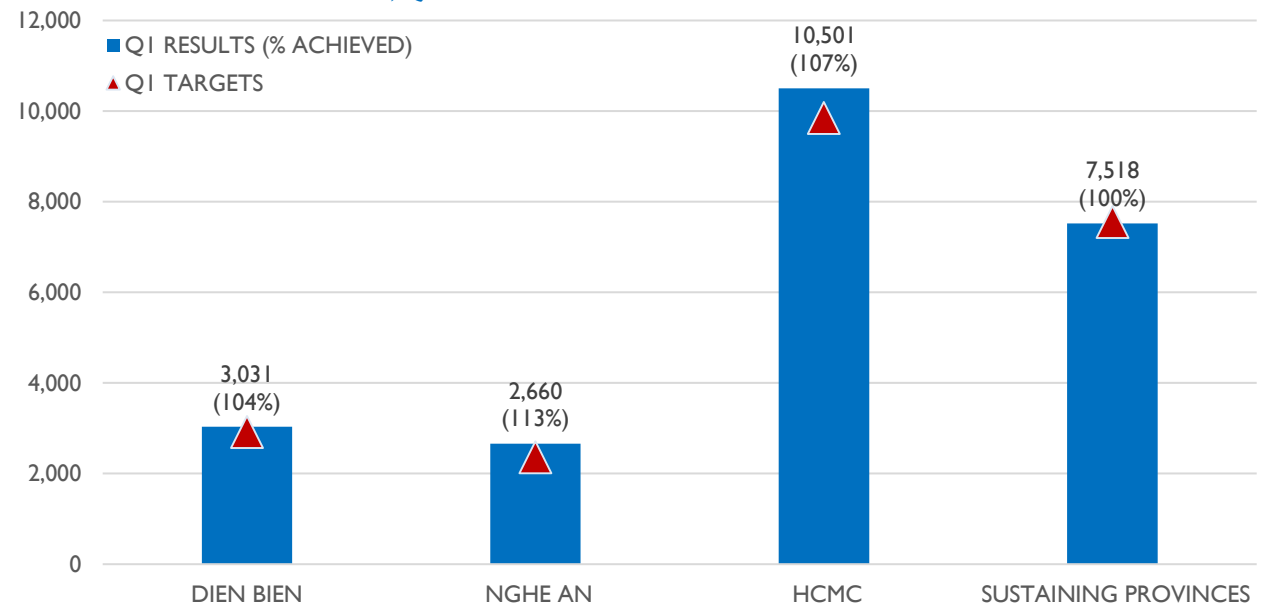


FIGURE 7. CURRENTLY ON ART, Q1 RESULTS VS. TARGETS







### **I.1d | M&E**

In Y2 USAID SHIFT is implementing a wide-ranging portfolio of M&E and SI activities. In CLIN I, Task I.1 these efforts have focused on enabling the project to accurately monitor and measure progress towards numerous PEPFAR monitoring, evaluation and reporting (MER) indicators, expenditure analysis (EA), and contractual targets. They also ensure that local partners on increasing responsibility to track and report progress against 90-90-90 aims. Other activities promote data use for performance improvement, data quality assurance and data management, and strengthen the provincial M&E systems for HIV services.

USAID SHIFT collected, compiled, validated, and submitted Q4 and annual reports for FY17 to PEPFAR's Data for Accountability, Transparency and Impact (DATIM) system for required MER indicators. The project's SI and Finance teams also worked closely to collect FY17 EA data by program area, cost category, and location and submitted EA data using the PEPFAR Records and Organization Management Information System (PROMIS).

In Q1, USAID SHIFT continued strengthening Nghe An and Dien Bien PAC capacity to collect and analyze data and track progress against 90-90-90 targets, including for periodic progress reviews. USAID SHIFT also assisted PACs to generate monthly reports for select key progress indicators.

The project has committed to promote a culture of data use to improve performance, from national to district and site levels. In Q1 USAID SHIFT continued to update and disseminate monthly technical program dashboards and quarterly dashboards visualizing performance across the cascade of HIV services. The English and Vietnamese version of program dashboards were disseminated to reflect latest changes in program design and priorities for better understanding and using performance data.

In Q1 USAID SHIFT provided annual refresher trainings on M&E and data quality audits (DQAs) for assigned staff in all project sites in 11 supported provinces to enhance PAC ownership of M&E systems and track program performance down to commune-level. After the trainings, USAID SHIFT and PAC staff developed a DQA plan to audit and improve the quality of HIV service data and reporting for sites in all provinces. In the following quarters, PACs with TA support from USAID SHIFT will conduct DQA activities according to the agreed plan.

USAID SHIFT also released an upgraded version of HTC eLog software to ensure that supported sites to meet these new PEPFAR requirements and align with recent changes in the HIV response (including new testing modalities). Trainings on the upgraded version of HTC eLog were conducted to all provinces during the annually M&E training to train new facility staff on how to use the software, in addition to refreshing current staff, and remind them of additional support resources available such as project-produced instructional videos. Software installation has also completed in all USAID supported sites. In next quarters, USAID SHIFT will continue to provide TA to provinces to ensure the software well-functioned.

## **TASK 1.2 | Maintain DSD and then fully transition sites**

### **I.2a | TRANSITION**

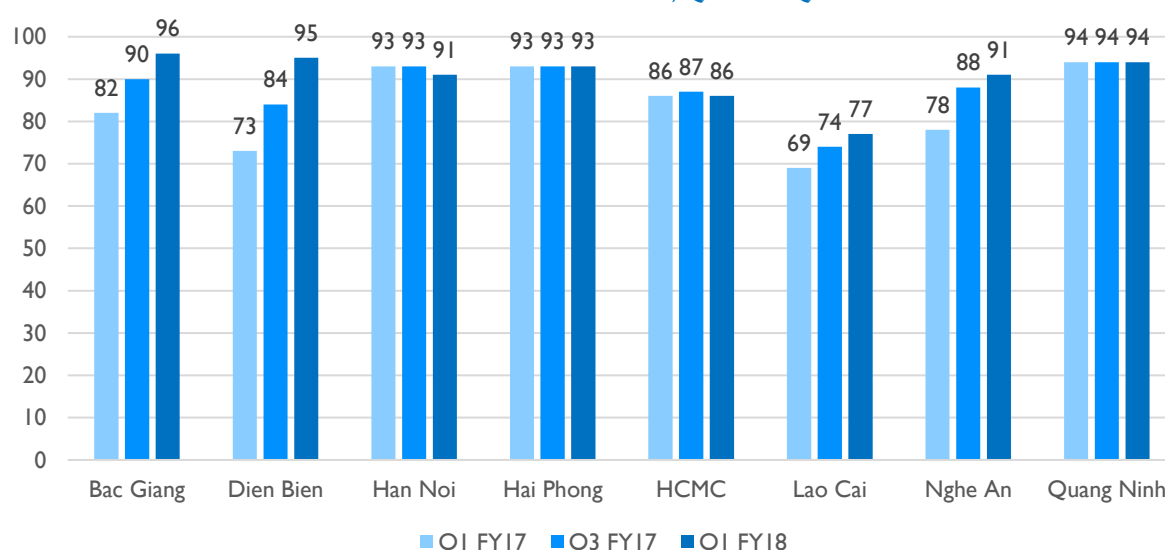
Over the next 12 months, Vietnam's transition efforts will hit their zenith, as USAID SHIFT and fellow PEPFAR implementers transition all remaining DSD sites to government ownership. This includes more than 60 USAID SHIFT-supported HIV outreach, testing and treatment sites. Doing so requires intensive efforts in policy advocacy, partnership, coordination and technical expertise. In Q1 of FY18, USAID SHIFT undertook transition readiness assessments and preparations at provincial and site levels to finalize comprehensive transition plans. The project and local partners amended transition readiness assessment tools to reflect the latest SHI implementation context. The provincial transition readiness assessment tool was revised to probe provincial commitments to allocate the human resources and budget required to continue HIV outreach and prevention,

testing and counseling, and HIV care and treatment services. Moreover, the revised tool facilitates measuring progress and planning for SHI reimbursement, 100% SHI coverage of PLHIV and ARV co-payment support as key to sustaining the HIV response.

USAID SHIFT and local partners conducted site readiness assessments for 22 DSD sites in six provinces that will transition in Y2. These include seven prevention, nine HTC and six C&T sites. The project measured the level of site leader commitment, staffing sustainability, available financial resources and status of detailed transition plans. In general, all six provinces are working well to ensure favorable conditions and preparedness for transition. This round of assessments revealed especially remarkable achievements by Dien Bien, Bac Giang and Nghe An provinces. They have responded comprehensively to transition requirements by completing HTF consolidation, thereby achieving SHI reimbursement eligibility, securing approved budgets for 100% SHI coverage and planned ARV co-payment support, and securing budget allocations for maintaining local coaching teams as well as capacity development activities. Quang Ninh, Hai Phong and Hanoi remained in a high state of readiness for full transition. Lao Cai almost reached the threshold of transition readiness, but still needs more technical assistance to push for provincial approval for their provincial budget support proposals to achieve 100% SHI coverage, ARV co-payments and local investment in capacity development.

The seven prevention sites showed positive readiness to transition. Local leaders have committed to take ownership and continue activities through existing health workers using the national target program budget. Local leaders also committed to continue services in all HTC sites through government staff, local budgets and SHI. This includes costs for both routine operations, commodities including test kits and sample transportation for confirmatory testing. The Dien Bien District Health Center demonstrated the greatest progress in its HTC transition planning. Among six HTFs, the Bac Giang Center for Disease Control and Prevention, Do Son HTF in Hai Phong, and Lao Cai Provincial General Hospital were best prepared for transition. These sites produced complete, detailed financial transition plans, have secured commitments to cover all government-funded facility positions, have completed facility consolidation and been reimbursed by SHI for HIV-related laboratory tests and opportunistic infection services. The three other HTFs assessed – Hai An in Hai Phong, and Bat Xat and Van Ban in Lao Cai – met requirements for 100% government-based staff, HTF consolidation and SHI reimbursement, but need additional support to complete acceptable, detailed transition plans. USAID SHIFT is providing this support in the ensuing months.

**FIGURE 8. PROVINCIAL TRANSITION READINESS SCORES, Q1 FY17-Q1 FY18**



Based on their specific context, transition strategy and readiness assessment results, USAID SHIFT worked with each of these six provinces to develop tailored transition roadmaps. The project issued official letters detailing site transition schedules and guidance for their respective plans. Examples of key points from these plans are provided in Figure 9 below.

FIGURE 9. KEY POINTS IN PROVINCIAL TRANSITION AND SUSTAINABILITY PLANS

REACH	TEST	TREAT
<ul style="list-style-type: none"> <li>• Utilize grassroots-level health workers</li> <li>• Engage CBOs</li> <li>• Ensure GVN funding for PBLs</li> </ul>	<ul style="list-style-type: none"> <li>• Consolidate services</li> <li>• Ensure HTC service fees are covered</li> <li>• Mobilize testing commodities from Global Fund and other sources</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure SHI covers ARVs and lab tests, including for viral load</li> <li>• Ensure treatment fees are covered</li> <li>• Mobilize GVN funding for special patient populations</li> </ul>

In November 2017, USAID SHIFT coordinated meetings to review results of 90-90-90 service implementation in Nghe An and Dien Bien and transition priorities for Reach, Test and Treat interventions in 2018. In this crucial period, efficient models which can be integrated into the government health system and local financing are key for sustainability. USAID SHIFT worked closely with both provinces to incorporate these elements into their 2018 annual HIV/AIDS program plans. The project is helping these provinces institutionalize cost-effective intervention packages with simplified monitoring tools to sustain high service quality as they assume operational and financial responsibility. In Q2, USAID SHIFT will support additional provinces to ensure they assume and sustain financial and technical ownership of robust HIV services.

The project also provides pre- and post-transition monitoring to review and reinforce service quality at each site. USAID SHIFT partners with local government to conduct transition and technical monitoring visits before and for six months after each site transition. Results from Q1 monitoring are provided below for testing and treatment sites.

#### Test

At the end of Y1, USAID SHIFT transitioned four HTC DSD sites in Dien Bien and eight in Nghe An, with preparations to transition ten more HTC DSD sites by the end of Y2. In first quarter of Y2, USAID SHIFT worked with PACs to update HTC transition and technical monitoring tools. Local partners conducted post-transition visits to HTC sites transitioned at the end of Y1 in Dien Bien's Nam and Tua Chua districts and Nghe An's Yen Thanh, Vinh City and Nam Dan districts. The project also provided pre-transition technical support to HTC sites in Dien Bien, Nghe An, and Hanoi.

#### Treat

In Q1, USAID SHIFT revised and finalized its C&T Technical Monitoring Tools. These tools helped to assess the service quality of USAID SHIFT-supported HTFs and to devise plans to ensure the quality of service before, during and after transition. The toolkit is used to assess performance against four indicators: average monthly attrition rate, proportion of ART patients with viral loads <1000 copies/ml, proportion of ART patients who have SHI cards and proportion of ART patients who received SHI reimbursement for HIV services.

USAID SHIFT provided TA to PACs to conduct C&T SHIFT Technical Monitoring for nine HTFs transitioned from project support in September 2017: District 9 and District Hoc Mon in HCMC; Soc Son in Hanoi; Hoanh Bo in Quang Ninh; Tinh Bien, Tan Chau and Cho Moi in An Giang; Thot Not in Can Tho; and Dong Hung in Thai Binh. One HTF (Tan Chau) met all four performance targets, reflecting strong performance and service quality. Three HTFs (Tinh Bien, Hoanh Bo, and Dong Hung) achieved three out of four targets; three others (Cho Moi, Thot Not, and Hoc Mon) met two targets; and Soc Son and District 9 HTFs achieved only one target. USAID SHIFT will use these results to provide post-transition TA on identified technical areas to improve the quality of services.

## 1.2b | SHI

SHI is Vietnam's central mechanism to ensure the long-term sustainability of HIV treatment services. However, realizing this vision requires numerous actions at national provincial, district, site, community and individual levels. In Y2, USAID SHIFT is focusing on five major aims related to SHI and HIV treatment sustainability:

- Enabling HTFs to receive SHI reimbursements for HIV services
- Increasing SHI coverage and use among PLHIV
- Advocating for government support for ARV co-payments, and preparing backup plans in the event this advocacy fails
- Building provincial and HTF site capacity to quantify, report on and coordinate ARV drug procurement and stock management
- Assisting sites to integrate health information systems to streamline SHI and HIV service support and reporting functions

#### *Enabling HTFs to receive SHI reimbursements*

In Y2, USAID SHIFT is continuing to provide support to a total of 63 HTFs to secure and maximize SHI reimbursement for HIV services. These include 37 DSD and 26 TA-SDI sites across 11 provinces. By the end of the, 57 of these sites (33 DSD and 24 TA-SDI HTFs) had successfully earned SHI eligibility by consolidating HIV treatment services into the curative health system, and submitted claims for reimbursement.

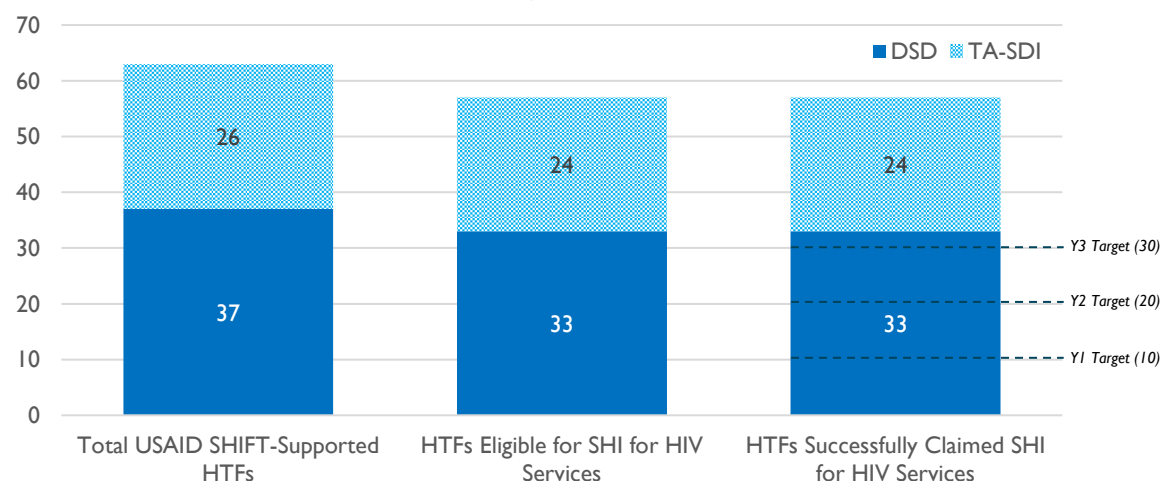
However, the project and fellow PEPFAR implementers continue to face formative obstacles. In HCMC, rather than transferring large volumes of patients currently at SHI-ineligible DHCs to SHI-eligible District General Hospitals, provincial authorities decided to establish specialized HIV clinics or polyclinics capable of claiming SHI coverage. Doing so requires completing three major actions:

1. Establishing and securing HCMC DOH certification for a polyclinic or HIV clinic
2. Obtaining HCMC DOH approval for the clinic's list of medical services and techniques
3. Signing contracts with HCMC Provincial Social Security for SHI reimbursement

These are major and time-consuming undertakings which require additional months to complete. USAID SHIFT is assisting six HTFs through these procedures. For these and similar sites, the situation poses numerous challenges. Facility personnel and leaders may be unfamiliar with the administrative procedures required to gain SHI eligibility, and may lack the management or technical personnel required. Other facilities which do employ sufficient staff may lack professional licensing required to deliver SHI-eligible treatment for HIV.

As of December 2017, the six DHCs USAID SHIFT is assisting have not yet completed consolidation procedures. However, they have invested substantial effort and are making progress towards this aim. The sites have each chosen their desired means of consolidating. Districts 8 and 9 and Binh Thanh DHCs will establish polyclinics, and Districts 3, Hoc Mon and Thu Duc DHCs are forming specialized HIV clinics. All six facilities have completed and submitted applications and are awaiting HCMC DOH appraisal and certification to move forward. Although USAID SHIFT has already exceeded its Y3 contractual target for the number of facilities claiming SHI for HIV services (see Figure 10 below), the project will continue working aggressively to help the six remaining HCMC sites fulfill outstanding requirements.

**FIGURE 10. USAID SHIFT HTF SHI PROGRESS, DECEMBER 2017**



### *Increase SHI coverage and use among PLHIV*

Achieving a financially sustainable HIV response in Vietnam requires significant further scale-up of both SHI enrollment and use among PLHIV. VAAC has reported that 82% of the country's ART patients were enrolled in SHI as of September 2017. Patients in Bac Giang, Dien Bien and Nghe An continue to benefit from Provincial People's Committee (PPC) support for SHI premiums, due in part to advocacy from USAID SHIFT. In January 2018, these provinces will purchase SHI cards for 736 additional PLHIV. However, the level of coverage remains variable across provinces. By December 31, 2017, the proportion of SHI-covered ART patients in USAID SHIFT-supported HTFs had declined from the previous quarter as more than 1,000 HCMC patients' SHI cards expired.

As of December 2017, more than 70% of ART patients at USAID SHIFT-supported HTFs had SHI. However, more than 70% of insured patients were being treated at the six SHI-ineligible sites in HCMC. This had a serious impact on the proportion of patients able to secure SHI reimbursements for HIV services in 2017. In the last quarter, eligible HTFs only claimed SHI for 76% of insured patients for a total of 1,476,986,304 VND in HIV services. Limitations in the community-based service system may be contributing to this. While transferring ART patients to be managed at the community level is crucial to make services maximally accessible and retain patients, CHSs are currently not eligible for SHI-reimbursable HIV services.

In Y1, USAID SHIFT initiated ITCPs to track and ensure patients' means of continuing ART amid the transition context. The project first explored and has since helped intensively scale-up ITCPs in HCMC, Nghe An, Dien Bien and Can Tho. ITCPs can generate rich information on both the volume of ART patients without SHI cards and central reasons behind their lack of cards. This information is essential to develop solutions and prevent ART attrition over the coming year. The main reasons found thus far are a lack of official identification cards or other personal certified documents required to obtain SHI. USAID SHIFT has engaged VNP+ to help PLHIV address these challenges. In Q1, VNP+ assisted 50 patients lacking personal documents to secure them and then obtain SHI cards. The project also partnered with VNP+ to issue informational leaflets and articles on PLHIV-friendly social media outlets and hosted a toll-free information line. Approximately 250 people received counseling through the line in Q1. In November, VNP+ Co-Chair Mr. Nguyen An Phong further promoted these resources on the "Two Direction Mirror" talk show on HTV7.

USAID SHIFT also partnered with VNP+ to develop an emotionally gripping short video depicting HIV-positive people overcoming barriers to SHI. The characters include an MSM, PWID and young mother played by recently crowned Miss Universe Vietnam Ms. H'Hen Niê. In Q2, the project assisted VNP+ and the VAAC to host an event to further disseminate the video and messages promoting SHI for HIV. Ms. H'Hen is a strong PLHIV supporter and Red Ribbon advocate, with a now-significant social media following. She volunteered her services to appear in the video, and has committed to continuing to increase awareness and support for PLHIV.

In 2017, Vietnam's MOH issued two important circulars (#28 and 39), and almost completed amending Circular #15 which govern HIV services. The MOH disseminated these updates to provincial health and HIV authorities. However, communication channels to further disseminate information to service delivery level and PLHIV are less reliable. This is particularly challenging given the rapidly approaching end of international support for HIV service delivery in Vietnam, and the need to communicate the evolving policy context to those on the ground. USAID SHIFT has coached and mentored health workers to counsel HIV patients on SHI enrollment and use, and continues to do so during virtual and on-site TA. The project is also helping facilities optimize SHI outpatient flow and monitor HTF consolidation and SHI implementation. During Q1, USAID SHIFT conducted a webcast to build health worker confidence to counsel and support PLHIV to enroll in and use SHI. The session also reviewed recent relevant circulars and their implications for HTFs and patients, and gave participants an opportunity to share their questions, experiences, challenges and good practices. Approximately 40 sites joined the training session, with up to three participants per site. The webcast also covered supply chain and financial flow modification, categorizing common ARVs as essential drugs, and how HTFs can handle services that exceed their technical capacity.

### *Advocating for government support for ARV copayments, and preparing backup plans*

In 2016 the Prime Minister of Vietnam issued Decision No. 2188/QĐ-TTg, mandating provinces to provide support for SHI premiums and ARV copayments for HIV patients. In Y1, USAID SHIFT provided intensive TA to Nghe An, Dien Bien, Lao Cai and Bac Giang provinces to develop corresponding proposals to enact such

support. Consequently, by the end of Y1, Nghe An, Bac Giang and Dien Bien had successfully achieved official provincial commitments, with Lao Cai PAC following closely behind. In Y2, USAID SHIFT was initially assigned to replicate similar assistance for Can Tho, Hai Phong, An Giang and Quang Ninh. However, following discussions among USAID, CDC, VAAC and PEPFAR implementers, Hai Phong and An Giang were reassigned to the US.CDC-VAAC project to support these needs. USAID SHIFT was assigned to extend support to Hanoi. The project conducted meetings with provincial authorities in Hanoi, Can Tho and Quang Ninh to build consensus on ARV copay mechanisms and begin rallying PPC commitments. USAID SHIFT will provide advice and support to help move relevant decisions towards provincial approval. Upon their authorization, the project will assist provinces to purchase SHI cards for patients and provide on-site and remote assistance to advance implementation.

*Building provincial and HTF site capacity to quantify, report on and coordinate ARV drug procurement and stock management*

In 2017, Vietnam's Prime Minister altered plans for ARV procurement via SHI, postponing this endeavor to begin on January 1, 2019 instead of January 1, 2018. This adjustment required significant changes to ARV quantification, distribution and management plans. In the reporting period, USAID SHIFT guided provinces and sites to await new ARV quantification and distribution plans from the MOH and VAAC. The project also supported MOH/VAAC and VSS to disseminate Circular 28/2017/TT-BYT and provided follow-up support to detail procedures involved in procuring, supply chain and financial flow for ARVs financed via SHI.

*Integrating SHI and HIV health information systems at HTFs*

In Q1, USAID SHIFT established a basic HIV server housed at the Can Tho PAC. The project focused on transferring capacity to local C&T and IT technical staff in Can Tho to maintain pooled eHIS-HIV data on the server, and started to use basic data generated from the server to maintain eHIS-integrated HIV modules. USAID SHIFT explored the method by which data are transferred from HTFs to the server to ensure timeliness and protect patient confidentiality. The project also conducted quality checks to ensure data integrity. Can Tho PAC requested USAID SHIFT to incorporate more data functions into the server, which the project is doing.

In early December, USAID SHIFT hosted a technical assistance mission by FHI 360's Global Director for SI and M&E, Dr. Michael Merrigan. Dr. Merrigan provided a rapid assessment of USAID SHIFT's SI, M&E and health informatics functions and recommended ways to improve their operation and ensure the project will achieve related objectives. Following Dr. Merrigan's recommendations, the project reintegrated its health informatics portfolio into the SI team and secured buy-in from MOH and VSS to ensure sustainable outcomes for HIV C&T data systems.

In Q1, USAID SHIFT also worked with VAAC to demonstrate the importance of having HIV data extracted from the VSS eClaim portal. After gaining buy-in for this initiative, USAID SHIFT and Viettel gained internal agreement with VAAC's M&E, C&T and Finance departments on information needed from the portal. USAID SHIFT supported VAAC to form a master plan for this approach, aiming for a frequent information exchange mechanism between VSS and VAAC/MOH. USAID SHIFT and VAAC are initiating meetings with VSS and the MOH's Department of Health Informatics in Q1. Through the course of these actions, VAAC will gain increased capacity and responsibility to oversee eHIS-HIV integration efforts.



## CLIN 2 | Provide demand-driven HIV/AIDS technical assistance

### TASK 2.1 | Establish a demand-driven mechanism for TA provision

Technical assistance is playing a critical role to prepare and fully capacitate local HIV stakeholders to lead a sustainable HIV response. In its first year, USAID SHIFT designed and launched the TA Marketplace and developed and secured USAID approval for SOPs involved in its operation. The project also submitted and secured approval to implement 39 SOWs in Y1 and recruited more than 100 TA providers. Additional progress achieved in Q1 of Y2 is summarized below.

#### TA Providers

The USAID SHIFT TA Marketplace continued operating smoothly during the reporting period. By December 31, the project had collected and compiled all documentation and vetted the qualifications of more than 100 TA providers with expertise across a breadth of technical and operational domains. Senior project staff compared providers' background, experience and credentials to objective criteria to prequalify them to deliver TA funded through the Marketplace. English and Vietnamese versions of prequalified providers' profiles are available online at [www.tamarketplace.org/tracuu](http://www.tamarketplace.org/tracuu) (Vietnamese) or [www.tamarketplace.org/view](http://www.tamarketplace.org/view) (English). USAID SHIFT will continue recruiting, vetting and uploading profiles for additional providers in Q2.

#### SOWs

By the close of Q1, USAID SHIFT had submitted and secured approval for a total of 57 SOWs. These include 18 SOWs submitted between October 1 and December 31, 2017. The project also finished evaluating SOWs implemented in Y1, and found high levels of TA completion and TA recipient satisfaction among both national and local entities. TA recipients reported receiving high quality support and communication which met their needs. Some TA providers recommended that the volume of TA increase to ensure the continued quality of HIV services in supported areas. Numerous Y1 TA recipients expressed a desire to continue receiving support directly from or facilitated by USAID SHIFT.

#### Website

In Q1, USAID SHIFT renewed its annual subscription to host the TA Marketplace website through the SquareSpace platform. This maximally cost-efficient service allowed the project to readily upload and refine content at any time, including new TA provider profiles and weekly progress bullets. The site was visited by 239 unique visitors in Q1 and garnered 871 page views during the quarter. Approximately half of Q1 visitors accessed the site through search engines, and half by entering the web address directly.

### 2.1a | PROVIDE DEMAND-DRIVEN TA

In June 2017 USAID furnished the project with Y2 ASTAs, which USAID SHIFT has grouped in to 36 assignments. Q1 activities undertaken to fulfill these assignments are provided in Table 8 below.

TABLE 8. Y2 ASTAS

#	TITLE	Q1 PROGRESS
1	Prevention PCT	In Q1, USAID SHIFT packaged SOPs, protocols and tools to use in coaching and mentoring provincial counterparts on prevention interventions. The project will develop the SOW in Q2, based on collaborative discussion with other implementing partners (CDC, USAID C-Link, USAID Healthy Markets) and VAAC, and work with Dien Bien and Nghe An to plan trainings and field visits for Q3 and Q4.
2	Prevention Packaging	USAID SHIFT worked with VAAC and potential TA Marketplace consultants to draft an SOW on detailed activities for this ASTA. The final SOW will be submitted in early Q2 for approval and implementation.
3	Old Case Finding, Tracking and Treatment (SOW #59)	The project consulted with VAAC to develop, finalize and submit an SOW for this ASTA, which it submitted to and received approval from USAID for in January 2018. After examining data for gaps between the first and second 90s in targeted provinces, Hanoi and HCMC were selected for FY18 implementation. In Q2, USAID SHIFT will develop a package of community-based support for ART enrollment, including SOPs and tools, and provide training to adapt and implement the package in the two selected provinces.

#	TITLE	Q1 PROGRESS
4	Community-Based Case Management (SOW #58)	In Q1, USAID SHIFT developed and finalized an SOW in consultation with Nghe An PAC. The project submitted and secured USAID approval in January 2018. In Q2, Nghe An PAC and USAID SHIFT will choose five districts with the highest burden of ART dropouts and LTFU to implement this activity. USAID SHIFT will also develop a package of community-based support for ART retention, including SOPs and tools, and providing training to roll this out in the five selected districts.
5	Lay and Self-Testing (SOW #54)	As noted under CLIN I, Task 1.1b TEST, USAID SHIFT worked with HCMC PAC and HMU to finalize oral self-testing models and select pilot sites. The project also discussed and agreed with Hanoi PMC and Hoang Mai DHC on an oral self-testing option to be incorporated in to partner notification. The project revised self-testing and lay testing procedures and training materials, and led a two-day lay testing training workshop for health staff in Hanoi's Chuong My district.
6	Partner Notification (SOW #53)	As noted under CLIN I, Task 1.1b TEST, USAID SHIFT conducted field visits to provide TA and review partner notification implementation in testing and treatment sites in Nghe An's Dien Chau, Que Phong, and Quy Chau districts and Dien Bien district. The project discussed with local partners in Hanoi, Dien Bien and Nghe An to expand partner notification to additional HTC sites. Trainings to do so will be delivered in Q2. Partner notification in Hoang Mai will also integrate an HIV oral/self-testing option.
7	Confirmatory Laboratory Certification (SOW #55)	After successfully supporting 17 district laboratories to achieve HIV confirmatory testing certification, USAID SHIFT received a request from VAAC to help expand district confirmatory laboratories in Lao Cai, An Giang, Can Tho, and Dien Bien provinces. VAAC also requested support to build national and provincial capacity to decentralize, oversee and ensure the quality of district confirmatory testing. In Q1 USAID SHIFT worked with VAAC to articulate a plan for this support, which will be implemented over the following quarters.
8	VL Lab Services (SOWs #56 and 62)	In Q1 USAID SHIFT met with the PEPFAR Vietnam team, US.CDC-VAAC project and USAID HFG project to clarify roles of each IM and prevent duplicative efforts related to this ASTA. The project then worked internally to develop a comprehensive R-SOW to ensure that VL tests for patients in USAID SHIFT-supported HTFs will be reimbursed by SHI. USAID SHIFT submitted and gained approval for this R-SOW and began its implementation in early Q2. USAID SHIFT also developed technical guidance and SOPs for viral load specimen collection, preservation, packaging and transportation via postal service. The project worked with VAAC to choose two provinces in which to pilot the service in following quarters. After piloting, the project will help expand the model to other provinces among 10 supported by USAID SHIFT.
9	HTC/ART Linkage	To fulfill this exercise, in Q1, USAID SHIFT SI finalized the HTC-eLog upgraded version with patient's ID variable, which can be used as the key to merge with ART databases. As requested by Can Tho PAC, mechanism to track HIV positive clients from HTC referred to ART will be developed in Q2 after HTC e-Log implementation
10	ART Enrollment (SOW #52)	USAID SHIFT participated as a technical working group member (TWG) under VAAC's leadership to provide technical input on the execution of ART enrollment progress. However, during Q1, the TWG has not been formed and the national technical package is still waiting for the coordination role of VAAC.
11	ART Retention (SOWs #47 and 52)	In November, through TA from USAID SHIFT, the first TWG meeting was coordinated by VAAC and included VAAC-US.CDC, USAID, CDC, HFG and USAID SHIFT. The TWG discussed strategies, action plans and the role of each partner involved in ART retention. USAID SHIFT was requested to develop an SOP on LTFU and missed appointment management for retention enhancement. The technical package was completed and sent to VAAC for further steps.
12	ITCP (SOW #46)	In Q1, under the coordination of VAAC, USAID SHIFT finalized the ITCP technical package. As part of ITCP's expansion plan, USAID SHIFT will provide TA to Bac Giang and Lao Cai to implement ITCP, including training, and TA during its implementation next quarter.
13	C32/Differentiated Care (SOWs #52 and 60)	In Q1, the VAAC/C&T Department facilitated a meeting with relevant MOH Departments (Legal, SHI, VAMS, etc.) and other related stakeholders to update the draft Circular based on collective comments. The draft Circular was reviewed in the context of many newly issued or in-process legal documents related to services for HIV patients, to prevent conflict between the new Circular and other legal documents.
14	Viral Load (SOW #61)	As assigned in COP17 Table 6, VAAC-US.CDC is leading efforts with VAAC to execute this TA. USAID SHIFT will participate as TWG member. However, the TWG was not formed in Q1 and the national technical package is not yet developed and still waiting for the leadership of VAAC in coordinating this task.
15	TB/HIV (SOW #63)	With technical assistance from USAID SHIFT, Decision #5105/QD-BYT dated November 6, 2017 on National Guidelines of Integrating TB and HIV Management and Service Provision at the District and Commune Level was issued. The MOH decision reflects national support for the model and its improved treatment outcomes for patients.

#	TITLE	Q1 PROGRESS
16	Community MMT	In Y1, USAID SHIFT assessed the feasibility of commune-level MMT dispensing in Dien Bien and Son La. In Q1 of Y2, USAID SHIFT provided TA to the MOH (through VAAC) to finalize the second draft of the decentralization of community MMT dispensing through hamlet health workers in mountainous provinces. This draft was sent out for input from local experts within MOH, including the Vietnam Drug Administration, Department of Legal Affairs, etc., and the Provincial Service of Health. However, due to conflicts between legal documents on narcotic management, the MOH decided not to pilot this model.
17	Buprenorphine	As assigned in COPI7 Table 6, VHATTC is leading efforts with VAAC to execute this TA. USAID SHIFT will participate as a TWG member to develop the technical package. In Q1, the TWG was not yet formed and technical package is awaiting VAAC coordination.
18	MAT Retention	As assigned in COPI7 Table 6, VHATTC is leading efforts with VAAC to execute this TA. USAID SHIFT will participate as a TWG member to develop the technical package. In Q1, the TWG was not yet formed and technical package is awaiting VAAC coordination.
19	ATS and Alcohol Training and Pilot	Under VAAC coordination, USAID SHIFT participated in meetings on ATS management chaired by Vice-Minister of Health and Director of VAAC. As assigned in COPI7 Table 6, VHATTC is leading efforts with VAAC to execute this TA. USAID SHIFT will participate as a TWG member to develop the technical package.
20	MMT Coaching and Mentoring	In Q1, USAID SHIFT worked with VAAC's Harm Reduction Department to plan to build capacity among MMT provincial mentors to provide TA to local mentors in Dien Bien and Nghe An, to ultimately improve their technical capacity to mentor and coach.
21	MethQual (SOW #49)	In Q1, USAID SHIFT provided TA to VAAC to complete the second draft of the MethQual technical guidance to send out for comments from other partners. The final draft is expected to be submitting to MOH leaders for approval in the next quarter.
22	MMT MIS (SOW #51)	In Q1, USAID SHIFT provided TA to VAAC to develop communications materials that support the implementation and use of the MIS software. Communication materials included a short video and a small booklet which highlighted the key features of the new system. These were displayed at the annual meeting of the National Committee for HIV/AIDS, Drugs and Prostitution Prevention and Control in December 2017, chaired by Deputy Prime Minister Vu Duc Dam. In Q2, these materials will be widely distributed to health staff in all MMT clinics across the country, supporting the utilization of MIS.
23	KP Size Estimates	Knowing the size of populations most at risk of HIV is vital to planning, preparing for, and responding effectively to the HIV epidemic. In Q1 USAID SHIFT continued serving on a national TWG for key population estimates under the lead of VAAC. Key activities will be implemented from Q2 corresponding to R-SOW from VAAC
24	PLHIV Estimates	In Y2 USAID SHIFT will help support VAAC on 2016-2020 HIV Estimation. Key activities will be implemented from Q2 corresponding to R-SOW from VAAC
25	Provincial Cascades	In Q1, USAID SHIFT supported VAAC to develop provincial cascades to identify programmatic gaps and support program planning. The Cascade dashboard was published and available on VAAC website and C03 online reporting system to reflect latest cascade performance data in provinces
26	Provincial HIVInfo and C&T Linkage	This activity may be cancelled due to VAAC feedback.
27	District Data for Decision Making	The initiative has been started Can Tho. In Q1, as requested by Can Tho PAC, USAID SHIFT has provided TA to PACs to revise data collection tools for program data, to load data to data model, and to develop dashboards for HIV epidemic and program reports. Also, a workshop on data use and programmatic gaps was held to empower local capacity and ownership of HIV district managers.
28	National and Provincial M&E Systems and Data Use (SOWs #44-45)	In Q1, USAID SHIFT supported VAAC to organize the first quarterly scientific meetings to introduce the C03 dashboard. After data review, provinces for C03 DQA activities were identified.
29	Service Quality	Q1 activities to fulfill this ASTA are described under CLIN I, Task 1.2.
30	Inter-Province Tx for Nghe An	This activity may be cancelled based on VAAC feedback.
31	eHIS (SOW #50)	Q1 activities to fulfill this ASTA are described under CLIN I, Task 1.2.
32	Data Exchange Protocol and Standard (SOW #50)	Q1 activities to fulfill this ASTA are described under CLIN I, Task 1.2.
33	Cloud-Based DB	Q1 activities to fulfill this ASTA are described under CLIN I, Task 1.2.
34	HTF Consolidation	Q1 activities to fulfill this ASTA are described under CLIN I, Task 1.2.
35	SHI and ART Financing	Q1 activities to fulfill this ASTA are described under CLIN I, Task 1.2.

#	TITLE	Q1 PROGRESS
36	ARV Quantification	In 2017 Vietnam's Prime Minister postponed starting ARV procurement via SHI until January 2019. This led to significant changes in timing to prepare ARV quantification, distribution and management. Therefore, TA and capacity building for ARV quantification and related procurement, supply chain and stock management actions are awaiting new plans and direction from the MOH and VAAC.

In addition to the ASTAs listed above, USAID SHIFT pursued several additional demand-drive SOWs. Q1 activities and outcomes related to those SOWs are listed below.

**TABLE 9. ADDITIONAL Y2 SOWS**

SOW	Q1 PROGRESS
SOW #40: VAAC TA Coordinator	In Q1 USAID SHIFT received a request from VAAC, and submitted and secured USAID approval for an SOW to engage a consultant to help VAAC coordinate technical assistance efforts.
SOW #41: VAAC C&T Consultant	In Q1 USAID SHIFT received a request from VAAC, and submitted and secured USAID approval for an SOW to engage a consultant to assist its C&T department.
SOW #42: VAAC M&E Consultant	In Q1 USAID SHIFT received a request from VAAC, and submitted and secured USAID approval for an SOW to engage a consultant to assist its M&E department.
SOW #43: HTC ToT	USAID SHIFT supported VAAC to organize and facilitate HTC TOT training workshops in Q1, in Hanoi and Can Tho. The ToTs were attended by a total of 49 participants from Thai Binh, Hoa Binh, Son La, Quang Ninh, Thanh Hoa, Nam Dinh, Cao Bang, Lang Son, Thai Nguyen, Hai Phong, Can Tho, Long An, An Giang, Kien Giang, Vinh Long, Tra Vinh, and Soc Trang. The workshops used a variety of teaching methods, including presentation, demonstration, brain storming, group discussion and role play.
SOW #48: VAAC Harm Reduction Department Consultant	In November, consultant Tran Thi Hanh was engaged to fulfill this SOW via the TA Marketplace. In Q1, the consultant coordinated the review and handover of Global Fund 2013-17 project documents on harm reduction to VAAC, analyzed the situation and wrote a report for VAAC on needle and syringe procurement and distribution in Vietnam from 2012-2017, and attended and authored minutes on VAAC meetings related to updating the MIS and training activities in 2018-2020.
SOW # 57: HTC TWG	USAID SHIFT, together with USAID Healthy Markets, CDC, and USAID, prepared materials for and participated in a workshop held by VAAC to share experience, data and lessons learned on community testing models. The session served to help projects and local partners learn and utilize best practices to maximize HIV case-finding. USAID SHIFT also participated in developing community counseling and testing guidelines and a relevant workshop on the topic in November 2017. In collaboration with programs and implementing partners, USAID SHIFT also contributed to and actively participated in a workshop on referral and linkages held by VAAC and CDC in December 2017.

## GENDER

In Q1 USAID SHIFT continued collaborating with key stakeholders addressing the role of gender in HIV in Vietnam. This included partnering with VAAC and UN Women to organize an event to disseminate a gender assessment of the country's HIV response, held in early 2018. The project also provided input on the country's draft legislation for transgender persons, with special consideration for how the proposed law may impact HIV risks and needs among Vietnam's transgender community.

After a delay due to competing priorities in early Y2, USAID SHIFT anticipates completing its gender assessment and drafting its gender strategy in Q2-3.

## STAKEHOLDER ENGAGEMENT

September 2017 marked two years since Vietnam launched ambitious 90-90-90 efforts in select provinces. Under this scheme, USAID SHIFT and its predecessor, the SMART TA program, were responsible for leading technical support and coordination to help Nghe An and Dien Bien provinces achieve UNAIDS 90-90-90 aims. In Q1, USAID SHIFT worked closely with VAAC, fellow PEPFAR implementers and donor-supported HIV projects to

help Dien Bien and Nghe An provincial authorities review progress achieved in the previous two years. Participants lauded provincial efforts and achievements, while recognizing that substantial gaps remain.

The reviews found that within 24 months, implementers and local partners in Nghe An and Dien Bien had increased the number of PLHIV who are aware of their status by 26% and the number on treatment by 29%, and that at least 92% of those on treatment are virally suppressed. These results reveal that the strategies HIV stakeholders are pursuing are working. Consequently, these provinces have dramatically improved their control of the HIV epidemic.

USAID SHIFT continued to engage and coordinate with other USAID implementing partners to share lessons learned, implementation plans, and ideas. In Q1 this included coordinating partner notification efforts and old case finding planning for Nghe An, Dien Bien and Hanoi. In November, USAID SHIFT also invited all key HIV stakeholders to join a technical forum and discussion on advances in HIV science featuring FHI 360's Chief Science Officer, Dr. Timothy Mastro.

The project continued to meet with USAID approximately biweekly to review progress, discuss issues and receive client direction. USAID SHIFT also continued to post updates to the News section of the TA Marketplace website in both English and Vietnamese.

## PROJECT MANAGEMENT AND PERSONNEL

In Q1 USAID SHIFT continued using a project management structure introduced in Q4 of Y1. This included the US repatriation and transition of Mr. Reed Ramlow to Director of Country Programs, and promotion of Dr. Nguyen To Nhu to Chief of Party and Ms. Megan Averill to Technical Director.

During the quarter FHI 360 also continued to streamline its staffing by enacting a reduction in force. Three positions were eliminated: a Technical Coordinator for Health Informatics, a Senior Technical Officer for Reach, and a Driver. The project successfully recruited a new Senior Communications Officer to re-staff this important function. USAID SHIFT's updated organogram is presented in [Appendix IV](#).

USAID SHIFT enacted provincial subcontracts covering the period October 1, 2017 through December 31, 2018, given the brevity of DSD support anticipated in Y3/FY19. The project anticipates revising each subcontract to align with final COPI8 DSD targets for Q1 of Y3. USAID SHIFT also began working with VAAC to jointly implement an MOU describing anticipated areas of collaboration for Y2.

During the quarter USAID SHIFT also helped prepare for and co-host an interagency delegation visit to Vietnam by the US Office of the Global AIDS Coordinator, and began assisting USAID to prepare its proposal for COPI8 activities.

## APPENDIX I | RESULTS VERSUS TARGETS

INDICATOR	Y1			Y2 Q1		
	Y1 TARGET	Y1 RESULT	% ACHIEVED	Y2 TARGET	Y2 Q1 RESULT	% ACHIEVED
CLIN 1						
Sub-CLIN 1.1						
# of KPs reached and linked to HTC services in priority provinces	12,000	18,389	153%	19,549	6,859	35%
Proportion of KPs reached, referred to HTC and confirmed HIV+	4.0%	5.3%	132%	4.0%	5.1%	128%
# of individuals who received HTC services and received their test results in USAID supported provinces	47,744	41,410	87%	43,667	11,560	26%
# of PLHIV newly starting ART in USAID supported priority and sustaining provinces (TX_NEW)	3,462	2,729	79%	2,698	735	27%
# of PLHIV sustained on treatment in USAID supported cohort (TX_CURR)	23,957	23,393	98%	26,092	23,710	91%
# of PLHIV virally suppressed in USAID supported cohort (VL_SUP)	90% <sup>2</sup>	94% <sup>3</sup>	105%	91%	n/a <sup>4</sup>	n/a <sup>3</sup>
Sub-CLIN 1.2						
# of supported HTFs that gain SHI reimbursement for HIV services	10	40	400%	20	40	200%
# of HTFs with health information systems supporting HIV SHI reimbursement and program reporting	10	15	150%	20	15	75%
Cumulative # of sites from sustaining and priority provinces transitioned to GVN	10	23	230%	44	23	52%
CLIN 2						
# of registered TA Providers	100	106	106%	>100	106	>100%
# of R-SOWs submitted through Marketplace	20	39	195%	50	57	114%
# of R-SOWs approved by USAID	20	39	195%	50	57	114%
# of A-SOWs fulfilled	10	29	290%	35	29	83%

<sup>2</sup> The final COPI6 target for this indicator is that 21,566 PLHIV on ART are virally suppressed, or 90% of those sustained on treatment (21,566/23,957). However, VL test results could not be verified for all patients in USAID SHIFT-supported HTFs. Therefore, Y1 VL targets and results were set as a proportion of VL tests performed.

<sup>3</sup> Y1 VL testing results were available for 11,562 patients in USAID SHIFT-supported sites. Of these, 10,889 (94%) had viral loads below 1,000 copies/mL.

<sup>4</sup> VL testing results will be reported in Q2 of Y2.



## APPENDIX II | PROGRESS VERSUS QUARTERLY BENCHMARKS

### CLIN I | Provide DSD to achieve targets in priority provinces and transition services in maintenance and priority provinces

#### Task I.1 | Scale-up services in priority provinces to achieve 90-90-90 HIV-case finding, care, and treatment targets

I.1a REACH				
Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
5,000 high-risk KPs in HCMC reached and linked to HTC, and all found HIV+ linked to C&T	<ul style="list-style-type: none"> <li>✓ Trained 24 CBS and collaborators on EOA</li> <li>✓ Reached 2,160 KPs (including 1,799 MSM and TG) and linked 1,704 to HTC, or 136% of Q1 target (1,704/1,250)</li> <li>✓ Blue Sky Facebook Fanpage covered 10 HIV topics and one Livestream event</li> <li>✓ Hosted offline event hosted attracting 120 TG and MSM</li> <li>✓ Provided lay testing for 400 clients and found 40 (10%) HIV+</li> <li>▪ <i>TG friendly service activities postponed to Q2</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ ≥2,500 KPs (including 800 via Fanpage) linked to HTC and mobile/ lay testing (cumulative)</li> <li>▪ Monthly topic with livestream or a story</li> <li>▪ Offline event attracting 240 TG and MSM with 100 clients lay-tested (cumulative)</li> <li>▪ Design and complete rapid survey of 20 TG to identify priority HIV facilities and services</li> <li>▪ Develop TG Friendly Services, training package, job aids and materials developed</li> <li>▪ Train ≥30 healthcare providers trained on TG Friendly Services</li> </ul>	<ul style="list-style-type: none"> <li>▪ ≥3,750 KPs including 1075 via Fanpage linked to HTC and mobile/ lay testing (cumulative)</li> <li>▪ Monthly topic with livestream or a story</li> <li>▪ Offline event attracting 360 TG and MSM with 150 clients lay-tested (cumulative)</li> <li>▪ ≥60 healthcare providers trained on TG-Friendly Service (cumulative)</li> <li>▪ Technical supervision report</li> </ul>	<ul style="list-style-type: none"> <li>▪ ≥5,000 KPs including 1300 via Fanpage linked to HTC and mobile/ lay testing (cumulative)</li> <li>▪ Monthly topic with livestream or a story</li> <li>▪ Offline event attracting 480 TG and MSM quarterly with 200 clients lay-tested (cumulative)</li> <li>▪ TG Friendly Service site performance reviewed (including interviews with TG patients) and brief report issued on outcomes and recommended next steps</li> </ul>
Innovative ICT strategy developed and piloted to reach hidden MSM	<ul style="list-style-type: none"> <li>✓ Developed Reach 4.0 strategy concept to reach hidden and undiagnosed MSM</li> <li>✓ Collected and analyzed initial data from social media landscape</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refine and present Reach 4.0 strategy to USAID</li> <li>▪ Submit and secure USAID approval for Reach 4.0 SOW</li> <li>▪ Begin piloting Reach 4.0 via Blue'd and Blue Sky Club in HCMC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assess preliminary results of Reach 4.0 strategy and determine next steps</li> <li>▪ <i>Additional benchmarks to be added based on preliminary results</i></li> </ul>	
3,995 KPs in Dien Bien reached, 2,000 KPs referred to HTC, and 90% of HIV+ linked to C&T	<ul style="list-style-type: none"> <li>✓ Reached 802 KPs/PP, or 80% of Q1 target (802/999)</li> <li>✓ Provided HTC and results for 574 KPs/PP, or 115% of Q1 target (574/500)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,998 KPs/PP reached (cumulative)</li> <li>▪ 1,000 KPs/PP tested (cumulative)</li> <li>▪ 60 HHWs/CBS and health staff trained on MOM and CoPN</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2,996 KPs/PP reached (cumulative)</li> <li>▪ 1,500 KPs/PP tested (cumulative)</li> <li>▪ Old case lists verified and shared with mRTS team</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3,995 KPs/PP reached (cumulative)</li> <li>▪ 2,000 KPs/PP tested (cumulative)</li> <li>▪ 36 HIV positive cases identified</li> <li>▪ 33 HIV+ cases engaged or reengaged into treatment</li> </ul>

I.1a REACH				
Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
	<ul style="list-style-type: none"> <li>✓ MOM package revised and finalized</li> <li>✓ CoPN package developed and finalized</li> <li>✓ 97 HHWs/CBS and health staff trained on MOM and CoPN (176% of Q1 target, or 97/55)</li> <li>✓ Verified old case list and collected KP lists for outreach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Old case lists verified and shared with mRTS team</li> <li>▪ KP lists collected and shared with lay testing/mRTS teams</li> <li>▪ KPs tested and enrolled in C&amp;T during campaigns</li> </ul>	<ul style="list-style-type: none"> <li>▪ KP lists collected and shared with lay testing/mRTS teams</li> <li>▪ KPs tested and enrolled in C&amp;T during campaigns</li> </ul>	<ul style="list-style-type: none"> <li>▪ 25 HHW/CBS and health staff trained on CoPN (at selected site)</li> <li>▪ Old case lists verified and shared with mRTS team</li> <li>▪ KP lists collected and shared with lay testing/mRTS teams</li> <li>▪ KPs tested and enrolled in C&amp;T during campaigns</li> </ul>
10,554 KPs in Nghe An reached, 5,759 KPs referred to HTC, and 90% of HIV+ patients linked to C&T	<ul style="list-style-type: none"> <li>✓ Reached 3,897 KPs/PP, or 148% of Q1 target (2,639)</li> <li>✓ Provided HTC and results to 1,518 KPs/PPs, or 105% of Q1 target (1,440)</li> <li>✓ Revised and finalized MOM package</li> <li>✓ Developed and finalized CoPN package</li> <li>✓ Verified old case list and collected KP lists for outreach</li> </ul>	<ul style="list-style-type: none"> <li>▪ 5,277 KPs/PP reached (cumulative)</li> <li>▪ 2,880 KPs/PP tested (cumulative)</li> <li>▪ 100 HHWs and health staff trained on MOM and CoPN</li> <li>▪ Old case lists verified and shared with mRTS team</li> <li>▪ KP lists collected and shared with lay testing/mRTS teams</li> <li>▪ KPs tested and enrolled in C&amp;T during campaigns</li> </ul>	<ul style="list-style-type: none"> <li>▪ 7,916 KPs/PP reached (cumulative)</li> <li>▪ 4,319 KPs/PP tested (cumulative)</li> <li>▪ Old case lists verified and shared with mRTS team</li> <li>▪ KP lists collected and shared with lay testing/mRTS teams</li> <li>▪ KPs tested and enrolled in C&amp;T during campaigns</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10,554 KPs/PP reached (cumulative)</li> <li>▪ 5,759 KPs/PP tested (cumulative)</li> <li>▪ 146 KPs/PP identified as HIV positive cases</li> <li>▪ 131 cases engaged or reengaged into treatment</li> <li>▪ Old case lists verified and shared with mRTS team</li> <li>▪ KP lists collected and shared with lay testing/mRTS teams</li> <li>▪ KPs tested and enrolled in C&amp;T during campaigns</li> </ul>
Districts that have high rate of LTFU cases tracked and re-engaged into C&T to meet the third 90 target	<ul style="list-style-type: none"> <li>✓ Indicator reports for LTFU patients collected</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community-based support for ART retention package revised and finalized</li> <li>▪ 100 HHWs and health staff in NA and DB trained</li> <li>▪ 20 CBSs &amp; Field supervisors trained in HCMC</li> <li>▪ Indicator reports for LTFU patients collected</li> </ul>	<ul style="list-style-type: none"> <li>▪ Indicator reports for LTFU patients collected</li> </ul>	<ul style="list-style-type: none"> <li>▪ Indicator reports for LTFU patients collected</li> </ul>
Tet campaign implemented to contribute to 90-90-90 targets	<ul style="list-style-type: none"> <li>✓ Met with key stakeholders to prepare for Tet campaign</li> <li>✓ Drafted Tet campaign guidelines and tools</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tet guidelines and tools finalized</li> <li>▪ Orientation workshop(s)/coaching sessions conducted</li> <li>▪ Tet campaign implemented</li> <li>▪ Discuss with USAID explore using recent infection assay and/or VL tests to identify acute cases post-Tet; if agreed to pursue add additional Q3-4 benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tet campaign results collected and shared</li> <li>▪ Follow-up action steps identified and enacted</li> </ul>	

I.1a REACH				
Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
Reach database managed for program quality improvement in priority provinces, districts, sites, and services	<ul style="list-style-type: none"> <li>✓ Revised and disseminated Reach data collection tools and guidance</li> <li>✓ Reviewed monthly and quarterly reach performance</li> <li>✓ Produced Reach dashboard</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monthly/quarterly report reviewed</li> <li>▪ Prevention dashboard developed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monthly/quarterly report reviewed</li> <li>▪ Prevention dashboard updated</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monthly/quarterly report reviewed</li> <li>▪ Prevention dashboard updated</li> </ul>

I.1b TEST				
Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
<p>Dien Bien</p> <ul style="list-style-type: none"> <li>▪ 13,599 HIV tests and results provided through DSD and TA-SDI sites</li> <li>▪ 408 HIV+ cases detected</li> <li>▪ 367 HIV positive clients successfully referred from HTC to C&amp;T</li> <li>▪ Partner notification and index testing services promoted and expanded with DOH/PAC ownership</li> <li>▪ HTC expedited and costs contained through district confirmatory labs and specimen transport via post</li> </ul>	<ul style="list-style-type: none"> <li>✓ 5,995 HIV tests and results provided through DSD and TA-SDI sites, or 176% of Q1 target (3,400)</li> <li>✓ 66 HIV positive cases detected in HTC DSD and TA-SDI sites, or 65% of Q1 target (102)</li> <li>✓ 66 HIV-positive clients successfully referred from HTC to C&amp;T, or 72% of Q1 target (92)</li> <li>✓ TA visit paired with local partners on HTC, screening and confirmatory labs, and partner notification provided in Dien Bien and Muong Ang districts</li> <li>✓ HTC training for 41 commune level health staff and HIV focal person in Dien Bien Dong DHC for HTC expansion to be supported by national funding, including for HIV finger-prick testing</li> <li>✓ Adapted partner notification model and materials for HTC sites for training in February 2018</li> </ul>	<ul style="list-style-type: none"> <li>• 6,800 HIV tests and results provided through DSD and TA-SDI sites</li> <li>• 204 HIV positive cases detected in HTC DSD and TA-SDI sites</li> <li>• 184 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>• Mobile HTC (mobile HTC trips combined with Reach or combined with mRTS) plan for each selected district developed and implemented</li> <li>▪ Partner notification model expanded to relevant HTCs and HTFs settings in 5 supported districts</li> <li>▪ 1 TA visit paired with local partners on HTC, screening and confirmatory labs, Technical Monitoring provided in Dien Bien Dong and Muong Cha.</li> <li>▪ 1 mountainous training for HTC expansion supported by national funding, including 1 HIV finger prick testing training.</li> </ul>	<ul style="list-style-type: none"> <li>• 10,200 HIV tests and results provided through DSD and TA-SDI sites</li> <li>• 306 HIV positive cases detected in HTC DSD and TA-SDI sites</li> <li>• 275 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>• One refresher training in mountainous area for existing and new HTC staff in the whole province for about 40 participants</li> <li>• Mobile HTC (mobile HTC trips combined with Reach or combined with mRTS) plan for each selected district developed and implemented</li> <li>▪ One TA visit paired with local partners on HTC, screening and confirmatory labs provided in each district</li> </ul>	<ul style="list-style-type: none"> <li>• 13,599 HIV tests and results provided through DSD and TA-SDI sites</li> <li>• 408 HIV positive cases detected in HTC DSD and TA-SDI sites</li> <li>• 367 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>• Mobile HTC (mobile HTC trips combined with Reach or combined with mRTS) plan for each selected district developed and implemented</li> <li>• One review meeting on new active case finding models conducted for implementing sites (max 30 participants)</li> </ul>

## 1.1b TEST

Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
<p>Nghe An</p> <ul style="list-style-type: none"> <li>9,539 HIV tests and results provided through DSD and TA-SDI sites</li> <li>299 HIV+ cases detected</li> <li>270 HIV+ clients linked to C&amp;T</li> <li>Partner notification and index testing services promoted and expanded with DOH/PAC ownership</li> <li>HTC expedited and costs contained through district confirmatory labs and specimen transport via post</li> </ul>	<ul style="list-style-type: none"> <li>✓ 1,896 HIV tests and results provided through DSD and TA-SDI sites, or 81% of Q1 target (2,340)</li> <li>✓ 30 HIV positive cases detected in HTC DSD and TA-SDI sites, or 40% of Q1 target (75)</li> <li>✓ 28 HIV-positive cases successfully linked to C&amp;T, or 42% of Q1 target (67)</li> <li>✓ TA visit paired with local partners on HTC and screening labs for Que Phong and Quy Chau districts and Thai Hoa Town, plus confirmatory labs in Que Phong DHC and Northwest Hospital</li> <li>✓ Reviewed and provided TA on partner notification for sites in Dien Chau, Que Phong, and Quy Chau districts</li> </ul>	<ul style="list-style-type: none"> <li>4,680 HIV tests and results provided through DSD and TA-SDI sites</li> <li>150 HIV positive cases detected in HTC DSD and TA-SDI sites</li> <li>135 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>Mobile HTC (mobile HTC trips combined with Reach or mRTS) plan for each selected district developed and implemented</li> <li>One 1-day partner notification training and tools provided for 25 participants</li> <li>Partner notification model expanded to relevant HTC sites and HTFs in five districts</li> <li>One TA visit paired with local partners on HTC, lay testing, screening and confirmatory labs provided to each district</li> </ul>	<ul style="list-style-type: none"> <li>7,020 HIV tests and results provided through DSD and TA-SDI sites</li> <li>225 HIV positive cases detected in HTC DSD and TA-SDI sites</li> <li>202 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>Mobile HTC (mobile HTC trips combined with Reach or combined with mRTS) plan for each selected district developed and implemented</li> <li>One TA visit for 5 person days paired with local partners on HTC, screening and confirmatory labs</li> <li>One refresher training on mountainous for existing and new HTC staff in the whole province for about 40 participants</li> </ul>	<ul style="list-style-type: none"> <li>9,359 HIV tests and results provided through DSD and TA-SDI sites</li> <li>299 HIV positive cases detected in HTC DSD and TA-SDI sites</li> <li>270 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>Mobile HTC (mobile HTC trips combined with Reach or combined with mRTS) plan for each selected district developed and implemented</li> <li>One TA visit paired with local partners on HTC, screening and confirmatory labs and new models provided in each district</li> <li>One review meeting on new active case finding models conducted for implementing sites (max 30 participants)</li> </ul>
<p>HCMC</p> <ul style="list-style-type: none"> <li>11,362 HIV tests and results provided through DSD and TA-SDI sites</li> <li>682 HIV+ cases detected</li> <li>614 HIV+ clients linked to C&amp;T</li> <li>180 reactive cases found via Blue Sky Lay Testing</li> <li>Hidden MSM reached via Blue Sky self-testing pilot</li> <li>KP lay testing expanded with DOH/PAC ownership</li> </ul>	<ul style="list-style-type: none"> <li>✓ 2,328 HIV tests and results provided through 6 DSD sites and Blue Sky lay testing or 82% of Q1 target (2,841)</li> <li>✓ 394 HIV positive cases detected in HTC sites, or 231% of Q1 target (171)</li> <li>✓ 40 reactive cases detected via lay testing, or 89% of Q1 target (45)</li> <li>✓ 394 HIV-positive cases successfully linked from HTC to C&amp;T, or 256% of Q1 target (154)</li> <li>✓ Worked with HCMC PAC to finalize self-testing model and select pilot sites</li> </ul>	<ul style="list-style-type: none"> <li>5,681 HIV tests and results provided through 6 DSD sites and Blue Sky lay testing (cumulative).</li> <li>341 HIV positive cases detected in HTC fixed sites (cumulative).</li> <li>307 HIV positive clients successfully referred from HTC sites to HIV care and treatment services (cumulative).</li> <li>90 reactive cases detected via lay testing</li> <li>One 2-day lay testing training and tools in HCMC for 30 pax</li> <li>Self-testing model pilot thoroughly costed out and</li> </ul>	<ul style="list-style-type: none"> <li>8,522 HIV tests and results provided through 6 DSD sites and Blue Sky lay testing (cumulative).</li> <li>512 HIV positive cases detected in HTC fixed sites (cumulative).</li> <li>461 HIV positive clients successfully referred from HTC sites to HIV care and treatment services (cumulative).</li> <li>135 reactive cases detected via lay testing</li> <li>One TA visit paired with local partners on HTC, self/oral-testing, lay testing, screening and confirmatory labs</li> </ul>	<ul style="list-style-type: none"> <li>11,362 HIV tests and results provided through 6 DSD sites and Blue Sky lay testing (cumulative).</li> <li>682 HIV positive cases detected in HTC fixed sites (cumulative).</li> <li>614 HIV positive clients successfully referred from HTC sites to HIV care and treatment services (cumulative).</li> <li>180 reactive cases detected via lay testing</li> </ul>

1.1b TEST					
Expected Outcomes		Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
		<ul style="list-style-type: none"> <li>✓ One TA visit to confirmatory labs in Districts 3, 6, and 8</li> </ul>	<ul style="list-style-type: none"> <li>started with Blue Sky Fanpage and Anh Duong</li> <li>• 1 TA visit paired with local partners on HTC, self/oral testing, lay testing, screening and confirmatory labs provided</li> </ul>	<ul style="list-style-type: none"> <li>provided</li> <li>• One review meeting on new active case finding models conducted for implementing sites (max 30 participants)</li> </ul>	
Hanoi		<ul style="list-style-type: none"> <li>✓ 978 HIV tests and results provided through DSD and TA-SDI sites, or 76% of Q1 target (1,287)</li> <li>✓ 10 HIV positive cases detected in HTC TA-SDI sites, or 19% of Q1 target (52)</li> <li>✓ 10 HIV-positive cases linked from HTC to C&amp;T, or 21% of Q1 target (47)</li> <li>✓ Assisted Hoang Mai to plan for and begin implementing mobile testing</li> <li>✓ Provided 2-day training and tools on lay testing for 10 national program outreach workers</li> <li>✓ Discussed and agreed with Hanoi PMC and Hoang Mai DHC on partner notification model including self-testing option for partners; training and tools to be provided in January 2018</li> </ul>	<ul style="list-style-type: none"> <li>2,574 HIV tests and results provided through DSD and TA-SDI sites (cumulative).</li> <li>• 103 HIV positive cases detected in HTC TA-SDI sites (cumulative).</li> <li>• 93 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>• 20 outreach workers and staff of Chuong My HTC providers trained on lay testing provision and management</li> <li>• Lay testing started and managed by Chuong My HTC in Hanoi</li> <li>• Partner notification model implemented in Hoang Mai site</li> <li>• Mobile testing planned by Hoang Mai developed and implemented</li> </ul>	<ul style="list-style-type: none"> <li>3,860 HIV tests and results provided through DSD and TA-SDI sites (cumulative).</li> <li>• 155 HIV positive cases detected in HTC TA-SDI sites (cumulative).</li> <li>• 140 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>• Plan for lay testing linked to Chuong My HTC site developed and implemented</li> <li>• Mobile testing planned by Hoang Mai developed and implemented</li> <li>• Partner notification model implemented in Hoang Mai site</li> <li>• One TA visit on partner on HTC/lay testing/partner notification to Hoang Mai and Chuong My</li> <li>• One review meeting on new active case finding models conducted for implementing sites (max 30 participants)</li> </ul>	<ul style="list-style-type: none"> <li>5,147 HIV tests and results provided through DSD and TA-SDI sites (cumulative).</li> <li>• 206 HIV positive cases detected in HTC TA-SDI sites (cumulative).</li> <li>• 186 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>• Plan for lay testing linked to Chuong My HTC site developed and implemented</li> <li>• Mobile testing planned by Hoang Mai developed and implemented</li> <li>• Partner notification model implemented in Hoang Mai site</li> </ul>
An Giang		<ul style="list-style-type: none"> <li>✓ 363 HIV tests and results provided through TA-SDI sites, or 35% of Q1 target (1,050)</li> <li>✓ 33 HIV positive cases detected in HTC TA-SDI sites, or 79% of Q1 target (42)</li> <li>✓ 16 HIV positive cases linked from HTC to C&amp;T, or 42% of Q1 target (38)</li> </ul>	<ul style="list-style-type: none"> <li>2,100 HIV tests and results provided through TA-SDI sites</li> <li>• 84 HIV positive cases detected in HTC TA-SDI sites</li> <li>• 76 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>• TA visit by local TA provider to 3 HTC sites (1 day/site)</li> </ul>	<ul style="list-style-type: none"> <li>3,150 HIV tests and results provided through TA-SDI sites</li> <li>• 126 HIV positive cases detected in HTC TA-SDI sites</li> <li>• 114 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> </ul>	<ul style="list-style-type: none"> <li>4,200 HIV tests and results provided through TA-SDI sites</li> <li>• 168 HIV positive cases detected in HTC TA-SDI sites</li> <li>• 152 HIV positive clients successfully referred from HTC sites to HIV C&amp;T services</li> <li>• TA visit by local TA provider to 3 HTC sites (1 day/site)</li> </ul>

## 1.1c TREAT

Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
<p>2,698 PLHIV newly started on ART in USAID SHIFT-supported priority and sustaining provinces</p> <ul style="list-style-type: none"> <li>Old, LTFU and new cases found and enrolled on C&amp;T via mRTS</li> <li>HIV+ TB and MMT patients linked to C&amp;T</li> <li>TnS implemented</li> <li>New cases found and enrolled on C&amp;T via PN</li> </ul>	<ul style="list-style-type: none"> <li>735 PLHIV newly started on ART, or 109% of Q1 target (675)</li> <li>Mobile missions to be scheduled for Q2</li> </ul> <ul style="list-style-type: none"> <li>6 TA trips to Nghe An, Dien Bien and other provinces on strengthening service referral in ARV enrollment among TB and MMT patients</li> <li>Virtual TA to MMT sites in Dien Bien and Nghe An to strengthen referrals for ART</li> <li>On-site TA to five HTFs in Nghe An (Nghia Dan, Qui Hop, Yen Thanh, Tan Ky and Vinh) with PAC, including to strengthen ART referrals for HIV+ TB patients</li> <li>94% of MMT patients in Nghe An and 98% in Dien Bien on ART, well above Q1 target (90%)</li> <li>Worked to develop SOP and tools on same-day ART, to finish and disseminate via training to supported HTFs in Q2</li> <li>TA trips on partner notification conducted to Dien Chau, Que Phong and Quy Chau HTC sites and HTFs to review progress</li> <li>Worked with Hanoi and Nghe An PACs to plan trainings for new sites in Q2</li> </ul>	<ul style="list-style-type: none"> <li>600 PLHIV newly started on ART</li> <li>Mobile RTS supported in Dien Bien and Nghe An</li> </ul> <ul style="list-style-type: none"> <li>4 TA trips to Nghe An, Dien Bien and other provinces on strengthening service referral in ARV enrollment among TB and MMT patients</li> <li>90% of MMT patients with HIV+ on ART in Dien Bien and Nghe An</li> <li>Training materials on test and start, SHI enrolment, and same day ART initiation finalized</li> <li>2 TA trips on partner notification conducted</li> </ul>	<ul style="list-style-type: none"> <li>670 PLHIV newly started on ART</li> <li>Mobile RTS supported in Dien Bien and Nghe An</li> </ul> <ul style="list-style-type: none"> <li>6 TA trips to Nghe An, Dien Bien and other provinces on strengthening service referral in ARV enrollment among TB and MMT patients</li> <li>90% of MMT patients with HIV+ on ART in Dien Bien and Nghe An</li> <li>Training sessions conducted</li> <li>5 TA trips conducted</li> <li>2 TA trips on partner notification conducted</li> </ul>	<ul style="list-style-type: none"> <li>678 PLHIV newly started on ART</li> <li>Mobile RTS supported in Dien Bien and Nghe An</li> </ul> <ul style="list-style-type: none"> <li>4 TA trips to Nghe An, Dien Bien and other provinces on strengthening service referral in ARV enrollment among TB and MMT patients</li> <li>90% of MMT patients with HIV+ on ART in Dien Bien and Nghe An</li> <li>6 TA trips conducted</li> <li>2 TA trips on partner notification conducted</li> </ul>
<p>26,092 PLHIV sustained on treatment in USAID SHIFT-supported cohort</p> <ul style="list-style-type: none"> <li>ART retention enhanced in HCMC, An Giang, Hanoi, Hai Phong, Bac Giang, Lao Cai, Thai Binh</li> </ul>	<ul style="list-style-type: none"> <li>23,719 PLHIV sustained on ART, or 19% of Q1 target (22,671)</li> <li>&gt;90% patients retained on ART 12 months after initiating</li> <li>Revised and adapted enhanced ART retention training curriculum</li> </ul>	<ul style="list-style-type: none"> <li>23,812 PLHIV sustained on treatment</li> <li>&gt;90% patients still on treatment at 12 months after initiating ART</li> <li>2 trainings on ART retention enhancement conducted</li> </ul>	<ul style="list-style-type: none"> <li>24,952 PLHIV sustained on treatment</li> <li>&gt;90% patients still on treatment at 12 months after initiating ART</li> <li>4 training sessions for ART retention enhancement conducted</li> </ul>	<ul style="list-style-type: none"> <li>26,092 PLHIV sustained on treatment</li> <li>&gt;90% patients still on treatment at 12 months after initiating ART</li> <li>Priority issues and their root causes identified for highest attrition sites/areas</li> </ul>



## 1.1c TREAT

Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
<ul style="list-style-type: none"> <li>ITCP implemented in An Giang, Hanoi, Hai Phong, Bac Giang, Lao Cai, Thai Binh and Quang Ninh</li> <li>Services improved to retain TB/HIV co-infected patients</li> <li>Increased number of patients managed at commune-level</li> <li>Increased quality and availability of pediatric ART</li> <li>Treatment quality improved through virtual and on-site TA</li> </ul>	<ul style="list-style-type: none"> <li>and tools for workshops in Lao Cai and Bac Giang in January 2018</li> <li>✓ Training workshops organized for Bac Giang and Lao Cai in early Q2</li> <li>✓ Key ART attrition indicator data collected, compiled, and analyzed each month</li> <li>✓ Worked with HTFs and PACs with high attrition rates to identify causes and develop action plans to improve retention</li> <li>✓ TA missions to Nghe An, Can Tho, and Quang Ninh to review and address ART retention with PACs and HTFs</li> </ul>	<ul style="list-style-type: none"> <li>2 TA trips for ART retention enhancement conducted</li> <li>Priority issues and their root causes identified for highest attrition sites/areas</li> <li>Provincial and site-level TA plans developed and implemented</li> </ul>	<ul style="list-style-type: none"> <li>Priority issues and their root causes identified for highest attrition sites/areas</li> <li>Provincial and site-level TA plans developed and implemented</li> <li>2 TA trips for ART retention enhancement conducted</li> </ul>	<ul style="list-style-type: none"> <li>Provincial and site-level TA plans developed and implemented</li> <li>2 TA trips for ART retention enhancement conducted</li> </ul>
	<ul style="list-style-type: none"> <li>✓ ITCP training curriculum and tools finalized</li> <li>✓ Two ITCP training sessions prepared for January 2018</li> <li>✓ TA trips on ITCP implementation to 12 HTFs, conducted by USAID SHIFT staff, PACs and local providers in HCMC, Nghe An and Can Tho</li> </ul>	<ul style="list-style-type: none"> <li>2 trainings on ITCP conducted</li> <li>4 TA trips on the implementation of ITCP conducted</li> </ul>	<ul style="list-style-type: none"> <li>4 trainings on ITCP conducted</li> <li>4 TA trips on the implementation of ITCP conducted</li> </ul>	<ul style="list-style-type: none"> <li>4 TA trips on the implementation of ITCP conducted</li> </ul>
		<ul style="list-style-type: none"> <li>1 TA trip on TB/HIV integration and linkage in selected districts in each province of Dien Bien and Nghe An</li> </ul>	<ul style="list-style-type: none"> <li>1 TA trip on TB/HIV integration and linkage in selected districts in each province of Dien Bien and Nghe An</li> </ul>	<ul style="list-style-type: none"> <li>1 TA trip on TB/HIV integration and linkage in selected districts in each province of Dien Bien and Nghe An</li> </ul>
	<ul style="list-style-type: none"> <li>✓ TA trips conducted to 9 HTFs in Nghe An province on management of ARV patients at commune-level</li> </ul>	<ul style="list-style-type: none"> <li>1 training on management of ARV patients at commune-level conducted in Nghe An</li> <li>2 additional districts in Nghe An to implement management of ARV patients at commune-level</li> <li>3 TA trips to Nghe An and Dien Bien on management of ARV patients at commune-level</li> </ul>	<ul style="list-style-type: none"> <li>1 training on management of ARV patients at commune-level conducted in Nghe An</li> <li>2 additional districts in Nghe An to implement management of ARV patients at commune-level</li> <li>3 TA trips to Nghe An and Dien Bien on management of ARV patients at commune-level</li> </ul>	<ul style="list-style-type: none"> <li>1 training on management of ARV patients at commune-level conducted in Nghe An</li> <li>2 additional districts in Nghe An to implement management of ARV patients at commune-level</li> <li>3 TA trips to Nghe An and Dien Bien on management of ARV patients at commune-level</li> </ul>

I.1c TREAT				
Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
	<ul style="list-style-type: none"> <li>✓ Virtual TA to USAID SHIFT supported HTFs via webcast on Decision #5418 on HIV/AIDS Care and Treatment</li> <li>✓ 30 onsite TA missions conducted for 29 HTFs in eight provinces</li> <li>✓ TA trips on pediatric treatment conducted for Nghe An (Nghia Dan and Qui Hop) and Bac Giang</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 webcast conducted</li> <li>▪ 2 onsite TA trips conducted</li> <li>▪ 2 TA trips on pediatric treatment conducted</li> <li>▪ 1 training session on pediatric ARV treatment conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 webcast conducted</li> <li>▪ 4 onsite TA trips conducted</li> <li>▪ 2 TA trips on pediatric treatment conducted</li> <li>▪ 19,080/90% of PLHIV on ART in supported HTFs have been tested for and demonstrated viral suppression within last 12 months</li> <li>▪ 4 TA trips on viral load testing and monitoring ARV treatment outcomes using VL results conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 webcast conducted</li> <li>▪ 4 onsite TA trips conducted</li> <li>▪ 2 TA trips on pediatric treatment conducted</li> <li>▪ 19,770/90% of PLHIV on ART in supported HTFs have been tested for and demonstrated viral suppression within last 12 months</li> <li>▪ 3 TA trips on viral load testing and monitoring ARV treatment outcomes using VL results conducted</li> </ul>
19,770 PLHIV in USAID SHIFT-supported cohort have viral suppression	<ul style="list-style-type: none"> <li>✓ VL reporting form finalized and provided at M&amp;E training for in-charge staff at HTFs in this quarter. VL suppression data therefore will be collected more systematically, disaggregated between &lt;1000 copies and &lt;200 copies threshold – untransmittable level</li> <li>✓ 30 onsite TA missions conducted for HTFs, with strong focus on maximizing number of eligible patients receiving VL tests</li> </ul>	<ul style="list-style-type: none"> <li>▪ 18,390/90% of PLHIV on ART in supported HTFs have been tested for and demonstrated viral suppression within last 12 months</li> <li>▪ 3 TA trips on viral load testing and monitoring ARV treatment outcomes using VL results conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪ 19,080/90% of PLHIV on ART in supported HTFs have been tested for and demonstrated viral suppression within last 12 months</li> <li>▪ 4 TA trips on viral load testing and monitoring ARV treatment outcomes using VL results conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪ 19,770/90% of PLHIV on ART in supported HTFs have been tested for and demonstrated viral suppression within last 12 months</li> <li>▪ 3 TA trips on viral load testing and monitoring ARV treatment outcomes using VL results conducted</li> </ul>
5,250 PWIDs on MAT in USAID supported priority provinces	<ul style="list-style-type: none"> <li>✓ Webcast on "Using other substance among MMT patients" conducted for 127 participants from 31 MMT sites in 11 provinces</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4,400 PWIDs on MAT in SHIFT-supported sites</li> <li>▪ 1 webcast conducted</li> <li>▪ 2 onsite TA trips conducted</li> <li>▪ 1 MMT refresher training in Dien Bien conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4,800 PWIDs on MAT in SHIFT-supported sites</li> <li>▪ 1 webcast conducted</li> <li>▪ 4 onsite TA trips conducted</li> <li>▪ 1 MMT basic training in Nghe An conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪ 5,250 PWIDs on medication assisted therapy in USAID supported priority provinces</li> <li>▪ 1 webcast conducted</li> <li>▪ 4 onsite TA trips conducted</li> </ul>

I.1d MONITOR & EVALUATE				
Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
HTC eLog upgraded to meet MER 20 requirements	<ul style="list-style-type: none"> <li>✓ HTC eLog revised</li> <li>✓ HTC eLog training conducted</li> <li>✓ HTC eLog in all USAID SHIFT provinces upgraded</li> </ul>	<ul style="list-style-type: none"> <li>▪ HTC eLog version 2 maintained</li> </ul>	<ul style="list-style-type: none"> <li>▪ HTC eLog version 2 maintained</li> </ul>	<ul style="list-style-type: none"> <li>▪ HTC eLog version 2 maintained</li> </ul>
Progress against 90-90-90 targets measured and accelerated by generating, analyzing, and disseminating HIV service data for priority provinces	<ul style="list-style-type: none"> <li>✓ Q1 provincial performance results analyzed with PACs and technical units</li> </ul>	<ul style="list-style-type: none"> <li>▪ Q2 provincial performance results analyzed with PACs and technical units</li> </ul>	<ul style="list-style-type: none"> <li>▪ Q3 provincial performance results analyzed with PACs and technical units</li> </ul>	<ul style="list-style-type: none"> <li>▪ Q4 provincial performance results analyzed with PACs and technical units</li> </ul>
Complete and accurate PEPFAR MER data reported for priority provinces and sustaining provinces	<ul style="list-style-type: none"> <li>✓ Q4/FY17 and annual progress reporting completed for priority provinces and sustaining provinces</li> </ul>	<ul style="list-style-type: none"> <li>▪ Q1 MER data for HTC and C&amp;T services collected, compiled, validated, and reported for priority provinces and sustaining provinces</li> </ul>	<ul style="list-style-type: none"> <li>▪ Semiannual MER data for prevention, HTC, and C&amp;T services for priority provinces collected, compiled, validated, and reported for priority provinces and sustaining provinces</li> </ul>	<ul style="list-style-type: none"> <li>▪ Q3 MER data for HTC and C&amp;T services collected, compiled, validated, and reported for priority provinces and sustaining provinces</li> <li>▪ Q4 and annual progress reporting preparations completed for all MER indicators for priority provinces and sustaining provinces</li> </ul>
Data used for performance improvement	<ul style="list-style-type: none"> <li>✓ 3 monthly technical program dashboards generated and disseminated</li> <li>✓ CoPC dashboard generated and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 monthly technical program dashboards generated and disseminated</li> <li>▪ CoPC dashboard generated and disseminated</li> <li>▪ 5 Vlogs on how to use dashboards disseminated</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 monthly technical program dashboards generated and disseminated</li> <li>▪ CoPC dashboard generated and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 monthly technical program dashboards generated and disseminated</li> <li>▪ CoPC dashboard generated and disseminated</li> </ul>
Complete and accurate OGAC expenditure data reported for priority provinces	<ul style="list-style-type: none"> <li>✓ FY17 and annual progress reporting completed for priority provinces and sustaining provinces</li> </ul>			
Provincial M&E systems for HIV services strengthened in USAID SHIFT supported provinces	<ul style="list-style-type: none"> <li>✓ Refresher training sessions conducted in Hanoi and Nghe An for 11 USAID/SHIFT supported provinces</li> </ul>			<ul style="list-style-type: none"> <li>▪ 3 DQA trips conducted in 3 USAID SHIFT-supported provinces</li> <li>▪ PAC supported to ensure DQA are completed for all sites in SHIFT-supported provinces</li> </ul>

Learn and apply latest techniques in program M&E, surveillance, and epidemiology to drive improved program performance

- Two SI staff participate in global SI/M&E learning session (MERL Tech)

## Task 1.2 | Maintain DSD and then fully transition ownership of remaining sites

1.2a TRANSITION				
Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
At least 44 DSD sites from sustaining and priority provinces transitioned, cumulatively from start of project	<ul style="list-style-type: none"> <li>✓ Confirmed SHIFT-supported sites to be transitioned in Y2</li> <li>✓ Analyzed results from transition readiness assessments for all SHIFT provinces and sites; updated transition database and used to inform TA support plans</li> <li>✓ Jointly developed and shared transition roadmaps with eight provinces</li> <li>✓ TA to NA and DB to ensure transition plans will be reflected in provincial HIV/AIDS program annual plans</li> <li>✓ Completed and uploaded SHIFT technical and transition monitoring results to transition database</li> <li>✓ Secured provincial sign-off on subcontracts reflecting ROC reduction plans</li> </ul>	<ul style="list-style-type: none"> <li>▪ ROC reduction plan applied</li> <li>▪ TA to six provinces (BG HP, HN, HCMC, LC, QN) to ensure transition plan will be reflected in provincial HIV/AIDS program annual plans</li> <li>▪ Meetings with GF and other projects conducted to mobilize test kits for HTC sites to be transitioned</li> <li>▪ Transition database updated, including Q1-2 technical and transition monitoring results</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2nd round result analysis of transition readiness completed for 100% of SHIFT-supported provinces and sites</li> <li>▪ Transition database updated, including Q2-3 transition and technical monitoring results</li> <li>▪ ROC reduction plan applied</li> <li>▪ Four visits to Ha Noi, Hai Phong, Lao Cai, and Bac Giang to monitor transition preparedness</li> <li>▪ Discussion held with DOH and PAC to own and help implement follow up TA plan and develop plan to provide technical quality monitoring activity as their regular activity</li> </ul>	<ul style="list-style-type: none"> <li>▪ ROC reduction plan applied</li> <li>▪ At least 44 sites transitioned as planned</li> <li>▪ Transition database updated, including Q3-4 transition monitoring results</li> </ul>
<b>REACH</b> <ul style="list-style-type: none"> <li>▪ Quality of outreach program improved through series of monitoring and TA activities in DB, NA, HCMC and quarterly technical coordination meetings in HCMC</li> </ul>	<ul style="list-style-type: none"> <li>✓ Coached key PAC/DHC prevention staff coached on using MOM (DB/NA) and EOA (HCMC) technical monitoring tools</li> <li>✓ Paired with key PAC/DHC prevention staff to provide on-site monitoring and review outreach activities in three sites</li> </ul>	<ul style="list-style-type: none"> <li>▪ Paired with key PAC/DHC prevention staff, on-site monitoring and review of outreach activities conducted in 2 sites</li> <li>▪ 2 technical reports on supervision and monitoring trips shared with provincial partners and uploaded into TAEM</li> </ul>	<ul style="list-style-type: none"> <li>▪ Paired with key PAC/DHC prevention staff, on-site monitoring and review of outreach activities conducted in 3 sites</li> <li>▪ 3 technical reports on supervision and monitoring trips shared with provincial partners and uploaded into TAEM</li> </ul>	<ul style="list-style-type: none"> <li>▪ Paired with key PAC/DHC prevention staff, on-site monitoring and review of outreach activities conducted in 3 sites</li> <li>▪ 3 technical reports on supervision and monitoring trips shared with provincial partners and uploaded into TAEM</li> </ul>

## 1.2a TRANSITION

Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
	<ul style="list-style-type: none"> <li>✓ Three technical reports on supervision and monitoring trips shared with provincial partners and uploaded into TAEM</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 sites evaluated using MOM transition and technical monitoring tools</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 sites evaluated using MOM transition and technical monitoring tools</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 sites evaluated using MOM transition and technical monitoring tools</li> </ul>
<b>TEST</b> <ul style="list-style-type: none"> <li>▪ 9 DSD sites transitioned</li> <li>▪ Support for TA-SDI sites reduced, PACs ensure continuity of services with support from other sources for test kits and operation costs during transition towards full SHI coverage</li> <li>▪ Service quality and transition preparedness and success monitored, priority TA needs identified and addressed</li> </ul>	<ul style="list-style-type: none"> <li>✓ GF provided test kits and other support to all transitioned sites in Dien Bien and Nghe An</li> <li>✓ Provided first round of Transition and Technical Monitoring to 11 sites in Nghe An, 2 in Hanoi, and 3 in An Giang, by SHIFT staff paired with local TA providers or independently by local TA providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post-Transition and Technical Monitoring provided to 5 transitioned sites in Dien Bien and 8 transitioned sites in Nghe An either paired by SHIFT staff and local TA providers or independently by local TA providers</li> <li>▪ First round Transition and Technical Monitoring provided to 6 DSD sites in HCMC independently by local TA providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Second round (pre-transition) Transition and Technical Monitoring provided to 5 existing sites in Dien Bien, 11 existing sites in Nghe an, 2 sites in Hanoi and 3 sites in An Giang either pairing SHIFT staff and local TA providers or independently by local TA providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 DSD sites in Dien Bien, 5 DSD sites in Nghe An, 1 DSD site in Ha Noi transitioned and all TA sites stopped support</li> <li>▪ Second round (pre-transition) Transition and Technical Monitoring provided to 6 DSD sites in HCMC pairing SHIFT staff and local TA providers</li> </ul>
<b>TREAT</b>	<ul style="list-style-type: none"> <li>✓ Refined technical monitoring tools</li> <li>✓ Conducted six technical and transition monitoring missions with PAC staff for HTFs in HCMC, Ha Noi, Can Tho, An Giang, Quang Ninh, Thai Binh and Bac Giang</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 TA trip on transition conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 TA trips on transition conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 TA trip on transition conducted</li> </ul>
<b>SI</b> <ul style="list-style-type: none"> <li>▪ Routine data collection on retention in service and quality of all types of services on quarterly basis (by site, by type of services, by province and geographical areas) before, during, and after transition</li> </ul>	<ul style="list-style-type: none"> <li>✓ Indicator package to measure quality of services before, during, and after transition developed</li> <li>✓ Dashboard developed for performance measurement of quality of services after transition</li> <li>✓ Q1 FY18 dashboard updated</li> </ul>	<ul style="list-style-type: none"> <li>▪ Online training on data collection and dashboard conducted</li> <li>▪ Q2 FY18 dashboard updated</li> </ul>	<ul style="list-style-type: none"> <li>▪ Q3 FY18 dashboard updated</li> </ul>	<ul style="list-style-type: none"> <li>▪ Q4 FY18 dashboard updated</li> </ul>

## 1.2b SHI

Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
<ul style="list-style-type: none"> <li>At least 20 targeted HTFs fully consolidated and claim SHI reimbursement for all eligible HIV services</li> <li>All HTFs in designated provinces (Nghe An, Dien Bien, Bac Giang &amp; Lao Cai) and all SHIFT supported HTFs are monitored and supported for service consolidation and SHI implementation</li> </ul>	<ul style="list-style-type: none"> <li>✓ HTF consolidation and SHI reimbursement progress updated</li> <li>✓ 57 HTFs (40 DSD and 17 other sites) eligible for SHI reimbursement for examination fees, lab tests, and OIs (475% of Q1 target, or 57/12)</li> <li>✓ Reviewed and discussed results and progress with each province</li> </ul>	<ul style="list-style-type: none"> <li>HTF consolidation and SHI reimbursement progress updated</li> <li>At least 14 HTFs eligible for SHI reimbursement including ARV</li> <li>Quarterly review discussion with provinces on the progress results</li> <li>100% health workers trained on HIV/AIDS C&amp;T</li> </ul>	<ul style="list-style-type: none"> <li>HTF consolidation and SHI reimbursement progress updated</li> <li>At least 17 HTFs eligible for SHI reimbursement including ARV</li> <li>Quarterly review discussion with provinces on the progress results</li> <li>100% health workers trained on HIV/AIDS C&amp;T</li> </ul>	<ul style="list-style-type: none"> <li>HTF consolidation and SHI reimbursement progress updated</li> <li>At least 20 HTFs eligible for SHI reimbursement including ARV</li> <li>Quarterly review discussion with provinces on the progress results</li> <li>100% health workers trained on HIV/AIDS C&amp;T</li> </ul>
HIV patient enrollment in and use of SHI maximized in USAID SHIFT supported provinces, including those implementing ITCP	<ul style="list-style-type: none"> <li>✓ SHI coverage and use updated</li> <li>✓ SHI coverage and use promotion information package uploaded to VAAC website and shared via VNP+ social media channels</li> <li>✓ Hosted webinar to update HIV doctors and counselors at SHIFT supported sites on SHI policies and messages</li> <li>✓ Hotline services on SHI coverage and use regularly operated</li> </ul>	<ul style="list-style-type: none"> <li>SHI coverage and use updated (18,000 and 10,500, respectively)</li> <li>Proposal for 100% SHI coverage and support for ARV copayment in Dien Bien approved</li> <li>Provincial plan for patient transferring finalized and implemented</li> <li>Information package of SHI coverage and use posted on VNP+ social media channel and shared with VUSTA for further dissemination</li> <li>Hotline services on SHI coverage and use regularly operated</li> </ul>	<ul style="list-style-type: none"> <li>SHI coverage and use updated (20,000 and 13,500, respectively)</li> <li>Proposal for 100% SHI coverage and support for ARV copayment in Lao Cai approved</li> <li>Provincial plan for patient transferring implemented</li> <li>Information package of SHI coverage and use posted on VNP+ social media channel</li> <li>Hotline services on SHI coverage and use regularly operated</li> <li>Experience sharing workshop conducted on SHI coverage and use promotion</li> </ul>	<ul style="list-style-type: none"> <li>SHI coverage and use updated (21,500 and 17,500, respectively)</li> <li>Provincial plan for patient transferring implemented</li> <li>Information package of SHI coverage and use posted on VNP+ social media channel</li> <li>Hotline services on SHI coverage and use regularly operated</li> <li>100% HIV patients in Nghe An, Dien Bien, Bac Giang and Lao Cai (who want to join SHI scheme for HIV treatment) have and use SHI</li> <li>Proposal for 100% SHI coverage and support for ARV copayment in selected provinces approved</li> </ul>
PLHIV without IDs or personal certified documents obtain IDs and personal certified documents	<ul style="list-style-type: none"> <li>✓ Monthly meeting conducted with VNP+ to update activity progress</li> <li>✓ Quarterly report showing number of patients supported by VNP+ successfully obtaining ID</li> </ul>	<ul style="list-style-type: none"> <li>Monthly meeting with VNP+ to update activity progress</li> <li>Quarterly report showing number of patients supported by VNP+ successfully obtaining IDs</li> </ul>	<ul style="list-style-type: none"> <li>Monthly meeting with VNP+ to update activity progress</li> <li>Quarterly report showing number of patients supported by VNP+ obtaining IDs</li> </ul>	<ul style="list-style-type: none"> <li>Monthly meeting with VNP+ to update activity progress</li> <li>Quarterly report showing number of patients supported by VNP+ obtaining IDs</li> <li>Experience sharing workshop conducted</li> </ul>
PEPFAR transition provinces with the highest number of ART patients (An Giang, Can Tho, Hai Phong, Quang Ninh) and Nghe An	<ul style="list-style-type: none"> <li>✓ Meetings with DOH/PAC and other sectors in Can Tho, Ha Noi and Quang Ninh to get consensus on mechanism and raise provincial</li> </ul>	<ul style="list-style-type: none"> <li>Proposal supporting for SHI premium (An Giang, Quang Ninh) and ARV copayment (Can Tho,</li> </ul>	<ul style="list-style-type: none"> <li>4 consultation meetings in Can Tho, Hai Phong, An Giang and Quang Ninh conducted</li> </ul>	<ul style="list-style-type: none"> <li>Proposal supporting for SHI premium (An Giang, Quang Ninh) and ARV copayment (Can Tho,</li> </ul>



1.2b SHI				
Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
achieve 100% SHI coverage for ART patients and subsidized co-payments for ARVs where needed	<ul style="list-style-type: none"> <li>commitment for covering SHI premiums and ARV copays</li> <li>✓ Mechanism to support copayment for ARVs developed and endorsed by respective provincial stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Hai Phong, An Giang and Quang Ninh) developed</li> <li>4 advocacy meetings with 4 provinces conducted</li> </ul>	<ul style="list-style-type: none"> <li>Four proposal defense meetings for 4 provinces conducted</li> </ul>	<ul style="list-style-type: none"> <li>Hai Phong, An Giang and Quang Ninh) approved</li> </ul>
ARV supply needs quantified in USAID SHIFT supported provinces	<ul style="list-style-type: none"> <li><del>Provincial ARV drugs use (supply) plan developed</del></li> <li><del>Report produced on ARV drug consumption</del></li> <li>Cancelled due to change in ARV procurement timeline</li> </ul>	<ul style="list-style-type: none"> <li><del>Three training workshops conducted for 63 provinces on ARV quantification</del></li> </ul>	<ul style="list-style-type: none"> <li><del>11 TA visits to sites on ARV quantification, reporting and coordination</del></li> </ul>	<ul style="list-style-type: none"> <li><del>Virtual refresh training conducted</del></li> </ul>

## CLIN 2 | Provide demand-driven HIV/AIDS technical assistance

### Task 2.1 | Establish demand-driven mechanism for TA provider

2.1 TA MARKETPLACE				
Expected Outcomes	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
TA Marketplace website enables local HIV stakeholders to search for TA providers and submit TA requests in EN or VN	<ul style="list-style-type: none"> <li>✓ Site performance report generated and analyzed; 239 visitors and 879 page views in Q1</li> <li>✓ New content added</li> </ul>	<ul style="list-style-type: none"> <li>Site performance report generated and analyzed</li> <li>New content added</li> </ul>	<ul style="list-style-type: none"> <li>Site performance report generated and analyzed</li> <li>New content added</li> </ul>	<ul style="list-style-type: none"> <li>Site performance report generated and analyzed</li> <li>New content added</li> </ul>
TA Marketplace provides full complement of TA Providers	<ul style="list-style-type: none"> <li>✓ &gt;100 TA provider profiles available, covering all priority technical domains for Y2</li> </ul>	<ul style="list-style-type: none"> <li>≥100 TA provider profiles available, covering all priority technical domains for Y2</li> <li>Additional TA providers recruited as needed</li> </ul>	<ul style="list-style-type: none"> <li>≥100 TA provider profiles available, covering all priority technical domains for Y2</li> <li>Additional TA providers recruited as needed</li> </ul>	<ul style="list-style-type: none"> <li>≥100 TA provider profiles available, covering all priority technical domains for Y2</li> <li>Additional TA providers recruited as needed</li> </ul>
55 cumulative R-SOWs approved by and A-SOWs submitted to USAID since project start	<ul style="list-style-type: none"> <li>✓ 57 cumulative R-SOWs submitted to and approved by USAID since project start (143% of Q1 target, or 57/40)</li> </ul>	<ul style="list-style-type: none"> <li>≥45 cumulative R-SOWs submitted to and approved by USAID</li> <li>A-SOWs submitted to USAID for R-SOWs approved in Q1-2</li> </ul>	<ul style="list-style-type: none"> <li>≥50 cumulative R-SOWs submitted to and approved by USAID</li> <li>A-SOWs submitted to USAID for all R-SOWs approved Q2-3</li> </ul>	<ul style="list-style-type: none"> <li>≥55 cumulative R-SOWs submitted to and approved by USAID</li> <li>A-SOWs submitted to USAID for all R-SOWs approved Q3-4</li> </ul>

Above Site TA Assignments				
#. Short Title	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
1. Prevention PCT		<ul style="list-style-type: none"> <li>Develop and submit R-SOW on PCT regarding community outreach activities</li> </ul>	<ul style="list-style-type: none"> <li>Establish outreach PTCs in collaboration with PACs in designated provinces</li> </ul>	<ul style="list-style-type: none"> <li>Develop training package and Co-facilitate training courses on Outreach PCT</li> <li>Provide TA/mentoring to implement Prevention PCT activities</li> </ul>
2. Prevention Packaging	<ul style="list-style-type: none"> <li>✓ Discussed R-SOW with VAAC Harm Reduction Department; finalizing for submission to USAID</li> <li>✓ Completed costing for prevention models in Dien Bien and Nghe An; under development for HCMC</li> </ul>	<ul style="list-style-type: none"> <li>Costing analysis completed and preliminary findings presented for comment</li> <li>Meeting on development of "National Guidelines for HIV Prevention Interventions and Outreach Models" organized with SHIFT technical inputs</li> <li>National Guidelines drafted and shared for comments</li> </ul>	<ul style="list-style-type: none"> <li>Consultation meeting held to finalize the National Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>"National Guidelines for HIV Prevention Interventions and Outreach Models" finalized</li> </ul>
3. Old Case Finding, Tracking and Treatment	<ul style="list-style-type: none"> <li>✓ Developed and finalized SOW with VAAC; submitted to and secured approval from USAID</li> <li>✓ Hanoi and HCMC provinces selected for FY18 implementation</li> </ul>	<ul style="list-style-type: none"> <li>Technical package, SOPs and curriculum finalized</li> <li>Train to implement in selected provinces</li> </ul>	<ul style="list-style-type: none"> <li>Provide follow-up TA to support implementation in provinces trained in Q2</li> <li>Training conducted in additional province(s) to implement</li> </ul>	<ul style="list-style-type: none"> <li>Provide follow-up TA to support implementation in provinces trained in Q2-3</li> <li>Training conducted in additional province(s) to implement</li> </ul>
4. Community-Based Case Management	<ul style="list-style-type: none"> <li>✓ Drafted, finalized, submitted, and secured USAID approval for SOW</li> <li>✓ Developed ART retention protocol for general community-based support</li> </ul>	<ul style="list-style-type: none"> <li>Protocol adapted for use in Nghe An</li> </ul>	<ul style="list-style-type: none"> <li>Training package on community-based support for ART retention for province(s) adapted</li> <li>Co-facilitated training course in Nghe An</li> <li>TA provided to implement adapted model in Nghe An</li> <li>HTF staff trained on ART appointment tracking tool</li> <li>List of ARV patients who are late or LTFU generated</li> </ul>	<ul style="list-style-type: none"> <li>TA conducted to implement the adapted model in Nghe An</li> </ul>

Above Site TA Assignments				
#. Short Title	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
5. Lay and Self-Testing	<ul style="list-style-type: none"> <li>✓ Worked with HCMC PAC to finalize self-testing model and select pilot sites</li> <li>✓ Discussed and agreed on self-testing model with Hanoi Medical University</li> <li>✓ Discussed and agreed with Hanoi PMC and Hoang Mai DHC on self-testing option for partners as part of partner notification model</li> <li>✓ Revised self-testing procedure and training materials revised</li> </ul>	<ul style="list-style-type: none"> <li>▪ Self-testing tools, procedures, and training materials finalized</li> <li>▪ Self-testing training provided in HCMC and Hanoi</li> <li>▪ Self-testing model pilot thoroughly costed out and started with HCMC with Blue Sky Fan-page and Anh Duong and Hanoi with Hanoi Medical University and Hoang Mai DHC</li> <li>▪ 1 TA visit on self-testing implementation in combination with HTC general and technical monitoring visit in HCMC and Hanoi</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 TA visit on self-test implementation in combination with HTC general and technical monitoring visit in HCMC and Hanoi to review data and make revisions if necessary</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 review meeting on self-testing model through data analysis and discussion with implementing partners in HCMC and Hanoi</li> </ul>
6. Partner Notification	<ul style="list-style-type: none"> <li>▪ Covered under 1.1b TEST</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered under 1.1b TEST</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered under 1.1b TEST</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered under 1.1b TEST</li> </ul>
7. Confirmatory Laboratory Certification	<ul style="list-style-type: none"> <li>✓ Agreed on FY18 TA plans, provinces and district laboratories with VAAC</li> <li>✓ Began developing support plan (including training, TA support and budget) with VAAC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training to transfer support for HIV confirmatory laboratory certification to DOHs in four provinces (Dien Bien, Lao Cai, An Giang, Can Tho; ~20-25 participants)</li> <li>▪ Input assessment conducted for selected labs concerning personnel, equipment, facility condition, and biosafety (local TA provider)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provincial TA provider(s) conduct first round of TA on 12 elements of Quality Management System Laboratory and set of performance review samples to support establishing HIV confirmatory labs for select sites</li> <li>▪ VAAC and NIHE/PI monitor and certify provincial TA providers with TA and certification capacity</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOH and PAC organize assessments to review and certify that selected district confirmatory laboratories meet MOH requirements</li> </ul>

Above Site TA Assignments				
#. Short Title	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
8. VL Lab Services	<ul style="list-style-type: none"> <li>✓ Agreed with VAAC on list of provinces and FY18 TA plans to support VL specimen transportation via post</li> <li>✓ Developed technical guidance and SOPs for VL specimen collection, preservation and transportation via post</li> </ul>	<ul style="list-style-type: none"> <li>▪ Generate video clip demo and guidance on VL specimen collection, preservation, package and transportation via post</li> <li>▪ Provide training and tools for VL specimen collection, preservation, packaging and transportation via post to two pilot provinces and related Post offices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Two pilot provinces to sign contract with Post offices for specimen transportation via post</li> <li>▪ Laboratories of two pilot provinces perform VL specimen transportation via post</li> <li>▪ VL specimen collection, preservation, package and transport training/tools provided via Webcast to other provinces for participating labs and related Post offices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Remaining supported provinces sign contracts with Post offices for specimen transportation via post once guidance on SHI claimants issued</li> <li>▪ Laboratories for additional provinces perform VL specimen transportation via post</li> <li>▪ 1 TA trip conducted on needs for SHI-supported VL</li> </ul>
9. HTC/ART Linkage	<ul style="list-style-type: none"> <li>✓ Mechanism to track HIV positive clients from HTC referred to ART gains PAC consent and applied to sites</li> </ul>	<ul style="list-style-type: none"> <li>▪ HTC and ART databases cleaned and ready for linkage</li> <li>▪ Tool for linkage developed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data linkage results analyzed and reported</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff at PAC trained on how to maintain the linkage</li> </ul>
10. ART Enrollment	<ul style="list-style-type: none"> <li>✓ Met with VAAC on plan to implement ASTA</li> <li>✓ Drafted R-SOW</li> <li>✓ In Can Tho and Dien Bien, HIVInfo database cleaned and qualified and ART patient lists standardized</li> <li>✓ Developed tool for fast-track ART registration of newly identify cases reported in HIVInfo; will be piloted in Q2 in Dien Bien and Can Tho</li> <li>✓ SHI instructions developed and disseminated for ART initiation</li> <li>✓ SHI reimbursement reported for same-day ART initiation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finalized same-day ART initiation technical package and training materials</li> <li>▪ HIVInfo database cleaned and qualified in up to two other provinces</li> <li>▪ ART client list developed/standardized in up to 2 other provinces</li> <li>▪ SHI reimbursement reported for same day ART initiation</li> <li>▪ Draft, submit, and secure approval for S&amp;D reduction SOW</li> <li>▪ Select third province (in addition to NA and DB) for implementation</li> <li>▪ Conduct baseline S&amp;D assessment in NA, DB and third province</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10 trainings on same-day ART initiation conducted in 10 provinces</li> <li>▪ 2 TA trips on same-day ART initiation conducted</li> <li>▪ Three 1-day training sessions conducted</li> <li>▪ ART registration fast track tool expanded in up to 4 provinces</li> <li>▪ SHI reimbursement reported for same day ART initiation</li> <li>▪ Train healthcare providers in NA, DB, and third province to reduce S&amp;D</li> <li>▪ Visit and monitor sites trained in NA, DB and third province to reinforce S&amp;D reduction</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 TA trips on same-day ART initiation conducted</li> <li>▪ Up to 3 TA trips conducted in 4 provinces</li> <li>▪ PAC supported to use ART registration fast track tool</li> <li>▪ SHI reimbursement for the case of same day ART initiation reported</li> <li>▪ Rapid assessment conducted, and report issued on S&amp;D reduction and recommendations for next steps in NA, DB and third province (TBD)</li> </ul>

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#. Short Title	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
11. ART Retention	<ul style="list-style-type: none"> <li>✓ First TWG meeting coordinated by VAAC with participation from VAAC-US.CDC, USAID, CDC, HFG and USAID SHIFT to discuss strategies, action plan and role of each partner involved in this activity. USAID SHIFT was requested to develop an SOP on LTFU and missed appointment management for retention enhancement. The draft technical package was completed and sent to VAAC for further steps</li> <li>✓ ART appointment tracking finalized and ART attrition dashboard were included in the C03 dashboard which is published at VAAC's website</li> <li>✓ ART referral/movement tracking tool developed</li> </ul>	<ul style="list-style-type: none"> <li>▪ ART retention enhancement training materials finalized</li> <li>▪ Technical package including training materials on ARV MMS finalized</li> <li>▪ 10 one-day trainings on MMS conducted in 10 provinces</li> <li>▪ Up to 2 provinces supported to use ART appointment tracking/ ART attrition dashboard</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10 one-day trainings on retention conducted in 10 selected provinces</li> <li>▪ 3 TA trips on retention and MMS conducted</li> <li>▪ 10 one-day training sessions conducted (to be collaborated with C&amp;T team if possible)</li> <li>▪ Three 1-day training sessions for up to 10 targeted provinces on ART retention tracking package</li> <li>▪ Up to 2 provinces supported to use ART appointment tracking/ ART attrition dashboard</li> </ul>	<ul style="list-style-type: none"> <li>▪ 12 TA trips on retention and MMS conducted</li> <li>▪ TA trips conducted to support national program for implementing ART retention package in up to 3 provinces</li> <li>▪ Up to 2 provinces supported to use ART appointment tracking/ ART attrition dashboard</li> </ul>
12. ITCP	<ul style="list-style-type: none"> <li>✓ Technical ITCP package finalized for 10 provinces</li> <li>✓ 2 training sessions planned in Bac Giang and Lao Cai in early Q2</li> <li>✓ The ITCP R-SOW was drafted and needs further discussion with VAAC before finalizing. This R-SOW is expected to be submitted to USAID for approval early next quarter</li> <li>✓ Developed community-based interventions protocol to increase SHI enrollment by expanding ITCP and SHI by ART usage patients.</li> <li>✓ Training package on community-based interventions to increase SHI enrollment by expanding</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 training sessions conducted</li> <li>▪ 2 TA trips conducted</li> <li>▪ ITCP data analyzed</li> <li>▪ SHI coverage and use updated</li> <li>▪ Provincial plan for patient transferring finalized and implemented</li> <li>▪ Information package of SHI coverage and use posted on VNP+ social media channels and shared with VUSTA for further dissemination</li> <li>▪ Hotline services on SHI coverage and use regularly operated</li> </ul>	<ul style="list-style-type: none"> <li>▪ 5 TA trips conducted</li> <li>▪ ITCP data analyzed</li> <li>▪ SHI coverage and use updated</li> <li>▪ Provincial plan for patient transferring implemented</li> <li>▪ Information package of SHI coverage and use posted on VNP+ social media channels</li> <li>▪ Hotline services on SHI coverage and use regularly operated</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 TA trips conducted</li> <li>▪ ITCP data analyzed</li> <li>▪ SHI coverage and use updated</li> <li>▪ Provincial plan for patient transferring implemented</li> <li>▪ Information package of SHI coverage and use posted on VNP+ social media channels</li> <li>▪ Hotline services on SHI coverage and use regularly operated</li> <li>▪ Proposal approved for 100% SHI coverage and support for ARV copayment in selected provinces (TBD)</li> </ul>

Above Site TA Assignments				
#. Short Title	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
	ITCP and SHI usage by ART patients ✓ ITCP online system upgraded ✓ ITCP data analyzed ✓ SHI coverage and use updated ✓ 5 training courses for HTF doctors and counsellors in new provinces on knowledge and skill to promote SHI enrolment and use among PLHIV ✓ Provincial plan for patient transfer developed ✓ Information package on SHI coverage and use posted on VNP+ social media channels ✓ Hotline services on SHI coverage and use regularly operated ✓ SHI coverage and use topic presented at VUSTA annual conference			
13. C32/ Differentiated Care	✓ VAAC/C&T Department organized a meeting with relevant MOH Departments to review the draft Circular in the context of newly issued or in-process legal documents around services for HIV patients to prevent conflict between the Circular and other legal documents. ✓ USAID SHIFT SI supported VAAC to revise the national ART logbook	▪ New C32 endorsed	▪ 2 dissemination workshops conducted	▪
14. Viral Load	✓ R-SOW drafted: Discussed with VAAC, internally drafted and will be submitted to USAID	▪ Technical package completed on VL indication and result management for health staff completed ▪ 2 one-day webcasts on VL indication and result management conducted for 10 targeted provinces	▪ Performance of sites in using VL to monitor and improve ART reviewed and strengthened through TA trips to five provinces ▪	▪ Performance of sites in using VL to monitor and improve ART reviewed and strengthened through TA trips to three provinces



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#. Short Title	Q1 (Oct 1-Dec 31, 2017)	Q2 (Jan 1-Mar 31, 2018)	Q3 (Apr 1-Jun 30, 2018)	Q4 (Jul 1-Sep 30, 2018)
		<ul style="list-style-type: none"> <li>Performance of sites in using VL to monitor and improve ART reviewed and strengthened through TA trips to two provinces</li> </ul>		
15. TB/HIV	<ul style="list-style-type: none"> <li>With technical assistance from USAID SHIFT, Decision #5105/QD-BYT was issued on November 6, 2017 on National Guidelines of Integrating TB and HIV Management and Service Provision at the District and Commune Level</li> <li>R-SOW drafted: Discussed with VAAC, internally drafted and will be submitted to USAID</li> </ul>	<ul style="list-style-type: none"> <li>Technical support on TB/HIV provided to 1 province via TA mission</li> </ul>	<ul style="list-style-type: none"> <li>Technical support on TB/HIV provided to 1 province via TA mission</li> </ul>	<ul style="list-style-type: none"> <li>Technical support on TB/HIV provided to 2 provinces via 2 TA missions</li> </ul>
16. Community MMT	<ul style="list-style-type: none"> <li>VAAC/Harm Reduction Department decided not to implement the pilot of decentralization of community MMT dispensing through hamlet health workers due to conflicts with a legal document on substance management</li> </ul>			
17. Buprenorphine	<ul style="list-style-type: none"> <li>R-SOW drafted: Discussed with VAAC, internally drafted and will be submitted to USAID</li> </ul>	<ul style="list-style-type: none"> <li>TA provided to VAAC to develop and complete technical documents on integration of buprenorphine treatment in MMT clinics</li> <li>TA provided to VAAC to develop training materials on integrating buprenorphine treatment into MAT</li> </ul>	<ul style="list-style-type: none"> <li>2 training sessions conducted</li> <li>TA provided via missions to 2 assigned provinces</li> </ul>	<ul style="list-style-type: none"> <li>TA provided via missions to 2 assigned provinces</li> </ul>
18. MAT Retention	<ul style="list-style-type: none"> <li>R-SOW drafted: Discussed with VAAC, internally drafted and will be submitted to USAID</li> </ul>	<ul style="list-style-type: none"> <li>Technical package developed for MAT retention</li> <li>Training materials developed for MAT retention</li> </ul>	<ul style="list-style-type: none"> <li>2 training sessions conducted in Dien Bien and Nghe An</li> </ul>	
19. ATS and Alcohol Training and Pilot	<ul style="list-style-type: none"> <li>R-SOW drafted: Discussed with VAAC, internally drafted and will be submitted to USAID</li> </ul>	<ul style="list-style-type: none"> <li>TA provided to VAAC in developing training materials on management of ATS and/or alcohol use</li> </ul>	<ul style="list-style-type: none"> <li>2 training sessions conducted in Dien Bien and Nghe An</li> </ul>	

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20. MMT Coaching and Mentoring	<ul style="list-style-type: none"> <li>✓ USAID SHIFT is working with the VAAC/Harm Reduction Department to develop a plan for MMT coaching and mentoring for selected provinces</li> <li>✓ R-SOW drafted internally and will be submitted to USAID on using interactive app to provide E-mentoring for provincial trainers</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 TA trip to coach provincial mentors in each province</li> <li>▪ Guideline package draft and finalized</li> <li>▪ Provincial trainers coached on using technology to provide E-mentoring by themselves (integrate in TA trip)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 TA trip to coach provincial mentors in each province</li> <li>▪ Provincial trainers coached on using technology to provide E-mentoring by themselves (integrate in TA trip)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 TA trip to coach provincial mentors in each province</li> <li>▪ Provincial trainers coached on using technology to provide E-mentoring by themselves (integrate in TA trip)</li> </ul>
21. MethQual	<ul style="list-style-type: none"> <li>✓ USAID SHIFT provided TA to VAAC to develop the second draft of MethQual guidance, which will be sent to other partners for comments</li> </ul>	<ul style="list-style-type: none"> <li>▪ MethQual tool-kit finalized</li> </ul>	<ul style="list-style-type: none"> <li>▪ MethQual tool-kit submitted and endorsed</li> </ul>	<ul style="list-style-type: none"> <li>▪ MethQual training curriculum developed</li> <li>▪ 2 training sessions on MethQual conducted</li> </ul>
22. MMT MIS	<ul style="list-style-type: none"> <li>✓ MIS communication package finalized</li> <li>✓ MIS launched at Dec 8 event</li> </ul>			
23. KP Size Estimates	<ul style="list-style-type: none"> <li>✓ Joined KP Size Estimates TWG under the lead of VAAC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Join TWG to support VAAC on concept note development and province selection (to be decided by VAAC)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop and submit protocol/tool for IRB (local and international)</li> <li>▪ Collect data from field</li> </ul>	<ul style="list-style-type: none"> <li>▪ Analyze data and present preliminary results</li> <li>▪ Finalize the report and disseminate results to stakeholders at the national and provincial level (Q1/FY18)</li> </ul>
24. PLHIV Estimates		<ul style="list-style-type: none"> <li>▪ Join TWG to support VAAC on province selection (to be decided by VAAC)</li> <li>▪ Collect data for national/provincial model input</li> </ul>	<ul style="list-style-type: none"> <li>▪ Run the model (model fitting)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Present preliminary results for discussion and consensus</li> </ul>
25. Provincial Cascades	<ul style="list-style-type: none"> <li>✓ Cascade dashboard customized for at least 3 specific provinces – Hanoi, Nghe An and Dien Bien – to track 90-90-90 progress and identify programming gaps</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cascade data used for quarterly meeting &amp; planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cascade data used for quarterly meeting &amp; planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cascade data used for quarterly meeting &amp; planning</li> <li>▪ Cascade dashboard introduced in other provinces</li> </ul>
26. Provincial HIVInfo and C&T Linkage	<ul style="list-style-type: none"> <li>Activity on hold or potentially cancelled based on VAAC feedback</li> </ul>	<ul style="list-style-type: none"> <li>▪ Guidelines developed for data comparison and validation</li> <li>▪ Linkage tool developed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Database of HIV info and C&amp;T cleaned and ready for linkage</li> <li>▪ Tool for linkage developed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data linkage results analyzed and reported</li> <li>▪ PAC staff trained on how to maintain the data linkage</li> </ul>

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		<ul style="list-style-type: none"> <li>First workshop conducted on guidelines, required data input, data cleaning</li> </ul>	<ul style="list-style-type: none"> <li>Second workshop on data linkage organized</li> </ul>	
27. District Data for Decision Making (DDM)	<p>Demonstrate in Can Tho:</p> <ul style="list-style-type: none"> <li>✓ PAC supported to revise data collection tools for program data, transfer data to data model, develop dashboard (automatic report) for HIV epidemic report and program reports</li> <li>✓ Workshop held on data use and gaps for district</li> <li>✓ Quarterly review data/program between PAC and districts</li> </ul>	<ul style="list-style-type: none"> <li>Program data transferred to data model</li> <li>Dashboard for programs (C&amp;T, HTC, Prev) and other reports developed</li> <li>Meeting on district data use progress organized</li> </ul>	<ul style="list-style-type: none"> <li>Staff at PAC trained on how to use and maintain dashboards</li> <li>Meeting on district data use progress organized</li> </ul>	<ul style="list-style-type: none"> <li>Organize national workshop on data use with example from Can Tho</li> </ul>
28. National and Provincial M&E Systems and Data Use	<ul style="list-style-type: none"> <li>✓ Q1 scientific meeting organized</li> <li>✓ DQA provinces identified</li> <li>✓ Dashboard for HSS/HSS+ results developed and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>Workshop on introduction to data use and gaps at district level organized in Can Tho, selected provinces will be invited to participate</li> <li>Assessment trips at selected provinces</li> <li>Q2 scientific meeting organized</li> <li>Up to 2 DQA trips conducted</li> <li>HSS/HSS+ 2018 questionnaire and protocol reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Can Tho showcased as an example of data use at provincial level</li> <li>Plan developed to replicate M&amp;E model in Can Tho in selected provinces</li> <li>Q3 scientific meeting organized</li> <li>Up to 2 DQA trips conducted</li> <li>HSS/HSS+ 2018 training conducted</li> </ul>	<ul style="list-style-type: none"> <li>Selected provinces supported to conduct training on the use of new reporting form</li> <li>Q4 scientific meeting organized</li> <li>Up to 2 DQA trips conducted</li> <li>TA for HSS/HSS+ 2017 data collection implemented</li> </ul>
29. Service Quality	✓ See CLIN 1, Task 1.2 Transition	See CLIN 1, Task 1.2 Transition	See CLIN 1, Task 1.2 Transition	See CLIN 1, Task 1.2 Transition
30. Inter-Province Treatment for Nghe An		TBD based on VAAC feedback		
31. eHIS	<ul style="list-style-type: none"> <li>✓ 14 clinics generated MER + Progress report + C79a real-time using eHIS-HIV</li> </ul>	<ul style="list-style-type: none"> <li>16 clinics generated MER + Progress report + C79a real-time</li> <li>2 webcast training sessions for all staff at DB HTFs</li> <li>4 persons based at PAC trained</li> <li>Dien Bien General Hospital running eHIS-HIV software</li> </ul>	<ul style="list-style-type: none"> <li>18 clinics generated MER + Progress report + C79a real-time</li> <li>Report extracted from sites by PAC staff</li> </ul>	<ul style="list-style-type: none"> <li>20 clinics generated MER + Progress report + C79a real-time</li> <li>2-day training conducted for staff in Can Tho</li> <li>Reports extracted from sites by PAC staff</li> </ul>

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32. Data Exchange Protocol and Standard	<ul style="list-style-type: none"> <li>✓ Protocol for data sharing between VSS and VAAC developed</li> <li>✓ Draft roadmap was developed and shared with VAAC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Indicator matrix finalized</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consensus workshop between VSS and VAAC organized</li> </ul>	
33. Cloud-Based DB	<ul style="list-style-type: none"> <li>✓ Basic server established</li> <li>✓ Key indicators established for reports</li> <li>✓ Basic tool established; further data analytics tools will be developed in next quarters</li> <li>✓ Basic reports generated for C03</li> <li>✓ Event held in Can Tho with 60 expected participants</li> <li>✓ Model introduced to Hanoi, VSS, and VAAC</li> <li>✓ Data exchange protocol signed and agreed between VSS and MOH/VAAC</li> <li>✓ Raw database received</li> </ul>	<ul style="list-style-type: none"> <li>▪ Subset of HIV data from Dien Bien and Can Tho pooled in server</li> <li>▪ 3 trips conducted by MOH to Can Tho, Dien Bien, and Hanoi by 6 MOH/SHIFT persons</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fully database server established</li> <li>▪ 3 trips conducted by MOH to Can Tho, Dien Bien, and Hanoi by 6 MOH/SHIFT persons</li> </ul>	<ul style="list-style-type: none"> <li>▪ Advanced tool developed</li> <li>▪ 9 key staff (IT, C&amp;T, M&amp;E) from Dien Bien and Can Tho and VAAC trained</li> </ul>
34. HTF Consolidation	<ul style="list-style-type: none"> <li>✓ Covered under CLIN 1, Task 1.2</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered under CLIN 1, Task 1.2</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered under CLIN 1, Task 1.2</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered under CLIN 1, Task 1.2</li> </ul>
35. SHI and ART Financing	<ul style="list-style-type: none"> <li>✓ Covered under CLIN 1, Task 1.2</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered under CLIN 1, Task 1.2</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered under CLIN 1, Task 1.2</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered under CLIN 1, Task 1.2</li> </ul>
36. ARV Quantification	<ul style="list-style-type: none"> <li>▪ <del>Provincial ARV drugs use (supply) plan developed</del></li> <li>▪ <del>Report produced on ARV drug consumption</del> Canceled due to change in ARV procurement timeline</li> </ul>	<ul style="list-style-type: none"> <li>▪ <del>Three training workshops conducted for 63 provinces on ARV quantification</del></li> </ul>	<ul style="list-style-type: none"> <li>▪ <del>11 TA visits to sites on ARV quantification, reporting and coordination</del></li> </ul>	<ul style="list-style-type: none"> <li>▪ <del>Virtual refresh training conducted</del></li> </ul>

Stakeholder Engagement				
Expected Outcomes	FY17 Q1 (Oct 1-Dec 31, 2017)	FY17 Q2 (Jan 1-Mar 31, 2018)	FY17 Q3 (Apr 1-Jun 30, 2018)	FY17 Q4 (Jul 1-Sep 30, 2018)
Nghe An and Dien Bien PACs supported to conduct two coordination meetings per quarter with stakeholders via teleconference	<ul style="list-style-type: none"> <li>✓ Two coordination meetings supported for Nghe An and Dien Bien PACs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Two coordination meetings supported for Nghe An and Dien Bien PACs, respectively</li> </ul>	<ul style="list-style-type: none"> <li>▪ Two coordination meetings supported for Nghe An and Dien Bien PACs, respectively</li> </ul>	<ul style="list-style-type: none"> <li>▪ Two coordination meetings supported for Nghe An and Dien Bien PACs, respectively</li> </ul>

Stakeholder Engagement				
Expected Outcomes	FY17 Q1 (Oct 1-Dec 31, 2017)	FY17 Q2 (Jan 1-Mar 31, 2018)	FY17 Q3 (Apr 1-Jun 30, 2018)	FY17 Q4 (Jul 1-Sep 30, 2018)
Monthly coordination meetings or engagements completed with CCRD	✓ Technical sharing and coordination meeting with CCRD and other relevant projects and partners integrated into quarterly coordination meeting of the provinces or sharing information online for updating with each other about the changes in services mapping related to transition process and resource allocation in Dien Bien and Nghe An.	▪ Monthly coordination meetings or engagements completed with CCRD	▪ Monthly coordination meetings or engagements completed with CCRD	▪ Monthly coordination meetings or engagements completed with CCRD
Semiannual and annual review meetings held with Nghe An and Dien Bien PAC's and DOH's at the provincial level		▪ Semiannual review meetings held with the Nghe An and Dien Bien PAC's and DOH's		▪ Annual review meetings held with the Nghe An and Dien Bien PAC's and DOH's
Quarterly review and SHI TWG meetings held with the HCMC PAC	✓ Quarterly review and SHI TWG meetings held with HCMC PAC ✓ Workshop on ARV treatment through SHI in DHCs chaired by DOH and PAC	▪ Quarterly review and SHI TWG meetings held with HCMC PAC	▪ Quarterly review and SHI TWG meetings held with HCMC PAC	▪ Quarterly review and SHI TWG meetings held with HCMC PAC
Quarterly review meetings held with VAAC at the national level	✓ Consultation meetings held to get consensus on amended MOU and joint activities in Y2 ✓ Documents were signed by both parties	▪ Quarterly review meeting held with VAAC	▪ Quarterly review meeting held with VAA	▪ Quarterly review meeting held with VAAC
Quarterly meetings held with HFG to review SHI program implementation progress	✓ Quarterly review meeting held	▪ Quarterly review meeting held	▪ Quarterly review meeting held	▪ Quarterly review meeting held
Subcontract consultations held with all prospective subcontractors		▪ Local stakeholder input solicited for COP18		▪ Annual work plan and subcontract consultations held



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## APPENDIX III SUCCESS STORY



# OVERCOMING BARRIERS TO SHI FOR HIV CARE & TREATMENT

HO CHI MINH CITY | DECEMBER 2017

Hien<sup>5</sup> first learned he had HIV nearly 10 years ago, but has never been on consistent treatment before. Unwilling to visit public clinics for free medicine over fear of being recognized and compromising his desired career as a make-up artist, he has paid for his care out-of-pocket through private institutions. “Whenever I had money, I bought medicine, but when I didn’t have money I would stop. I wasn’t working, so I had to borrow money and I didn’t want to raise suspicion by borrowing too often,” explained Hien. But 10 years of sporadic treatment began to take a toll on his health, and it was through his search for a more sustainable and reliable way to pay for treatment that brought him to Phong from the Vietnam Network of People Living with HIV (VNP+) six months ago. Together with the U.S. Agency for International Development (USAID)’s Sustainable HIV Response from Technical Assistance (SHIFT) project, they are working to enroll Hien in Social Health Insurance (SHI) and ensure his access to steady treatment for the first time.

While HIV is a chronic condition requiring lifelong treatment, antiretroviral therapy (ART) enables HIV patients to lead healthy lives and significantly reduces the risk of transmission. Historically, ART in Vietnam has been offered free-of-charge through international aid. However, Vietnam’s rise to a middle-income country has prompted donors to reallocate resources to other nations with more severe resource limitations and uncontrolled HIV epidemics. Through projects like the USAID SHIFT project, the President’s Emergency Plan for AIDS Relief (PEPFAR) is helping the Government of Vietnam strengthen

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<sup>5</sup> Name changed to protect privacy



and expand its SHI program as the primary vehicle to finance ART. SHI currently reimburses the cost of health examinations, basic laboratory tests and opportunistic infection management for qualified facilities and HIV patients, and will expand to cover life-saving antiretroviral drugs starting in January 2019.

These efforts are particularly crucial in Ho Chi Minh City, which has 30,000 people living with HIV but relatively lower enrolment in SHI. Obstacles faced by people living with HIV (PLHIV) can be as simple as not knowing where and how to purchase SHI cards or as complicated as not having the proper identification paperwork needed to enroll. To be responsive to these on-the-ground challenges, USAID SHIFT has partnered with civil society organizations like Legal Aid and VNP+ to get PLHIV the specific and actionable support they need to enroll in SHI.

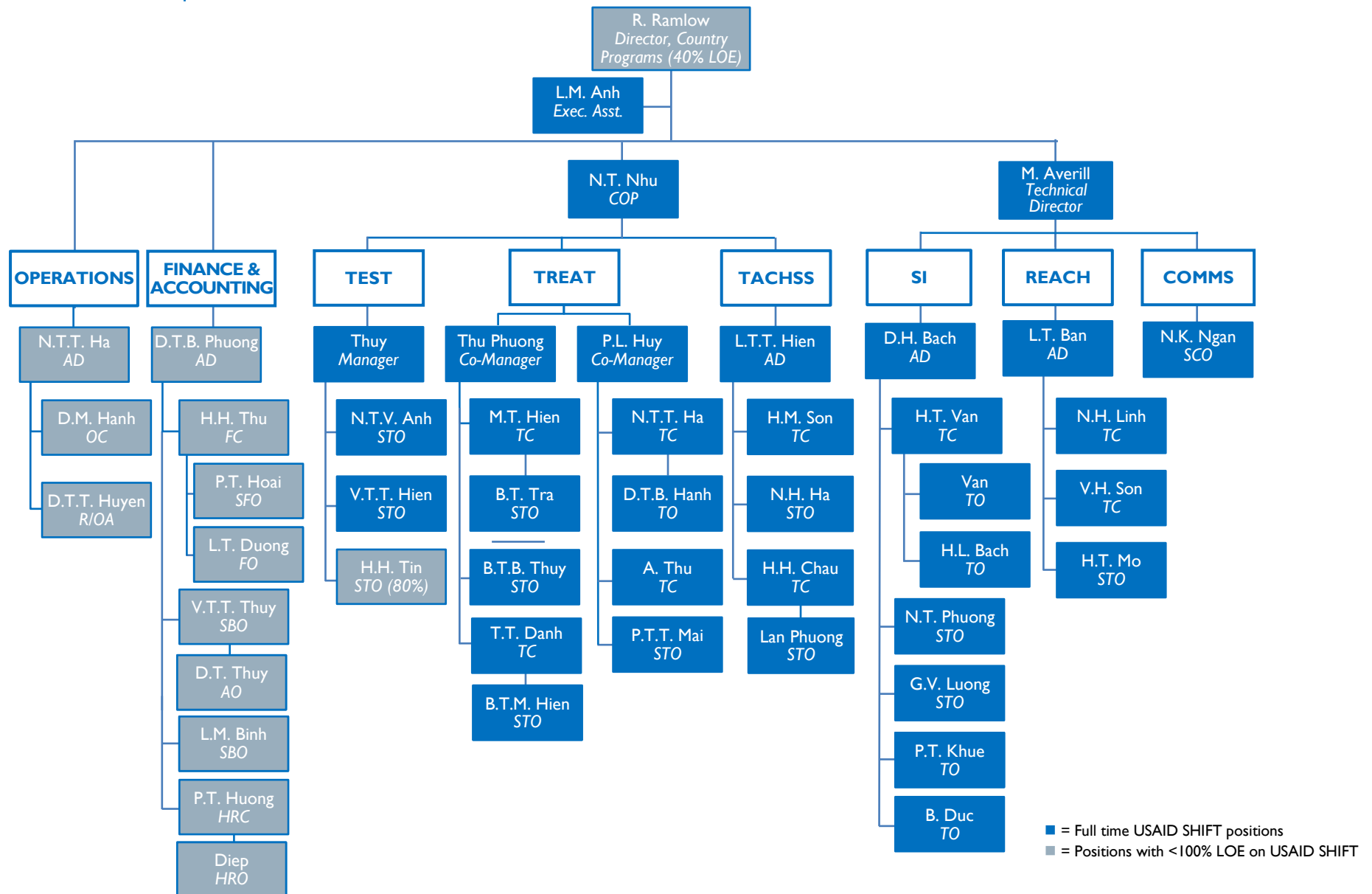
SHIFT is working with VNP+, where Hien received his support, to offer individualized counseling and assistance to overcome barriers to SHI enrollment. In addition to developing a brochure, booklet and video clips on SHI, outreach efforts have included small group offsite events, operating a hotline and social media page, and receiving referrals from outpatient clinics. For the many who face barriers with having the proper identification cards or residence permits, SHIFT-trained counselors can direct PLHIV to the proper police offices, sometimes even escorting them in-person, to facilitate the registration process.

In Hien's case, he does not have the updated residence paperwork required to enroll in SHI in HCMC, as his hometown is in the north of the country. The standard protocol in Vietnam when migrating to a different province is to bring the family's residence book to the police office to register the new location. Hien's family does not know his HIV status, and have been reluctant to give him the very valuable residence book without a clear explanation. Yet without an updated residence card, Hien cannot complete his SHI enrollment. As part of meeting patients where they are and giving them real and actionable support to surmount obstacles, Phong is helping Hien process an absentee residence card without having to disclose his status to his family until he is ready to do so.

These efforts have made progress in getting people like Hien enrolled in Social Health Insurance; as of January 2018, 85 percent of people living with HIV in HCMC are now enrolled, compared to 55 percent the year before, amounting to nearly 10,000 new patients. Yet, enrollment is just the first step. The next step is to make sure PLHIV can successfully use their SHI cards to reimburse HIV-related costs, including antiretroviral drugs in 2019, and addressing fears surrounding stigma and confidentiality in public facilities.

For Hien, the counseling has offered him more than just assistance in enrolling in SHI: "VNP+ is the best thing that has happened to me. Joining this network may give me stable treatment for the first time in my life, but it gives me a community and hope. I hope to have lifelong, uninterrupted treatment so I can keep working and enjoying life."

## APPENDIX IV | ORGANOGRAM



## APPENDIX V | SITE TRANSITION SCHEDULE

Y1			Y2			Y3		
Province	Site	Type	Province	Site	Type	Province	Site	Type
An Giang	Chợ Mới	C&T	Bắc Giang	Bắc Giang PAC	C&T	Điện Biên	Điện Biên Đông	HTC
	Tân Châu	C&T	Điện Biên	Mường Ảng	Prev		Điện Biên PAC	HTC
	Tịnh Biên	C&T		Điện Biên	HTC		Tuần Giáo	HTC
Cần Thơ	Thốt Nốt	C&T		Mường Ảng	HTC		Điện Biên GH	C&T
Điện Biên	Mường Chà	Prev	Hà Nội	Chương Mỹ	HTC		Điện Biên District	C&T
	Mường Chà	HTC		Hải Phòng	Đồ Sơn	C&T	Mường Chà	C&T
	Mường Nhé	HTC			Hải An	C&T	Mường Nhé	C&T
	Nậm Pồ	HTC	Lào Cai	Bát Xát	C&T	Nậm Pồ	C&T	
Tủa Chùa	HTC	Lào Cai PGH		C&T	Tủa Chùa	C&T		
Hà Nội	Sóc Sơn	C&T		Văn Bản	C&T	Tuần Giáo	C&T	
HCMC	District 9	C&T	Nghệ An	Con Cuông	Prev	Hà Nội	Hoàng Mai	HTC
	Hóc Môn	C&T		Đô Lương	Prev		Hai Bà Trưng	C&T
Nghệ An	Anh Sơn	Prev		Kỳ Sơn	Prev		Hoàng Mai	C&T
	Anh Sơn	HTC		Quế Phong	Prev		Sơn Tây	C&T
	Cửa Lò	HTC		Quỳ Châu	Prev		HCMC	Blue Sky
	Hoàng Mai	HTC		Tương Dương	Prev	Bình Thạnh		HTC
	Nam Đàn	HTC		Con Cuông	HTC	Blue Sky		HTC
	Nghi Lộc	HTC		Diễn Châu	HTC	Hóc Môn		HTC
	Quỳnh Lưu	HTC		Kỳ Sơn	HTC	District 3		HTC
	Tân Kỳ	HTC		Nghĩa Đàn	HTC	District 8		HTC
Yên Thành	HTC	Quỳ Hợp		HTC	District 9	HTC		
Quảng Ninh	Hoành Bồ	C&T		Tương Dương	HTC	Thủ Đức		HTC
Thái Bình	Đông Hưng	C&T				District 3		C&T
						District 8		C&T
						Bình Thạnh	C&T	
					Thủ Đức	C&T		
					Nghệ An	Quế Phong	HTC	
						Quỳ Châu	HTC	
						Anh Sơn	C&T	
						Cửa Lò	C&T	
						Diễn Châu	C&T	
						Tây Nam GH	C&T	
						Hoàng Mai	C&T	
						Kỳ Sơn	C&T	
						Nam Đàn	C&T	
						Nghi Lộc	C&T	
					Nghĩa Đàn	C&T		
					Quỳ Hợp	C&T		
					Quỳnh Lưu	C&T		
					Tân Kỳ	C&T		
					Thanh Chương	C&T		
					Yên Thành	C&T		
					Quảng Ninh	Cầm Phá	C&T	
						Móng Cái	C&T	
						Vân Đồn	C&T	
TOTAL			TOTALS			TOTALS		
Y1		23	Y2		22	Y3		45
			Cumulative		45	Cumulative		90