

USAID SHIFT

SUSTAINABLE HIV RESPONSE
FROM TECHNICAL ASSISTANCE

QUARTERLY REPORT

JULY-SEPTEMBER 2017



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This document serves as the Year One (Y1) fourth quarter (Q4) quarterly progress report (QPR) for the USAID Sustainable HIV Response from Technical Assistance (SHIFT) Project, covering the period July 1 through September 30, 2017.

USAID Contract No. AID-440-C-16-0000

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COVER PHOTOGRAPH:
AN HIV PATIENT AND HER SPOUSE PICK UP ANTIRETROVIRAL DRUGS
FROM A TREATMENT FACILITY IN DIEN BIEN PROVINCE, SEPTEMBER 2017

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ACRONYMS AND ABBREVIATIONS

AEM	Asian Epidemic Model	MOM	Mountainous Outreach Model
AIDS	Autoimmune Deficiency Syndrome	MMS	Multi-Month Scripting
ART	Antiretroviral Therapy	mRTS	Mobile Reach-Test-Start
ARV	Antiretroviral	MSM	Men Who Have Sex with Men
A-SOW	Assignment Scope of Work	NIHE	National Institute of Hygiene and Epidemiology
ATS	Amphetamine-Type Stimulant	NTP	National Targeted Program
CARMAH	Center for Applied Research for Men and Community Health	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	US 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	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	PPC	Provincial People's Committee
DH	District Hospital	PrEP	Pre-Exposure Prophylaxis
DHC	District Health Center	PSS	Provincial Social Security
DHS	District Health Service	PWID	People Who Inject Drugs
DOH	Department of Health	Q	Quarter
DPMC	District Preventive Medicine Center	QPR	Quarterly Progress Report
DSD	Direct Service Delivery	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	SMART TA	Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance Project
HEI	HIV-Exposed Infants	SOP	Standard Operating Procedure
HFG	Health Finance and Governance Project	SOW	Scope of Work
HHW	Hamlet Health Worker	STO	Senior Technical Officer
HI	Health Insurance	TA	Technical Assistance
HIV	Human Immunodeficiency Virus	TA-SDI	Technical Assistance-Service Delivery Improvement
HMIS	Health Management Information System	TAMP	Technical Assistance Marketplace
HSS	Health Systems Strengthening or HIV Sentinel Surveillance	TB	Tuberculosis
HTC	HIV Testing and Counseling	TG	Transgender
HTF	HIV Treatment Facility	TGW	Transgender Woman
IEC	Information, Education, and Communication	TO	Technical Officer
IDI	In-Depth Interview	TOT	Training of Trainers
IP	Implementing Partner	USAID	United States Agency for International Development
ITCP	Individual Treatment Continuation Plan	USG	United States Government
KNCV	Koninklijke Nederlandse Chemische Vereniging	VAAC	Vietnam Authority for HIV/AIDS Control
KP	Key Population	VL	Viral Load
Local SI	Local Strategic Information System Project	VNP+	Vietnam Network of People Living with HIV
LOE	Level of Effort	VNPT	Vietnam Posts and Telecommunications Group
LTFU	Lost to Follow-Up	VSS	Vietnam Social Security Agency
M&E	Monitoring and Evaluation	VUSTA	Vietnam Union of Science and Technology Associations
MAT	Medication Assisted Therapy	WHO	World Health Organization
MER	Monitoring, Evaluation and Reporting	WP	Work Plan
MMT	Methadone Maintenance Therapy	Y	Year
MOH	Ministry of Health	YTD	Year To Date

EXECUTIVE SUMMARY

The USAID Sustainable HIV Response from Technical Assistance (SHIFT) project is a five-year USAID contract managed by FHI 360 to rapidly complete progress towards extending HIV service coverage and achieving UNAIDS fast track "90-90-90" targets in three priority provinces while guiding transitioning efforts in 11 assigned provinces, including the three priority provinces. SHIFT is a cost-plus fixed fee award organized into three major areas aligned with contract line item numbers (CLINs) and tasks:

- Scaling up services to achieve 90-90-90 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 fifth quarterly progress report for the USAID SHIFT project, and the fourth quarterly report for fiscal year 2017 (FY17), covering the period July 1 through September 30, 2017. During this period, USAID SHIFT provided direct service delivery (DSD) support and technical assistance for service delivery improvement (TA-SDI) to HIV outreach and prevention, testing, treatment, and methadone maintenance therapy sites in 11 provinces via subcontracts with provincial AIDS Centers (PACs) and Departments of Health (DOHs).

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 key populations (KPs) to HIV testing and counseling (HTC) and those found positive to immediate care and treatment (C&T). In HCMC the project completed Vietnam's first dedicated pilot to reach and link transgender women to HIV services. USAID SHIFT also mobilized community outreach volunteers and HHWs to find and link patients who had dropped out of treatment back to care through enhanced antiretroviral therapy (ART) retention in Dien Bien, Nghe An, Can Tho and HCMC. USAID SHIFT and its PAC-affiliated partner Blue Sky Club continued sensitizing HIV treatment facilities (HTFs) in HCMC to the preferences, needs and rights of KP clients through its *KP Friendly Services* initiative. By the close of Y1 USAID SHIFT had reached and linked 18,389 KPs to HTC (152% of Y1 target). It found 971, or 5.4%, of these HIV-positive, or 118% of target. By September 30, 2017 USAID SHIFT had ensured that 889 of these people living with HIV (PLHIV) had enrolled in treatment, or 108% of target.

USAID SHIFT-supported sites continued offering diversified HIV testing modalities appropriate to the widely-varied contexts in which the project operates. The project strengthened provider-initiated testing and counseling (PITC) and linkages to treatment in government facilities by training and coaching 197 healthcare providers from 40 districts and hospitals in HCMC, Nghe An and Dien Bien. Over Y1 USAID SHIFT provided lay testing to a total of 5,243 KPs in Nghe An and HCMC, confirmed 343 (6.5%) positive cases, and closed out lower-yield lay testing sites. The project disseminated its innovative specimen transportation model to partners, and completed its charge to enable 17 district laboratories in priority provinces to fulfill requirements to become fully certified HIV confirmatory testing sites. USAID SHIFT HTC sites achieved 87% and 90% of Y1 aims for the number of people tested and received results (41,410/47,744) and number of HIV-positive cases identified (1,825/2,026). The project exceeded its HIV-positive yield aim, having found 4.4% of those tested positive versus its 4.2% target.

During the quarter USAID SHIFT provided site-level support to 55 HIV treatment facilities (HTFs), in addition to provincial and national care and treatment TA. The project supported Nghe An and Dien Bien PACs to conduct mobile Reach-Test-Start (mRTS) missions in target districts, through which they enrolled 33 PLHIV on ART. Project-supported methadone maintenance therapy (MMT) sites in Dien Bien and Nghe An ensured that more than 95% of HIV-positive MMT patients were enrolled on ART in Q4. USAID SHIFT also continued rolling out individual treatment continuation plans (ITCPs) to ensure ART retention during Vietnam's significant funding transition and social health insurance (SHI) scale-up. By the end of Q4 it had

supported more than 30,000 ART patients in Dien Bien, Nghe An and HCMC to complete ITCPs and begin follow-up counseling. The project also helped more than 2,000 patients to receive ART via commune health stations (CHS); provided on-site clinical coaching and mentoring to all supported HTFs; ensured viral load (VL) testing and monitoring to maximize treatment outcomes; and used webcasts to inform hundreds of health staff across the country of latest HIV and methadone treatment guidelines. By the end of Y1, USAID SHIFT had newly enrolled 2,729 PLHIV on ART and was providing treatment for a total of 23,393 patients, or 98% of its Y1 goal.

USAID SHIFT is proud to report strong transition and sustainability results for Y1. At year end the project transitioned a total of 23 sites from project DSD to local financing, or 230% of its target for this indicator. USAID SHIFT also supported 57 sites (40 project DSD sites, plus 17 others) in four provinces to secure SHI reimbursements for HIV services – more than four times its Y1 aim. In Dien Bien and Can Tho provinces, USAID SHIFT helped integrate HIV modules into electronic health information systems (eHIS) for fifteen HTFs, or 150% of the relevant Y1 target. While these high achievements are promising, they are also essential given the significant additional transition and sustainability aims the project must realize in Y2-3.

Under CLIN 2, USAID SHIFT continued operating the TA Marketplace to address emerging needs. By September 30 the project had identified 108 qualified TA providers and gained USAID approval for 39 scopes of work (SOWs). The project engaged key stakeholders through frequent communication with national and local partners, and close coordination with other implementers and agencies.

During the quarter USAID SHIFT also advanced changes in its senior management and secured USAID approval for its first local national Chief of Party. The project's updated organogram is presented in [Appendix IV](#). USAID SHIFT Y1 results versus targets are presented in [Appendix I](#), followed by progress versus quarterly benchmarks in [Appendix II](#), a success story in [Appendix III](#), and the project's updated Site Transition Schedule in [Appendix V](#).

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

Task I.I | Scale-up services in priority provinces to achieve 90-90-90¹

I.Ia | REACH

In Q4 USAID SHIFT accelerated progress towards its HIV community outreach and support targets in priority provinces. The project provided intensive support to district health centers (DHCs), community health station (CHS) staff, HHWs, and community-based supporters (CBS) to screen and link those at risk to HTC and PLHIV to treatment, including through mRTS missions. USAID SHIFT also worked to expand community engagement in ART retention and helped reach and reengage patients lost to follow-up (LTFU) in C&T. The project's Q4 activities and YTD results are presented below for two priority mountainous provinces – Nghe An and Dien Bien – followed by those for HCMC.

MAXIMIZING THE MOUNTAINOUS OUTREACH MODEL IN DIEN BIEN AND NGHE AN

In Q4 USAID SHIFT continued to support HIV case finding by training, guiding and supporting hamlet health workers (HHWs) to assess community members' risks and refer key and priority populations to testing services. Through successful implementation and scale-up of the Mountainous Outreach Model (MOM), HHWs are now the key force delivering HIV community outreach and support in mountainous areas, and at lower cost than traditional outreach models.

To enhance and supervise the progress and quality of outreach activities, in Q4 USAID SHIFT finalized its Reach Transition and Technical Monitoring Tools. The project trained seven PAC staff and nine HIV specialists at district level on how to use the tool to systematically review outreach service quality, identify and prioritize TA needs, and put in place plans that ensure outreach sites will continue high performance after transitioning from PEPFAR support.

In Q4 USAID SHIFT used the tools to support combined technical monitoring and transition preparedness missions for Do Luong, Con Cuong, Que Phong, Quy Chau and Tuong Duong districts in Nghe An, and Muong Ang district in Dien Bien. The project also conducted two missions to each of Anh Son (Nghe An) and Muong Cha (Dien Bien) to ensure those districts' readiness to transition at quarter-end and TA needs immediately following transition. The reviews found that these two districts are strongly committed to mobilize resources to maintain continuous support to KPs. USAID SHIFT assisted them to plan continued harm reduction counseling, linking those at high risk to testing, and support for PLHIV to rapidly enroll and stay in treatment.

USAID SHIFT helped organize quarterly technical meetings in seven Reach-supported districts in Nghe An and two in Dien Bien. These meetings served as opportunities for USAID SHIFT staff and PACs, and project partners at district and commune levels to review MOM results from Q3 and Q4, discuss challenges encountered, and work out solutions for improvement. For example, in Tuong Duong district remote communes are 70-100km to HTC facilities. This makes it very difficult for KPs to access services. After meetings with USAID SHIFT, the DHC agreed to marshal their own local resources to organize mobile testing for remote communes, in combination with other routine health care activities.

USAID SHIFT also supported HIV staff and HHWs in assigned Nghe An and Dien Bien districts to collaborate with HTFs to identify patients LTFU, find them in their communities, and link them back to

¹While Task I.I focuses on service scale-up in priority provinces, the USAID SHIFT contract SOW stipulates required testing and treatment results to be achieved in both priority and sustaining provinces (see Contract No AID-440-C-16-00001, p19, Results #3-4). Therefore, results for sites in both priority and sustaining provinces are reported under Task I.I.

treatment. HTFs produced lists of late or lost patients with commune health staff and worked with HHWs to determine why they had not presented for treatment. For example, in Q4 local staff in Que Phong confirmed the status of 13 LTFU patients. Through close follow-up at community level they learned that seven of these patients had gone to work in other provinces and two had entered drug rehabilitation centers. One patient had died, one had recently delivered a baby, one had no means of transportation from their home in a remote area to the health facility, and one had decided to continue treatment. This type of detailed information is extremely helpful in understanding and trying to help patients overcome barriers to staying in treatment.

Information, education and communication (IEC) materials remain essential tools to reinforce key messages and motivate action. During the quarter USAID SHIFT thoroughly reviewed, revised, and printed a suite of IEC materials appropriate to Dien Bien and Nghe An contexts. These materials promote safe behaviors for KPs and PLHIV, including early enrollment on and adherence to ART, and participation in SHI.

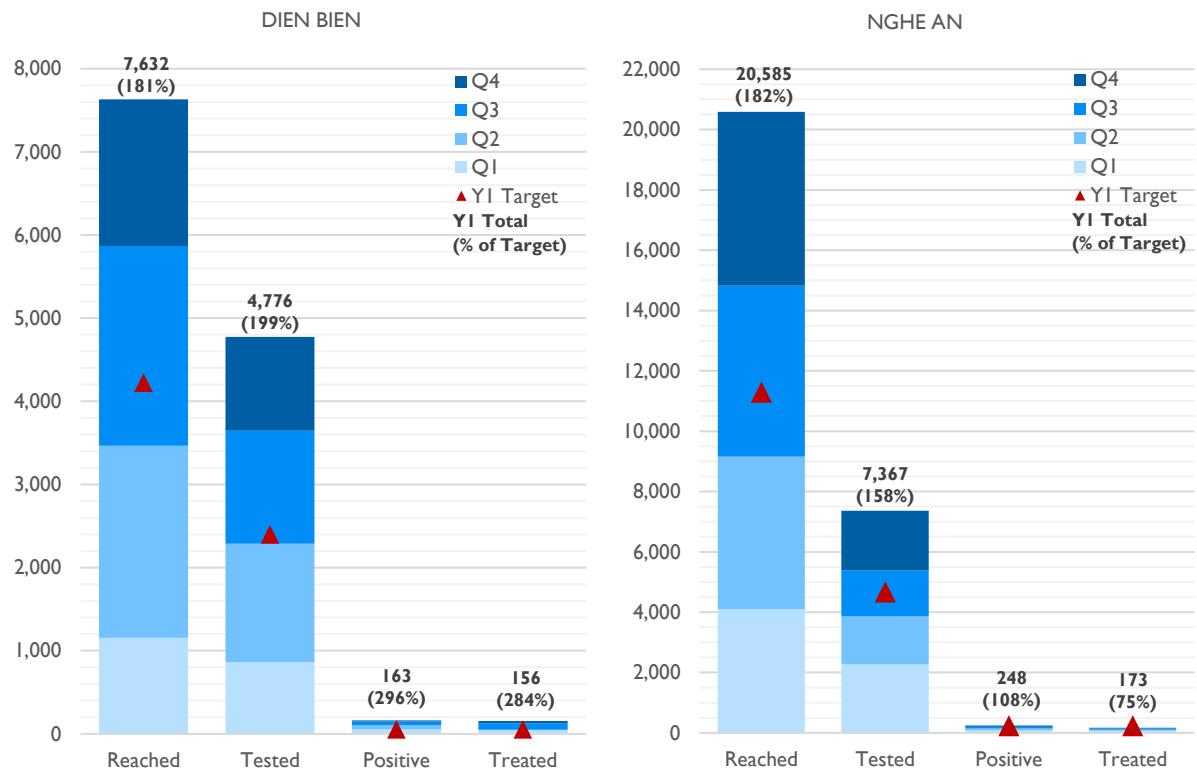
Over the year USAID SHIFT has built PAC staff capacity to spearhead outreach data collection, cleaning, analysis and presentation. The project continued these efforts by supporting Dien Bien and Nghe An PACs to prepare and present outreach results and next steps during quarterly epidemic control progress reviews.

Through these combined efforts, in Y1 USAID SHIFT DSD sites reached 28,217 key and priority population members (KPs and PPs) in Nghe An (20,585) and Dien Bien (7,632), exceeding outreach targets for both provinces. Project-trained HHWs successfully linked 12,143 higher risk KPs and PPs to HTC, achieving more than 170% of combined Y1 targets. Of these, 411 were found positive, or 144% of the project's Y1 case finding target. At least 329 of these (84% of those confirmed positive) have enrolled in C&T to date, or 115% of the Y1 target for PLHIV reach, tested and linked to ART. USAID SHIFT-trained HHWs and HIV-in-charge staff are tracking and providing outreach and support to ensure that all others found positive enroll and remain on treatment.

TABLE I. Q1-4 REACH DSD RESULTS VERSUS Y1 TARGETS, DIEN BIEN AND NGHE AN

INDICATOR	DIEN BIEN						NGHE AN						COMBINED				
	Y1 Target	Q1	Q2	Q3	Q4	Y1 Results	% Achieved	Y1 Target	Q1	Q2	Q3	Q4	Y1 Results	% Achieved	Y1 Target	Y1 Results	% Achieved
Reached	4,224	1,157	2,308	2,401	1,766	7,632	181%	11,287	4,111	5,050	5,659	5,765	20,585	182%	15,511	28,217	182%
Tested	2,400	862	1,426	1,359	1,129	4,776	199%	4,673	2,270	1,591	1,534	1,972	7,367	158%	7,073	12,143	172%
Positive	55	53	52	45	13	163	296%	230	85	58	62	43	248	108%	285	411	144%
% Positive	2.3%	6.1%	3.6%	5.7%	2.7%	4.4%	149%	4.9%	3.7%	3.6%	4.0%	2.2%	3.4%	68%	4.0%	3.4%	84%
Treated	45	44	5	77	30	156	284%	230	70	36	43	24	173	75%	285	329	115%

FIGURE 1. Q1-4 REACH DSD RESULTS VERSUS YI TARGETS, DIEN BIEN AND NGHE AN



ENHANCED OUTREACH APPROACH IN HCMC

In Q4 USAID SHIFT partnered with Blue Sky Club and HCMC PAC to continue actively finding cases among MSM and TG communities. These efforts ensured that those at risk were aware of and accessed HTC and diagnosed cases immediately started ART. In Q4 Blue Sky CBS reached 2,481 KPs, linked 1,775 of these to HTC, and ensured that 156 (100% of those confirmed positive) had enrolled on C&T (see Table 2 below). These include 623 MSM and TG reached via Blue Sky Club's dynamic Facebook Fanpage, which provides information and resources on HIV risks and services, including virtual behavioral assessments and links to HTC. Blue Sky Club also delivered lay testing to 1,869 KPs in YI. Their consistently high performance in lay testing is described further under [1.1b Test](#) below.

These results were achieved through the intensive efforts of 20 Blue Sky CBS. During Q4 and through USAID SHIFT's first year, these CBS reached out to a wide variety of MSM and TG networks, from young MSM university students to local TG theatre troupes. In Q4 Blue Sky Club hosted a series of six Facebook Livestream events called "Let Me Say." For each of six Friday nights Blue Sky featured these events on their popular Facebook Fanpage, using social media to engage MSM and TG to learn about and discuss HIV risks (including amphetamine-type stimulants that have become prevalent in recent years), safe sex practices, and overcoming stigma and discrimination. Blue Sky Club used the opportunity to rally community awareness and support, featuring a variety of local advocates, thought leaders and celebrities popular with MSM and TG communities to attract a large audience. The Club also used the Livestreams to draw greater attention to offline events offering HIV lay testing. By early October, Blue Sky Club's "Let Me Say" Facebook Livestream videos had been viewed more than 35,000 times.

Blue Sky Club continued serving as the highest performer in HCMC in terms of successfully linking identified PLHIV to care and treatment, with 100% of referrals complete. The group achieved this, in part, through USAID SHIFT's KP Friendly Service strategy. Throughout YI the project introduced and reinforced KP friendly services at 24 of prominent, government-operated HTC sites and HTFs across HCMC.



ABOVE: A BLUE SKY CLUB COMMUNITY-BASED SUPPORTER COUNSELS A CLIENT IN HCMC, AUGUST 2017

In Q4, USAID SHIFT supported HCMC PAC to organize the second KP Friendly Service experience sharing meeting. A total of 70 representatives from 50 hospitals and five HTFs joined the event. The session focused on ways to increase ART enrolment among PLHIV newly diagnosed via hospitals, including the role that Blue Sky Club's CBS network will play. The project also trained 21 representatives from hospitals and HIV testing facilities on reducing stigma and discrimination towards both MSM and TGW clients and increase their use of HIV services.

During the quarter USAID SHIFT also supported Blue Sky Club to collaborate with HTF staff to identify patients LTFU and reengage them in treatment. The HTFs generated lists of all LTFU patients and shared them with Blue Sky Club CBS. These supporters successfully found and assisted 37 previously LTFU patients to restart treatment during Q4, and a total of 65 throughout Y1, or 108% of the annual target.

USAID SHIFT conducted two technical mentoring missions on HIV outreach, risk counseling and reduction, and community-based support and linkages to HTC and ART with Blue Sky CBSs in Q4. The project supported Blue Sky to convene two offline events including lay and mobile testing with technical support from DHC health professionals. USAID SHIFT recognizes continued growth in Blue Sky capacity, which the project will build on while striving towards high Y2 targets for HCMC.

The project helped convene a quarterly coordination meeting to boost linkages and improve data quality and sharing across HIV stakeholders in HCMC. A total of 73 representatives from 24 districts, HTFs and HTC sites, Blue Sky Club, VNP+, Life Center and USAID C-Link-supported CBOs gathered on August 29. During the quarter USAID SHIFT also convened a semi-annual review meeting with district and city level stakeholders in HCMC. This provided an opportunity for USAID SHIFT staff and PAC and project staff at

district levels to review the most recent outreach results, discuss challenges encountered, and identify opportunities for improvement, particularly in finding and linking LTFU patients to ART.

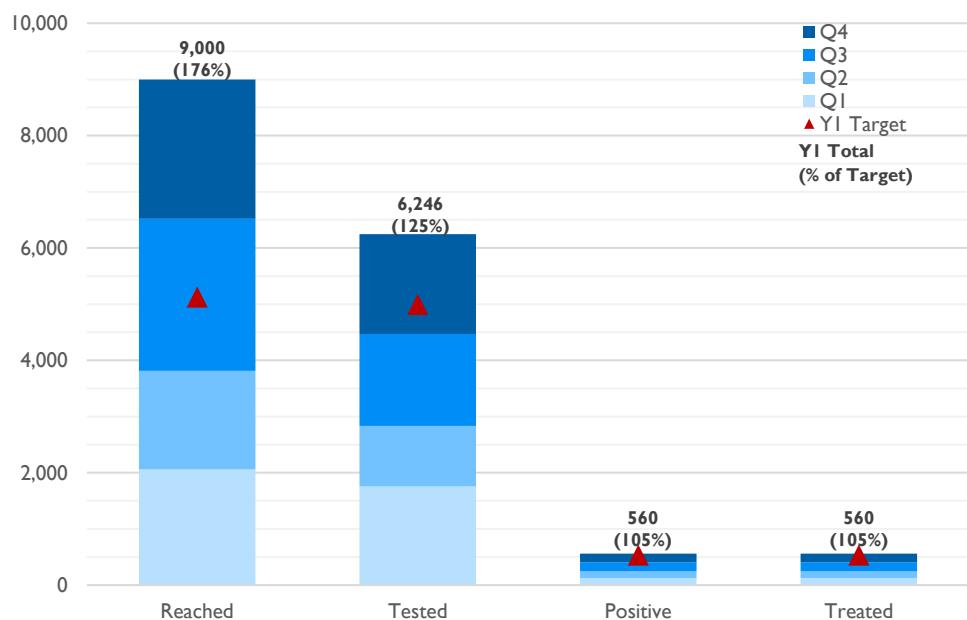
USAID SHIFT finalized and printed IEC materials specific to KP groups in HCMC, to promote safe behaviors, early enrollment on ART and participation in SHI.

As in Dien Bien and Nghe An, USAID SHIFT exceeded its KP outreach targets for YI in HCMC. Here the project achieved 176% of its YI outreach target (9,000/5,128), and 125% of its YI target for successfully linking higher risk KPs to HTC (6,246/5,000). USAID SHIFT, via Blue Sky Club CBS, supported 100% of 560 KPs found positive to enroll on treatment, or 105% of its YI target for KP case finding and linkage to ART. Results are presented in Table 2 and Figure 2 below.

TABLE 2. Q1-4 REACH DSD RESULTS VERSUS YI TARGETS, HCMC

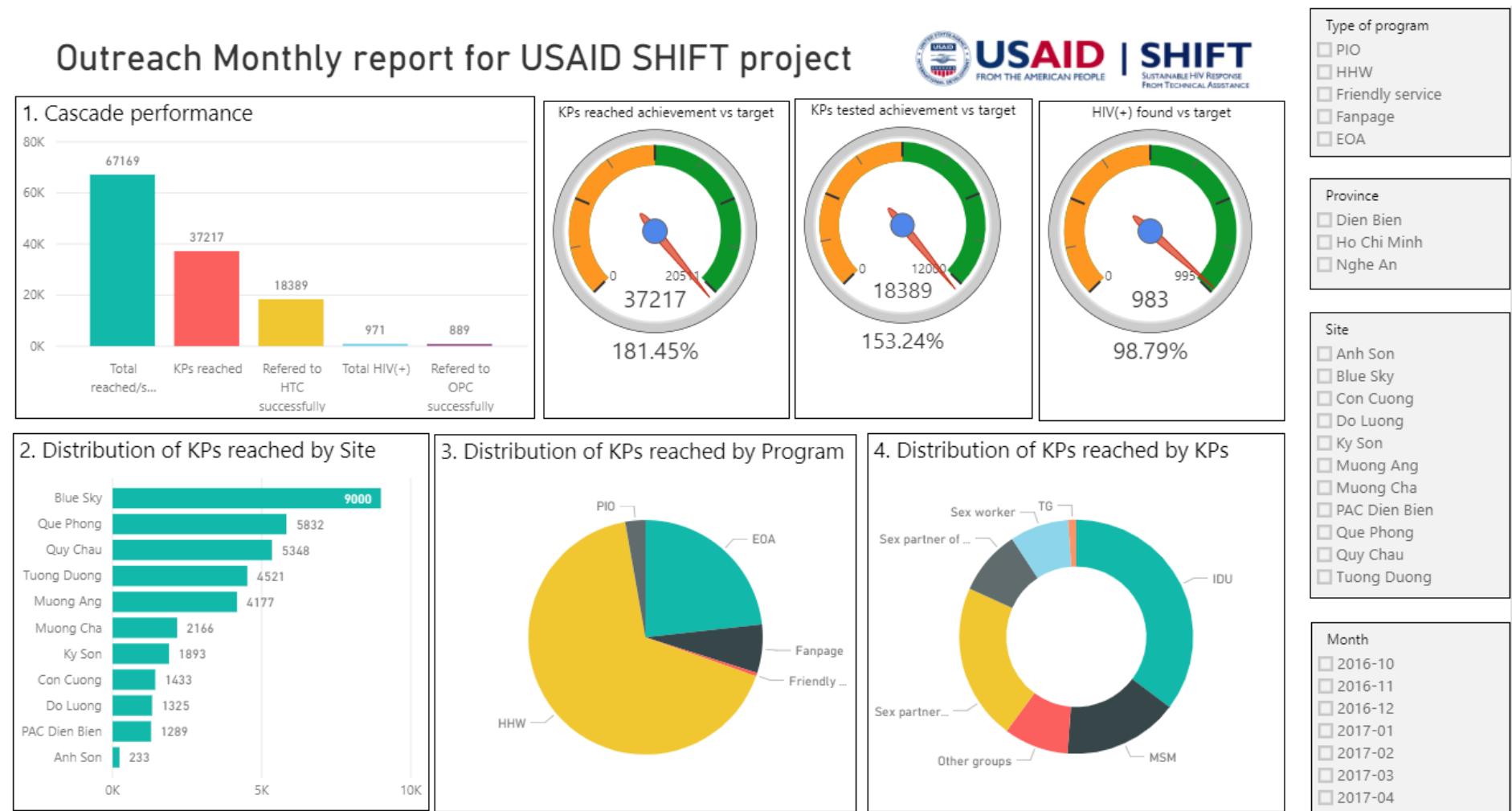
INDICATOR	YI Target	Q1	Q2	Q3	Q4	YI Results	% Achieved
Reached	5,128	2,060	1,751	2,708	2,481	9,000	176%
Tested	5,000	1,755	1,076	1,640	1,775	6,246	125%
Positive	535	125	121	158	156	560	105%
% Positive	10.7%	7.1%	11.2%	9.6%	8.8%	9.0%	84%
Treated	535	125	121	158	156	560	105%

FIGURE 2. REACH DSD RESULTS VERSUS TARGETS, HCMC



USAID SHIFT outreach results for all provinces in YI are also available in the project's PowerBI Outreach Dashboard, a screenshot of which is presented in Figure 3, below.

FIGURE 3. USAID SHIFT YI POWERBI REACH DASHBOARD



I.Ib | TEST

In its first year USAID SHIFT used diversified modalities to find new cases and improved testing efficiency to ensure its sustainability. Throughout the year the project:

- Strengthened PITC in priority province hospitals to ensure that providers proactively test higher risk patients and link diagnosed PLHIV to C&T;
- Closely monitored and honed lay testing efforts to focus on high yield sites;
- Completed the significant expansion of district laboratory certifications for confirmatory testing; and
- Costed and disseminated the project's innovative sample transport by post model.

The project's work to achieve COP16 HTC targets is described below. Efforts to transition HTC services to local ownership are described under I.2a Transition.

DIVERSIFIED TESTING MODALITIES

Under COP16 USAID SHIFT supported HTC DSD and TA-SDI services in 37 districts across five provinces with widely diverse populations and contextual challenges. The preferences and needs of MSM and TGW in HCMC differ greatly from those of poor women in rural hamlets of Nghe An or recovering drug addicts in Hanoi. Fortunately, a number of models are now available to address these disparate situations, from traditional fixed site to mobile, oral and lay testing, to PITC and partner notification. However, as Vietnam makes progress towards epidemic control, finding new cases is becoming increasingly challenging. USAID SHIFT has worked diligently to balance aggressive case finding aspirations against an absolute necessity to contain service costs.

PITC

Provider-initiated testing and counseling continues to prove an important channel to find new cases in supported provinces. In Y1 USAID SHIFT trained 197 healthcare providers from eight hospitals in HCMC and 31 districts of Nghe An and Dien Bien on PITC. In Q3-4, USAID SHIFT worked with HCMC sites and authorities to agree on follow-up TA to mainstream PITC practices, tracking and reporting into their routine operations. In Nghe An and Dien Bien the project worked with regional hospitals to ensure PITC practices were monitored and reported correctly and that all hospital-diagnosed PLHIV were linked to C&T. The TA support to hospital-based testing settings, in the long-run will ensure the sustainability of testing service provision with possibility of SHI coverage.

Lay testing

In Q4 USAID SHIFT continued supporting high quality lay testing, which has proven a good match for finding cases among MSM and TG communities in HCMC. Here Blue Sky Club lay testers found 32 (4.7%) positive cases in Q4, and 333 (8.9%) cases overall in Y1 (see Table 3). The Club's well trained and highly motivated CBS assisted 100% of these PLHIV to enroll in C&T – a major achievement and important contributor towards epidemic control.

USAID SHIFT is keen to maximize cost efficiency for all HIV services given the country's current funding transition. The project and other PEPFAR implementing partners introduced lay testing via HHWs in mountainous provinces in FY16, with USAID SHIFT focused specifically on Nghe An's Tuong Duong district. The project closely monitored results and found persistent low yield from lay testing in this area, with eight of 953 (0.8%) cases diagnosed in FY17 Q1-3. After discussing and building consensus with Nghe An PAC and USAID, the project ended support for lay testing in Tuong Duong in Q4. In the meantime, USAID SHIFT continued supporting Blue Sky Club to deliver productive lay testing services to high risk MSM and TG in HCMC.

Based on these experiences, lay testing in Vietnam seems best matched to serve well defined key populations with higher HIV prevalence, most likely in urban areas with higher population density, and/or in contexts when other testing methods (such as periodic mobile testing) are entirely unavailable.

TABLE 3. YI LAY TESTING RESULTS

INDICATOR	HCMC				YI Total	NGEHE AN				YI Total	YI GRAND TOTAL
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		
Tested	949	1,200	899	680	3,728	332	365	255	563	1,515	5,243
Reactive	93	119	89	32	333	4	3	1	2	10	343
% Confirmed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% Positive	9.8%	9.9%	9.9%	4.7%	8.9%	1.2%	0.8%	0.4%	0.4%	0.7%	6.5%

Oral testing

USAID SHIFT continued working with VAAC to procure 5,000 OraQuick kits. The project submitted required documentation to VAAC regarding plans for receipt, storage, distribution and transfer of the kits, but is still awaiting and advocating for final approval. USAID SHIFT worked with local partners to plan for use of the kits and incorporated these into its Y2 work plan. These include offering oral tests to hidden MSM or highly stigmatized TGW in urban areas who prefer to use at home self-testing, and potentially those reached through partner notification but unwilling or unable to access any other HTC services.

IMPROVING TESTING EFFICIENCY

Confirmatory testing

In Q4, USAID SHIFT continued technical assistance to help district laboratories in priority provinces. USAID SHIFT has worked closely with these facilities to help them prepare for, undergo, and complete procedures required to achieve official certification to serve as HIV confirmatory testing laboratories. Such work reduces the turnaround time required to confirm a PLHIV's status. Research and program experiences have repeatedly shown that reducing this timeframe improves retention from testing-to-treatment and prevents leaks in the cascade from diagnosis to viral suppression. However, the specific procedures required to achieve confirmatory laboratory certification are lengthy and can be difficult for even well-functioning facilities to complete. Since its launch, the USAID SHIFT project has used its substantial expertise in HIV laboratory services to train, partner with, and support 17 facilities to do so successfully.

In Q4 USAID SHIFT aided the last uncertified district laboratory in Nghe An, at the Southwest Hospital, to complete a reassessment, receive certification, and begin providing HIV confirmatory testing services in September. In HCMC, USAID SHIFT enabled District 3's laboratory to receive its certification and begin delivering confirmatory results in September. The project assisted two remaining laboratories in HCMC's Nha Be and Hoc Mon districts to complete all required procedures. These sites are awaiting their final certificates from the Ministry of Health and will be ready to immediately start delivering confirmatory test results upon their receipt. By the close of Y1 USAID SHIFT has nearly completed its' charge to help establish and enable a total of 17 district laboratories in the three priority provinces.

Specimen transport

Individuals who receive a confirmed HIV-positive diagnosis quickly are more likely to enroll in treatment. Historically, HIV screening sites in Vietnam have relied on laboratory staff or other ad hoc means to transport samples to centralized laboratories for confirmatory testing. This practice can significantly delay getting verified results to patients, particularly in remote and mountainous areas. This in turn delays PLHIV enrolment on ART and contributes to attrition between diagnosis and treatment. USAID SHIFT worked with local partners in Nghe An and Dien Bien to design and launch a new specimen transport model to transport samples from screening to confirmatory labs via Vietnam Post.

After its first six months of implementation, in Q3 USAID SHIFT analyzed and found significant improvements in time and cost-efficiency, as well as patient diagnosis and links to treatment among sites implementing the Vietnam Post model.² The project shared these findings with USAID, as described in its Q3 QPR. In Q4 Vietnam's PEPFAR Technical Working Group (TWG) invited USAID SHIFT to share results, experiences and lessons learned from the model with national stakeholders and implementing partners. USAID and VAAC expressed their appreciation for the project's innovation and knowledge exchange. As a result, the VAAC is replicating and helping to roll out the model across the country in FY18.

FIGURE 4. USAID SHIFT SPECIMEN TRANSPORT MODEL



Partner notification

In Q4 USAID SHIFT continued implementing partner notification (PN) in coordination with other PEPFAR IPs. The project's PN strategy focuses on reaching and providing testing and counseling to sexual and injecting partners of PLHIV enrolled on treatment at supported HTFs. In June USAID SHIFT trained 51 staff from HTC and ART sites in Nghe An and Dien Bien on PN concepts, procedures, tools and reporting. Supported sites began searching for new cases via the updated PN strategy in July. However, the result of these efforts has been somewhat mixed. USAID SHIFT- and previously USAID SMART TA-supported HTFs and HTC sites have counseled and supported diagnosed PLHIV to refer their injecting and sexual partners and any potentially HIV-exposed children to testing for years now. The predecessor USAID SMART TA project delivered updated PN training as recently as 2015. As a result, nearly all of existing ART patients' HIV-exposed contacts have already tested and, if found positive and located in the province, enrolled on treatment. USAID SHIFT will continue to implement the strategy, which will especially focus on those newly diagnosed and any individuals with interruptions in ART.

²Performance was compared for sites implementing the Vietnam Post model between July-December 2016 versus the traditional model from July-December 2015. To ensure comparability, the analysis excluded data for specimen transportation from commune level, which began in 2016, and from districts with district-level confirmatory laboratories which reduce or eliminate transportation needs (Vinh City and Que Phong in Nghe An; Tuan Giao, Dien Bien, and Dien Bien Phu City in Dien Bien).



RESULTS

In Q4 USAID SHIFT made solid progress towards its Y1 HTC goals. Across sites supported in five provinces the project provided 41,410 people with HIV testing, counseling and their confirmed results. Of these, 1,825, or 4.4%, were confirmed positive. Cumulatively the project achieved 87% and 90% of its numeric testing and testing-positive targets for COP16, respectively, and exceeded its percent yield target (4.4% positive versus 4.2% target). USAID SHIFT continued achieving high yield in HCMC, where more than 12% of those tested in Y1 were found positive. As agreed with USAID and provincial partners in Nghe An and Dien Bien, the project transitioned sites with low yield in order to focus on districts with greater case finding potential.

Table 4 and Figure 5, below, present HTC results by quarter versus Y1 targets. These figures include minor adjustments to Q1-Q3 HTC results submitted via DATIM, for example gained through routine data quality audits. During Y1 the project also refined and employed an online PowerBI Dashboard to analyze HTC results by province and district. A screenshot is presented in Figure 6.

TABLE 4. Y1 TEST RESULTS VS. TARGETS

INDICATOR	RESULTS							RESULTS						
	Y1 Target	Q1	Q2	Q3	Q4	Total	% Achieved	Y1 Target	Q1	Q2	Q3	Q4	Total	% Achieved
DIEN BIEN														
Tested	18,800	5,860	4,455	4,018	3,649	17,982	96%	11,158	2,596	1,517	2,099	2,147	8,359	75%
Positive	752	81	116	77	66	340	45%	356	25	6	26	43	100	28%
% Positive	4.0%	1.4%	2.6%	1.9%	1.8%	1.9%	47%	3.2%	1.0%	0.4%	1.2%	2.0%	1.2%	37%
HCMC														
Tested	10,600	3,096	1,803	2,891	2,531	10,321	97%	3,000	737	879	1,036	1,004	3,656	122%
Positive	660	362	228	349	341	1,280	194%	90	5	2	14	10	31	34%
% Positive	6.2%	11.7%	12.6%	12.1%	13.5%	12.4%	199%	3.0%	0.7%	0.2%	1.4%	1.0%	0.8%	28%
AN GIANG														
Tested	4,186	188	262	240	402	1,092	26%	47,744	12,477	8,916	10,284	9,733	41,410	87%
Positive	168	27	21	9	17	74	44%	2,026	500	373	475	477	1,825	90%
% Positive	4.0%	14.4%	8.0%	3.8%	4.2%	6.8%	169%	4.2%	4.0%	4.2%	4.6%	4.9%	4.4%	104%
TOTAL														
Tested	47,744	12,477	8,916	10,284	9,733	41,410	87%							
Positive	2,026	500	373	475	477	1,825	90%							
% Positive	4.2%	4.0%	4.2%	4.6%	4.9%	4.4%	104%							

FIGURE 5. YI TEST RESULTS VS. TARGETS

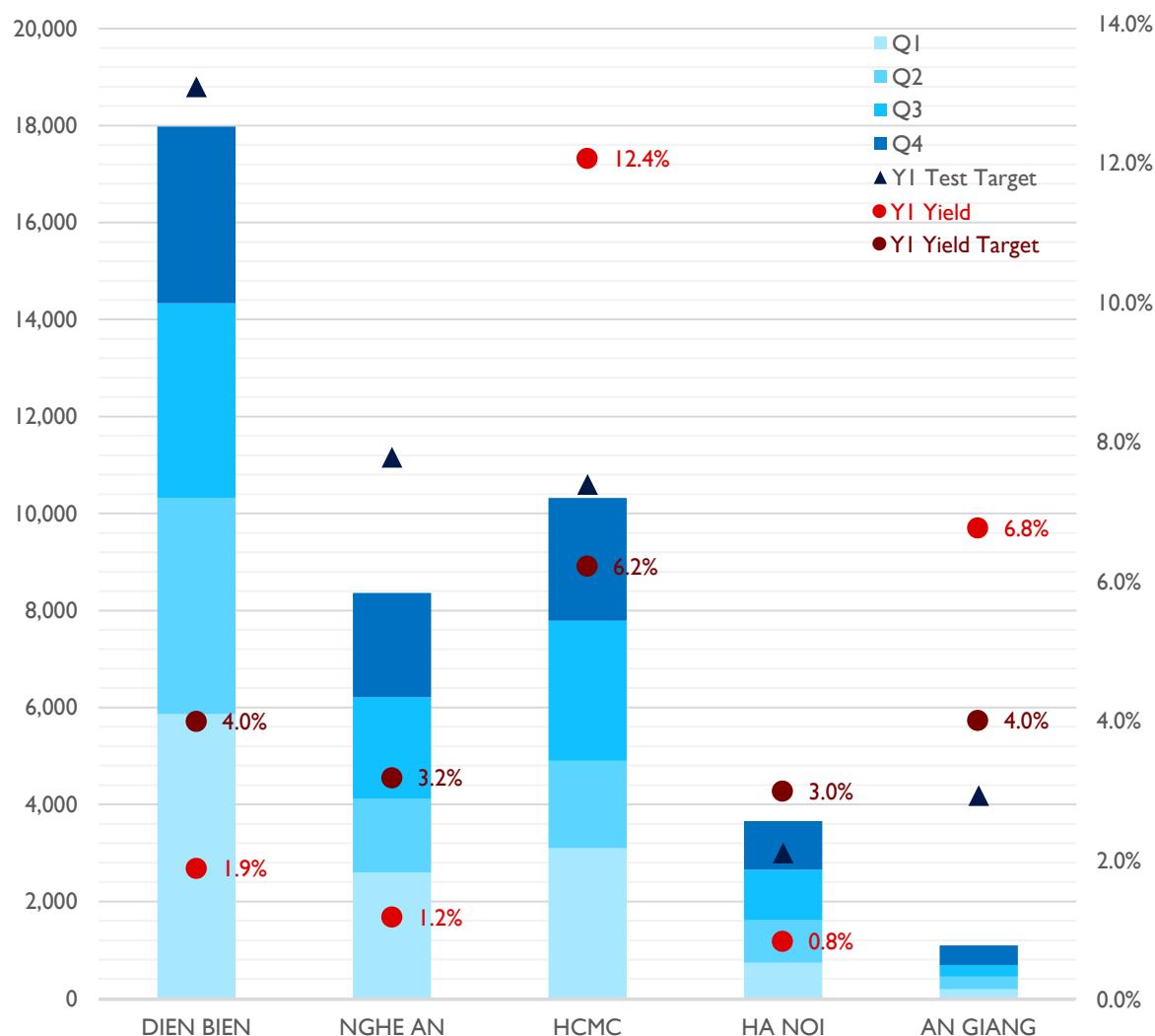


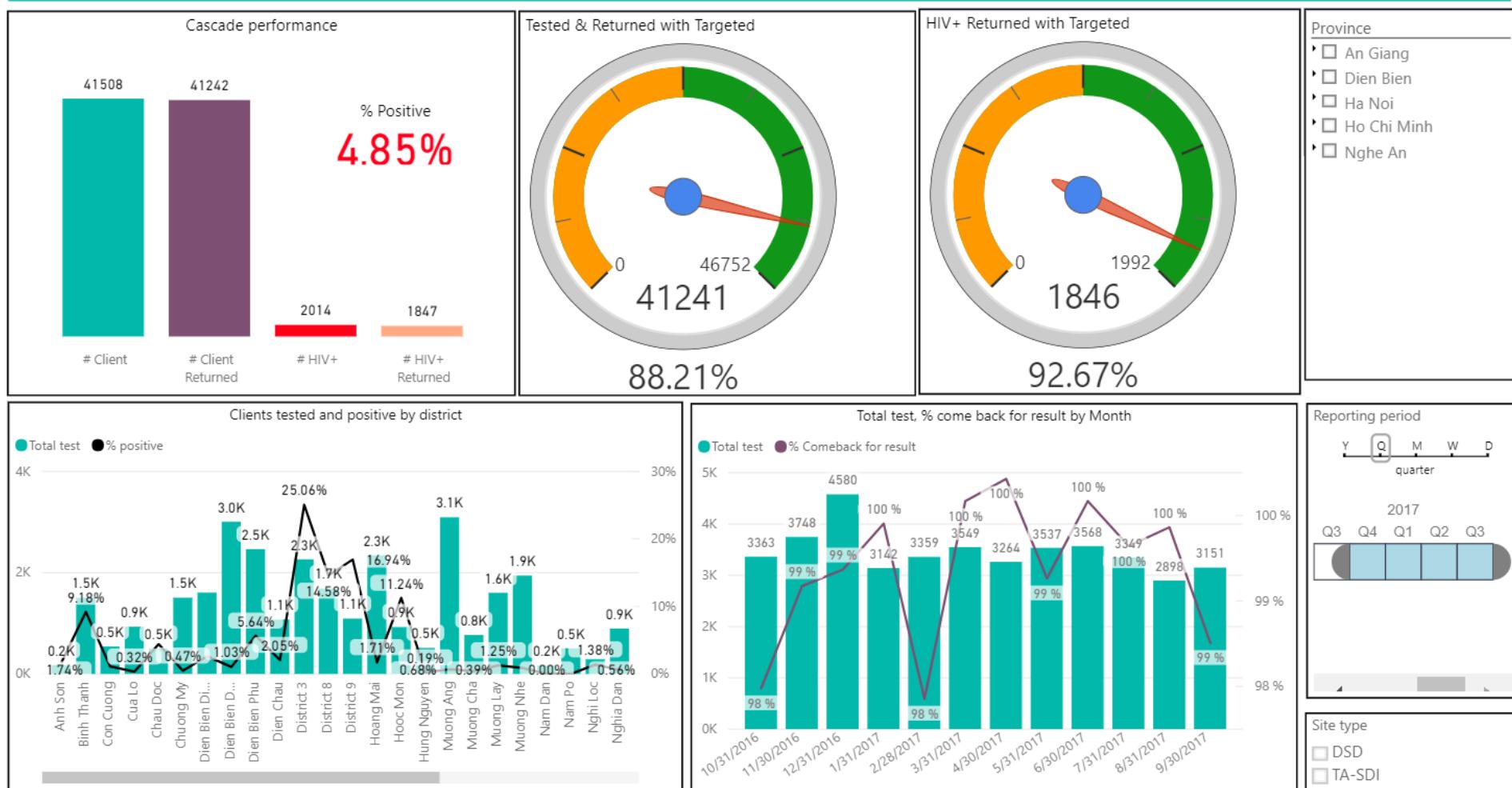
FIGURE 6. POWERBI HTC DASHBOARD

Last update by
9/30/2017

DATA FEEDBACK DASHBOARD FOR HTC PROGRAM



USAID | SHIFT
From the American People | Strengthening Health Sector Transformation



I.Ic | TREAT

In Q4 USAID SHIFT provided C&T support to 55 HIV treatment facilities (HTFs) while strengthening provincial and national capacity to sustain treatment services. The project's activities to enroll and retain PLHIV on ART and achieve viral suppression are presented below, followed by numeric results and figures.

ENROLLING PLHIV IN ART

Accelerated ART enrollment

During Q4 USAID SHIFT continued enabling 55 HTFs to provide immediate ART to those found HIV-positive, regardless of their CD4 counts at diagnosis. Across 30 HTFs in priority provinces, the project promoted clients who had screened positive by rapid tests to enroll on treatment while waiting for confirmatory results. USAID SHIFT also supported HTC and HTF sites to review the status of every newly diagnosed PLHIV to ensure they had enrolled on ART. Where needed, USAID SHIFT ensured that HTF staff directly contacted any patients who were late for their initial appointments to provide coaching and support and address potential barriers to their enrolment.

mRTS

In Q4, with technical assistance from USAID SHIFT, Nghe An DOH and PAC planned, prepared for, and led an mRTS mission in Quy Hop district. Here they found 10 HIV-infected people, of whom three had been diagnosed but not yet started treatment ('old' cases) and two had been lost to follow-up from ART. As in past missions, these efforts also uncovered new cases by providing immediate testing to PLHIV partners and family members. The team newly diagnosed five such PLHIV. All ten of the cases were aided to immediately start ART.

USAID SHIFT also supported Dien Bien PAC to analyze records from HIVInfo and ART registers to identify PLHIV not yet on treatment or LTFU, as well as KPs without recent HIV testing results. They prioritized six communes with highest potential for finding untested KPs and untreated PLHIV, in Dien Bien Dong, Dien Bien and Tuan Giao districts, then planned for and executed missions to these areas. The missions identified and immediately linked 23 PLHIV to treatment – one 'old' case, 11 that had been LTFU, and 11 who were newly diagnosed.

Both Dien Bien and Nghe An provincial authorities have demonstrated marked improvements in capacity to execute the breadth of steps involved in successful mRTS missions. PAC/DOH staff in both provinces have greater confidence and ability to collate and compare HIV case reporting and ART logs to identify untreated PLHIV. They are also now more comfortable in reaching out to and persuading district and commune staff to prepare communities for such missions. Although arduous, both provincial authorities and local staff appreciate the importance of these efforts to find and support hardest-to-reach PLHIV, engage them in treatment, and hopefully prevent onward transmission while improving their health outcomes.

TB/HIV integration and case finding

In Q4, USAID SHIFT continued providing technical assistance on TB/HIV integration and case finding in Dien Bien and Nghe An. In Dien Bien the project helped provincial authorities organize a TB/HIV coordination meeting with 30 representatives from the PAC, Provincial TB Hospital, and 10 DHCs. The workshop addressed key aspects of the TB/HIV integration model, isoniazid preventive therapy (IPT), and TB and HIV diagnosis and treatment. After the meeting, Dien Bien PAC and TB Hospital conducted follow-up visits to 10 districts to review progress on implementing recommendations to improve integration efforts and outcomes. This included examining personnel, infrastructure, infection control, medication supply, patient flows, and procedures used to oversee and ensure their effective functioning. In Nghe An, the PAC and Provincial TB Hospital continued providing follow-up support to HTFs on TB/HIV integration and referral as well. Nghe An TB Hospital conducted site assessments for all 21 districts in August and September, using technical monitoring tools developed by USAID SHIFT and USAID TB Challenge.



MMT case-finding

People who inject drugs (PWIDs) still account for at least one-third of new HIV infections annually. Medication assisted therapy (MAT) remains a key mechanism both to prevent new infections and ensure that HIV-positive PWIDs are diagnosed and on ART. Throughout the year, the project worked closely with existing and new MMT sites in Dien Bien and Nghe An to ensure that their staff understood the importance of diagnosing and rapidly treating HIV-positive MMT patients. These efforts have borne positive outcomes. By the end of Q4, more than 95% of HIV-positive patients in project-supported MMT sites were on ART.

RETAINING PLHIV ON ART

Enhanced ART Retention

In Q4 USAID SHIFT continued providing technical assistance to PACs and HTFs to implement enhanced ART retention and risk mitigation strategies. During the quarter project-supported sites investigated 233 LTFU cases and 54 deaths. HTF staff attempted to reach 218 (94%) of the LTFU cases that had provided contact information. Of these, they found that 137 (63%) would not answer calls or reply to text messages, or no longer had working phone numbers; 30 (14%) were working outside their home district; 21 (10%) reported being unable to access treatment due to lack of transport; 15 (7%) declined treatment; 10 (5%) had permanently moved to another province; and five (2%) had been incarcerated. Sites are working to re-engage all 81 patients they could reach, and continue trying to access the 137 others who have not responded to messages or calls or provided working phone numbers. USAID SHIFT also verified 54 deaths, 34 of which (63%) were attributed to HIV/AIDS and the remainder to accidents or other causes.

ITCP

By September 2017, USAID SHIFT had helped ensure that 100% of HCMC's more than 31,000 ART patients across 29 HTFs had developed and begun implementing ITCPs. The project enabled 1,000 patients who lacked SHI cards to obtain them. Together with VNP+, USAID SHIFT also assisted 59 patients who had reported major difficulty in enrolling in SHI to do so by obtaining necessary identification and household registration papers.

By the end of Y1 USAID SHIFT had also enabled 77% of ART patients in Dien Bien (2,221) to complete assessments and facility staff to input their records in the project's online ITCP system. Of these, 93% (2,071) reported having SHI cards. In Nghe An, the project assisted 67% of ART patients (2,615) to complete their plans and HTF staff to input their records. Data show (96%) of these patients already have SHI cards; a promising proportion for ART sustainability.

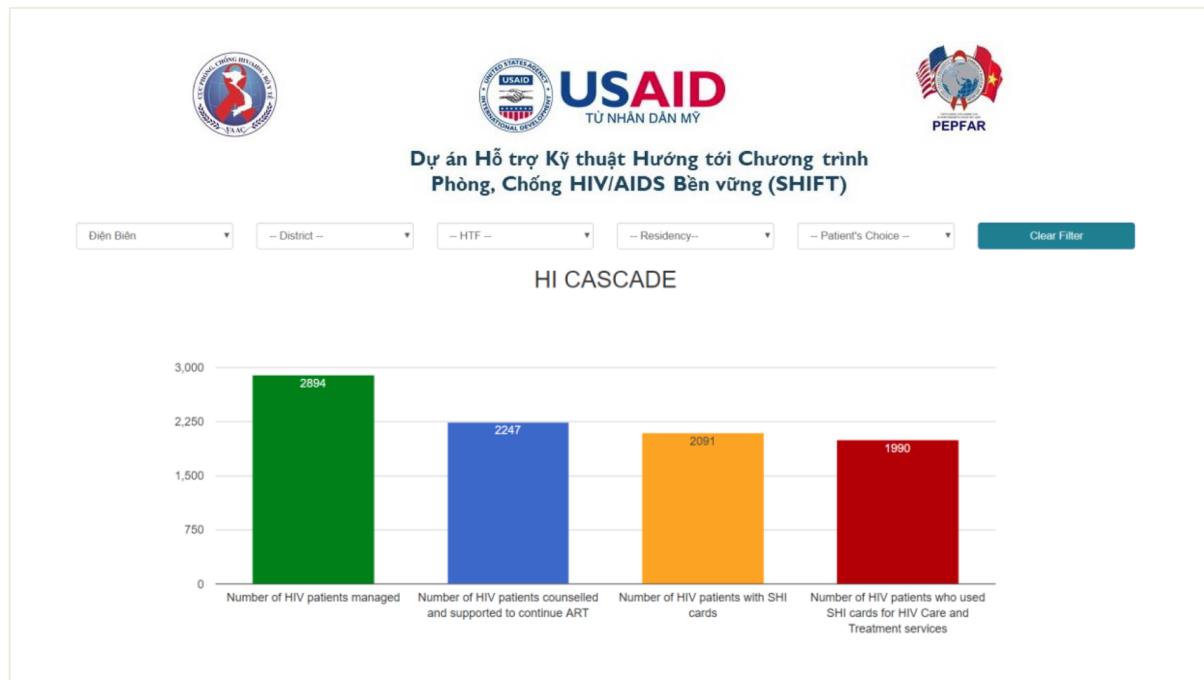
In Q4 USAID SHIFT enabled Can Tho to become the fourth province to roll out ITCPs. In August, the project trained 24 PAC and HTF staff on how to counsel and enroll patients, enter ITCP data into the online system, and analyze progress. By the end of September, the province had supported 32% (714) of its ART patients to complete ITCPs, of whom 83% (631) have SHI cards.

The ITCP process, tools, and data system are depicted in Figures 7-8, below.

FIGURE 7. ITCP PROCESS AND TOOLS



FIGURE 8. ONLINE ITCP DATA SYSTEM



Commune-level ART

Distance from HTFs has proven a significant barrier to ART retention in remote and mountainous areas of Vietnam. In urban areas, decentralizing ARV scripting and patient management to CHSs also relieves pressure on high-volume HTFs. In Q4, USAID SHIFT continued extending commune-based treatment HCMC, Dien Bien, Nghe An and An Giang. By September 2017, a total of 2,512 HIV patients received treatment via 193 CHSs in these cities and provinces. In HCMC, 9% of total current ART patients in from six project-supported HTFs now receive treatment via 84 CHSs. In Nghe An, Dien Bien and An Giang, this proportion was 11%, 36% and 3.5% respectively.

TABLE 5. ART PATIENTS MANAGED AT COMMUNE-LEVEL

PROVINCE	PATIENTS	CHS
HCMC	937	84
Dien Bien	1,075	62
Nghe An	426	46
An Giang	74	1
TOTAL	2,512	193

In Nghe An province, after a training on managing ART patients at CHSs in June, Ngoc Lam and Thanh Loi CHSs (in Thanh Chuong district) and Binh Chuan CHS (in Con Cuong district), began receiving patients. USAID SHIFT, Nghe An PAC, and respective district HTFs provided technical support for implementation and oversight.

Clinical coaching and mentoring

On-site clinical TA is essential to monitor and ensure the quality of HIV treatment services. Together USAID SHIFT and PAC C&T leaders delivered hands-on coaching, consultations, and practical training for physicians and nurses. This format of TA is highly appreciated, as providers are given the opportunity to learn how to handle difficult cases and gather the latest knowledge from leading HIV experts in Vietnam.

In Q4, USAID SHIFT and local partners provided 33 on-site clinical and operational TA sessions to HTFs in Ha Noi, HCMC, Bac Giang, Dien Bien, Nghe An, Quang Ninh, An Giang, Hai Phong and Thai Binh provinces. These visits assessed treatment procedures to ensure they align with national guidelines, supported transitioning from TDF/3TC/NVP to the TDF/3TC/EFV regimen, and assisted healthcare providers to address INH and cotrimoxazole prophylaxis, recent HIV patient deaths, and diagnosing and treating complex cases, such as those with suspected but unconfirmed TB, mycobacterium avium complex (MAC), *Penicillium marneffei* infection, and Lou Gehrig's disease. The project and PAC partners helped providers address issues and implement action plans. The project will provide virtual monitoring and, where needed, further on-site follow-up support. USAID SHIFT also provided TA to Dien Bien and Nghe An PACs to conduct MMT SHIFT technical monitoring in 16 MMT sites.

Virtual capacity strengthening

USAID SHIFT continued using webinars to build local capacity across a wide range of participants while containing TA costs. In Q4, the project led an HIV clinical case discussion webcast which reached 59 staff from 27 HTFs in 10 provinces and cities. The discussion was particularly appreciated by doctors who raised complex cases to experts and other colleagues. These include MAC infection and hepatitis among HIV patients. USAID SHIFT will continue using this cost-efficient TA method in coming quarters.

Pediatric HIV

HTFs in Nghe An and Dien Bien continued to provide pediatric ART in Q4, with technical assistance and support from USAID SHIFT. The project worked with VAAC and other partners to refer pediatric patients from the National Pediatric Hospital to provincial hospitals. USAID SHIFT is working with HTFs in Bac Giang to assist and ensure the continued quality of care for the first such group of referrals.

SUPPRESSING VIRAL LOAD

USAID SHIFT continued supporting DSD and TA-SDI HTFs across 11 provinces to provide VL testing for both suspected treatment failure and routine monitoring. Sites moved PLHIV with persistently high VL to second-line regimens. Per Table 6, 96% of VL test results received in Q4 demonstrated suppression. However, these include results for both routine monitoring and suspected treatment failure. Thus, the total proportion of ART patients with viral suppression is likely higher.

RESULTS

By the close of Q4 USAID SHIFT had achieved 79% and 98% of its Y1/COP16 TX_NEW (new on ART) and TX_CURR (currently on ART) targets, respectively. The project exceeded its Y1 TX_NEW targets in eight of 11 provinces. USAID SHIFT fell short of high TX_NEW targets for Dien Bien, Nghe An and Lao Cai. The project achieved 98% of its Y1 TX_CURR targets, with 23,393 on ART in project-supported HTFs. Results are presented in Table 7 and Figures 9 and 10 below. These results reflect data uploaded to DATIM at the end of each quarter. They do not reflect additions and corrections included in the project's continuously updated Power BI Treatment and Retention Dashboards, screenshots of which appear in Figure 11.

TABLE 6. Q4 VL TESTING RESULTS³

Province	Tests Performed	Results Received	
		<1,000 copies/mL (% suppressed)	≥1,000 copies/mL
HCMC	3,180	3,040 (96%)	132
Dien Bien	372	331 (89%)	41
Nghe An	366	264 (94%)	16
Sustaining Provinces	3,278	2,297 (97%)	82
TOTAL	7,196	5,932 (96%)	271

TABLE 7. Q1-3 TREATMENT Q1-3 RESULTS VERSUS Y1 TARGETS

Province	NEW ON ART						CURRENT ON ART							
	Y1 Target	Q1	Q2	Q3	Q4	Y1 Total	% Achieved	Y1 Target	Q1	Q2	Q3	Q4	% Achieved	
Priority	Dien Bien	1,211	72	84	133	63	352	29%	3,938	2,845	2,894	2,975	3,015	77%
	Nghe An	895	111	82	99	104	396	44%	2,898	2,262	2,362	2,499	2,637	91%
	HCMC	1,029	286	257	408	411	1,362	132%	9,721	9,376	9,520	9,786	10,147	104%
	TOTAL	3,135	469	423	640	578	2,110	67%	16,557	14,483	14,776	15,260	15,799	95%
Sustaining	An Giang	35	40	44	36	37	157	449%	1,876	1,941	1,969	1,988	2,003	107%
	Bac Giang	15	10	16	27	20	73	487%	377	375	388	414	446	118%
	Can Tho	40	15	11	18	10	54	135%	503	481	494	507	511	102%
	Ha Noi	98	31	27	32	25	115	117%	1,329	1,292	1,292	1,294	1,293	97%
	Hai Phong	20	19	17	5	14	55	275%	649	672	659	660	667	103%
	Lao Cai	80	9	15	23	15	62	78%	731	674	646	641	645	88%
	Quang Ninh	34	30	20	21	23	94	276%	1,746	1,864	1,867	1,864	1,873	107%
	Thai Binh	5	2	1	4	2	9	180%	189	196	183	172	156	83%
	TOTAL	327	156	151	166	146	619	189%	7,400	7,495	7,498	7,540	7,594	103%
	GRAND TOTAL	3,462	625	574	806	724	2,729	79%	23,957	21,978	22,274	22,800	23,393	98%

³ Includes results for VL testing provided for both routine monitoring and suspected treatment failure.

FIGURE 9. NEW ON ART, YI RESULTS VERSUS TARGETS

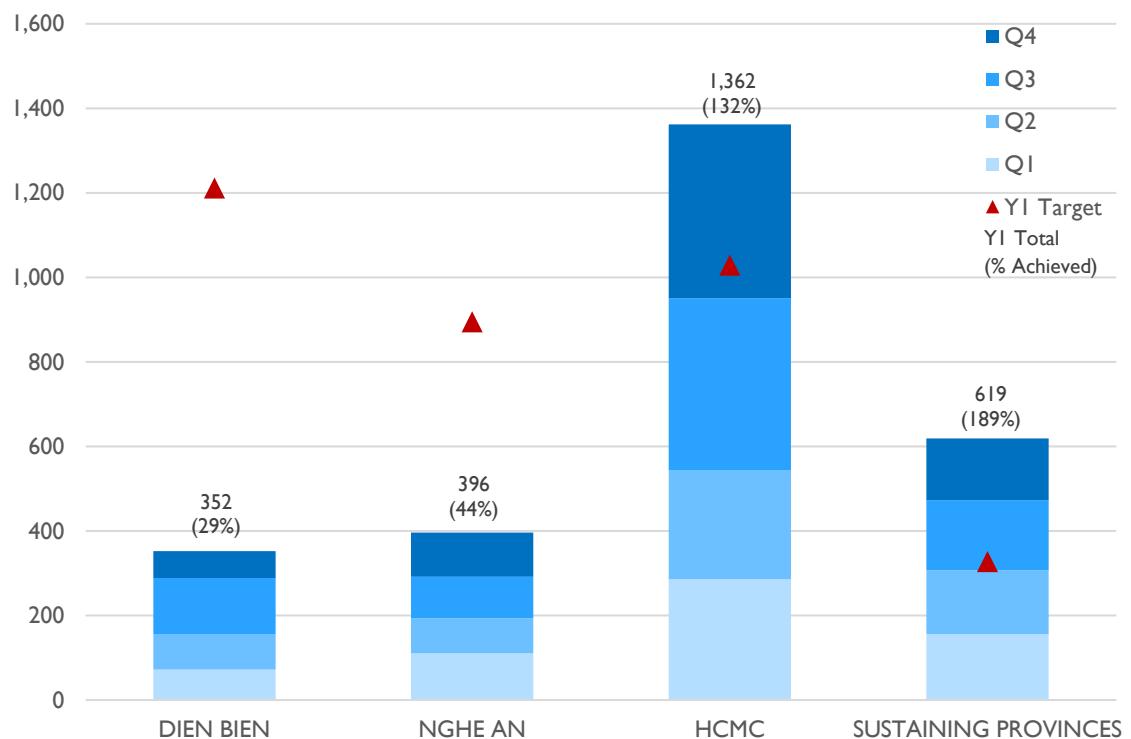


FIGURE 10. CURRENT ON ART, YI RESULTS VERSUS TARGETS

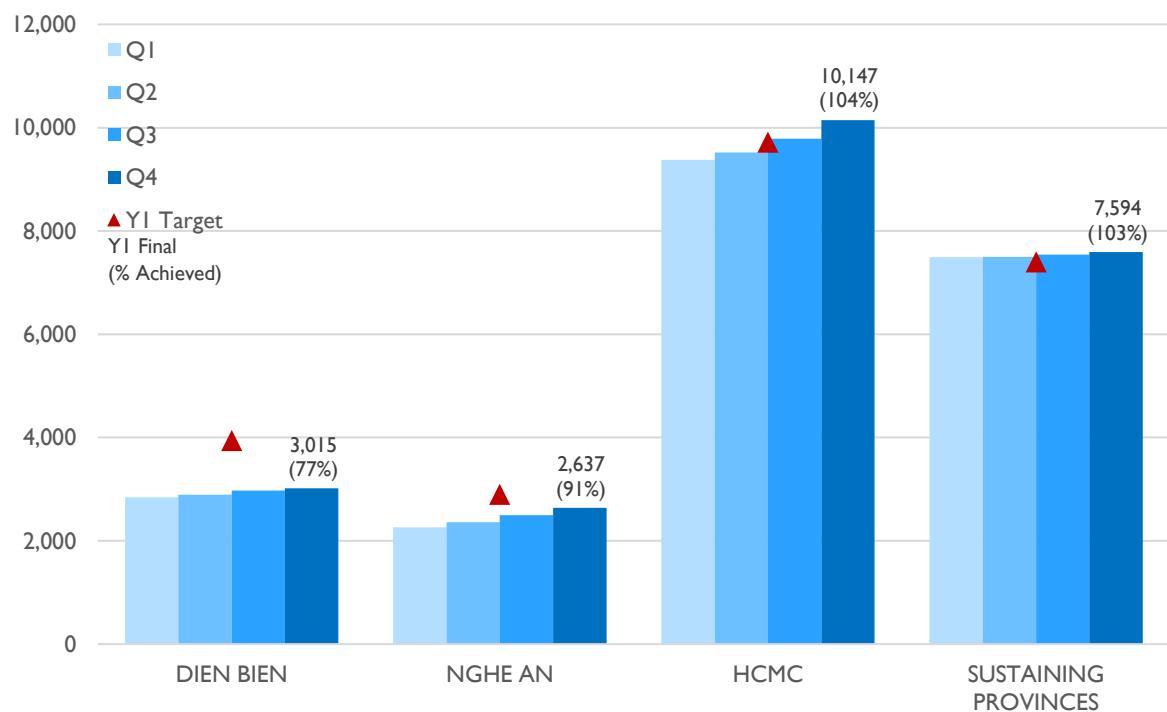
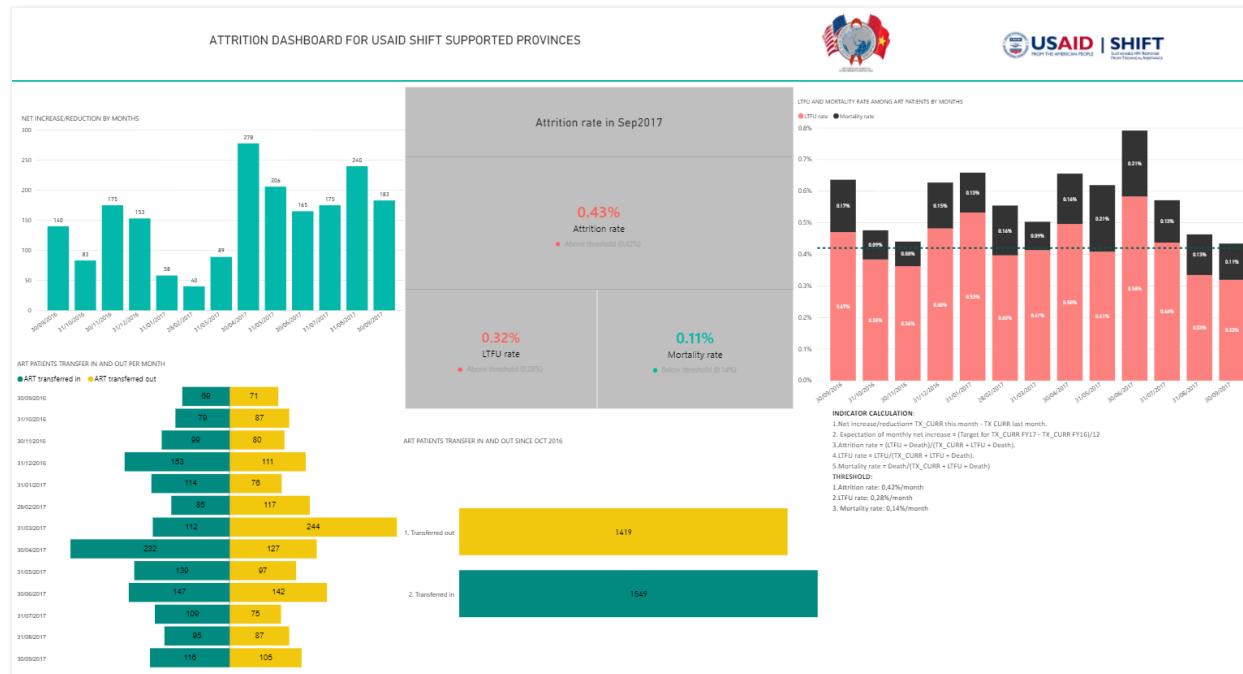
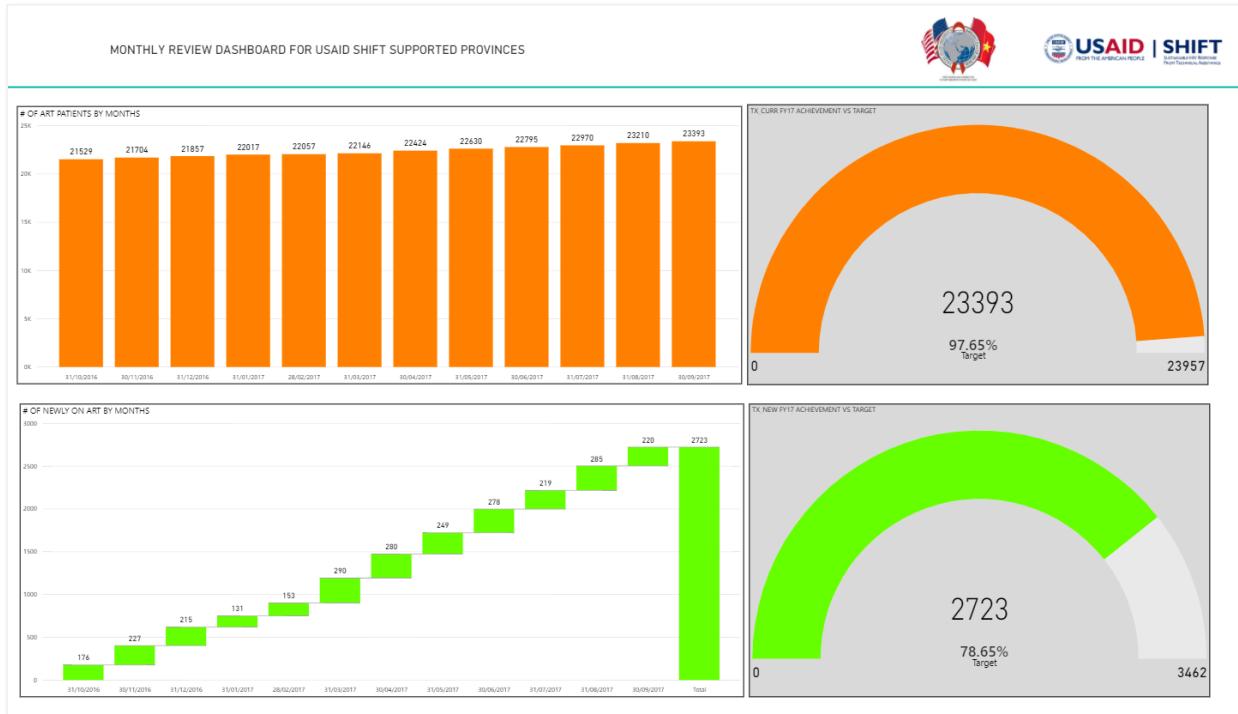


FIGURE 11. POWER BI TREATMENT AND RETENTION DASHBOARDS



I.1d | MONITOR & EVALUATE

In Q4, USAID SHIFT continued to work with Nghe An and Dien Bien PACs to analyze provincial performance and prepare for 90-90-90 quarterly progress reviews. USAID SHIFT continuously generated and updated site- and province-level dashboards for prevention, testing, and treatment services to track program performance. The project completed and disseminated an updated Reach-Test-Treat-Retain (RTTR) dashboard.

In Q4 USAID SHIFT collected, verified, and generated annual prevention, HTC and C&T data for DSD and TA-SDI sites in three priority and eight sustaining provinces, and submitted reports to PEPFAR via the DATIM system. The project also collected FY17 project expenditure data, disaggregated by expense categories and type of services. USAID SHIFT will submit these to PEFPAR via its PROMIS system as required.

The project continued deploying HTC eLog and mLog –simple data entry, management and reporting tools which reduce time and improve reporting accuracy for HTC and MMT sites. In Q4 the project began upgrading HTC eLog to align with PEPFAR reporting requirements for gender and age disaggregation as well as new testing modalities. USAID SHIFT staff and contractors provided ad hoc TA to help new staff at supported sites continue utilizing these tools appropriately.

USAID SHIFT continued to support PACs to conduct data quality audits (DQAs) for project sites to continuously improve the quality of data reported and used at all levels, including for 90-90-90 progress tracking and PEPFAR reporting. By the end of FY17 ten of 11 USAID SHIFT supported provinces (all except Quang Ninh) completed DQA activities, identified data issues, and began implementing actions to address them.

TASK I.2 | Maintain DSD and then fully transition ownership of remaining sites in sustaining provinces

I.2a | TRANSITION

USAID SHIFT's first year was a vital period in which to strengthen local authorities' preparedness and ownership for HIV/AIDS interventions. The project invested significant effort to advocate for policy and enabling environments for transition at both national and provincial levels. USAID SHIFT worked with local partners to tailor transition plans for each province and site to ensure continued financial, operational and technical support with reduced PEPFAR funding. This project helped local partners forecast and plan resources required to maintain appropriate staffing levels and cover routine operating and variable direct costs. Both the volume and quality of staffing were considered carefully, given the importance of human resources to maintain high technical performance in the months and years ahead.

USAID SHIFT conducted transition and technical monitoring and readiness assessments for all supported sites and 11 provinces. The project and partners set clear benchmarks by which to promote and measure progress towards achieving local sustainability. After each assessment, project monitors followed up with each site and province to ensure they were prepared for and achieved major milestones by set deadlines. For example, USAID SHIFT led a consultation meeting with Dien Bien PAC and Muong Cha DHC in August to reassess the prevention site's preparedness to transition from DSD to local financial support, consider challenges they are facing, and address emergent needs to promote its sustainability.

In Q4 USAID SHIFT achieved 230% of the project's Y1 transition target. In addition to nine HTFs and one prevention site originally slated for transition, the project transferred 12 HTC and one additional prevention site to local ownership by September 30, 2017 (see Table 8). The project achieved this positive performance due to consistent advocacy, partnership and close coordination with Nghe An and Dien Bien PACs and DOHs. This accelerated performance will help ensure that USAID SHIFT can successfully transition 67 remaining DSD sites by December 31, 2018.

Among the nine HTFs transitioned to GVN, seven fully consolidated and performed SHI reimbursement for HIV services in Y1. The host of DHCs and DGHs overseeing these HTFs will cover routine operating costs (staff salaries, office expenses and consumables) and secure SHI reimbursement for eligible HIV services (currently health examination fees, OI drugs, and basic laboratory tests).

As with other HTFs in HCMC, Hoc Mon and District 9 faced persistent challenges during the year. USAID SHIFT worked with their host DHCs to secure their agreement to cover routine operating costs. In the interim, these facilities will refer HIV patients with SHI cards to eligible DGHs to obtain reimbursement for health examination fees, OI drugs, and basic laboratory tests. The HCMC People's Committee (PC) approved a plan to cover SHI premiums for all PLHIV who are HCMC residents, or non-residents who have lived in HCMC for at least six months. USAID SHIFT worked closely with the PAC and two HTFs to establish DHCs from one-function District Preventive Medicine Centers. District 9 HC obtained its license for polyclinic services and is awaiting its SHI code from Vietnam Social Security. Once received, the DHC will sign a contract with PSS to begin SHI reimbursements by late December 2017.

Hoc Mon DHC has faced significant obstacles to establish its polyclinic functions. The facility lacks required infrastructure, specialized health staff, and a DHC director. In Q4, HCMC PAC and USAID SHIFT engaged Dr. Le Truong Giang (former DOH Vice Director and USAID SHIFT consultant) to help address the numerous issues involved. Dr. Giang visited and worked with Hoc Mon District People's Committee, DHC and DGH to review service consolidation progress and challenges and develop solutions. Hoc Mon DHC will now establish a specialized HIV clinic which will link to Hoc Mon DGH for SHI reimbursements. USAID SHIFT is helping the district work with HCMC DOH and PSS to clarify procedures. In Y2, the project will continue to work closely with HCMC DOH and PAC, the USAID Health Finance and Governance (HFG) project, and CDC to advocate for and accelerate health system transformation to ensure that the city's tens of thousands of ART patients can readily benefit from SHI.

For HTC sites, provincial authorities committed to sustain services through a combination of local funding for staffing and operating costs, SHI reimbursements for laboratory test services, and HIV test kits covered by GFATM until early 2018. SHI will be used to cover test kit costs thereafter. The project advocated to PACs and sites to utilize provincial resources to sustain key outreach and prevention activities as well. USAID SHIFT proved its ability to gain local authorities' confidence and commitment to secure these important transition achievements.

USAID SHIFT worked with the 23 transitioned sites to prepare post-transition TA plans to monitor and maintain service quality and respond to any technical issues. The project applied and will hand over transition and technical monitoring tools to PACs to continuously assess and ensure the availability and quality of prevention, testing, and treatment services.

TABLE 8. SITES TRANSITIONED Y1

Province	Site	Type
An Giang	Chợ Mới	C&T
	Tân Châu	C&T
	Tịnh Biên	C&T
	Thốt Nốt	C&T
Cần Thơ	Mường Chà	Prev
	Mường Chà	HTC
Điện Biên	Mường Nhé	HTC
	Nậm Pồ	HTC
	Tủa Chùa	HTC
	Sóc Sơn	C&T
	District 9	C&T
	Hóc Môn	C&T
	Anh Sơn	Prev
	Anh Sơn	HTC
	Cửa Lò	HTC
	Hoàng Mai	HTC
Hà Nội	Nam Đàm	HTC
	Nghi Lộc	HTC
	Quỳnh Lưu	HTC
	Tân Kỳ	HTC
	Yên Thành	HTC
	Hoàn Bồ	C&T
	Đông Hưng	C&T
Quảng Ninh		
Thái Bình		



"USAID SHIFT (and before that, SMART TA) has always accompanied and worked closely with us in care and treatment for HIV patients, monitored and encouraged us to improve our work and service quality to end the HIV/AIDS epidemic. The project helped establish a basic premise for clinic to deliver better quality."

Once USAID SHIFT no longer provides DSD support to our clinic, we may face some challenges at the beginning. However, we will never become inattentive in care and treatment for patients after transition. We will keep up the foundation of good work USAID SHIFT has created. We wish to get further TA support by USAID SHIFT via training and coaching so that we are able to get the most updated knowledge and information to improve efficiency of care and treatment and SHI reimbursement for HIV patients."

– Dr. Doan Thi Thuy
District 9 HIV Treatment Facility
HCMC

1.2b | SHI

In Q4, USAID SHIFT worked with DOHs, PACs and PSSs to review and strengthen SHI implementation in Hanoi, HCMC, Can Tho, An Giang, Nghe An and Lao Cai provinces. The project joined site visits to two HTFs in each of Bac Giang, Lao Cai and Hanoi which finished consolidation in Q3 but had delayed performing SHI reimbursements for HIV services. By the end of Q4, the project had enabled 57 sites to consolidate, secure eligibility to deliver SHI-supported services, and receive SHI reimbursements for such services. This marks a dramatic achievement when compared to the project's contractual targets, which sought for USAID SHIFT to enable at least 10 sites to secure such reimbursements by the end of Y1. The project provided related assistance to 46 USAID SHIFT HTF DSD sites, plus 17 other HTFs in four provinces where it focused SHI and local financing TA.

FIGURE 12. SHI-FOR-HIV CASCADE FOR 63 HTFs, AS OF 30 SEPTEMBER 2017

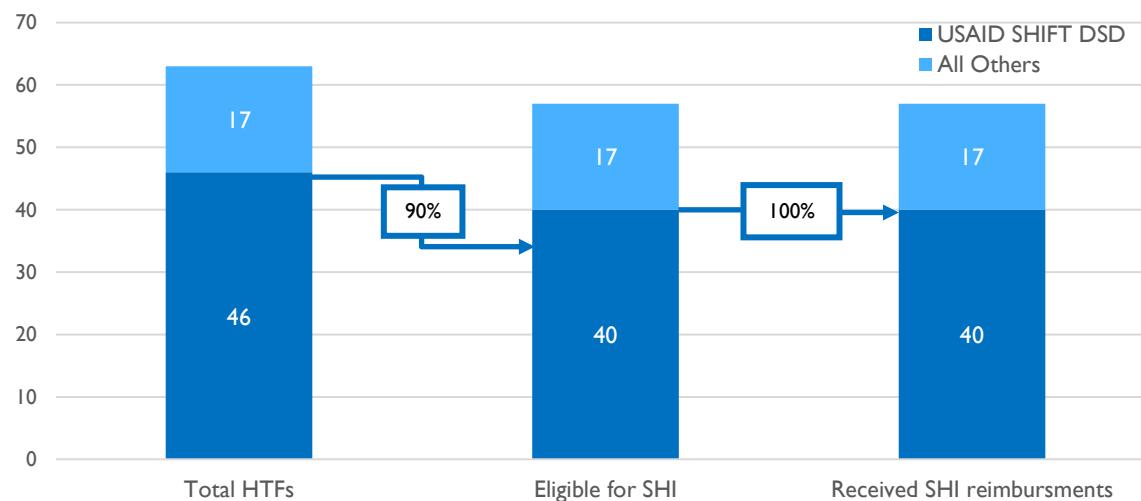


FIGURE 13. Working with Bac Giang GH to analyze HIV service costs and project SHI reimbursements

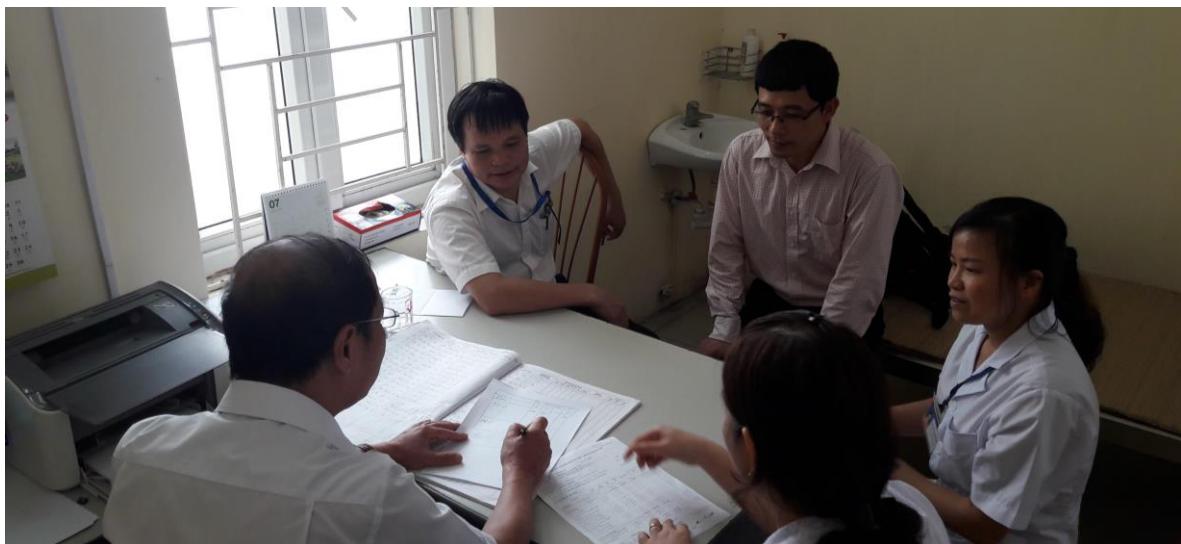


FIGURE 14. Addressing barriers to SHI reimbursement with Tan Yen General Hospital in Bac Giang



Six remaining DSD HTFs in HCMC have not yet completed the consolidation process. Doing so requires time- and cost-intensive procedures to deal with large-scale health facilities in Vietnam's largest city. These factors have been complicated by changing directions of from HCMC DOH to either transform from one-function district preventive medicine centers to two-function district health centers, establish polyclinics at DHCs, or merge DHCs and DGHs in all districts. In early October, shortly after the close of Y1, HCMC DOH chaired a workshop on SHI-for-ART to clarify actions for consolidation. This workshop elucidated four options for district health authorities to choose from to ensure SHI implementation for ART:

1. Establish polyclinic in DHC eligible to sign contract with HCMC Social Security for primary health examination and treatment;
2. Transfer HIV patients from DHC/HTFs to DGHs for treatment through SHI scheme;
3. Establish HIV/AIDS clinic in DHC; or
4. Merge DHC and DGH into one DHC with both preventive and curative functions.

The DOH requested DHC leaders to select the option they wish to pursue and submit their plans to do so to DOH for detailed guidance and implementation. Three of USAID SHIFT's six supported HTFs (District 8, District 9, and Binh Thanh) have preliminarily selected Option 1 to establish a polyclinic. The other three supported HTFs (District 3, Hoc Mon, and Thu Duc) have preliminary selected Option 3 to establish an HIV/AIDS clinic.

USAID SHIFT will continue to work closely with HCMC DOH, PAC, DHCs, CDC and USAID HFG to track and accelerate implementation of DHC action plans. These efforts will seek to help the six HTFs quickly complete required steps while maintaining service quality and maximizing ART enrolment and retention.

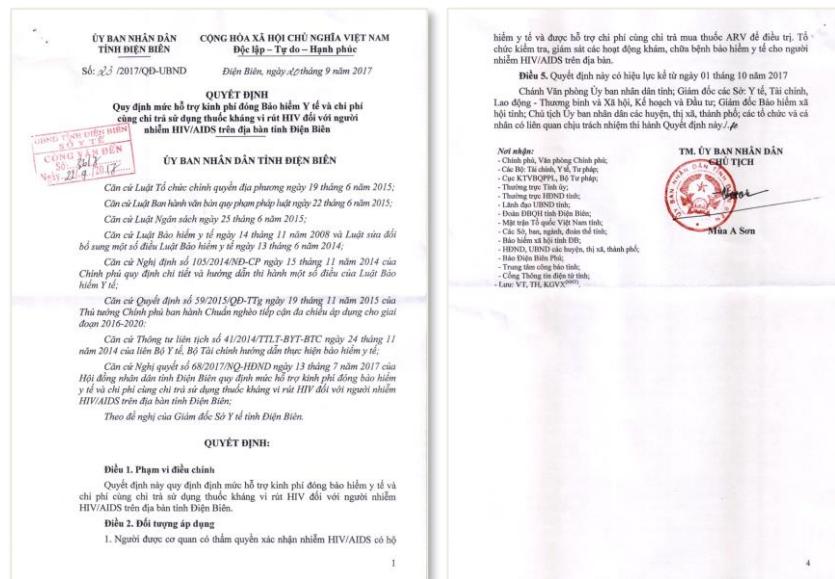
ARV quantification

In Q3, VAAC conducted a TOT training on ARV drug quantification under the SHI scheme. Participants included DOHs and PACs from all 63 provinces, including 33 staff from all 11 USAID SHIFT-supported provinces. Following that training, in Q4 USAID SHIFT continued providing follow-up TA to assist its assigned sites to properly quantify ARVs for SHI. Provinces developed and submitted their drug estimations to VAAC for ARV procurement under SHI. Unfortunately, the GVN issued a decision that delayed ARV procurement under SHI by one year, to January 2019.

Securing provincial financing for SHI premiums and ARV co-payments

On September 20, 2017 Dien Bien became Vietnam's fourth province to officially authorize local funding for SHI premiums and ART copay costs for its residents. To do so, USAID SHIFT worked intimately with the PAC and DOH to estimate the costs involved, develop the provincial proposal, and navigate the numerous processes involved in securing a Provincial Decision. The project's local health system experts advocated intensively to ensure that both SHI premium and ART copay costs would be covered, including by enlisting peer provincial leaders to elucidate the importance of these twin commitments to Dien Bien PAC and DOH. As donor funding for HIV services declines, this decision will ensure that more than 750 previously uncovered HIV patients will continue receiving treatment to protect their health and prevent onward transmission. To enact this landmark decision, the province will earmark US \$290,000 from its budget for the period 2018-2020. Approximately 28% of this funding will be used to finance SHI cards and 72% for ARV copays. This milestone is particularly noteworthy given that Dien Bien is a poor, mountainous, largely rural area with numerous competing demands on its budget. USAID SHIFT has demonstrated its tenacity and skill at compelling local partners to make the commitments required to realize a sustainable HIV response.

FIGURE 15. Dien Bien Provincial Decision to cover SHI cards and ARV copays



In Q4, USAID SHIFT also supported Lao Cai province to develop a provincial proposal for ARV copay and SHI premium coverage. Lao Cai distributed the proposal to related provincial agencies for comments. Lao Cai DOH is now revising the proposal, which it anticipates submitting to its PPC and People's Council in early FY18.

FIGURE 16. Meeting to finalize provincial proposal, chaired by Dr. Nong Tien Cuong, Director, Lao Cai DOH



Maximizing HIV patient enrollment in SHI

During the quarter, USAID SHIFT also urged 200 staff from 11 PACs and 63 HTFs who attended training workshops in previous quarters to counsel HIV patients on proper procedures for SHI enrollment and use. The project stayed in contact with providers via email and phone calls and reminded them of comments and commitments they made during the workshop, a selection of which are provided below.

"The training on communication skills to increase SHI coverage was very interesting and helpful. I am able to update new information related to SHI and learn thoroughly communication skills. I shared all the knowledge and skills to my colleagues and apply it in my work to bring SHI benefits to patients. We collected list of patients without SHI card to submit to Can Tho PAC for helping buy SHI cards."

– Huynh Thi Cam
Thot Not HIV Treatment Facility
Can Tho Province





"The training brought clear information on the importance of SHI use in treatment process for patients. The training was useful for my daily work at the HTF to provide counseling and encourage patients to enroll in and use SHI. I will counsel those patients who do not have SHI cards so that they understand benefits and importance of SHI use in their treatment."

– Nguyen Quang Tiep
Muong Lay Regional General Hospital
Dien Bien Province

In Q4, USAID SHIFT continued supporting VNP+ in the South to increase SHI coverage and use among PLHIV in HCMC. To sustain HIV service delivery in the wake of declining PEPFAR and other international support, the Vietnam government seeks to achieve 100% SHI enrollment among PLHIV. With USAID approval, VNP+ gained support via the USAID SHIFT Technical Assistance Marketplace to assist the SHI enrollment drive through a series of SHI promotional activities targeting KPs. VNP+ produced an emotionally gripping video short depicting HIV+ MSM, FSW, and PWID in their respective challenging situations to find solutions to access HIV treatment through SHI. The VAAC and MOH SHI Department also provided technical inputs for its finalization. VNP+ is disseminating the video through YouTube and social media outlets, such as Blue Sky Club's and Rainbow Village's Facebook fanpages, and during workshops targeting KPs. During the year they reached more than 200 patients via in-person sessions, and counseled 737 PLHIV through a toll-free number. The initiative demonstrates the power and promise of strong government-community partnership to navigate Vietnam's HIV funding transition.

FIGURE 17. VNP+ provides SHI enrolment counseling to PLHIV through direct outreach and toll-free hotline



USAID SHIFT also worked with HCMC PAC, VNP+, and the Legal Support Center to deliver mobile counseling sessions in Binh Thanh, District 9 and Hoc Mon HTFs. During these events, legal and administrative experts and PLHIV advocates devised solutions for 54 patients who lacked documents required to obtain SHI cards. They found that the most common barriers were (1) HCMC residents whose names had been eliminated from permanent residence books, (2) HCMC residents who never had a residence book, and (3) residents or nonresidents who were transient so never qualified for even temporary residence books. After the counseling sessions, VNP+ assisted these patients to complete required procedures to obtain personal documents. This approach mobilized government and community-based resources to overcome real world barriers facing PLHIV. It motivated and enabled patients to pursue their need for ART and strengthened local authorities and networks' understanding of persistent barriers.

FIGURE 18. USAID SHIFT and VNP+ meet with HCMC PAC, Legal Support Center and DHCs to plan for mobile SHI enrolment support missions, and a legal support specialist provides counseling for an HIV patient in need of ID papers



By the end of Y1, VNP+ and USAID SHIFT had succeeded in supporting 59 patients who previously lacked personal documents to successfully obtain SHI cards.

As the primary implementing partner for USAID SHIFT and a partner for the USAID Local Capacity Initiative (LCI), FHI 360 is also helping coordinate and reinforce capacity strengthening for VNP+ in domains of high importance to both projects. On July 28-29, USAID SHIFT and USAID LCI supported VNP+ to facilitate a two-day training workshop on policy monitoring and communication, with a special focus on SHI. The workshop strengthened PLHIV capacity to monitor and communicate issues related SHI policies.

eHIS

USAID SHIFT successfully piloted eHIS-HIV in Can Tho's Thot Not HTF in Q3. This brought to ten the total number of sites with health information systems to support SHI reimbursements and program reporting in project-supported provinces (nine in Dien Bien and one in Can Tho). In Q4 USAID SHIFT installed eHIS-HIV in five remaining HTFs in Can Tho to complete coverage in the province. Together with DH software company, USAID SHIFT developed a training curriculum for facility personnel to fully utilize the eHIS-HIV software. In July the project and DH company trained the Can Tho PAC and 27 medical staff from the province's six HTFs on the software, followed by on-the job mentoring and support. By the end of September 2017, USAID SHIFT had enabled the health information systems in 15 HTFs (nine in Dien Bien and six in Can Tho) to manage patients, support SHI reimbursements, and generate program reports

for HIV. The project therefor achieved 150% of its related contractual target for Y1 (15/10). In Q1 of Y2 USAID SHIFT will be working intensively to further optimize the software's reporting functions.

USAID SHIFT is also working to maximize the utility of eHIS for local program management. In Q4 the project defined an XML protocol for sites operating the eHIS-HIV module to send reports to PAC servers and pool data at provincial level for further analysis and use. USAID SHIFT installed the required elements in Dien Bien PAC's server, which began receiving daily reports from four HTFs. USAID SHIFT began work to enable PAC servers to generate monthly progress, C03 and PEPFAR MER reports from these inputs and pooled data. USAID SHIFT will be developing these capabilities further in Y2. This centralized/PAC data server model can help provincial authorities more quickly and easily monitor and manage HIV treatment services and reduce the time required to generate SHI and progress reports. USAID SHIFT worked to create a demonstration of this centralized data pulling capability for sites in Can Tho and Dien Bien to elucidate the model's potential for improved HIV program management at national level as well.

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

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

The USAID SHIFT TA Marketplace continued operating smoothly during the reporting period. The project identified 100 qualified TA providers. 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 profiles for the majority of prequalified providers are available at www.tamarketplace.org/tracuu (Vietnamese) or www.tamarketplace.org/view (English). Several TA providers, particularly those with active roles in GVN entities, have requested that USAID SHIFT not publicly post their profiles on the website. When such an individual is proposed to fulfill a specific TA request, USAID SHIFT will email an offline version of his/her TA provider profile to USAID for consideration.

The web platform through which USAID SHIFT hosts the TA Marketplace continued operating efficiently in Q4. By September 30, 2017 the website had garnered more than 2,800 visits and over 8,400 page views since its launch. The site remains fully functional and is frequently accessed by both mobile and desktop users.

2.1a | Provide demand-driven TA

By the close of Y1 USAID SHIFT had helped develop, submit, and gained USAID approval for a total of 39 SOWs, including five SOWs in Q4. Many of these aligned with 27 Above Site TA Assignments (ASTAs) provided to the project by USAID for the project's first year (see Table 9 below). USAID SHIFT has submitted assignment scopes of work (A-SOWs) to USAID for the five SOWs approved through end of Y1, in line with contract requirements.

TABLE 9. TA MARKETPLACE SOWS

SOW #	TITLE	REQUESTER	DATE APPROVED	ASTA #
1	Gender and M&E for HIV	VAAC	13-Sep-16	n/a
2	HIV Law Revision	VAAC	12-Oct-16	27
3	HTC Management Training	VAAC and 11 PACs/DOHs	26-Oct-16	12
4	eLog Upgrade and TA	Ha Noi PAC	28-Oct-16	n/a
5	HTC Models	USAID	15-Nov-16	13
6	VUSTA CBO Workshop	VUSTA	25-Nov-16	10
7	VUSTA Continuous CBO Strengthening	VUSTA	17-Nov-16	10
8	HCMC TG Pilot	Blue Sky and HCMC PAC	25-Nov-16	10
9	HCMC ITCP	HCMC PAC	17-Nov-16	n/a
10	ART Retention	VAAC	29-Dec-16	16
11	TB/HIV	VAAC	29-Dec-16	22
12	Cascade	VAAC	29-Dec-16	8
13	C03 Attrition Dashboard	VAAC	29-Dec-16	5
14	C03 Training for Dien Bien and Nghe An	VAAC	29-Dec-16	5
15	DQA	VAAC	29-Dec-16	5
16	HIVInfo Link to C&T Database	VAAC	29-Dec-16	2, 6, 7, 11
17	HIV Estimation	VAAC	29-Dec-16	3
18	VAAC SI Consultant	VAAC	10-Jan-17	n/a
19	32 Circular Revision	VAAC	10-Jan-17	25, 17
20	VAAC TA Coordinator	VAAC	09-Jan-17	n/a
21	MethQual	VAAC	09-Jan-17	15
22	Commune-level MMT Dispensing Pilot	VAAC	09-Jan-17	n/a
23	HIV Sentinel Surveillance	VAAC	02-Mar-17	n/a

24	Expenditure Analysis	USAID	02-Mar-17	1
25	VNP+ SHI for PLHIV	VNP+	02-Mar-17	9
26	Decision 60	VAAC	05-Apr-17	26
27	Gender Assessment and Strategy	USAID SHIFT	05-Apr-17	n/a
28	Can Tho HIV M&E System Review	Can Tho PAC	11-Apr-17	n/a
29	MMT ToT	VAAC	11-Apr-17	19
30	Can Tho Retention	Can Tho PAC	21-Apr-17	16
31	VAAC eLibrary	VAAC	21-Apr-17	26
32	D1899 and D2188	MOH	25-Apr-17	24
33	SHI indicators	USAID	25-Apr-17	4
34	VAAC Prevention Model Packing	VAAC	16-Jun-17	9
35	MMT Software	VAAC	17-Jul-17	n/a
36	Optimizing ART	VAAC	26-Jul-17	n/a
37	Can Tho M&E System Strengthening	Can Tho PAC	27-Jul-17	n/a
38	HTC ToT	VAAC	31-Aug-17	n/a
39	Asia TG Summit	Blue Sky and HCMC PAC	13-Sep-17	n/a

27 ABOVE SITE TA ASSIGNMENTS

USAID SHIFT's Q4 progress in fulfilling each of 27 ASTAs is provided below, and corresponding SOWs noted.

1. Expenditure analyses for HTC, outreach, MMT service by site, including unit cost for single cases tested and/or referred at SMART TA-supported sites to improve efficiency (SOW #24)

In Q4, USAID SHIFT finalized results of expenditure analysis for outreach services in Nghe An and Dien Bien. In these provinces the EOA program, which relies on PBIs rather than monthly salaries for outreach workers, had significantly higher results for KP outreach and testing and at reduced cost compared to the traditional outreach model. In FY18, USAID SHIFT will conduct a similar exercise in HCMC to have better perspectives (urban vs. rural/mountainous). The results will be combined as evidence for packaging prevention best-practices and presented to VAAC and partners.

2. VAAC routinely performs analysis and reports data to identify program gaps to inform provincial program action and uses HIVInfo data to re-engage previously identified cases and link them to ART in targeted provinces (SOW #16)

Upon VAAC request the project paused implementation of this SOW in Y1.

3. Technical assistance provided to VAAC, PACs and DoH on estimations and projection exercises for PLHIV and KP size estimation in Điện Biên, Nghe An and HCMC. Provinces supported to use epidemic data for 90-90-90 planning, including target setting and resource allocation. (SOW #17)

USAID SHIFT completed this ASTA in Q3.

4. Expansion of quality improvement in the three priority 90-90-90 provinces and eight sustaining provinces by supporting robust HIV M&E system and hospital Information System for SHI reimbursement. (SOW #33)

In Q4, USAID SHIFT provided two web-based refresher trainings for 70 PAC and HTF staff on revised data collection guidelines for SHI indicators. Project staff provided follow-up phone calls and ad hoc support to assist local partners and ensure all data was collected and reported appropriately at the end of Q4.

5. Strengthened utilization of the national HIV database to support ART attrition and retention monitoring during the transition to SHI (SOWs #13-15)

In Q4, the USAID SHIFT project finalized the C03 online dashboard and disseminated to VAAC and other partners (VUSTA, GF, US.CDC-VAAC). VAAC published the dashboard on its website, and a detailed video with instructions on how to review and navigate the tool. USAID SHIFT and VAAC also completed DQAs for C03 in Can Tho and Thai Nguyen provinces. The project and VAAC shared lessons learned to

other projects as well as plans to collaborate across partners to strengthen C03 and conduct DQAs in FY18, under VAAC leadership.

6. Support provided for vital status and ID verification following HIV positive confirmation at HTC sites, HTC testing services supported to ensure quality data is added to the HCRS database (SOW #16)

Due to competing VAAC priorities, further implementation of this SOW remained on hold in Q4.

7. Provincial treatment database developed at PAC to enable case tracking system with HCRS (SOW #16)

As noted above, further implementation of SOW #16 remained on hold in Q4.

8. Provincial cascade model developed to inform programmatic gaps and future planning – scale up provinces as priority. Enhanced programmatic and data linkages between HCRS and VCT, OPC services and CoPC linkages at community level (SOW #12)

In Q4 provincial cascades were incorporated into the C03 dashboard published on VAAC's website. The cascade is automatically updated to provide easy access to track progress against 90-90-90 targets. These tools will also be used to identify programmatic gaps for planning and intervention.

9. TA market/TA network supported case finding and C&T at facilities linked to HI system (SOW #25)

To retain ART patients and increase SHI usage, in Q4 USAID SHIFT supported VNP+ to find and link LTFU patients to HTFs and support those who lacked required papers (identity cards and household registration books) to secure SHI. USAID SHIFT worked closely with VNP+ through bi-weekly meetings to review activities, challenges and how to deal with these issues. The project worked with HCMC PAC and the HCMC Legal Support Centre to guide VNP+ on legal procedures for ART patients who had lost or otherwise could not obtain papers required to secure SHI. USAID SHIFT enabled VNP+ to provide online SHI access counseling for 737 PLHIV, and 200 more via small groups. By September 30, VNP+ had supported 56 LTFUs patients to return to HTFs, 68 PLHIV to obtain necessary papers, and 59 PLHIV to secure SHI.

10. TA provided to assist local CSOs to detail and support capacity building action plan (SOWs #6-8)

USAID SHIFT continued to strengthen the capacity of CSOs supported by VUSTA in Q4, under SOW #7: VUSTA Continuous CBO Strengthening. The project provided coaching on HIV community outreach and support via phone calls, email exchanges, and meetings. On August 3, USAID SHIFT staff joined VUSTA for technical meetings at SCIDI to share experiences on MSM and FSW interventions. With USAID SHIFT support, in Q4 VUSTA and their supported CBOs reached and referred 4,926 KPs to HIV services, or 328% of the Q4 target (1,500). In total, these groups reached and referred 19,815 KPs during Y1, or 330% of their annual target.

Under SOW #8, in Q4 USAID SHIFT continued to work with Blue Sky Club, HCMC PAC and the Center for Applied Research on Men and Health (CARMAH) to roll out Vietnam's first dedicated HIV service efforts focused specifically on reaching transgender women (TGW). In June USAID SHIFT and HCMC PAC enabled CARMAH to conduct two monitoring and support trips to Blue Sky CBSs implementing the approach. USAID SHIFT assisted CARMAH to assess progress, capture lessons learned and make recommendations for next steps. On September 28 USAID SHIFT, HCMC PAC, Blue Sky Club and CARMAH co-organized an experience sharing workshop for 55 participants including VAAC, PAC, UNAIDS, USAID Healthy Markets, Life Centre, iSEE, private and public health sectors providers, and TGW community members. They announced that the intervention reached and provided HIV lay testing for 341 TGW, of whom 26 (7.6%) were found HIV-positive and linked to C&T. Participants noted the importance of continuing these services, and further strengthening awareness and understanding of TGW community risks and needs across HIV service providers, provincial stakeholders, and national HIV program leaders.

11. Active case finding scaled up and ARV enrollment expanded in Nghe An and Dien Bien. Integrated ARV patient management and reporting in the District Hospital/Health Center Information System accomplished to enable health insurance reimbursements as well as HIV treatment programmatic reporting in the curative system (SOW #16)

As noted above, further implementation of SOW #16 remained on hold in Q4.

12. Capacity building completed for DOHs/PACs on leadership, management, and supervision of HTC program to meet technical program performance indicators and standards during the transition and post-transition phases (SOW #3)

In Q4, USAID SHIFT delivered two HTC program management trainings for 42 HIV and HTC program leaders. The courses focused on strengthening provincial, district and site leaders' capacity to monitor HTC service availability and efficiency, introduce new HTS models, and rapidly identify and address any decline in performance. Participants were emboldened to use local resources to maintain HTC service quality while PEPFAR phases out DSD support. Immediately following the course, USAID SHIFT and VAAC provided post-training TA needs assessments for provincial health services from Nghe An, HCMC, Can Tho, An Giang, Kien Giang, Ha Noi, Hai Phong, Lao Cai and Yen Bai. These exercises enabled USAID SHIFT to reconfirm transition readiness and plans for provinces it supports, and reinforce the VAAC's capacity to do the same for other provinces.

13. TA to provinces to apply innovative and effective models to enhance case finding and linking KP+ to HTC/HIV C&T through innovative approaches of service delivery and linkage, to shorten time from diagnosis to treatment access and to reduce lost to follow up from all testing settings (SOW #5)

USAID SHIFT explored, analyzed, and identified a range of active case finding, referral and linkage techniques and strategies to improve HTC efficiency in Vietnam. In June USAID SHIFT and VAAC disseminated these to 35 local HIV and HTC leaders from 10 provinces. The project and VAAC aided participating provinces to assess their HTC needs, select the HTC models that best match their local context, then develop plans to implement and resource those models amid the HIV funding transition. In Q4 USAID SHIFT consolidated the training packages, tools, and job aids involved in these efforts and provided them to VAAC for further use.

14. Work continued with VAAC and other relevant GVN bodies to maintain recurrent funding for drugs at the central and provincial level

The GVN committed funding for methadone medication for 2017-21. This task is therefore complete.

15. National Methadone Quality Guidance (MethQUAL) developed for service quality improvement. This is national TA, above site level activity. (SOW #21)

Due to other priority tasks, VAAC postponed this activity to FY18.

16. Treatment retention SOPs developed for attrition rapid action plan for provincial program and site level (SOW #10)

After several meetings with VAAC and USAID, the project secured buy-in for its enhanced ART retention and risk mitigation plan. During Q4 USAID SHIFT provided TA to draft a National ART Retention strategy and implementation plans to retain patients on treatment. The project also continued implementing ART retention for Can Tho province, via ITCP. During Q4 USAID SHIFT trained 24 health staff from seven HTFs to implement ITCP. Those providers counseled 560 patients during the quarter and began uploading their plan details into the online ITCP data system.

17. Nghe An and Dien Bien PACs supported to implement commune-level ART patient management and ARV dispensing in mountainous districts

In Nghe An province, after a training on managing ART patients at CHSs in June, Ngoc Lam and Thanh Loi CHSs (in Thanh Chuong district) and Binh Chuan CHS (in Con Cuong district), began receiving patients. USAID SHIFT, Nghe An PAC, and respective district HTFs provided technical support for implementation and oversight.

18. Provincial MMT staff trained on using Methadone Quality Data (MethQUAL) for service quality improvement
This ASTA will be executed once national MethQUAL guidelines are finalized (see ASTA #15, above).

19. VAAC supported to conduct MMT ToT training workshops and trained PACs and provincial MMT mentoring network followed on their routine site-level mentoring and supervision (capacity building, network/organizational level) (SOW #29)

USAID SHIFT assisted VAAC to conduct an MMT TOT accreditation training in August 2017. The training workshop served 63 participants from 11 provinces. At the end of the course, 100% of participants successfully passed the final exam and received certificates of completion.

20. VAAC supported to conduct training workshops and follow-up to PACs to build provincial MMT trainers (capacity building, individual level)

This ASTA was completed in Q1.

21. VAAC supported to conduct training workshops on HIV treatment to certify staff for SHI prescription

This ASTA was completed in Q1.

22. VAAC/GFATM supported to conduct TOT training workshops and TA on TB/HIV integration. Dien Bien and Nghe An supported to develop the provincial TB/HIV frame work and implementation plan (SOW #11)

During Q4, USAID SHIFT provided TA to VAAC, the National Targeted Program (NTP) and GFATM to develop and finalize a report on TB/HIV integration implementation in 12 provinces. USAID SHIFT also assisted VAAC and NTP to develop national technical guidelines on TB/HIV integration. This guidance was submitted to the MOH Vice Minister and related departments for comments.

23. Hospital systems prepared for transition of supported clinics to SHI and to ensure the continuation of services and ARV reimbursement and quality of critical services (SOW #32)

In Q4 USAID SHIFT partnered with provincial DOHs and PACs to visit and provide TA to HTFs with difficulty performing SHI reimbursements in Ha Noi, Bac Giang and Lao Cai. By end of the quarter, 57 of 63 assigned HTFs (90%) were fully consolidated and 57 HTFs (90%) had performed SHI reimbursement. USAID SHIFT also worked with HCMC DOH, PAC and especially six project-supported HTFs to prepare the facilities to meet MOH requirements to establish polyclinics for SHI reimbursement. District 9 HC successfully established its polyclinic and is waiting to sign a contract with HCMC PSS. District 3 and District 8 HCs completed and submitted their applications to the DOH for review and approval.

24. Official GVN commitment to increase ARV funding and sustain health insurance coverage for PLHIV (SHI) (SOW #26 and SOW #32)

In Q4 two technical working group meetings convened to discuss contents to be amended in the Prime Minister's Decision #60. In the context of D60, Decision #2188 and Circular #28, the team will develop an official letter for MOH leader to sign to guide and push provinces to apply relevant articles in Prime Minister's Decision #2188 to help the Fund support PLHIV for SHI premiums and ARV copayments. D60 does not require revision or amendments at this point. The letter will be developed after VAAC completes a series of provincial visits on implementation of D2188 in early FY18. USAID SHIFT will follow-up closely with VAAC to provide support.

With TA support from USAID SHIFT, Dien Bien PPC issued its decision to support SHI premiums and ARV copayment for PLHIV. USAID SHIFT also supported Lao Cai to finalize its provincial proposal for SHI premium and ARV copayment for PLHIV and circulate it to relevant provincial agencies for review.

25. TA provided to revise the Circular 32 (C32) which includes multi-month ARV scripting for ARV patients (SOW #19)

At the beginning of Q4, the final draft of the revised Circular 32 was officially sent to all related stakeholders for comments, including the MOH's Legal Department, Health Insurance Department and Vietnam Administration of Medical Services (VAMS); DOHs and PACs for 63 provinces and cities; Vietnam Social Insurance, VNP+; HIV projects; and other related INGOs. The MOH also uploaded the draft to

Government and Ministry of Health websites for public comments. USAID SHIFT continued providing TA to VAAC's C&T Department to incorporate comments, revise points in the Circular, and address any comments which could not be incorporated into the revision. The project also supported VAAC to develop a report on the C32 revision impact analysis, to be submitted to MOH. By the end of Q4, most required documents were complete and the draft revised Circular was ready for submission to MOH leaders for review and approval in late 2017.

26. Online eLearning and technical updates housed at VAAC (SOW #31)

During the quarter USAID SHIFT helped VAAC collect, compile, format, and upload a second large batch of materials to the eLibrary. The platform continued to operate well and provide an expanded repertoire of information, materials and resources.

27. TA provided to review and revise the 10-year old HIV law to address new 90-90-90 targets and the necessary human and domestic financial resources to implement the new HIV/AIDS program that allow new KP-focused reach, test, treat and retain KPs interventions to accomplish 90-90-90 goals (SOW #2)

USAID SHIFT supported a major stakeholder input workshop for the HIV law revision in May 2017. In Q4 the project helped VAAC and the MOH Department of Legal Administration to convene three meetings to consider and attempt to incorporate key recommendations gathered during and following the May workshop. The key revisions are:

- Incorporating provisions to sustain critical HIV prevention services after donor support is withdrawn. These include pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), needles and syringes, prevention of mother-to-child HIV transmission (PMTCT) services, and addiction treatment. Sustainability strategies including using the existing health care system to maintain services for those who need them; mobilizing funding public, private, and joint public-private partnerships; and leveraging client co-payments.
- Addiction is chronic brain disease, not a social evil. Therefore, policy and approaches to addiction should be approached as public health/diseases issue.
- Ensuring the right for PLHIV to access and use SHI cards: This policy should include GVN funding resources to cover PLHIV without SHI cards and ARV co-pays via SHI sources.
- The rights and responsibilities of key populations and PLHIV: KPs should test and know their HIV status; KPs have the right to receive prevention services; and PLHIV should enroll and stay on ART.

USAID SHIFT supported the MOH Legal Administration to hire two consultants to develop two impact evaluations and reports on: (1) The impact of information access within SHI and the health system, and (2) The impact of recommended changes in the Harm Reduction Policy. USAID SHIFT supported VAAC and Department of Legal Administration to complete the HIV revision recommendation package to be submitted to the Parliament by December 2017, including (1) Report of 10-year HIV Law implementation; (2) Recommendations for key policy changes and revisions with each article respectively; and (3) two impact evaluation reports if the recommended key policy changes are enacted. USAID SHIFT completed the mission supporting MOH/VAAC. The near-final submission package will be translated into English for VAAC to circulate within international organizations for further recommendations and finalization. If approved by Parliament, the HIV Law revision process is expected to take place in 2018.

ADDITIONAL SOWS UNDER THE TA MARKETPLACE

USAID SHIFT Q4 progress in fulfilling additional TA Marketplace SOWs (e.g. beyond those related to 27 ASTAs) is summarized below.

TABLE 10. Q2 PROGRESS FOR ADDITIONAL SOWS UNDER THE TA MARKETPLACE

SOW	TITLE	Q2 PROGRESS SUMMARY
18	VAAC SI Consultant	USAID SHIFT continued to support this consultant who was seconded to VAAC's M&E department.
9	HCMC ITCP	By September 30, 2017, more than 31,673 ART patients in 29 HTFs completed ITCPs. Of these, 75% (23,802) had SHI cards and 3% (987) were unable to join SHI due to a lack of resident books or ID cards. All HTFs provided quarterly follow-up counseling to ART patients. During implementation, USAID SHIFT and HCMC PAC provided frequent virtual TA to 29 HTFs (via telephone and e-mails). HCMC PAC used its ITCP software to generated a list of 1,047 ART patients who are residents of HCMC or have official temporary resident books but faced economic difficulties in buying SHI cards. The list was submitted to HCMC's SHI authorities. HCMC Health Services will work with HCMC Social Insurance to provide free SHI cards to the patients in need. USAID SHIFT and VNP+ supported 59 patients to overcome administrative barriers to secure SHI cards.
20	VAAC TA Coordinator	USAID SHIFT continued to support a consultant seconded to VAAC's International Cooperation Department. The consultant helped VAAC and SHIFT to prepare for their third progress review and Y2 planning, convened in September, and helped coordinate e-library activities. The coordinator resigned his position in September 2017. USAID SHIFT began working with VAAC to recruit a replacement.
22	Commune-level MMT	After baseline assessments in Dien Bien and Son La, draft guidance was modified and sent to local experts and other health sectors within the MOH for comments. However, VAAC leaders were reluctant to approve the pilot's next steps due to a conflict in regulations on substance management.
23	HIV Sentinel Surveillance	USAID SHIFT completed this SOW in Q3.
34	VAAC Prevention Model Packaging	USAID SHIFT worked in detail with VAAC's Harm Reduction Division to prioritize TA activities and agree on next steps to develop "National Guidelines for HIV Prevention Interventions and Outreach Models". USAID SHIFT supported VAAC to review and package best practices from outreach models implemented at national and provincial levels. During the quarter VAAC and USAID SHIFT completed a report assessing implementation in 10 provinces, including 90-90-90 and transitioned provinces. Based on the report results and a consultation meeting, USAID SHIFT aided VAAC to develop and finalize the framework for the national guidelines.
35	MMT Software in Hanoi	VAAC partnered with Viettel to develop an advanced online platform to support opiate addiction treatment facilities. The software increases accountability while enhancing and streamlining reporting on MMT clinic services. In July, USAID SHIFT assisted VAAC to launch a pilot of the software by training 60 clinic staff from 18 existing MMT clinics in Hanoi. The training allowed software developers to solicit feedback from end-users and prioritize revisions to the tool before it is rolled out more broadly.
36	Optimizing ART	In Q4, USAID SHIFT responded to a request from VAAC to build the capacity of HTF staff to transition eligible ART patients from the TDF/3TC/NVP regimen. The project worked with VAAC to lead six on-site monitoring and support missions to Tra Vinh, Ca Mau, and Ben Tre provinces. During these trips, VAAC and USAID SHIFT helped strengthen health staff capacity to review patient eligibility, counsel patients on changing regimens, and develop and implement plans to transition to optimal treatment regimens.

37	Can Tho M&E System Strengthening	After assessing Can Tho's M&E system and disseminating findings to PAC leaders, in Q4 USAID SHIFT and Can Tho PAC prepared to implement a comprehensive M&E system strengthening plan in FY18. The project worked with provincial stakeholders to develop a streamlined indicator list and guidelines. Together they delivered a workshop to train 104 district HIV specialists level and site staff on the streamlined indicators and reporting tools and procedures to use starting October 1, 2017.
38	HTC ToT	In late August USAID SHIFT received a request from VAAC to help facilitate a ToT on HTC for provincial trainers. The curriculum focused on enabling HTC trainers to build the knowledge and skills of clinical staff on core HIV testing and counseling services. In September USAID SHIFT provided expert trainers to help deliver the course for 23 trainers from HCMC, Da Nang, Khanh Hoa, Binh Thuan, Tay Ninh, Binh Duong, and Ba Ria-Vung Tau cities and provinces.
39	Asia TG Summit	After receiving a request from summit organizers, USAID SHIFT supported Ms. Boi Nhi – a leader in the TGW community – to participate in this summit, joined by Trang/Life Center (also PEPFAR-supported). These representatives helped ensure that Vietnam stays current with latest practices in HIV services for TG, and that the Asia/Pacific and international communities are aware of USAID SHIFT and others' efforts to address HIV risks and needs for TGW in Vietnam.

GENDER

In Q4 USAID SHIFT completed, assessed and disseminated results from the country's first HIV service pilot focused specifically on serving TGW. The project received positive feedback on this effort from key stakeholders in gender and HIV, including UN Women and the VAAC. Due to competing priorities, the project postponed conducting IDIs and FGDs for its gender assessment and strategy to Y2/FY18.

STAKEHOLDER ENGAGEMENT

The USAID SHIFT project conducted two monthly coordination and quarterly review meetings with Nghe An and Dien Bien PACs, DOHs, and other implementing partners, including USAID C-Link, VAAC-GFATM, and USAID Healthy Markets. USAID SHIFT also actively shared and discussed with Local SI and C-Link projects to support mRTS activities in the two provinces. In addition, USAID SHIFT conducted a quarterly review meeting and a follow-up meeting with VAAC under the terms of their memorandum of understanding (MOU), focusing on national-level TA assignments and Y2 TA support plans and activities. VAAC's senior leaders, including VAAC Director General Dr. Hoang Long, and all technical division leaders attended the meeting, which yielded a productive discussion.

On September 8, 2017 USAID SHIFT met with USAID HFG to maximize collaboration and prevent unnecessary duplication of efforts. The projects focused on support for Can Tho and Hai Phong to ensure SHI premiums and ARV copayments in FY18. After sharing FY2018 workplans, the two projects did not find any duplication of efforts but rather important opportunities for collaboration. The projects committed to regularly communicate about and share relevant activities and events, to participate in and provide technical support to one another as needed, and collaborate closely to reinforce outputs for the benefit of the country's HIV response and PLHIV patients.

During the quarter USAID SHIFT continued updating a newsfeed on the TA Marketplace website to keep stakeholders informed of project developments and achievements. This resource is available in both English and Vietnamese.

PROJECT MANAGEMENT AND PERSONNEL

In late Q3 FHI 360 submitted notice of changes in the key positions of Chief of Party and Technical Director. The incumbent Chief of Party, Mr. Reed Ramlow, repatriated to the United States and transitioned to a Director of Country Programs role effective August 1. FHI 360 nominated and secured USAID approval to promote Dr. Nguyen To Nhu to Chief of Party and Ms. Megan Averill to Technical Director. FHI 360 plans to recruit a local national to assume the Technical Director role and complete localization of leadership for the project in 2019.

To ensure a successful management transition, Mr. Ramlow continued to serve in a senior project management capacity, overseeing the USAID SHIFT project remotely while based in FHI 360's Washington, DC office and traveling to Vietnam at least quarterly to provide hands-on management and operational support. Below is Mr. Ramlow's SOW, for which he is applying 40 percent level of effort:

- Provides management and operational support to the USAID SHIFT Chief of Party and expatriate Technical Director.
- Supports the development of work plans, reports, and other deliverables, and reviews, and approves them for submission to USAID. Monitors work plan progress and supports resolution of problems and challenges encountered.
- Supports the preparation of project and annual work plan budgets, and monitors project budget expenditure and the status of funding obligations.
- Oversees and supports project human resource actions and staff structural transitioning.
- Provides oversight for financial and administrative operations to ensure compliance with organizational and USAID rules and regulations.
- Oversees and reviews procurement actions, and supports the development of and approves all subcontracts, memoranda of understanding, consulting agreements, and purchase orders that have a value exceeding the micro-purchase threshold (\$3,000 for supplies, \$2,500 for services). Supports monitoring of subcontractor and consultant performance and expenditure.
- Supports project management in handling important communications with USAID.
- Troubleshoots and supports project management in resolving problems and issues, as they arise.
- Conducts weekly meetings with senior project management via Skype for Business.
- Performs one to two-week missions to Vietnam per quarter or ad hoc to provide project management support with a USAID-approved scope of work.
- Supervises the Chief of Party, Technical Director, the Associate Directors for Finance and Operations, and Executive Assistant (five direct reports).

In September the project's Technical Officer for Communications, Ms. My Ha Nguyen, resigned in order to pursue a promotion with the USAID Saving Species project. USAID SHIFT reformulated the unit and is recruiting a Senior Communications and Knowledge Management (SCKM) Officer to this function.

During the quarter USAID SHIFT developed and refined its Y2 staffing plans as part of its Y2 annual work plan. The project secured USAID approval for the Y2 work plan in early September. The project's organogram is presented in [Appendix IV](#).

In Q4 USAID SHIFT prepared and submitted new provincial subcontracts to USAID. These subcontracts cover the period October 1, 2017 through December 31, 2018, given the brevity of DSD support in Y3/FY19. The project anticipates revising each such subcontract to align with final COP18 DSD targets for Q1 of Y3. USAID SHIFT also developed an MOU with the VAAC describing anticipated areas of collaboration for Y2.

APPENDIX I | Y1 RESULTS VERSUS TARGETS

INDICATOR	Y1 TARGET	Y1 RESULTS	% OF Y1 TARGET ACHIEVED
CLIN I			
<i>Sub-CLIN 1.1</i>			
# of KPs reached and linked to HTC services in priority provinces	12,000	18,389	153%
Proportion of KPs reached, referred to HTC and confirmed HIV+	4.0%	5.3%	132%
# of individuals who received HTC services and received their test results in USAID supported provinces	47,744	41,410	87%
# of PLHIV newly starting ART in USAID supported priority and sustaining provinces (TX_NEW)	3,462	2,729	79%
# of PLHIV sustained on treatment in USAID supported cohort (TX_CURR)	23,957	23,393	98%
# of PLHIV virally suppressed in USAID supported cohort (VL_SUP)	90% ⁴	94% ⁵	105%
<i>Sub-CLIN 1.2</i>			
# of supported HTFs that gain SHI reimbursement for HIV services	10	40	400%
# of supported hospitals with health information systems supporting HIV SHI reimbursement and program reporting	10	15	150%
Cumulative # of sites from sustaining and priority provinces transitioned to GVN	10	23	230%
CLIN 2			
# of registered TA Providers	100	106	106%
# of R-SOWs submitted through Marketplace	20	39	195%
# of R-SOWs approved by USAID	20	39	195%
# of A-SOWs fulfilled	10	29	290%

⁴ 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.

⁵ 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.

APPENDIX II | YI RESULTS VERSUS QUARTERLY BENCHMARKS

CLIN I | Provide direct service delivery 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.Ia REACH⁶

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
At least 4,224 KPs in Dien Bien reached, of which 2,400 are referred to HTC, and at least 85 cases are found and linked to C&T via 2 DSD sites using MOM, PIO, and mRTS	<ul style="list-style-type: none"> ✓ Drafted REACH section of subcontracts with Dien Bien PAC and two districts of Muong Ang and Muong Cha ✓ Drafted Q1 Action Plan for SHIFT REACH sites and services in Dien Bien 	<ul style="list-style-type: none"> ✓ Reached and screened 1,157 KPs, or 110% of Q1 target (1,056) ✓ Successfully referred 769 KPs to HTC via MOM, or 128% of target (600) ✓ Supported 30 KPs to self-assess and use HTC via PIO in Muong Cha ✓ Found and linked 6 new cases to C&T, or 44% of target (14) ✓ Found and linked 4 old cases to C&T, or 53% of target (8) ✓ Provided 106 HHWs, CBS, and CHC staff with two-day refresher training on MOM ✓ Trained 13 participants from Dien Bien PAC, Muong Nhe DHC, and Muong Toong and Nam Ke HTC sites on PIO ✓ Strengthened outreach capacity of 30 HHWs through hands-on TA, documented in TA reports 	<ul style="list-style-type: none"> ✓ Reached and screened 3,465 KPs cumulatively, or 164% of Q1-2 target (2,112) ✓ Successfully referred 2,289 KPs to HTC cumulatively, or 190% of Q1+2 target (1,200) ✓ Found and linked 8 new cases to C&T cumulatively, or 29% of Q1+2 target (28) ✓ Found and linked 41 old cases to C&T cumulatively (includes 'old' and re-engaged cases), or 273% of Q1+2 target (15) ✓ Trained 13 HHWs, KPs, commune AIDS staff, and DHC staff from Muong Ang DHC and Muong Dang and Ang Nua HTC sites on PIO ✓ 36 HHWs, CBS and commune AIDS staff received two-day refresher training on MOM ✓ 31 Dien Bien PAC and DHC staff trained to implement Tet campaign ✓ Strengthened outreach capacity of 30 HHWs through hands-on TA, documented in TA reports 	<ul style="list-style-type: none"> ✓ Reached and screened 5,866 KPs cumulatively, or 139% of YI target (4,224) ✓ Successfully referred 3,647 KPs to HTC, or 203% of Q1-3 target (1,800) and 152% of YI target (2,400) ✓ Found and linked cumulative total of 30 new cases to C&T, or 73% of Q1-3 target (41) ✓ Found and linked cumulative total of 120 old cases to C&T, or 533% of Q1-3 target (23) ✓ Supported cumulative total of 130 KPs to self-assess and access HTC via PIO in Muong Cha and Muong Ang ✓ Provided TA and issued report on strengthening outreach skills and implementation capacity of 30 HHWs/CHC staff 	<ul style="list-style-type: none"> ✓ Reached and screened 7,632 KPs cumulatively, or 181% of YI target (4,224) ✓ Successfully referred 4,776 KPs to HTC, or 199% of YI target (2,400) ✓ Found and linked cumulative total of 156 cases to C&T, or 284% of YI target (55) ✓ Provided TA and issued report on strengthening outreach skills and implementation capacity of 30 HHWs/CHC staff ✓ Assessed readiness and TA requirements of Muong Cha district before transition and issued report summarizing findings
At least 11,287 KP in Nghe An reached in which 4,673 KP referred to HTC and at least 230 cases are found and linked to C&T via 2 DSD sites using MOM, PIO, and mRTS	<ul style="list-style-type: none"> ✓ Drafted REACH section of subcontracts with Nghe An PAC and seven districts of Que Phong, Quy Chau, Do 	<ul style="list-style-type: none"> ✓ Reached and screened 4,111 KPs, or 146% of target (2,822) ✓ Successfully referred 2,270 KPs to HTC, or 194% of target (1,168) ✓ Supported 70 KPs to self-assess and use HTC via PIO 	<ul style="list-style-type: none"> ✓ Reached and screened 9,161 KPs cumulatively, or 162% of Q1+2 target (5,644) ✓ Successfully referred 3,861 KPs to HTC, or 165% of Q1+2 target (2,337) 	<ul style="list-style-type: none"> ✓ Reached and screened 14,818 KPs cumulatively, or 131% of YI target (11,287) ✓ Successfully referred 5,395 KPs to HTC, or 115% of YI target (4,673) 	<ul style="list-style-type: none"> ✓ Reached and screened 20,585 KPs cumulatively, or 182% of YI target (11,287) ✓ Successfully referred 7,367 KPs to HTC, or 158% of YI target (4,673)

⁶Q1 and Q2 numeric results for Reach are presented here as submitted in the Q1 and Q2 QPRs. They do not reflect additions and corrections to outreach data received after each of Q1 and Q2 QPR submissions. However, Q1 and Q2 results presented in the Q3 QPR narrative, tables and charts include updated figures.

I.Ia REACH⁶

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
linked to C&T via 7 DSD sites using MOM, PIO, and mRTS	Luong, Anh Son, Con Cuong, Tuong Duong and Ky Son Drafted Q1 Action Plan for SHIFT REACH sites and services in Nghe An	<ul style="list-style-type: none"> ✓ Found and linked 58 new cases to C&T, or 101% of target (58) ✓ Found and linked 26 old cases to C&T, or 130% of target (20) ✓ Provided 120 HHWs, CBS and CHS staff from Que Phong and Quy Chau with refresher training on MOM ✓ Led orientation training session for 21 DHC leaders and HIV staff from seven USAID SHIFT-supported sites (Oct 21) ✓ Strengthened outreach capacity of 180 HHWs from 36 communes in seven districts through hands-on TA, documented in TA reports 	<ul style="list-style-type: none"> ✓ Found and linked 72 new cases to C&T cumulatively, or 63% of Q1+2 target (115) ✓ Found and linked 34 old cases to C&T cumulatively (includes 'old' and re-engaged cases), or 85% of Q1+2 target (40) ✓ 45 PAC and DHC staff trained to implement Tet campaign ✓ 127 HHWs, CBS and commune AIDS staff received two-day refresher training on MOM ✓ 60 HHWs, proactive KP and DHC, Commune AIDS staff trained on PIO in Quy Chau, Tuong Duong, Con Cuong ✓ Strengthened outreach capacity of 180 HHWs in 36 communes in seven districts through hands-on TA, documented in TA reports 	<ul style="list-style-type: none"> ✓ Found and linked 144 new cases to C&T cumulatively, or 83% of Q1-3 target (173) and 63% of Y1 target (230) ✓ Found and linked 61 old cases to C&T cumulatively, or 102% of Q1-3 target (60) and 76% of Y1 target (80) ✓ Trained 119 health staff plus ART and MMT clients in Quy Chau, Tuong Duong on PIO ✓ TA report on strengthening of outreach skills of 180 HHWs in 36 communes in 7 districts and their local implementation capacity. Completed with TA reports completed and uploaded to TAEM ✓ Provided TA and issued report on strengthening outreach skills and implementation capacity of 180 HHWs from 36 communes in seven districts 	<ul style="list-style-type: none"> ✓ Found and linked 173 cases to C&T cumulatively, or 75% of Y1 target (230) ✓ Provided TA and issued report on strengthening outreach skills and implementation capacity of 295 HHWs from 75 communes in seven districts ✓ Assessed readiness and TA requirements of Anh Son district before transition; issued and uploaded report on finding to TAEM
At least 5,128 high risk KPs in HCMC reached, of which 5,000 are referred to HTC, and 535 cases are found and linked to C&T via EOA, mobile HTC/STI and lay testing, friendly services, fan page, PIO, and old case finding initiatives	<ul style="list-style-type: none"> ✓ Drafted REACH section of subcontracts with HCMC PAC and Blue Sky Club ✓ Drafted Q1 Action Plan for SHIFT REACH sites and services in HCMC 	<ul style="list-style-type: none"> ✓ Reached and screened 1,853 KPs, or 145% of target (1,282) ✓ Successfully referred 1,562 KPs, including ≥300 MSM, to access HTC, or 125% of target (1,250) ✓ Found and linked 114 new cases to C&T, or 85% of target (134) ✓ Found and linked 11 old cases to C&T, or 73% of target (15) ✓ Trained 23 CBS, collaborators and field supervisors on referral and counseling skills ✓ Led outreach orientation meeting for three HCMC PAC and 20 Blue Sky CBS (Oct 24) ✓ Convened quarterly coordination meeting to boost linkages between community outreach and 24 districts HTFs, Life Center and G-Link CBOs (Oct 25) 	<ul style="list-style-type: none"> ✓ Reached and screened 3,811 KPs cumulatively, or 149% of Q1+2 target (2,564) ✓ Successfully referred 2,831 KPs to HTC cumulatively, or 113% of Q1+2 target (2,500) ✓ 811 KPs referred to and utilized HTC services, including via mobile and lay testing; including 231 MSM who self-assessed risk and self-referred to HTC via Blue Sky Fanpage ✓ Found and linked 220 new cases to C&T cumulatively, or 82% of Q1+2 target (268) ✓ Found and linked 26 old (re-engaged) cases to C&T cumulatively, or 87% of target (30) 	<ul style="list-style-type: none"> ✓ Reached and screened 6,517 KPs cumulatively, or 127% of Y1 target (5,128) ✓ Successfully referred 4,471 KPs to HTC cumulatively, or 89% of Y1 target (5,000) ✓ Found and linked 398 new cases to C&T cumulatively, or 99% of Q1-3 target (401) and 74% of Y1 target (535) ✓ Found and linked 28 old cases to C&T cumulatively, or 62% of Q1-3 target (45) and 47% of Y1 target (60) ✓ Strengthened outreach skills of 20 Blue Sky CBS and document in TA report 	<ul style="list-style-type: none"> ✓ Reached and screened 9,000 KPs cumulatively, or 176% of Y1 target (5,128) ✓ Successfully referred 6,246 KPs to HTC cumulatively, or 125% of Y1 target (5,000) ✓ Found and linked 560 cases to C&T cumulatively, or 105% of Y1 target (535) ✓ Conducted six livestream events via Blue Sky Facebook Fanpage ✓ On August 29 supported PAC HCMC to convene quarterly coordination meeting to boost linkages and improve data quality and sharing with 73 participants from community outreach groups, 24 districts HTFs, Life Center and C-Link Southern-supported CBOs

I.Ia REACH⁶

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)	
At least 200 diagnosed cases via GVN hospitals and PI and 90% PLHIV managed by Local Peoples Committees in three priority provinces followed up, supported, and enrolled in HIV care & treatment	<ul style="list-style-type: none"> ✓ Strengthened outreach capacity of 20 Blue Sky CBS, documented in TA reports and Q1 Success Story 	<ul style="list-style-type: none"> ✓ 246 PLHIV linked to HTFs (including via hospitals) cumulative, or 170% of target ✓ Outreach skills of 23 Blue Sky CBSs strengthened; documented in Success Story and report filed on TAEM 	<ul style="list-style-type: none"> ✓ Operationalized SOP for referring hospital/PI-diagnosed PLHIV at 40 HCMC GVN facilities and PI ✓ Oriented 49 relevant hospital staff (expanding to 11 new hospitals) and five HTC/OPC staff on local HIV diagnosis and referral (Dec 14, HCMC) ~ Diagnosed and linked 33 HIV cases in hospitals and PI to HTFs, or 66% of target (50) 	<ul style="list-style-type: none"> ✓ Protocol for supporting local diagnosed clients finalized and incorporated into Tet campaign packages for Nghe An and Dien Bien ✓ Diagnosed and linked 71 HIV cases in hospitals and PI to HTFs, or 147% of Q2 target (50) and 104% of Q1-2 target (104/100) 	<ul style="list-style-type: none"> ✓ 90% of PLHIV managed by hospitals and by District/Commune People's Committees in Dien Bien and Nghe An tracked and supported to stay on treatment by HHW using case management method ✓ 58 PLHIV diagnosed via hospitals/PI linked to HTFs in HCMC during quarter, or 108% of Q1-3 target (162/150) 	<ul style="list-style-type: none"> ✓ 90% of PLHIV managed by hospitals and by District/Commune People's Committees in Dien Bien and Nghe An tracked and linked to HTFs and supported to stay on treatment by HHWs ✓ 44 HIV cases diagnosed via hospitals/PI linked to HTFs in HCMC during quarter and 173 cumulatively or 86.5% of Y1 target ✓ On September 8 convened experience sharing meeting on MSM Friendly Services for 70 participants from 50 district and city hospitals and 5 OPCs ✓ On September 29 conducted sensitization training on MSM Friendly Services for 21 new staff from GVN hospitals in HCMC
Sites in priority provinces and provinces that have high rate of LTFU tracked and re-engaged into C&T in selected sites to meet the third 90 targets in three priority provinces	<ul style="list-style-type: none"> ✓ Developed and finalized SOP and tools for community-based support for ART retention ✓ Introduced ART retention SOP and tools to 31 HTF and CHC staff in Dien Bien and 14 in Nghe An ✓ Trained 58 DHC and CHC staff (193% of target of 30) from Dien Bien on protocol for community-based support for ART retention ✓ Trained 43 DHC, CHC, and commune AIDS staff, and HHWs and commune AIDS staff from Nghe An on protocol for 	<ul style="list-style-type: none"> ✓ Trained 67 health staff (HHWs, DHC and HTF staff in Ky Son and Do Luong) on "Community-based support for ART retention" to prevent attrition and return those LTFU or late for appointments to treatment 	<ul style="list-style-type: none"> ✓ Led two training workshops for 50 CBSs and commune health staff on procedures to support LTFU patients to return to treatment in HCMC ✓ Issued technical report on TA to Dien Bien, Nghe An, and HCMC to maintain ARV patients at HTFs that have a high rate of LTFU/late appointments 	<ul style="list-style-type: none"> ✓ Provided TA for DHC/HHW/CBS to reach and re-engage LTFU patients back to HTFs through coaching and mentoring in site visits in Dien Bien, Nghe An and HCMC 		

I.Ia REACH ⁶					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
community-based support for ART retention					
Finalized package of MOM and relevant initiatives (PIO, Fanpage) revised and finalized.		<ul style="list-style-type: none"> ✓ Convened two internal meetings and two consultation meetings with partners ✓ Tailored and finalize updated MOM package ✓ Finalized REACH package (forms, guides, presentation) for Tet Campaign ✓ Convened consultation meeting on Blue Sky Fan Page ✓ Supported HCMC PAC and Blue Sky to tailor and revise Fan Page 	<ul style="list-style-type: none"> ✓ MSM Fanpage reviewed and handed over to contractor for redesign 	<ul style="list-style-type: none"> ✓ MOM package shared with relevant stakeholders and GVN partners ✓ MSM Fanpage redesign completed 	
Enhanced collaboration for lay testing, mRTS, SI and communication activities in priority provinces	<ul style="list-style-type: none"> ✓ Provided PBI metrics and norms for HHW participation in mRTS ✓ Shared list of screened KPs with Test, Treat and TAC focal points in Nghe An and Dien Bien 	<ul style="list-style-type: none"> ✓ Supported REACH components of provincial quarterly meetings in Dien Bien and Nghe An ✓ Collected and shared KP lists with mobile testing and treatment teams for Nghe An/Que Phong, Tuong Duong and Quy Chau and Dien Bien/Muong Cha ✓ Reviewed and helped finalize materials for SHI promotion trainings ✓ Supported Blue Sky to provide lay testing for 949 MSM and KPs, of whom 94 (9.9%) were confirmed HIV-positive and enrolled in C&T 	<ul style="list-style-type: none"> ✓ Supported REACH components of provincial quarterly meetings in Dien Bien (Feb 20) and Nghe An (Feb 23) ✓ KP lists collected and shared with lay testing/mobile test-treat teams in Dien Bien and Nghe An each month ✓ Supported Blue Sky to implement lay testing in HCMC; tested 251 KPs and identified 26 reactive cases (10.4%) 	<ul style="list-style-type: none"> ✓ Provincial quarterly meetings supported in Dien Bien and Nghe An ✓ KP lists collected and shared with lay testing and mRTS missions in DB and NA; mRTS missions supported ✓ Blue Sky supported to implement lay testing in HCMC; tested 900 KPs and identified 89 reactive cases (9.9%) 	<ul style="list-style-type: none"> ✓ Helped convene and support community coordination via three provincial quarterly meetings in Dien Bien, Nghe An and HCMC ✓ Guided PACs, DHCs, and CHCs to collect KP lists and shared with lay testing and mRTS teams in Dien Bien and Nghe An ✓ Mentored and supervised Blue Sky Club to successfully implement lay testing in HCMC for 680 KPs and identify 32 reactive cases (4.7%), and 2,780 KPs with 241 reactive cases (8.7%) in Y1 cumulatively

I.Ib TEST					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
DIEN BIEN	<ul style="list-style-type: none"> ▪ 18,800 HIV tests and results provided through DSD and TA-SDI sites ▪ 752 HIV positive cases detected in HTC DSD and TA-SDI sites ▪ 9 districts confirmatory labs certified and service quality assured 	<ul style="list-style-type: none"> ✓ 5,863 of tests and results provided through Dec 31, or 125% of quarterly target (4,700) ✓ 81 HIV positive cases detected, or 43% of quarterly target (188) ✓ Provided mobile HTC (combined with mRTS) in 4 districts ✓ Led PITC training for 26 participants from eight hospitals ✓ Completed needs assessment for PITC model improvement ✓ Developed PITC data collection form and agreed with PAC on TA plan for following quarters ✓ Led Transition and Technical Monitoring training workshop for provincial and district TA providers and managers ✓ Supported all district laboratories to submit profiles to NIHE for final certification process 	<ul style="list-style-type: none"> ✓ 10,322 HIV tests and results provided cumulatively through March 31, or 110% of target (9,400) ✓ 197 HIV positive cases detected cumulatively, or 52% of target (376) ✓ PITC training workshop completed for DHCs and government hospitals in 3 districts for 28 participants ✓ Transition and Technical Monitoring visits conducted for Dien Bien PAC site, and 6 DSD district sites ✓ District laboratories in Muong Nhe and Muong Lay districts received official license in January and began providing confirmatory services 	<ul style="list-style-type: none"> ✓ 14,333 HIV tests and results provided through DSD and TA-SDI sites cumulatively, or 76% of Y1 target ✓ 274 HIV positive cases detected in HTC DSD and TA-SDI sites cumulatively, or 36% of the Y1 target ✓ Transition and Technical Monitoring in 2 DSD and TA district sites of Tua Chua and Muong Ang ✓ Mobile HTC (mobile HTC trips combined within Reach or mRTS) plan for each selected district developed and agreed with PAC for Q4 ✓ District laboratories in Muong Cha, Muong Ang, Tua Chua, and Dien Bien Dong districts received official license in May and began providing confirmatory services in June ✓ HTC site performance data reviewed with Dien Bien PAC in May ✓ Nam Po and Muong Cha transitioned to Global Fund after June 30 ✓ Partner Notification training for 25 participants from HTC and HTF sites from Dien Bien, Tuan Giao and Dien Bien Dong districts; Dien Bien PGH; and Dien Bien PAC 	<ul style="list-style-type: none"> ✓ Provided 17,982 HIV tests and results through DSD and TA-SDI sites cumulatively, or 96% of Y1 target (18,800) ✓ Identified 338 HIV positive cases in HTC DSD and TA-SDI sites cumulatively, or 45% of Y1 target (752) ✓ Led two PITC trainings for 32 participants from four districts during the quarter; 76 participants trained from all 10 districts to date ✓ Led Transition and Technical Monitoring visits for HTC sites in Tua Chua, Tuan Giao, and Muong Cha districts ✓ Visited and reviewed performance of district confirmatory labs in Muong Nhe and Muong Lay in September ✓ Led HTC performance review and transition workshop for all districts in September
NGHE AN ⁷	<ul style="list-style-type: none"> ▪ 11,158 HIV tests and results provided 	<ul style="list-style-type: none"> ✓ 2,599 tests and results provided through Dec 31, or 93% of quarterly target (2,790) 	<ul style="list-style-type: none"> ✓ 5,047 HIV tests and results provided through March 31 cumulatively, or 90% of target (5,579) 	<ul style="list-style-type: none"> ✓ 6,212 HIV tests and results provided through DSD and TA-SDI sites cumulatively, or 56% of Y1 target 	<ul style="list-style-type: none"> ✓ Provided 8,359 HIV tests and results through DSD and TA-SDI sites cumulatively, or 75% of Y1 target (11,158)

⁷ Y1 HTC targets for Nghe An Province were revised and approved by USAID effective January 18, 2017. Updated targets are included here and reflected throughout this report. For Nghe An Province, targets were revised as follows: total tested and received reduced from 13,158 to 11,158; number HIV-positive reduced from 455 to 355; and number HIV-positive and linked to C&T reduced from 409 to 320.

I.Ib TEST

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
<ul style="list-style-type: none"> through DSD and TA-SDI sites ▪ 355 HIV positive cases detected in HTC DSD and TA-SDI sites ▪ 4 district confirmatory labs certified and service quality assured 	<ul style="list-style-type: none"> ✓ 25 HIV positive cases detected, or 28% of quarterly target (89) ✓ Provided mobile HTC (combined with mRTS) in 2 districts ✓ Led PITC training for 65 participants from 10 hospitals ✓ Completed needs assessment for PITC model improvement ✓ Developed PITC data collection form and agreed with PAC on TA plan for following quarters ✓ Led Transition and Technical Monitoring training workshop for provincial and district TA providers and managers ✓ Supported all district laboratories to submit profiles to NIHE for final certification process 	<ul style="list-style-type: none"> ✓ 40 HIV positives detected cumulatively, or 22% of target (178) ✓ 2 PITC training workshops completed for district hospitals in 14 medium burden districts for 56 participants ✓ Transition and Technical Monitoring conducted for 9 DSD district sites (Dien Chau, Tuong Duong, Con Cuong, Anh Son, Tan Ky, Nam Dan, Hoang Mai, Nghi Loc, Yen Thanh) ✓ Mobile HTC (combined with Reach or mRTS) plan for each selected district developed and agreed with PAC for the next quarter 	<ul style="list-style-type: none"> ✓ 57 HIV positive cases detected in HTC DSD and TA-SDI sites cumulatively, or 16% of Y1 target ✓ Transition and Technical Monitoring conducted in six DSD and TA district sites (Cua Lo, Nghia Dan, Quy Hop, Hung Nguyen, Thanh Chuong, Vinh City) ✓ 3 district confirmatory labs in Tuong Duong, Do Luong, Tay Bac hospital assessed and received certification and began providing service in middle of June. ✓ HTC site performance review conducted with DOH, PAC and 7 sites (Con Cuông, Tuong Duong, Quy Hop, Dien Chau, Thanh Chuong, Nghia Dan, Cua Lo) ✓ Partner Notification training for 26 participants from HTC and HTF sites in Vinh City, Quy Hop, Que Phong, Quy Chau, Thanh Chuong and Dien Chau districts 	<ul style="list-style-type: none"> ✓ Identified 100 HIV positive cases detected in HTC DSD and TA-SDI sites cumulatively, or 28% of Y1 target (355) ✓ Led two PITC training workshops for 55 participants from district hospitals in 10 additional districts ✓ Led Transition and Technical Monitoring visit for DSD HTC sites Quynh Luu district ✓ Supported last district confirmatory lab in Nghe An -- at Tay Nam General hospital – to pass re-assessment, receive certification, and begin providing certified confirmatory testing in September ✓ Led site visit to review Binh Chuan commune HTC site performance in Con Cuong district ✓ Closed out lay testing for eight sites in Tuong Duong district due to persistent low yield 	
HCMC⁸ <ul style="list-style-type: none"> ▪ 10,600 HIV tests and results provided at 6 DSD sites and lay testing by Blue Sky ▪ 660 HIV positives detected by HTC DSD and TA-SDI sites ▪ 90% of HIV+ clients diagnosed in hospitals linked to C&T 	<ul style="list-style-type: none"> ✓ 3,097 tests and results provided through Dec 31, or 117% of quarterly target (2,650) ✓ 361 HIV positive cases detected in HTC DSD and TA-SDI sites, or 21% of quarterly target (165) ✓ Led PITC training for 31 participants from 17 hospitals ✓ Completed needs assessment for PITC model improvement ✓ Developed PITC data collection form and agreed with PAC on TA plan for following quarters 	<ul style="list-style-type: none"> ✓ 4,903 HIV tests and results provided through March 31 cumulatively, or 93% of Q1+2 target (5,300) ✓ 589 HIV positive cases detected cumulatively, or 178% of target (330) ✓ 3 district confirmatory labs assessed and successfully passed and waiting for official certificates (District 6, 9 and Thu Duc) ✓ PITC assessment form developed 	<ul style="list-style-type: none"> ✓ 7,790 HIV tests and results provided through six DSD sites and lay testing by Blue Sky cumulatively achieved 73% of Y1 target (10,600) ✓ 939 HIV positive cases detected in HTC DSD and TA-SDI sites cumulatively, or 142% of Y1 target ✓ Supported district confirmatory labs for Districts 6, 8, 9, and Thu Duc to receive official license 	<ul style="list-style-type: none"> ✓ Provided 10,321 HIV tests and results through six DSD sites and lay testing by Blue Sky cumulatively, or 97% of Y1 target (10,600) ✓ Identified 1,280 HIV positive cases in HTC DSD and TA-SDI sites cumulatively, or 194% of Y1 target (660) ✓ In September conducted 90-90-90 HTC site performance review and used to plan for FY18 	

⁸ Y1 HTC targets for HCMC were revised and approved by USAID effective January 18, 2017. Updated targets are included here and reflected throughout this report. For HCMC, targets were revised as follows: total tested and received results increased from 7,600 to 10,600; number HIV-positive increased from 510 to 660; and number HIV-positive and linked to C&T increased from 459 to 594.

I.Ib TEST					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
▪ 7 district confirmatory labs certified and service quality assured		✓ Supported district laboratories in HCMC to complete profiles for submission to MOH as district HIV confirmatory testing labs		and begin providing confirmatory services in July ✓ Three remaining district confirmatory labs of District 3, Nha Be and Hoc Mon assessed and waiting for Licenses ✓ Blue Sky lay testing technical review conducted ✓ Developed and agreed on follow-up TA plan with HCMC PAC, focusing on standardizing follow-up tracking and reporting system for diagnosed patients	✓ Supported District 3 confirmatory lab to secure certification and began providing service in September ✓ Assisted two remain confirmatory labs (Hoc Mon and Nha Be) to complete official procedures and await official certification from MOH
SUSTAINING SITES		✓ 922 HIV tests and results provided through Dec 31, or 51% of quarterly target (1,797) ✓ 31 HIV positive cases detected, or 48% of quarterly target (65)	✓ 2,063 HIV tests and results provided through March 31 cumulatively via sites in sustaining provinces, or 57% of Q1+2 target (3,593) ✓ 54 HIV positive cases detected cumulatively, or 42% of target (129)	✓ 3,342 HIV tests and results provided through 5 DSD and TA-SDI sites in sustaining provinces cumulatively, or 47% of Y1 target ✓ 78 HIV positive cases detected in HTC DSD and TA-SDI sites cumulatively, or 30% of Y1 target	✓ Provided 4,748 HIV tests and results through 5 DSD and TA-SDI sites cumulatively, or 66% of Y1 target (7,186) ✓ Identified 105 HIV positive cases in HTC DSD and TA-SDI sites cumulatively, or 41% of Y1 target (258)
I.Ic TREAT					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
3,462 PLHIV newly started on ART in USAID supported priority and sustaining provinces	✓ Established Y1 C&T targets in provincial subcontracts	✓ 625 PLHIV newly started on ART, or 72% of quarterly target (874) ✓ Finalized mRTS treatment model, technical SOPs and tools and shared with provinces for implementation ✓ Conducted mRTS missions December 2016; 7 old, 17 new and 18 LTFU cases. In Nghe An, supported 35 PLHIV to start/return to ART, including 6 old, 23 new, 6 LTFU cases ✓ Developed and submitted provincial TB/HIV integration model and	✓ I,199 PLHIV newly started on ART cumulatively, or 69% of Q1-2 target (1,748) ✓ Worked with Dien Bien PAC to lead two mRTS missions to Thanh Hung (Dien Bien District) and Muong Nhe; engaged five old and 13 new cases ✓ Developed TA and evaluation plan on TB/HIV integration for Dien Bien and Nghe An province with KNCV, VAAC and GF ✓ Completed joint TA trips to Nghe An and Dien Bien with VAAC, GF, and KNCV to help develop and	✓ 2,005 PLHIV newly started on ART cumulatively, or 58% of Y1 target ✓ mRTS missions completed in Dien Bien and Nghe An, resulting in 68 cases enrolled or re-enrolled on treatment in Dien Bien and 13 in Nghe An ✓ Completed joint TA missions in Dien Bien and Nghe An to expedite ART enrollment among HIV-positive TB patients ✓ Completed TA to Dien Bien with local TA providers on MMT mentoring and coaching	✓ 2,729 PLHIV newly started on ART cumulatively, or 79% of Y1 target ✓ Supported mRTS missions in Dien Bien Dong, Tuan Giao, and Dien Bien districts; found and linked 11 new, one old, and 11 LTFU cases to ART ✓ Assisted Nghe An PAC to work with districts to review data and prioritize communes for mRTS in Q1 Y2 ✓ Conducted field assessment and issued report on strengthening HIV case finding in TB cohort ✓ Conducted field assessments and issued reports on progress in

I.Ic TREAT						
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)	
		<ul style="list-style-type: none"> ✓ guidelines to Dien Bien and Nghe An DOHs for implementation ✓ Conducted two TB/HIV integration training sessions for 80 doctors, nurses, and pharmacists from 9 districts in Dien Bien ✓ Led webcast on <i>Methadone and Pregnancy</i> for 89 doctors and nurses from 16 MMT facilities and dispensing sites in 15 Dien Bien and Nghe An districts ✓ Supported 98% of HIV-positive MMT patients in Dien Bien and 92% in Nghe An to enroll in treatment in Dien Bien and Nghe An, respectively ✓ Issued report documenting on-site clinical and operational mentoring delivered to 25 HTFs during quarter 	<ul style="list-style-type: none"> ✓ implement provincial TB/HIV cooperation plans and district-level TB/HIV linkages ✓ Hosted webcast on methamphetamine use for 303 participants from 51 sites in 19 provinces, including from 29/30 districts in Nghe An and Dien Bien An ✓ 96% and 93% of HIV+ MMT patients on ART in Dien Bien and Nghe An respectively, exceeding quarterly target of 90% ✓ Completed nine TA missions to seven HTFs to review and strengthen ART enrollment and retention 	<ul style="list-style-type: none"> ✓ Conducted 2 webcasts on methadone drug interaction ✓ 98% and 95% of HIV+ MMT patients in Dien Bien and Nghe An enrolled on ART, respectively ✓ Provided 26 onsite coaching visits to HTFs in Dien Bien and Nghe An ✓ Jointly led two training workshops on partner notification for 51 health staff in Dien Bien (25) and Nghe An (26) 	<ul style="list-style-type: none"> TB/HIV integration in each of DB and NA ✓ Assisted Dien Bien to lead TB/HIV coordination workshop with DOH, PAC, Provincial TB Hospital and 30 health staff of 10 districts ✓ Aided Dien Bien PAC and Provincial TB Hospital to lead second round of site visits and support missions on TB/HIV case finding and service integration in 10 districts ✓ Enabled PAC and local TA providers to conduct MMT SHIFT technical monitoring for 10 TA-SDI MMT sites in Nghe An and six in Dien Bien ✓ Led two MMT training courses for 105 doctors, counselors and dispensers in Dien Bien (45) and Nghe An (60) ✓ 95.4 % and 96.2% of HIV+ MMT patients in Nghe An and Dien Bien on ART, well above 90% target ✓ Reviewed performance and issued report on improving ART enrolment for each supported HTF ✓ Completed 33 site, performance, transition and technical monitoring missions in coordination with PACs (24 by project staff, nine by local TA providers) 	
23,957 PLHIV sustained on treatment in USAID supported cohort	<ul style="list-style-type: none"> ✓ Introduced C&T sections of subcontracts to provinces. Negotiated and signed contracts including C&T targets with 11 provinces. ✓ Developed set of key indicators and dashboard for ART retention and attrition 	<ul style="list-style-type: none"> ✓ Supported 21,971 on treatment in USAID supported cohort, or 98% of quarterly target (22,307) ✓ Finalized technical package of retention enhancement SOPs, tools, and training materials; see CLIN 2 ✓ Assisted HCMC PAC to develop ITCP technical package, tools, and training materials to help retain patients in 29 HTFs on ART during SHI scale-up; see CLIN 2 	<ul style="list-style-type: none"> ✓ 22,274 PLHIV sustained on treatment in USAID supported cohort, or 97% of Q2 target (22,869) ✓ Trained 44 health staff in Quang Ninh on enhanced ART Retention ✓ Collected ART retention data from all HTFs, identified issues, and implemented site-level TA plan to address retention barriers 	<ul style="list-style-type: none"> ✓ 22,800 PLHIV sustained on treatment in USAID supported cohort, or 95% of Y1 target ✓ Conducted four ITCP trainings for 114 doctors and nurses in 21 districts in Nghe An. ✓ Provided TA to Can Tho to conduct ART Retention trainings for 70 health staff 9 HTFs and 18 communes ✓ Collected and reviewed ART retention data from all HTFs to 	<ul style="list-style-type: none"> ✓ 23,393 PLHIV sustained on treatment in project cohort, or 98% of Y1 target ✓ Continued implementing, reviewed performance, and issued progress report on ART retention package for project HTFs ✓ Collected and reviewed ART retention data from all HTFs; worked with sites, PACs and DOHs to analyze data, identify issues and implement actions to reduce attrition 	

I.Ic TREAT					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
		<ul style="list-style-type: none"> ✓ Issued technical report on providing TA to implement retention package at sites ✓ Trained 91 doctors and nurses from 29 HTFs in HCMC on ITCP ✓ Enabled 3,993 patients in six USAID SHIFT to complete ITCPs by December 31, 2016 ✓ Trained 106 doctors, nurses, and HIV-in-charge staff from Dien Bien and Nghe An on ART retention ✓ Drafted user manual on data use and program/technical quality improvement for key retention/attrition indicators ✓ Supported Que Phong and Dien Chau districts in Nghe An to implement commune-level ARV dispensing. By Dec 31, 2,308 ART patients (~16% of total) managed at 168 CHSs (18% of CHSs in 11 supported provinces) ✓ 51 CHSs in Dien Bien and 25 in Nghe An implementing commune-level ART ✓ Led webcast on Side effects of Tenofovir on HIV patients for 116 doctors and nurses from 41 HTFs in 12 provinces ✓ Provided TA to Nghe An PAC to implement HIVQUAL mid-term evaluation in 13 HTFs ✓ Supported Nghe An DOH and PAC to issue official letter to provide pediatric ART at district HTFs and transfer patients from Provincial Pediatric Hospital to districts ✓ Ensured all 10 district HTFs in Dien Bien providing pediatric ART 	<ul style="list-style-type: none"> ✓ 2 additional districts in Nghe An implemented ARV dispensing at commune level ✓ Trained 56 health staff from Nghe An/Nghia Dan and Quy Hop on commune-level ART ✓ Provided TA to Nghe An/Que Phong, Quy Chau and Dien Chai to refer stable patients to CHS for ongoing ART ✓ Hosted two webcasts on viral load testing for 127 participants from 52 HTFs in 15 provinces ✓ TA report on HIVQUAL quality improvement ✓ Supported HTFs to report results for latest round of HIVQUAL ✓ Assisted Nghe An to gain consensus from DOH, PAC and Provincial Pediatric Hospital to refer pediatric patients to district hospitals starting May 2017 	<ul style="list-style-type: none"> ✓ identify issues and provide TA to implement quality improvement follow up plans ✓ Trained and supported health worker staff in two additional districts in Nghe An to implement ARV dispensing at commune level ✓ By the end of June, supported 2,477 patients to receive ART in 190 CHSs ✓ Supported Que Phong, Quy Chau, Dien Chau, Quy Hop and Nghia Dan district health centers to refer stable patients back to their respective commune health stations. ✓ Clinical TA report completed for webcast/ onsite coaching. ✓ Webcast conducted on care and management of HIV exposed children for 107 health staff from 22 HTFs in 12 provinces. ✓ HTFs supported to develop QI plans for HIVQUAL. ✓ TA report completed for pediatric treatment and PMTCT in Dien Bien and Nghe An 	<ul style="list-style-type: none"> ✓ Supported two additional districts in Nghe An to implement commune-level ART ✓ Supported Nghe An DOH and PAC identified not to expand ARV to review, support and ensure quality of commune-level ART where already introduced (Que Phong, Quy Chau, Dien Chau, Quy Hop, Nghia Dan) ✓ By September 30, supported 2,512 patients to receive ART in 193 CHSs in HCMC, An Giang, Nghe An and Dien Bien ✓ Led webcast on clinical case review for 59 health staff from 27 HTFs in 10 provinces ✓ Integrated HIVQUAL into on-site clinical and operational support to HTFs ✓ Integrated pediatric treatment and PMTCT into clinical and operational TA for HTFs ✓ Reviewed performance and issued TA reports on pediatric ART and PMTCT for sites in Nghe An and Dien Bien
17,010 PLHIV virally suppressed in USAID supported cohort		<ul style="list-style-type: none"> ✓ Completed viral load testing plan for NA, DB, and HCMC ✓ Provided TA to Nghe An and Dien Bien to issue official letters 	<ul style="list-style-type: none"> ✓ Supported sites to perform VL tests for 1,574 patients on ART for >6 months, for routine viral load 	<ul style="list-style-type: none"> ✓ 1,881 PLHIV, or 90% of those for whom VL test results were 	<ul style="list-style-type: none"> ✓ 5,932 PLHIV (96% of those for whom VL test results were received in Q4) found virally suppressed

I.Ic TREAT					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
	<ul style="list-style-type: none"> ✓ Continued viral load testing plan for sustaining provinces ✓ Assigning district hospitals to implement VL testing ✓ Supported Dien Bien and Nghe An to perform 1,367 and 669 viral load tests, respectively ✓ Found VL suppression (<1,000 copies/mL) in 96% of those tested in Dien Bien (1,307/1,367) and 94% of those in Nghe An (366/391) ✓ Found undetectable VL in 70% of those tested in Dien Bien (910/1,361) and 61% in Nghe An (224/391) ✓ Provided TA to support GF sites to prepare for VL testing ✓ Trained project sites to collect and report VL data 	<ul style="list-style-type: none"> ✓ Monitoring in priority provinces and suspected treatment failure in priority and sustaining provinces ✓ Confirmed viral suppression (<1,000 copies/mL) in 92% of patients provided with routine VL testing in Q2 (1,403/1,517) 	<ul style="list-style-type: none"> ✓ Received in Q3, found virally suppressed ✓ TA report completed for routine viral load monitoring in Dien Bien and Nghe An 	<ul style="list-style-type: none"> ✓ Ensured all HTFs in Dien Bien and Nghe implementing routine VL testing ✓ Supported Dien Bien and Nghe An to perform 372 and 366 VL tests, respectively ✓ Found VL suppression (<1,000 copies/mL) in 89% of those tested in Dien Bien (331/372) and 94% in Nghe An (264/280) ✓ Provided TA to all USAID SHIFT DSD and TA sites to perform 7,196 VL tests in total; found VL suppression (<1,000 copies/ml) in 95.6% of results received back by quarter end (5,932/6,203) 	
C&T data utilization strengthened	<ul style="list-style-type: none"> ✓ Finalized and disseminated ART retention dashboard via Power BI 	<ul style="list-style-type: none"> ✓ Generated and analyzed Q4FY16 LTFU and mortality data 	<ul style="list-style-type: none"> ✓ With SI, developed and utilized Q1 quarterly and Q2 monthly C&T dashboards to monitor and improve ART enrolment and retention 	<ul style="list-style-type: none"> ✓ Generated and analyzed Q2 FY17 ART retention dashboard 	<ul style="list-style-type: none"> ✓ Generated and analyzed Q3 FY17 ART retention dashboard

I.Id MONITOR & EVALUATE					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
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"> ✓ Completed PMEP ✓ Analyzed Q3 FY16 provincial performance results with PACs and technical units ✓ Supported Nghe An and Dien Bien PACs to generate quarterly 90-90-90 progress report ✓ Refined tools to collect data, enter data and generate 90-90-90 dashboards ✓ Generated site- and province-level dashboards for SHIFT-supported prevention, HTC, and C&T services in Nghe An, Dien Bien, and HCMC ✓ Developed RTTR dashboard 	<ul style="list-style-type: none"> ✓ Analyzed Q4 FY16 provincial performance results with PACs and technical units ✓ Assisted Nghe An and Dien Bien to prepare for 90-90-90 quarterly reviews ✓ Generated site- and province-level dashboards for SHIFT-supported prevention, HTC, and C&T services 	<ul style="list-style-type: none"> ✓ Analyzed Q1 provincial performance results with PACs and technical units ✓ Assisted Nghe An and Dien Bien to prepare for 90-90-90 quarterly reviews ✓ Generated site- and province-level dashboards for SHIFT-supported prevention, HTC, and C&T services ✓ Completed and disseminated dashboards using Power BI 	<ul style="list-style-type: none"> ✓ Analyzed Q2 provincial performance results with PACs and technical units ✓ Assisted Nghe An and Dien Bien to prepare for 90-90-90 quarterly reviews ✓ Generated site- and province-level dashboards for SHIFT-supported prevention, HTC, and C&T services ✓ Completed and disseminated dashboards using Power BI 	<ul style="list-style-type: none"> ✓ Analyzed Q3 provincial performance results with PACs and technical units ✓ Assisted Nghe An and Dien Bien to prepare for 90-90-90 quarterly reviews ✓ Generated site- and province-level dashboards for SHIFT-supported prevention, HTC, and C&T services ✓ Completed and disseminated dashboards using Power BI ✓ Supported provincial use of EPP data to illustrate progress against 90-90-90 targets

I.Id MONITOR & EVALUATE

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
Complete and accurate PEPFAR MER data reported for priority provinces and sustaining provinces		✓ Completed Q4 FY16 and annual progress reporting for priority provinces and sustaining provinces	✓ Collected, compiled, validated and reported Q1 MER data for HTC and C&T services	✓ Collected, compiled, validated and reported semiannual MER data for prevention, HTC, and C&T services	✓ Collected, compiled, validated and reported Q3 MER data for HTC and C&T services ✓ Prepared for Q4 and annual progress reporting for all MER indicators for supported sites
Complete and accurate OGAC expenditure data reported for priority provinces					✓ Compiled annual expenditure data for all supported services
Provincial M&E systems for HIV services strengthened in Nghe An, Dien Bien and HCMC		✓ Lead training workshops on 90-90-90 dashboards for PAC and staff from Nghe An and Dien Bien ✓ Convened M&E refresher training workshops for priority provinces ✓ Convened DQA refresher training workshops for priority provinces			
Data management tools designed and implemented to improve data processing, management and use for priority provinces			✓ Supported NA, DB and HCMC PAC and local staff supported to use and generate reports from HTC eLog per request	✓ Responded to ad hoc TA requests for eLog and related tools as needed ✓ Developed web-based data collection and management for ITCP	✓ Responded to ad hoc TA requests for eLog and related tools as needed
Data management tools designed and implemented to improve data processing, management and use for sustaining provinces			✓ Supported three additional sites in Hai Phong (Do Son, Tien Lang, Vinh Bao) to apply mLog, bringing total number of sites using mLog to 30	✓ Responded to ad hoc TA requests on mLog as needed	✓ Responded to ad hoc TA requests on mLog as needed
Data management tools designed and implemented to improve data processing, management and use for priority provinces		✓ Revised and tested HTC eLog revised and tested to support data entry on lay testing	✓ Developed and shared video guide on how to use HTC eLog; pushed to 27 HTC sites using tool in Nghe An (16), Dien Bien (10) and HCMC (1)		
Reporting system strengthened to measure patient CoPC linkages in		✗ Reporting system initiated and drafted to measure the linkage of	✗ Reporting system finalized and applied to measure the linkage patients across the CoPC in Dien		

I.1d MONITOR & EVALUATE					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
health treatment facilities in Dien Bien and Nghe An		patients across the CoPC in Dien Bien and Nghe An - On hold per VAAC request	Bien and Nghe An - Still on hold per VAAC direction		
Provincial M&E systems for HIV services strengthened in sustaining provinces		✓ Trained 33 staff from PACs and HTFs on ART eLog via online training, October 28 ✓ Created nine tutorial videos on how to enter data into eLog in different scenarios and generate reports	✓ Transitioned ownership of ART eLog to local partners in sustaining provinces (Hanoi, An Giang, Hai Phong, Thai Binh, Lao Cai)		
Quality of HIV service data ensured for sustaining provinces		✓ Conducted refresher M&E training for sustaining provinces ✓ Conducted refresher DQA training for sustaining provinces			✓ Guided PACs to ensure DQAs completed for USAID SHIFT sites in sustaining provinces

Task 1.2 | Maintain DSD and then fully transition ownership of remaining sites in sustaining provinces

I.2a TRANSITION					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
10 DSD sites from sustaining and priority provinces transitioned	✓ Developed and finalized criteria to select sites to be transitioned ✓ Updated and finalized transition readiness assessment tools with criteria on HTF consolidation and expanded SHI coverage ✓ Finalized list of 10 sites to be transitioned in Y1 ✓ Compiled list of staff to be trained on HIV treatment for targeted HTF transition sites	✓ Developed and agreed on detailed transition plans and roadmaps with provinces ✓ 100% of new staff in targeted HTF transition sites trained and certified to deliver SHI-eligible HIV services ✓ First round of transition readiness assessments completed for 100% of SHIFT provinces	✓ 7 HTFs in sustaining provinces consolidated for SHI application and transition ✓ 2 PMCs in HCMC (Hoc Mon and District 9) submitted plans to DOH to establish health centers with treatment function to be eligible for SHI reimbursement and transition Muong Cha Prevention site confirmed plan to use local budget to sustain outreach activities	✓ Second round of transition readiness assessments completed for 100% of SHIFT provinces Meeting with Nghe An DOH, PAC and Dien Bien PAC to obtain agreement on roadmap for 13 sites to be transitioned by end of the Y1 (4 HTC sites in Dien Bien, 8 HTC sites in Nghe An, 1 Prevention site in Nghe An)	✓ 9 HTFs transitioned from DSD to GVN; TA to HCMC/District 9 and Hoc Mon HTFs continues at provincial level to fulfil requirements for SHI reimbursement ✓ Muong Cha prevention site transitioned to Dien Bien authorities ✓ Anh Son prevention site in Nghe An closed out ✓ 12 HTC sites in Nghe An and Dien Bien transitioned to GVN ✓ Post-transition plans prepared for 22 sites transitioned at end of Y1 ✓ Transition tracker updated

1.2a TRANSITION					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
Transition of C&T sites in sustaining provinces	<ul style="list-style-type: none"> ✓ Trained and ensured all staff at project-supported HTFs certified on ART ✓ Developed site operational SHI manuals ✓ Revised and finalized transition and technical monitoring tools 	<ul style="list-style-type: none"> ✓ Issued report on site SHI implementation progress ✓ Issued report on site-level attrition and retention response after applying SHI ✓ Issued report on transition and technical monitoring 	<ul style="list-style-type: none"> ✓ Issued report on site-level SHI implementation progress ✓ Monitored and issued report on post-SHI ART retention ✓ Issued report on transition and technical monitoring 	<ul style="list-style-type: none"> ✓ Issued report on site-level SHI implementation progress ✓ Monitored and issued report on post-SHI ART retention ✓ Issued report on transition and technical monitoring 	<ul style="list-style-type: none"> ✓ Tracked and reported on SHI implementation at sites ✓ Monitored post-SHI transition retention ✓ Performed transition and technical monitoring
Reduce program supported ROCs at DSD sites		<ul style="list-style-type: none"> ✓ Conducted baseline expenditure and ROC analyses 			<ul style="list-style-type: none"> ✓ Prepared to analyze Y1 expenditures and ROCs in Q1 Y2
Transition database used	<ul style="list-style-type: none"> ✓ Created site transition database 	<ul style="list-style-type: none"> ✓ Updated site transition database 	<ul style="list-style-type: none"> ✓ Site transition database updated, tracking progress versus HTF consolidation and SHI reimbursement 	<ul style="list-style-type: none"> ✓ Site transition database updated 	<ul style="list-style-type: none"> ✓ Site transition database updated

1.2b SHI					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
10 targeted HTFs fully consolidated and eligible for SHI reimbursement including ARVs. All HTFs in designated provinces (Nghe An, Dien Bien, Bac Giang & Lao Cai) and other SHIFT supported HTFs monitored and supported for service consolidation.	<ul style="list-style-type: none"> ✓ Developed and applied HTF consolidation checklist and status tracking tools ✓ Mapped HTF consolidation status and SHI coverage for all SHIFT supported HTFs ✓ Led study tour for ~35 leaders from 10 HTFs in Dien Bien and other provinces to learn about SHI implementation and eHIS integration for SHI reimbursement and program reporting (eHIS-HIV) ✓ Helped develop consolidation plan for six targeted HTFs supported by VAAC-US.CDC or HFG (Tan Chau, Tinh Bien, Cho Moi, Thot Not, Hoanh Bo and Hai An) 	<ul style="list-style-type: none"> ✓ 10 HTFs commenced consolidation ✓ 5 HTFs (Tinh Bien, Tan Chau, Cho Moi, Thot Not and Tuan Giao) started to receive SHI reimbursements for HIV services ✓ Updated consolidation progress in tracking tool ✓ Ensured 100% of treatment doctors in targeted 10 HTFs trained and certified on HIV treatment ✓ Completed Lao Cai provincial plan for HTF consolidation and SHI reimbursement ✓ Training workshop for Bac Giang on HTF consolidation and SHI reimbursement, for 40 DOH, PAC, PSS and DGH staff 	<ul style="list-style-type: none"> ✓ HTF consolidation progress updated 	<ul style="list-style-type: none"> ✓ C&T service consolidation and SHI reimbursement progress updated 	<ul style="list-style-type: none"> ✓ Eight HTFs completely consolidated and performed SHI reimbursement for HIV services ✓ Two HTFs in HCMC (Hoc Mon and D9) following HCMC DOH guidance to secure SHI-for-HIV, with continued project TA ✓ 40 (100%) of HTFs in designated provinces (Nghe An, Dien Bien, Bac Giang, Lao Cai) and 15 HTFs in other provinces completely consolidated and secured SHI reimbursements for HIV services

1.2b SHI

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
ARV drugs, especially for targeted 10 HTFs funded by SHI		<ul style="list-style-type: none"> ✓ Developed Bac Giang provincial HTF consolidation and SHI reimbursement plan 	<ul style="list-style-type: none"> ✓ Worked on plan and mechanism to ensure ARVs available in 10 targeted HTFs 	<ul style="list-style-type: none"> ✓ Complete plan and mechanism to ensure ARVs are available for targeted HTFs 	<ul style="list-style-type: none"> ✓ TA provided to 33 staff from DOHs and PACs in SHIFT supported provinces during VAAC TOT training on ARV drug quantification held ✓ Conducted ARV quantification exercises in HTFs • SHI reimbursement and reporting for ARVs to be implemented starting Jan 2019, per GVN decision
HIV patient enrollment in SHI maximized	<ul style="list-style-type: none"> ✓ Mapped HIV patient SHI coverage ✓ Finalized SHI job aid and promotion materials with VAAC <p>Policy dialogue (in the South) on barriers and solutions for 100% SHI coverage in PLHIV population conducted (worked with VNP+)</p>	<ul style="list-style-type: none"> ✓ Training on SHI and counselling skills for 20 health staff from 10 targeted HTFs ✓ Updated SHI coverage status ✓ Policy dialogue (in the North) on barriers and solutions for 100% SHI coverage in PLHIV population (with VNP+) <p>Baseline assessment conducted on use of SHI in Dien Bien for nine districts with eHIS-HIV</p>	<ul style="list-style-type: none"> ✓ ART patient community activities led by VNP+ or other PLHIV self-help groups on SHI promotion ✓ SHI coverage status updated ✓ QI exercises conducted in 10 targeted HTFs to improve SHI enrolment ✓ Communication event on SHI promotion executed in SHI focus provinces ✓ Training workshops conducted on SHI and counselling skills for 50+ health staff from 36 HTFs 	<ul style="list-style-type: none"> ✓ SHI coverage status updated ✓ Nghe An bought the first batch of SHI cards for 123 HIV patients (among 134 patients submitted) ✓ Bac Giang proposal supporting SHI premiums and ARV co-payments approved by PPC ✓ Dien Bien proposal supporting SHI premiums and ARV co-payment successfully defended with the PPC ✓ Lao Cai proposal supporting SHI premiums and ARV co-payments developed and sent to other sectors for comments 	<ul style="list-style-type: none"> ✓ Updated SHI coverage status ✓ SHI card coverage among HIV patients increased more than 20% in 10 targeted HTFs ✓ Assessed SHI use among PLHIV in Dien Bien ✓ Three mobile legal support events conducted in three HCMC HTFs (D9, Hoc Mon, Binh Thanh) for 54 patients who lack of personal documents for SHI enrolment and use ✓ Dien Bien PPC approved proposal to cover SHI premiums and ARV co-payment for PLHIV ✓ Lao Cai proposal supporting SHI premiums and ARV co-payments being finalized reflecting other sector's comments
HIV component integrated in eHIS and eHIS software in all HTFs in Dien Bien and at least one additional province	<ul style="list-style-type: none"> ✓ Signed contract with Song An Company for second phase of eHIS-HIV deployment for eight additional HTFs in Dien Bien (beyond Tuan Giao HTF implemented in FY16) 	<ul style="list-style-type: none"> ✓ Finished first version of user guide for eHIS-HIV ✓ Installed eHIS-HIV, converted data from eLog to eHIS-HIV, and trained medical staff to use in eight new Dien Bien HTFs 	<ul style="list-style-type: none"> ✓ Cleaned data for eHIS-HIV in eight new HTFs in Dien Bien ✓ Nine HTFs in project-supported provinces have functioning HIS to support SHI reimbursement and program reporting for HIV ✓ Signed new contract with DH company to develop eHIS-HIV in Thot Not HTF, Can Tho 	<ul style="list-style-type: none"> ✓ Led ToT on eHIS-HIV for USAID SHIFT SI staff ✓ Developed eHIS-HIV training curriculum for Dien Bien ✓ Led advanced eHIS-HIV training for 30 staff from 10 HTFs and Dien Bien PAC ✓ Developed and piloted eHIS-HIV with DH company at Thot Not HTF in Can Tho province 	<ul style="list-style-type: none"> ✓ Successfully launched eHIS-HIV in Thot Not, Can Tho ✓ Signed a new contract with DH company to roll out eHIS-HIV in five additional Can Tho HTFs ✓ Developed training curriculum for eHIS-HIV in Can Tho ✓ Trained 27 staffs from six total HTFs and PAC Can Tho on eHIS-HIV

1.2b SHI					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
					<ul style="list-style-type: none"> ✓ Provided on-site mentoring for medical staffs in eight additional 8 HTFs in Dien Bien (beyond Tuan Giao) ✓ 15 HTFs in project-supported provinces have functioning HIS to support SHI reimbursement and program reporting for HIV ✓ First step completed for Dien Bien PAC to pool and utilize real-time data from Dien Bien HTFs through PAC server

CLIN 2: Provide demand-driven HIV/AIDS technical assistance

Task 2.1 | Establish a demand-driven mechanism for TA provision

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
National, provincial, and local HIV stakeholders are aware of and understand the TA Marketplace	<ul style="list-style-type: none"> ✓ TAMP Dissemination Plan USAID drafted and submitted to USAID ✓ Vietnamese moniker for TAMP established ✓ Overview of TAMP drafted, translated, and approved by USAID 	<ul style="list-style-type: none"> ✓ TAMP announced and disseminated to HIV stakeholders via October 7 launch event 	<ul style="list-style-type: none"> ✓ Updated USAID SHIFT staff on enhanced procedures to prepare, implement, and effectively monitor SOWs in line with contract requirements 		
TA Marketplace (TAMP) has live website with full functionality to support searches for TA providers and facilitate TA requests, provision, tracking, QA, and evaluation	<ul style="list-style-type: none"> ✓ Selected SquareSpace platform to develop and host site ✓ Secured approval for site from USAID Web Governance Board ✓ Launched alpha version of site 	<ul style="list-style-type: none"> ✓ Ensured site functionality 	<ul style="list-style-type: none"> ✓ Generated and analyzed site performance: 2,055 total visits and 6,411 total page views through March, including 295 page views and 969 page views between Jan-Mar 2017 ✓ Added EN and VN versions of weekly bulletins to News section of site 	<ul style="list-style-type: none"> ✓ Site performance report generated and analyzed ✓ Site updated 	<ul style="list-style-type: none"> ✓ Site performance report generated and analyzed ✓ Site updated as needed

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up	FY17 Q1	FY17 Q2	FY17 Q3	FY17 Q4
	(Jun 10-Sep 30, 2016)	(Oct 1-Dec 31, 2016)	(Jan 1-Mar 31, 2017)	(Apr 1-Jun 30, 2017)	(Jul 1-Sep 30, 2017)
TA Marketplace provides full complement of TA Providers	<ul style="list-style-type: none"> ✓ Established TA Provider registration and approval processes ✓ Created TA Provider intake procedures and forms ✓ Confirmed standardized TA rates ✓ Sent solicitations to target external TA providers ✓ 10 TA provider profiles available on site 	<ul style="list-style-type: none"> ✓ Established TA Provider Prequalification Process ✓ Identified target TA providers for COP16 above-site TA domains ✓ Collected registration forms, biodata, and CVs for ≥50 TA providers 	<ul style="list-style-type: none"> ✓ 52 complete TA provider profiles available on site ✓ Updated call for experts to reflect latest project priorities and needs 	<ul style="list-style-type: none"> ✓ 65 complete TA provider profiles available on website ✓ Timeline and procedures set for routinely reviewing and updating profiles 	<ul style="list-style-type: none"> ✓ Identified 108 TA providers for TAMP ✓ 76 TA provider profiles posted to
TAMP assigns A-SOWs and fully orients and prepares all TA Providers to deliver effective TA	<ul style="list-style-type: none"> ✓ Confirmed procedures for selecting and assigning TA 	<ul style="list-style-type: none"> ✓ Provided in-briefings for assigned TA providers 	<ul style="list-style-type: none"> ✓ Submitted 22 A-SOWs to USAID ✓ Drafted and disseminated guidance for documenting TA and generating end-of-TA reports 	<ul style="list-style-type: none"> ✓ Submitted A-SOWs for 7 newly approved R-SOWs 	<ul style="list-style-type: none"> ✓ Prepare and submit A-SOWs for additional approved R-SOWs
Respond to TA requests and issue payments in a timely manner	<ul style="list-style-type: none"> ✓ SOPs in place to issue consulting agreements and make payments for in a timely manner ✓ Internal procedures confirmed for executing TA 	<ul style="list-style-type: none"> ✓ Consultant agreement issued for SOWs requiring external TA in a timely manner 	<ul style="list-style-type: none"> ✓ Consultant agreements and payments issued for A-SOWs in a timely manner 	<ul style="list-style-type: none"> ✓ Consultant agreements and payments issued for A-SOWs in a timely manner 	<ul style="list-style-type: none"> ✓ Consultant agreements and payments issued for A-SOWs in a timely manner
Monitor and evaluate TA procured through TAMP		<ul style="list-style-type: none"> ✓ System established to track TAMP members, requests, provisions, evaluation results, and outcomes 	<ul style="list-style-type: none"> ✓ Finalize procedures for evaluating each TA provision 	<ul style="list-style-type: none"> ✓ TA reports and evaluations solicited for completed SOWs 	<ul style="list-style-type: none"> ✓ TA reports and evaluations solicited for completed SOWs

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up	FY17 Q1	FY17 Q2	FY17 Q3	FY17 Q4
	(Jun 10-Sep 30, 2016)	(Oct 1-Dec 31, 2016)	(Jan 1-Mar 31, 2017)	(Apr 1-Jun 30, 2017)	(Jul 1-Sep 30, 2017)
27 ABOVE SITE TA ASSIGNMENTS FROM USAID					
I. Expenditure analyses for HTC, outreach, MMT service by site, including unit cost for single cases tested and/or referred at SMART TA-supported sites to improve efficiency (SOW #24)	<ul style="list-style-type: none"> ✓ Reviewed and discussed to select program/sites/provinces for analysis 	<ul style="list-style-type: none"> ✓ Began collecting and coding data and building costing matrixes 	<ul style="list-style-type: none"> ✓ Drafted, submitted, and secured USAD approval for SOW#24 ✓ Developed analysis framework ✓ Analyzed data 	<ul style="list-style-type: none"> ✓ Obtained preliminary findings on financial sustainability through increased domestic financing 	<ul style="list-style-type: none"> ✓ Complete and disseminated report

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
27 ABOVE SITE TA ASSIGNMENTS FROM USAID					
2. VAAC routinely performs analysis and reports data to identify program gaps to inform provincial program action and uses HIVInfo data to re-engage previously identified cases and link them to ART in targeted provinces (SOW #16)		<ul style="list-style-type: none"> ✓ Drafted, submitted, and secured USAID approval for SOW #16 ✓ Assessed HIVInfo database and identified core indicators for tracking patient retention ✓ Supported Dien Bien and Nghe An PACs to link HIVInfo and C&T databases to identify untreated PLHIV 	<ul style="list-style-type: none"> ✓ Merged and analyzed HIVInfo and ART databases for Dien Bien and Nghe An 	<ul style="list-style-type: none"> ✓ Supported VAAC to develop dashboard for HIVInfo software ✓ Finalized and generated dashboard and used to re-engage previously identified cases and link to ART 	<ul style="list-style-type: none"> ✓ Developed protocol on how to perform analysis and use data to inform provincial program actions
3. Technical assistance provided to VAAC, PACs and DoH on estimations and projection exercises for PLHIV and KP size estimation in Điện Biên, Nghe An and HCMC. Provinces supported to use epidemic data for 90-90-90 planning, including target setting and resource allocation (SOW #17)	<ul style="list-style-type: none"> ✓ Helped VAAC convene workshop on AEM methods for provinces 	<ul style="list-style-type: none"> ✓ Drafted, submitted and secured USAID approval for SOW #17 ✓ Began supporting PACs to provide provincial AEM data input 	<ul style="list-style-type: none"> ✓ Solicited PAC input on provincial data to ensure provincial consensus and data ownership 	<ul style="list-style-type: none"> ✓ Assisted VAAC on national AEM modelling for biennial AIDS Response Progress Report 	<ul style="list-style-type: none"> ✓ Conducted refresher training for PACs on collecting and using AEM data for evidence-based program planning
4. Expansion of quality improvement in the three priority 90-90-90 provinces and eight sustaining provinces by supporting robust HIV M&E system and hospital Information System for SHI reimbursement. (SOW #33)	<ul style="list-style-type: none"> ✓ Developed list of indicators to track SHI reimbursement progress for HTFs 		<ul style="list-style-type: none"> ✓ Generated baseline data for SHI coverage in Dien Bien from eHIS-HIV for 9 HTFs; presented at quarterly 90-90-90 review ✓ Developed guidelines to collect baseline data for other provinces 	<ul style="list-style-type: none"> ✓ Submitted and secured USAID approval for SOW #33 ✓ Collected baseline data on SHI coverage from additional PACs ✓ Led webinar on SHI reporting for district data managers in Dien Bien, Nghe An, and HCMC 	<ul style="list-style-type: none"> ✓ Collected SHI data and used to inform technical teams and PACs
5. Strengthened utilization of the national HIV database (e.g. HIV Info, Circular 3 M&E reported results at the central and provincial databases) to support ART attrition and retention monitoring during the transition to SHI (SOWs #13-15)		<ul style="list-style-type: none"> ✓ Drafted, submitted, and secured USAID approval for SOWs #13-15 	<ul style="list-style-type: none"> ✓ Drafted C03 dashboard 	<ul style="list-style-type: none"> ✓ Finalized and disseminated C03 dashboard ✓ Assisted VAAC to analyze C03 data and select priority provinces with data quality and ART attrition issues for enhanced TA (Can Tho and Thai Nguyen selected) ✓ Scheduled DQAs for Can Tho and Thai Nguyen 	<ul style="list-style-type: none"> ✓ Generated and disseminated C03 dashboard ✓ Completed DQAs for Can Tho and Thai Nguyen C03 reports ✓ Supported VAAC to monitor QI progress for selected priority provinces ✓ Organized workshop to disseminate results and lessons learned from DQA process

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
27 ABOVE SITE TA ASSIGNMENTS FROM USAID					
6. Support provided for vital status and ID verification following HIV positive confirmation at HTC sites, HTC testing services supported to ensure quality data is added to the HCRS database (SOW #16)		✓ Drafted, submitted, and secured USAID approval for SOW #16	✓ Per discussion with VAAC M&E department, joined TWG to review processes to verify and record HIV cases and revise C09	✓ Assisted VAAC to conduct C03 training on national HIV database for selected provinces and partners	✓ Convened consultation workshop with VAAC ✓ Disseminated first draft of revised C09 for comments
7. Active case finding scaled up and ARV enrollment expanded in Nghe An and Dien Bien. Provincial treatment database developed at PAC to enable case tracking system with HCRS (SOW #16)		✓ Drafted, submitted, and secured USAID approval for SOW #16 ✓ Piloted method and tools to compare treatment database extracted from eHIS with HIVInfo	✓ Tested and finalized method and tools to compare treatment database extracted from eHIS with HIVInfo		✓ Disseminated second draft of revised C09 for comments
8. Provincial cascade model developed to inform programmatic gaps and future planning – scale up provinces as priority. Enhanced programmatic and data linkages between HCRS and VCT, OPC services and CoPC linkages at community level (SOW #12)		✓ Drafted, submitted, and secured USAID approval for SOW #12	✓ Assisted VAAC to identify programmatic gaps in selected provinces	✓ Revised cascade guidelines and tool for application at provincial level ✓ Assisted province to develop and use cascades for planning and decision making	✓ Promoted provincial ownership and use of cascade data
9. TA market/TA network supported case finding and C&T at facilities linked to HI system (SOW #25: Retain PLHIV on ART and increase SHI use by PLHIV in HCMC		✓ Finalized community REACH SOP and training package	✓ Finalized key TA activities with VAAC Department of Harm Reduction VAAC for COP16-17 (Feb 10) ✓ Assisted VNP+ to draft, submit and secure USAID approval for SOW #25 on ART retention and SHI for PLHIV in HCMC (see below) ✓ Finalized, submitted and secured USAID approval for SOW	✓ Trained 28 VNP+ core members on retaining PLHIV ART and increasing their use of SHI for HIV services, May 30-31 ✓ Supported VNP+ to re-engage 9 previously LTFU PLHIV on ART and is providing continuous follow up and support via hotlines and direct consultation to 73 ✓ Information package on SHI developed ✓ Promoted SHI through HCMC KP and PLHIV social networks	✓ Linked 47 LTFU cases to C&T in Q4 and 56 in Y1 cumulatively (56% of Y1 target) ✓ Supported 68 ART patients to secure required papers (ID cards, resident books) and 59 to secure SHI cards ✓ Uploaded 15 articles and three video clips on SHI-for-ART to social networks ✓ Collected and addressed barriers to ART and SHI via hotlines and social media for 737 PLHIV

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
27 ABOVE SITE TA ASSIGNMENTS FROM USAID					
			<ul style="list-style-type: none"> ✓ Signed consulting agreement or subcontract with VNP+ ✓ Finalized monitoring tool for SOW ✓ SHI hotline set up ✓ Information package on SHI for PLHIV (including brochure, booklet, and video clip) developed ✓ Procedures developed to provide information to PLHIV about staying on ART 	<ul style="list-style-type: none"> ✓ Supported VNP+ to counsel 67 PLHIV who called hotline for advice and to address barriers to access ART w/SHI ✗ 1,000 HCMC ART patients counseled of which 50 are successfully referred to HTFs. <i>After discussion with CDC HCMC staff, CDC will support and follow up with HCMC ART patients from other provinces counselled, referred and linked to HTFs, without VNP+ support</i> ✗ 150 patients who can't use SHI for ART linked buyers' club (including 50 patients at private facilities). <i>No private facility certified to provide C&T yet</i> 	<ul style="list-style-type: none"> ✓ Led small group outreach on SHI-for-ART for 200 patients
10. TA provided to assist local CSOs to detail and support capacity building action plan (SOWs #6-8)	<ul style="list-style-type: none"> ✓ Agreed with GFTAM/VUSTA, Life Center, and VNP+ on TA activities as assigned by USAID 	<ul style="list-style-type: none"> ✓ Assisted VUSTA to complete, resubmit and gain USAID approval for SOWs #6-7 (see below) ✓ Received and gained USAID approval for SOW #8 from Blue Sky and HCMC PAC for TG pilot 	<ul style="list-style-type: none"> ✓ See SOWs #6-8 below for additional details 	<ul style="list-style-type: none"> • See SOWs #6-8 below 	<ul style="list-style-type: none"> • See SOWs #6-8 below
	SOW #6: VUSTA CSO Workshop				
	<ul style="list-style-type: none"> ✓ Prepared and delivered presentations to CSOs at VUSTA workshop, including on EOA, PIO, Fanpage, and MSM Friendly Services ✓ SOW complete 				
	SOW #7: VUSTA Continuous CBO Strengthening				
	<ul style="list-style-type: none"> ✓ SOP on community-based supervision TA complete ✓ Reached and referred 4,647 KPs (310% of ✓ Reached and referred 5,609 KPs to needed services (374% of quarterly target) ✓ Reached and referred 4,633 KPs to needed services (309% of quarterly target) ✓ Completed paired trip with VUSTA to provide TA to Institute for Social 				
	<ul style="list-style-type: none"> ✓ Reached and referred 4,926 KPs to needed services during the quarter (328% of Q4 target) and 19,815 in Y1 cumulatively (330% of Y1 target) 				

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
27 ABOVE SITE TA ASSIGNMENTS FROM USAID					
	quarterly target) to needed services	<ul style="list-style-type: none"> ✓ Reviewed and provided input on community component for GFATM/VUSTA 2018-21 ✓ Completed paired field trip to provide TA to VUSTA and site monitor on Mar 14-16 	Development Studies (ISDS) and SCIDI on April 15th	<ul style="list-style-type: none"> ✓ Completed paired field trip with VUSTA to provide TA to SCIDI on August 3 	
	SOW #8: TG Pilot	<ul style="list-style-type: none"> ✓ Began literature review and rapid assessment and mapping of HIV and GBV services available for TG in HCMC ✓ Completed literature review and rapid assessment and mapping ✓ Completed training manuals for TG ✓ Produced training materials on prevention and protection of TG from HIV and GBV 	<ul style="list-style-type: none"> ✓ 20 CBS trained on protecting TG from HIV and GBV (April 19-20) ✓ Pilot launched ✓ 277 TGW supported to utilize lay testing ✓ 20 new cases found and linked to C&T 	<ul style="list-style-type: none"> ✓ Supported 341 TG to access HIV lay testing ✓ Found and linked 26 new cases to C&T in total (7.6%) ✓ Completed and issued report assessing TG pilot and lessons learned ✓ Convened experience sharing on TG pilot with 55 attendees from VAAC, HCMC PAC, UNAIDS, TG community, and implementing partners 	
11. Integrated ARV patient management and reporting in the District Hospital/Health Center Information System accomplished to enable health insurance reimbursements as well as HIV treatment programmatic reporting in the curative system (SOW #16)		<ul style="list-style-type: none"> ✓ Drafted, submitted, and secured USAID approval for SOW #16 	<ul style="list-style-type: none"> ✓ Per discussion with VAAC, USAID SHIFT joined TWG to review processes to verify and record HIV cases 	<ul style="list-style-type: none"> • Additional activities on hold per VAAC request 	
12. Capacity building completed for DOHs/PACs on leadership, management, and supervision of HTC program to meet technical program performance indicators and standards during the transition and post-transition phases. (SOW #3)	<ul style="list-style-type: none"> ✓ Drafted and agreed on support plan with VAAC ✓ Developed, finalized, and agreed with VAAC on needs assessment form and contents, which was sent to Dien Bien and An Giang for assessment 	<ul style="list-style-type: none"> ✓ Needs assessment completed with PACs in 2 SHIFT supported provinces (1 sustaining and 1 priority) ✓ Literature review of existing international and regional training and tools conducted 	<ul style="list-style-type: none"> ✓ Finished developing and adapting training programs, packages and tools 	<ul style="list-style-type: none"> ✓ In July and August convened two HTC program management and leadership and supervision training workshops and post-training TA needs assessment for 42 leaders and managers from 10 provinces 	

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
27 ABOVE SITE TA ASSIGNMENTS FROM USAID					
13. TA to provinces to apply innovative and effective models to enhance case finding and linking KP+ to HTC/HIV C&T through innovative approaches of service delivery and linkage, to shorten time from diagnosis to treatment access and to reduce lost to follow up from all testing settings (SOW #5)		<ul style="list-style-type: none"> ✓ Drafted and agreed on support plan with VAAC ✓ Began literature review of models and success referral and linkages 	<ul style="list-style-type: none"> ✓ Desk review of models of active case finding and success referral and linkages completed ✓ Plan and materials for review and experience workshop agreed with VAAC and under development 	<ul style="list-style-type: none"> ✓ On June 12-13 led active case finding and referral model review and experience sharing workshop and TA needs assessment with 35 participants from VAAC and 10 provinces 	<ul style="list-style-type: none"> ✓ Developed and adapted training packages and tools developed and adapted for each model to be supported in the next year
14. Work continued with VAAC and other relevant GVN bodies to maintain recurrent funding for drugs at the central and provincial level		<ul style="list-style-type: none"> ✓ GVN committed funding for methadone medication for 2017-2021 ✓ Task complete 			
15. National Methadone Quality Guidance (MethQUAL) developed for service quality improvement. This is national TA, above site level activity. (SOW #21)		<ul style="list-style-type: none"> ✓ Submitted and received USAID approval for SOW ✓ Prepared to implement SOW upon completion of VAAC/FHI 360 MOU 	<ul style="list-style-type: none"> ✓ National writing board under discussion with VAAC Department of Harm Reduction ✓ Began drafting outline of guidelines with VAAC Department of Harm Reduction 	<ul style="list-style-type: none"> ✓ National writing board established by VAAC ✓ Guidelines developed and submitted to writing board for review ✓ Provided comments on the first draft of guidelines 	<ul style="list-style-type: none"> ✓ Provided technical inputs for guidelines • Due to competing priorities, VAAC postponed additional activities to FY18
16. Treatment retention SOPs developed for attrition rapid action plan for provincial program and site level. (SOWs #10, 30)		<ul style="list-style-type: none"> ✓ Submitted and received USAID approval for SOW ✓ Finalized technical package of retention enhancement SOPs, tools, and training materials ✓ I technical report on providing TA to implement retention package at sites 	<ul style="list-style-type: none"> ✓ Prepared, presented, and secured VAAC and USAID buy-in for comprehensive ART retention and risk mitigation technical strategy; includes routine review of data across 63 provinces and quarterly national review meetings, and mitigation activities at national, provincial and site-level 	<ul style="list-style-type: none"> ✓ Provided TA to VAAC/C&T Dept to organize experience sharing meeting on risk mitigation with participation from VAAC, PEPFAR, Hanoi and HCMC partners to discuss on national strategies to retain patients on treatment ✓ R-SOW #30 on ITCP in Can Tho approved by USAID ✓ TA provided to PAC to conduct training on retention enhancement for 70 health staff from 9 HTFs and 18 communes ✓ Onsite pre-implementation visits completed by PAC 	<ul style="list-style-type: none"> ✓ Aided VAAC/C&T Dept to draft next iteration of ART Retention strategy and begin defining implementation plans ✓ Trained 24 health staff from seven HTFs to implement ITCPs ✓ Trained providers counseled 560 patients on ITCP ✓ Providers began uploading ITCP details into online data system
17. Nghe An and Dien Bien PACs supported to implement	<ul style="list-style-type: none"> ✓ Training completed on ARV dispensing at 		<ul style="list-style-type: none"> ✓ Trained 8 district health staff (treatment doctors, nurses, 	<ul style="list-style-type: none"> ✓ R-SOW submitted to USAID 	<ul style="list-style-type: none"> • Nghe An DOH/PAC decided not to focus on TA and QA to existing ART

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
27 ABOVE SITE TA ASSIGNMENTS FROM USAID					
commune-level ART patient management and ARV dispensing in mountainous districts	commune level in Nghe An		pharmacists, and HIV-in-charge staff) and 32 commune health staff from 16 CHSs in Nghia Dan and Quy Hop on commune-level ART	✓ Provided training on management of ARV patients at commune level for Thanh Chuong and Do Luong districts	dispensing CHS in Que Phong, Quy Chau, Dien Chau, Quy Hop and Nghia Dan before expanding further
18. Provincial MMT staff trained on using Methadone Quality Data (MethQUAL) for service quality improvement				• Postponed due to VAAC competing priorities	• Postponed until VAAC issues MethQUAL guidelines in FY18
19. VAAC supported to conduct MMT ToT training workshops and trained PACs and provincial MMT mentoring network followed on their routine site-level mentoring and supervision (capacity building, network/ organizational level)			✓ Worked with VAAC to discuss and develop R-SOW and means to mobilize additional implementation support	✓ R-SOW approved ✓ Training curriculum completed	✓ Assisted VAAC to provide MMT accreditation TOT for 63 participants from 11 provinces
20. VAAC supported to conduct training workshops and follow-up to PACs to build provincial MMT trainers (capacity building, individual level)		✓ In October led two training courses for 107 doctors, nurses and pharmacists from 16 provinces ✓ Task complete			
21. VAAC supported to conduct training workshops on HIV treatment to certify staff for SHI prescription	✓ Developed national plan with VAAC on certifying HIV staff for system consolidation ✓ Developed training curriculum ✓ Led four HIV certification trainings for 277 trainees from 12 provinces	✓ Led two HIV certification training sessions for 117 trainees from five provinces ✓ Completed six training sessions to certify 394 providers from 17 provinces ✓ Task complete			
22. VAAC/GFATM supported to conduct TOT training workshops and TA on TB/HIV integration. Dien Bien and Nghe An supported to develop the provincial	✓ Secured endorsement for provincial TB/HIV plans for Dien Bien and Nghe An ✓ Developed training curriculum on TB/HIV	✓ Submitted and secured USAID approval for R-SOW ✓ Began working with VAAC to execute SOW	✓ Together with VAAC, NTP and GFATM, reviewed progress and advised on actions to continue implementing TB/HIV	✓ Finalized TB/HIV TOT training curriculum ✓ Issued technical assessment report on TB/HIV service integration in 12 provinces	✓ Co-facilitated two TB/HIV TOT training workshops with VAAC and GFATM for 20 new provinces ✓ Completed and issued reports on joint TA missions with VAAC,

2.1a PROVIDE DEMAND-DRIVEN TA						
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)	
27 ABOVE SITE TA ASSIGNMENTS FROM USAID						
TB/HIV frame work and implementation plan (SOW #11)	✓ integration/linkages for Dien Bien and Nghe An ✓ Led TB/HIV integration/linkage training in Nghe An	✓ Led two TB/HIV integration trainings for 80 doctors, nurses, and pharmacists from 9 districts in Dien Bien ✓ Aided VAAC and NTP to conduct 2-year review workshop on TB/HIV integration in Ninh Binh and Thai Binh with participation from DOHs, PACs, provincial TB programs, and TB/HIV integrated sites ✓ Discussed and agreed on plan with VAAC to aid TB/HIV integration in additional GFATM-supported provinces ✓ Led ToT on TB/HIV integration for seven GFATM supported provinces	✓ integration model in 12 provinces With VAAC, NTP and GFATM, conducted TB/HIV integration implementation workshop for 20 remaining GFATM provinces	✓ Assisted VAAC, NTP and GFATM to draft national technical guidance documents on TB/HIV service integration	NTP and GFATM to assess provincial progress on TB/HIV integration implementation ✓ Assisted VAAC and NTP to finalize national technical guidance documents on TB/HIV integration	
23. Hospital systems prepared for transition of SMART TA supported clinics to SHI and to ensure the continuation of services and ARV reimbursement and quality of critical services	✓ Seven meetings conducted with HFG, VAAC-US.CDC, and DOHs and PACs in HCMC, Ha Noi, Can Tho, An Giang, Quang Ninh, Hai Phong and Thai Binh on service consolidation, HTF licensing and SHI implementation		✓ Training conducted for 8 HTFs in Ha Noi, Quang Ninh, Thai Binh and Hai Phong and 6 HTFs in HCMC on service consolidation, SHI implementation and eHIS integration ✓ Contracts for 8 HTFs on HIV SHI prepared by PSS in Ha Noi, Can Tho, An Giang, Quang Ninh, Hai Phong and Thai Binh ✓ Met with VAAC to develop R-SOW to assess impact of SHI application on ART retention	✓ 7 among 9 HTFs to be transitioned were consolidated and obtained SHI reimbursements. ✓ Hoc Mon and D9 HTFs finalized application to be established as 2-function DHCs	✓ 63 HTFs in 11 USAID SHIFT supported provinces completed consolidation, of which 57 have performed SHI reimbursement for HIV services	
24. Official GVN commitment to increase ARV funding and	✓ Policy dialogue conducted (in the South) on barriers	✓ National policy dialogue conducted in Hanoi on	✓ Submitted and received USAID approval for	✓ Consultants hired to develop documents	✓ Two technical meetings held to solicit comments on drafts	

2.1a PROVIDE DEMAND-DRIVEN TA						
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)	
27 ABOVE SITE TA ASSIGNMENTS FROM USAID						
sustain health insurance coverage for PLHIV (SHI) (SOW #26)	and solutions for increasing SHI coverage in PLHIV population conducted (with VAAC, VNP+)	barriers and solutions for increasing SHI coverage among PLHIV population (with VAAC, VNP+)	SOW#26: Revise Prime Minister's Decision # 60 on establishing Fund to support PLHIV	<ul style="list-style-type: none"> ✓ 1st draft of amended D60 developed ✓ Technical meeting held to solicit comments on drafts 	<ul style="list-style-type: none"> ✓ Technical team endorsed conclusion for MOH to issue official letter to guide and prompt provinces to apply relevant articles in D2188 for Fund to support SHI premiums and ARV copays for PLHIV ✓ D60 not necessary to be amended at this moment; letter to be developed after VAAC completes provincial visits on D2188 implementation ✓ Visited Nghe An with VAAC to review D2188 implementation ✓ Dien Bien PPC approved proposal to cover SHI premiums and ARV copays for PLHIV 	
25. TA provided to revise the Circular 32 (C32) which includes multi-month ARV scripting for ARV patients (SOW #19)	<ul style="list-style-type: none"> ✓ Submitted and secured USAID approval for final R-SOW ✓ Began working with VAAC to execute SOW 	<ul style="list-style-type: none"> ✓ Developed C32 assessment protocol and tools and shared with TWG for feedback ✓ Revised HIV patient chart to meet HIV treatment and SHI reimbursement requirements ✓ Developed 1st draft of revised C32 including differentiated care for MMS and ARV patient management at commune-level ✓ Developed and submitted 2nd draft of ARV MMS protocol to MoH for approval 	<ul style="list-style-type: none"> ✓ Final protocol for MMS pilot submitted to Vice-Minister of Health for approval ✓ VAAC supported to organize a technical meeting with participants from all relevant VAAC departments, VAMS, Department of Justice/MOH and stakeholders to finalize the revision of C32 and advance its submission 	<ul style="list-style-type: none"> ✓ Preliminary report drafted on results of two-round ARV scripting with recommendations for updating C32 ✓ C32 assessment report generated that identifies successes and challenges in managing and monitoring HIV patients and HIV-exposed people in three provinces (tentatively, Dien Bien, Phu Tho and An Giang) ✓ Joined technical meetings with key stakeholders to revise Circular 32 ✓ Draft version of revised C32 uploaded to Governmental and MoH websites ✓ Assisted VAAC to prepare C32 revision impact analysis report 		
26. Online e-learning and technical updates housed on VAAC portal (SOW #31)	<ul style="list-style-type: none"> ✓ Plan and process agreed by VAAC (to ensure VAAC time and human resources) 	<ul style="list-style-type: none"> ✓ List of all available e-learning and technical materials produced ✓ E-learning and technical materials collected 	<ul style="list-style-type: none"> ✓ All videos from Integrated Social Marketing Campaign uploaded to VAAC portal ✓ R-SOW on online library component drafted, identified 	<ul style="list-style-type: none"> ✓ R-SOW submitted to and approved USAID ✓ List of all available training and technical materials from internal and external sources available 	<ul style="list-style-type: none"> ✓ Second batch of standardized materials content and format, uploaded to online library ✓ Online library resources enriched and running 	

2.1a PROVIDE DEMAND-DRIVEN TA					
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
27 ABOVE SITE TA ASSIGNMENTS FROM USAID					
	<ul style="list-style-type: none"> ✓ Task force comprising VAAC and SHIFT staff formed ✓ Package of communication products from Integrated Social Marketing Campaign – promoting early ART, and join SHI – packaged, standardized, and handed over to VAAC to upload 	<ul style="list-style-type: none"> ✓ electronically and centrally filed ✓ tasks to manage and develop resources for online library 		<ul style="list-style-type: none"> ✓ First batch of standardized materials content and format, uploaded to online library ✓ Guidelines on the updates and use elaborated 	
27. TA provided to review and revise the 10-year old HIV law to address new 90-90-90 targets and the necessary human and domestic financial resources to implement the new HIV/AIDS program that allow new KP-focused reach, test, treat and retain KPs interventions to accomplish 90-90-90 goals (SOW #2)	<ul style="list-style-type: none"> ✓ 5 mini assessments on HIV Law implementation designed, approved by VAAC and USAID SHIFT and launched ✓ Consultation meeting convened with national and provincial HIV stakeholders 	<ul style="list-style-type: none"> ✓ 3 mini assessment draft reports submitted: assessment on HTC endorsed; assessment on prevention (Harm Reduction and MMT) received comments from USAID SHIFT; assessment on C&T under review for feedback. ✓ Aggregated recommendations included in draft impact assessment 	<ul style="list-style-type: none"> ✓ On May 18 workshop chaired by Vice Minister Long and chairman of Social Affairs Committee of Parliament, with ~80 representatives from international partners, normative bodies, and related ministries, to shape directions for changes to HIV Law ✓ Final 10 year HIV Law ✓ implementation assessment report and recommendations for changes completed; recommended evaluation on social, economic and legal impacts to justify changes 	<ul style="list-style-type: none"> ✓ Three meetings convened between VAAC and MOH Department of Legal Administration to continue promoting revisions ✓ Two major changes included: national policy to ensure GVN continues HIV prevention programs (PrEP/PEP, needles and syringes and voluntary addiction treatment) and recognition of addiction as a chronic condition vs. social evil ✓ Two consultants engaged to develop impact evaluations ✓ Y1 SOW complete 	
Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
ADDITIONAL SOWS					
SOW #4: eLog Upgrade, Installation and Support for Ha Noi PAC		<ul style="list-style-type: none"> ✓ Finalized, submitted and secured USAID approval for SOW 	<ul style="list-style-type: none"> PAC withdrew request and SOW cancelled due to changing provincial priorities 		
SOW #9 HCMC ITCP		<ul style="list-style-type: none"> ✓ Drafted and submitted R-SOW to USAID 	<ul style="list-style-type: none"> ✓ Secured USAID approval for SOW ✓ >20,000 ARV patients in 29 HTFs in HCMC received first counselling to stay on ART during SHI scale-up 	<ul style="list-style-type: none"> ✓ Monthly and quarterly ITCP data report generated by HCMC PAC and sent to USAID SHIFT ✓ Quarterly follow up counseling provided to track and support ITCPs for all patients 	<ul style="list-style-type: none"> ✓ Monthly ITCP data sent to USAID SHIFT ✓ 100% of ART patients from 29 HCMC HTFs created ITCPs

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
ADDITIONAL SOWS					
		✓ HCMC ITCP data collected and report generated	✓ 28,449 patients in 29 HCMC HTFs counseled for ITCPs ✓ Among 28,449 ART patients, 20,951 (74%) patients held SHI cards		✓ Quarterly ITCP follow-up counselling provided to all ART patients ✓ 59 ART patients with previous challenges securing SHI supported and received cards with USAID SHIFT and VNP+ support ✓ HCMC PAC provided SHI cards to 1,047 ART patients who are HCMC residents or have temporary official household books
SOW #18: VAAC SI Consultant		✓ Finalized and submitted R-SOW to USAID	✓ Secured USAID approval for SOW		
SOW # 20: VAAC TA Coordinator			✓ Submitted and secured USAID approval for SOW ✓ Organized quarterly review of USAID SHIFT/VAAC collaboration	✓ Convened semannual review of USAID SHIFT/VAAC collaboration (convened in July)	✓ Convened USAID SHIFT/VAAC quarterly collaboration review (in September)
SOW #22: Pilot commune-level MMT dispensing		✓ Drafted, submitted and secured USAID approval for R-SOW	✓ Technical guidance drafted ✓ 2 pilot provinces selected (Dien Bien and Son La)	✓ Protocol for pilot finalized and submitted to MOH leaders for approval.	<ul style="list-style-type: none"> • Effort halted due to VAAC leadership concern regarding conflict of regulations on substance management • Further activities halted until VAAC approves pilot model
SOW #23: Support VAAC for HSS/HSS+			✓ Finalized, submitted and secured USAID approval for SOW ✓ Developed and finalized HSS+ dashboard for 2011-2016 for PWIDs, FSW, and MSM ✓ Assisted HSS+ training	✓ Revised and finalized HSS+ SOP and questionnaires for 2017	
SOW #28: Can Tho M&E System Review				✓ Submitted and secured USAID approval for SOW ✓ Completed assessment and shared results with PAC leaders ✓ Secured PAC consensus on implementation plan to strengthen M&E system ✓ Developed indicator list	Additional activities implemented under SOW #37
SOW #36: Optimizing ART					✓ Received request, submitted and secured USAID approval for SOW

Expected Outcomes	Start up (Jun 10-Sep 30, 2016)	FY17 Q1 (Oct 1-Dec 31, 2016)	FY17 Q2 (Jan 1-Mar 31, 2017)	FY17 Q3 (Apr 1-Jun 30, 2017)	FY17 Q4 (Jul 1-Sep 30, 2017)
ADDITIONAL SOWS					
SOW #37: Can Tho M&E System Strengthening					<ul style="list-style-type: none"> ✓ Trained and coached providers in assigned provinces to move >600 patients to new ARV regimen
SOW #38: HTC TOT USAID SHIFT support VAAC to provide expert trainers to facilitate HTC Training-of-Trainer for Provincial AIDS Center staffs from across the country					<ul style="list-style-type: none"> ✓ Drafted, submitted and secured USAID approval for SOW ✓ Developed and trained 105 PAC, HIV district specialists and site staff on new data collection tools and guidelines for FY18 ✓ In late August received, submitted and secured USAID approval for SOW ✓ Provided trainers to help VAAC facilitate HTC TOT training for 23 PAC staff from seven provinces and cities (HCMC, Da Nang, Khanh Hoa, Binh Thuan, Tay Ninh, Binh Duong, Ba Ria-Vung Tau)
SOW #39: Asia TG Summit					<ul style="list-style-type: none"> ✓ Received, submitted, revised, and secured USAID approval for SOW ✓ USAID SHIFT-supported TGW representative participated in Asia TG Summit



LEVERAGING LOCAL RESOURCES TO SUSTAIN HIV TREATMENT NGHE AN | JULY 2017

Loi⁹ was planning to pursue construction work overseas and send money home to his family. After his divorce, it was up to him to support his two daughters and his aging parents. As part of the routine health check for his overseas work application, he discovered he was HIV-positive and he immediately enrolled in treatment. His medications were free at first, thanks to international donor support, but after charges were introduced, he purchased a Social Health Insurance (SHI) card to help cover his costs. “Fortunately, next year, I will not have to pay for my (SHI) card. It will help to lessen my burden because I am the only earner in the family; I need to take care of my two children and my parents.”

Considering Vietnam’s impressive economic progress, global donors including the US President’s Emergency Program for AIDS Relief (PEPFAR) are phasing out external funding for HIV services. In its place, the Government of Vietnam is strengthening and expanding its national SHI program as the primary means to sustain continued and uninterrupted HIV treatment for people living with HIV (PLHIV).

⁹ Name changed for confidentiality.

In a landmark decision in January 2017, the large north-central province of Nghe An became the first in Vietnam to commit provincial government resources to ensure 100 percent SHI coverage for all people living with HIV. With a substantial portion of its population living in poverty, particularly multiple ethnic minority populations, local authorities also committed to cover copayment for antiretroviral drugs (ARVs).

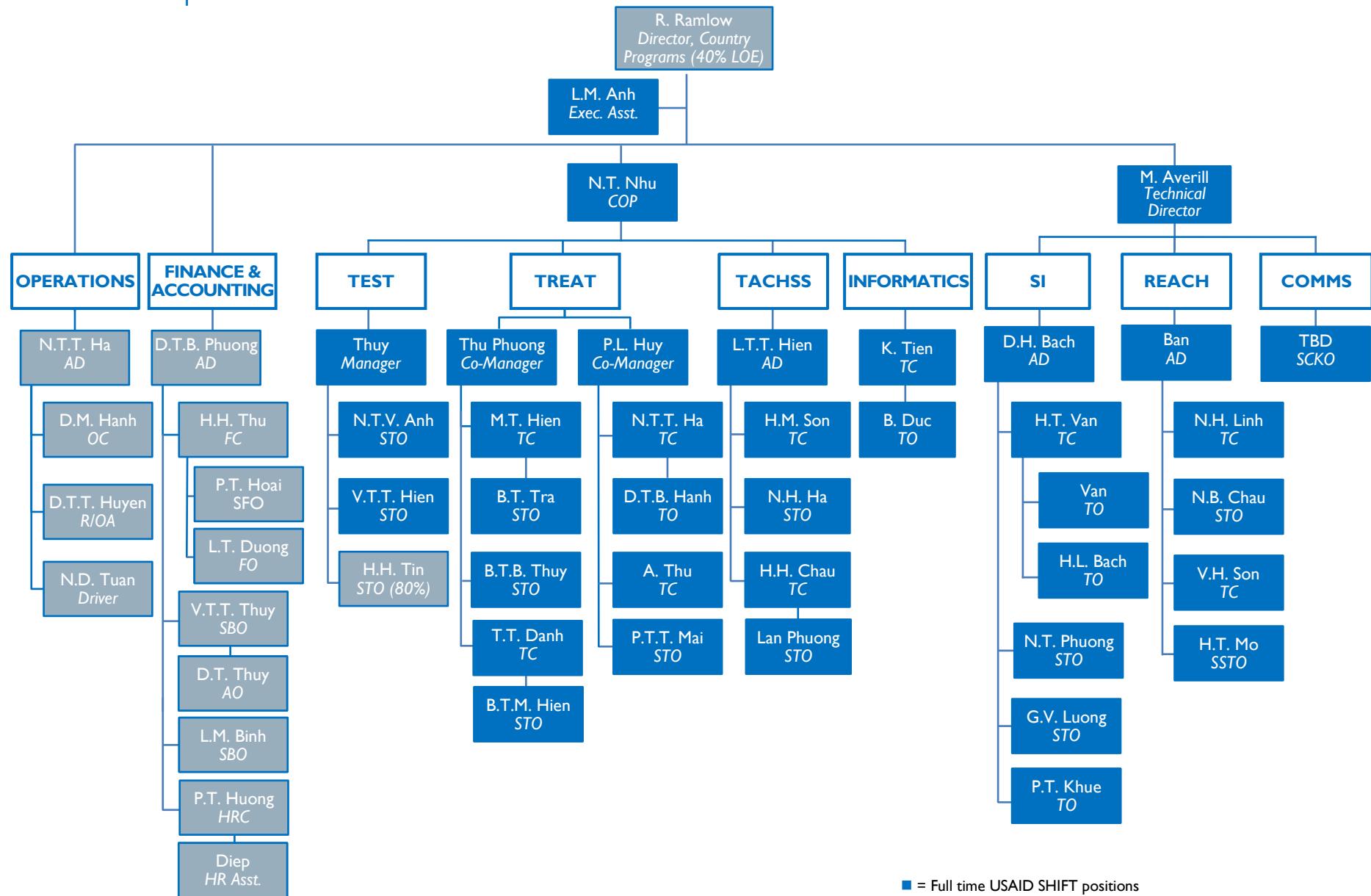
The USAID Sustainable HIV Response from Technical Assistance (SHIFT) project provided critical technical assistance to the Nghe An Department of Health (DOH) and Provincial AIDS Center (PAC) to develop the provincial decision which would enable this support. The project aided its local partners to successfully seek and gain Nghe An Provincial People's Committee's commitment to set aside a US \$100,000 provincial budget allocation. Twenty-two percent of this will be used to finance the purchase of SHI cards and 78 percent to finance ARV copayments.

"This decision was based on the need to have an aggressive HIV response in Nghe An, and because it's the humane thing to do for PLHIV and those who need our support the most... ...Before the policy, it was more difficult for patients to enroll in treatment. Nghe An is a poor province, but the local authorities do care about PLHIV," said Dr. Nguyen Xuan Hong, Deputy Director of Nghe An DOH.

Loi agreed: "I feel the benefits and feel motivated. I feel that the government and the people care for us. The economic benefit is not much but I feel very happy that people care. Just like any disease, if you feel happy, feel cared for, you automatically feel stronger."

The Nghe An provincial government's decision set the stage for other provinces to make similar commitments. As of October 2017, Dien Bien and Bac Giang provinces and Ho Chi Minh City have done so, with USAID SHIFT support. Quang Ninh and Can Tho provinces are expected to enact similar decisions soon. These commitments are vital to sustain the country

APPENDIX IV | ORGANOGRAM



■ = Full time USAID SHIFT positions
■ = Positions with <100% LOE on USAID SHIFT

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 Ăng	Prev		Điện Biên PAC	HTC
	Tịnh Biên	C&T		Điện Biên	HTC		Tuần Giáo	HTC
Cần Thơ	Thốt Nốt	C&T		Mường Ăng	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 Bàn	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		Blue Sky	Prev
	Hoàng Mai	HTC		Tương Dương	Prev		Bình Thạnh	HTC
	Nam Đàm	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 Đàm	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	TOTALS				District 3	C&T
TOTAL			Y1	23	22		District 8	C&T
			TOTALS				Bình Thạnh	C&T
			Y2		22		Thủ Đức	C&T
			Cumulative		45		Quảng Ninh	HTC
							Nghệ An	HTC
							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 Đàm	C&T
							Nghi Lộc	C&T
							Nghĩa Đàm	C&T
							Quỳ Hợp	C&T
							Quỳnh Lưu	C&T
							Tân Kỳ	C&T
							Thanh Chương	C&T
							Yên Thành	C&T
							Quảng Ninh	C&T
							Cẩm Phả	C&T
							Móng Cái	C&T
							Vân Đồn	C&T
TOTALS			Y3		45			
			Cumulative		90			